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Notice of Meeting

Health and Wellbeing Board

Thursday 14 April 2016 at 1.00pm

in Shaw House Church Road Newbury

Date of despatch of Agenda: Thursday 7 April 2016

For further information about this Agenda, or to inspect any background documents referred to in Part I reports, please contact Jo Reeves on (01635) 519486
e-mail: joanna.reeves@westberks.gov.uk

Further information and Minutes are also available on the Council's website at www.westberks.gov.uk

West Berkshire COUNCIL

To: Dr Bal Bahia (Newbury and District CCG), Dr Barbara Barrie (North and West Reading CCG), Leila Ferguson (Empowering West Berkshire), Dr Lise Llewellyn (Public Health), Rachael Wardell (WBC - Community Services), Cathy Winfield (Berkshire West CCGs), Councillor Hilary Cole (Executive Portfolio: Adult Social Care, Housing), Councillor Lynne Doherty (Executive Portfolio: Children's Services), Councillor Graham Jones (Executive Portfolio: Health and Wellbeing), Councillor Mollie Lock (Shadow Executive Portfolio: Education and Young People, Adult Social Care), Andrew Sharp (Healthwatch) and Councillor Roger Croft (Executive Portfolio: Leader of Council, Strategy & Performance, Finance)

Agenda

Part I

Page No.

1 **Apologies for Absence**
To receive apologies for inability to attend the meeting (if any).

2 **Declarations of Interest**
To remind Members of the need to record the existence and nature of any Personal, Disclosable Pecuniary or other interests in items on the agenda, in accordance with the Members' Code of Conduct.

Items for discussion

Finance

3 **Better Care Fund 2016/17 (EX3109) (Tandra Forster/ Shairoz Claridge)** 3 - 112
Purpose: To seek agreement to the West Berkshire Locality Plan for 2016/17 and make a recommendation to the Council's Executive.

Andy Day
Head of Strategic Support

If you require this information in a different format or translation, please contact Moira Fraser on telephone (01635) 519045.

Better Care Fund 2016/17 - Summary Report

Committee considering report:	Health and Wellbeing Board
Date of Committee:	14 April 2016
Portfolio Member:	Councillor Hilary Cole
Date Portfolio Member agreed report:	01 March 2016
Report Author:	Tandra Forster
Forward Plan Ref:	EX3109

1. Purpose of the Report

1.1 To seek agreement to the West Berkshire Locality Plan for 2016/17.

2. Recommendation(s)

2.1 Members agree to the plan.

3. Implications

3.1	**Financial:**	The total allocation of funding for the West Berkshire Locality Better Care Fund has been confirmed as just over £10.6m. The amount includes a £4.367m revenue contribution to 'maintain the provision of social services' and £1.4m capital funding to provide adaptations for vulnerable people. If the plan is not agreed then the funding will not be released to the Council.
3.2	**Policy:**	Better Care Fund is a national government initiative established to fast track integration of Health and Social Care.
3.3	**Personnel:**	N/A
3.4	**Legal:**	A further legal agreement under Section 75 of the Act will be required based upon the terms of the Plan and Agreement for 2015/16
3.5	**Risk Management:**	N/A
3.6	**Property:**	N/A
3.7	**Other:**	

4. Other options considered

4.1 None

5. Executive Summary

5.1 The Better Care Fund (BCF) is a government initiative established to fast track integration with Health and Social Care. 2015/16 was the first year of implementation, all Councils and CCGs had to agree a plan and then obtain approval from their Health and Wellbeing Boards.

5.2 The government have confirmed a continued commitment to the initiative, therefore all Councils and CCGs are required to have a plan for 2016/17 and obtain approval from their Health and Wellbeing Boards.

5.3 In common with last year there are a number of national conditions that plans have to meet. Importantly for the local authority 'Maintaining the provision of social care services' has been retained with the requirement that it would be at least the same or a real terms increase.

5.4 The Better Care Fund allocation for the West Berkshire Locality has been confirmed as just over £10.6m; this represents a 1.9% increase on the value last year. The allocation for social care is £4.367m, a real terms increase on the allocation of £4.021m in 2015/16.

5.5 The CCG and the Local Authority have agreed a plan that will allow us to continue with the West Berkshire Better Care Fund projects such as the Joint Care Provider scheme, 7 day week services and maintain the existing capacity within our reablement service. It will also allow us to continue to support the West of Berkshire projects.

5.6 This work will support us to continue to improve our performance on Delayed Transfers of Care and reduce Non-elective admissions, key objectives of the Better Care Fund.

6. Conclusion

6.1 The CCG and the local authority have been able to agree a Better Care Fund plan that both meets the national conditions and importantly improves health and care services for local residents. Therefore it is recommended that Members agree the plan.

7. Appendices

7.1 Appendix A - Supporting Information

7.2 Appendix B – Equalities Impact Assessment

7.3 Appendix C – Better Care Fund National Policy Framework

7.4 Appendix D – West Berkshire Locality Better Care Fund Planning Template

7.5 Appendix E – West Berkshire Locality Better Care Fund supporting narrative

Corporate Board's recommendation:
For the report to be considered by Operations Board and the Health and Wellbeing Board.

Appendix A

Better Care Fund 2016/17

1. Introduction/Background

1.1 The Better Care Fund (BCF) is a government initiative established to fast track integration with Health and Social Care. 2015/16 was the first year of implementation, all Councils and CCGs had to agree a plan and then obtain approval from their Health and Wellbeing Boards.

1.2 As it was a General Election year it was announced as a one year programme, consequently there was some uncertainty about its existence in future years. The recent Spending Review confirmed that BCF would continue into 2016/17 and that the allocations would be slightly higher as the national pot had been increased by 1.9%.

1.3 Going forward the Better Care Fund team has indicated that where systems are able to demonstrate real progress in their plans for integration it will be possible to 'graduate' from the BCF process.

2. BCF National Policy Framework - Assurance

2.1 In common with last year all of the work delivered through the BCF has to meet a number of conditions. A BCF Policy framework published in January confirmed the details, importantly for the local authority 'Maintain provision of social care services' was still included as one of a number of national conditions (see appendix C). In addition two new conditions have been introduced:

(1) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans

(2) Agreement to invest in NHS commissioned out-of-hospital services, which may include a wide range of services including social care

2.2 We have agreed with the CCG how these new conditions will be met and they are described in the plan narrative.

3. West Berkshire Locality BCF Plan

3.1 Despite delays within the Department of Health in confirming both the timeline and the technical guidance the Council and the CCGs were able to commence negotiation of the 2016/17 financial plan; details of the initial proposals were discussed at Operations Board on the 14th January

3.2 Subsequent to this meeting, allocations for localities were published. These confirmed the CCG minimum contribution at £8.807m, an increase of £279k and an increase in the capital grants to the Council (routed through the BCF) from £1.005m to £1.4m.

3.3 The Department of Health (DofH) has also confirmed that the Social Care Capital Grant will be discontinued from 2016/17 and instead has combined the Disabled

Facilities Grant (DFG) and Social Care Capital Grant into one in order to maximise value for money. DofH research suggests the DFG can support people to remain independent in their own homes – reducing or delaying the need for care and support, and improving the quality of life of residents.

3.4 Nationally, there has been an average 11% increase in the capital allocations of the DFG. West Berkshire is an outlier receiving a 39% increase. Alongside this funding increase the BCF plan now includes a requirement to confirm how the Council plan to use the grant in the coming year.

3.5 In the local plan we have agreed with the CCG that £4.367m will now be provided in the 2016/17BCF to 'Maintain provision of social care services. This reflects a real terms increase on last year's amount, £4.021m, and fulfils the guidance that 'As a minimum, it should maintain in real terms the level of protection as provided through the mandated minimum element of local Better Care Fund agreements of 2015-16. This allocation also recognises the huge financial challenges facing the council as a result of the very poor financial settlement.

3.6 The amount includes the £408k invested in the Joint Care Provider scheme. We very much consider this as our local flagship scheme; it has seen much closer working between the council and BFHT resulting in less duplication and good performance levels despite unprecedented challenges for the acute Trusts. The £408k allows us to maintain the existing capacity of our reablement service.

3.7 £500k has also been included to help us continue to deliver 7 Day Week Services. The council has made a number of changes to ensure a social work presence in hospitals at the weekend to ensure discharge is not now limited to weekdays. The intention is to build on this good work with other hospitals we work with and to extend our focus into the community to address non elective admissions.

3.8 The amount also includes funding for West of Berkshire projects. These include 'Connected Care' ,an ICT project that aims to support more effective information sharing across health and social care, a key requirement of any integration programme and 'Care Homes' which focuses on reducing the disproportionately high number of non elective admissions from care homes.

3.9 We have also agreed with the CCG to include investment related to the contract held with BFHT totalling £1,889,000. This covers a range of services including intermediate care, speech and language therapy and the community geriatrician.

3.10 The full Expenditure Plan can be found at Appendix D.

3.11 Both the Expenditure plan and supporting narrative (Appendix E) has been agreed with the CCG.

3.12 NHS England introduced a new Key Lines of Enquiry this year with the aim of reducing the burden and providing greater clarity about what they are looking for as part of the assurance process.

4. BCF Assurance Process

4.1 For 2016/17 the assurance is being managed collaboratively between NHS England, the Local Government Association and Association of Directors of Adult

Social Care. We are working to timeline to ensure final ratification by April, key dates shown below:

(1) First draft of the financial plan submitted to NHS England 2nd March

(2) Full BCF plan submission 21st March

(3) BCF draft assurance rating 6th April

(4) Council and Health and Wellbeing Board sign off 14th April

(5) Final Plans, following Health and Wellbeing sign off, 25th April

4.2 The first two deadlines have been met, see narrative appendix B.

4.3 Following submission of the planning template initial feedback has not highlighted any real challenges; there have been a couple of questions of clarification around funding of social care, risk fund and approach to non-elective admissions. All have been addressed.

4.4 There has also been one assurance discussion with the ADASS/LGA representative. Feedback was largely positive, only suggested change was to re-word commentary on risk sharing to make it clearer.

4.5 The BCF team have confirmed that they will be confirming the draft rating on 6th April, this will take account the combined view of NHS England and ADASS/LGA. We will then work to incorporate any changes/provide clarification to ensure we can make a successful submission on the 25th April.

5. Conclusion

5.1 The 2015/16 BCF has provided significant learning that should allow us to build on and plans for the coming year. We are clear on the projects for the coming year and the financial plan that underpins them and recommend that they are agreed.

6. Consultation and Engagement

Steve Duffin
Roz Haines
Patrick Leavey
Shairoz Claridge – Director of Operations, NDCCG
Perry Lewis - Finance Lead – Berkshire West 10 Integration Programme

Background Papers:

Subject to Call-In:
Yes: ☐ No: ☒

The item is due to be referred to Council for final approval	☐
Delays in implementation could have serious financial implications for the Council	☒
Delays in implementation could compromise the Council's position	☐
Considered or reviewed by Overview and Scrutiny Management Commission or associated Task Groups within preceding six months	☐

Item is Urgent Key Decision ☐
Report is to note only ☐

Wards affected:

This is a national initiative therefore all wards

Strategic Aims and Priorities Supported:

The proposals will help achieve the following Council Strategy aim:

☐ **BEC – Better educated communities**
☐ **SLE – A stronger local economy**
☒ **P&S – Protect and support those who need it**
☐ **HQL – Maintain a high quality of life within our communities**
☐ **MEC – Become an even more effective Council**

The proposals contained in this report will help to achieve the following Council Strategy priority(ies):

☐ **BEC1 – Improve educational attainment**
☐ **BEC2 – Close the educational attainment gap**
☐ **SLE1 – Enable the completion of more affordable housing**
☐ **SLE2 – Deliver or enable key infrastructure improvements in relation to roads, rail, flood prevention, regeneration and the digital economy**
☐ **P&S1 – Good at safeguarding children and vulnerable adults**
☐ **HQL1 – Support communities to do more to help themselves**
☐ **MEC1 – Become an even more effective Council**

The proposals contained in this report will help to achieve the above Council Strategy aims and priorities by

Officer details:

Name: Tandra Forster
Job Title: Head of Adult Social Care
Tel No: 01635 519736
E-mail Address: tandra.forster@westberks.gov.uk

Appendix B

Equality Impact Assessment - Stage One

We need to ensure that our strategies, polices, functions and services, current and proposed have given due regard to equality and diversity.

Please complete the following questions to determine whether a Stage Two, Equality Impact Assessment is required.

Name of policy, strategy or function:	Better Care Fund Programme 2016/17
Version and release date of item (if applicable):	V.01
Owner of item being assessed:	Tandra Forster
Name of assessor:	Tandra Forster
Date of assessment:	10th March 2016

Is this a:		**Is this:**	
Policy	**No**	**New or proposed**	**No**
Strategy	**Yes**	**Already exists and is being reviewed**	**Yes**
Function	**No**	**Is changing**	**No**
Service	**No**		

1. What are the main aims, objectives and intended outcomes of the policy, strategy function or service and who is likely to benefit from it?	
Aims:	The Better Care Fund Programme is a initiative established to promote greater integration between health and social care.
Objectives:	To outline the project initiatives and associated investment for the West Berkshire Locality Better Care Fund.
Outcomes:	The range of projects will help promote better integration between health and social care services, meet the national conditions as set out in the Better Care Fund Policy Framework.
Benefits:	Improved the experience of health and social care services for local residents by reducing duplication of services, increase access to health and social care by implementing 7 day work, better information sharing, protecting existing provision of social care.

2. Note which groups may be affected by the policy, strategy, function or service. Consider how they may be affected, whether it is positively or negatively and what sources of information have been used to determine this.

(Please demonstrate consideration of all strands – Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion or Belief, Sex and Sexual Orientation.)

Group Affected	What might be the effect?	Information to support this
Age	Improved access to services both in terms of pathways and availability	National conditions - see attached BCF Policy Framework Range of projects within the locality support this and robust assurance process is in place to ensure compliance.
Disability (frail elderly)	Improved access to services both in terms of pathways and availability	National conditions - see attached BCF Policy Framework Range of projects within the locality support this and robust assurance process is in place to ensure compliance.
Gender	This is not a distinguishing factor in this service	This is not a distinguishing factor in this service
Marriage and civil partnership	This is not a distinguishing factor in this service	This is not a distinguishing factor in this service
Pregnancy and maternity	No impact	This programme of work is currently focused on frail elderly
Race	This is not a distinguishing factor in this service	This is not a distinguishing factor in this service
Sex	This is not a distinguishing factor in this service	This is not a distinguishing factor in this service
Sexual Orientation	This is not a distinguishing factor in this service	This is not a distinguishing factor in this service
Further Comments relating to the item:		

3. Result	
Are there any aspects of the policy, strategy, function or service, including how it is delivered or accessed, that could contribute to	**No**

inequality?	
Please provide an explanation for your answer: The proposals are intended to enhance service provision and outcomes for service users/patients	
Will the policy, strategy, function or service have an adverse impact upon the lives of people, including employees and service users?	**No**
Please provide an explanation for your answer: The proposals are intended to enhance service provision and outcomes for service users/patients. Appropriate arrangements are in place which mean employees are not disadvantaged by any new arrangements.	

If your answers to question 2 have identified potential adverse impacts and you have answered 'yes' to either of the sections at question 3, or you are unsure about the impact, then you should carry out a Stage 2 Equality Impact Assessment.

If a Stage Two Equality Impact Assessment is required, before proceeding you should discuss the scope of the Assessment with service managers in your area. You will also need to refer to the Equality Impact Assessment guidance and Stage Two template.

4. Identify next steps as appropriate:	
Stage Two required	
Owner of Stage Two assessment:	
Timescale for Stage Two assessment:	
Stage Two not required:	X

Name: Tandra Forster **Date: 10.03.16**

Please now forward this completed form to Rachel Craggs, the Principal Policy Officer (Equality and Diversity) for publication on the WBC website.

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Department of Health

Department for Communities and Local Government

2016/17 Better Care Fund

Policy Framework

January 2016

Title: Better Care Fund, Policy Framework 2016/17
Author: SCLGCP/ SCP/ Integrated Care Policy / 11120
Document Purpose: Policy
Publication date: **01/2016**
Target audience: This document is intended for use by NHS England and those responsible for delivering the Better Care Fund at a local level (such as, clinical commissioning groups, local authorities and health and wellbeing boards).
Contact details: Edward Scully Richmond House Whitehall London SW1A 2NS Edward.scully@dh.gsi.gov.uk

Published to gov.uk, in PDF format only.

www.gov.uk/dh

2016/17 Better Care Fund

Policy Framework

Prepared by the Department of Health and the Department for Communities and Local Government

Contents

Background

The Better Care Fund 2016/17 Policy Framework

The Better Care Fund is the biggest ever financial incentive for the integration of health and social care. It requires Clinical Commissioning Groups and local authorities in every single area to pool budgets and to agree an integrated spending plan for how they will use their Better Care Fund allocation. In 2015-16, the Government committed £3.8 billion to the Better Care Fund with many local areas contributing an additional £1.5 billion, taking the total spending power of the Better Care Fund to £5.3 billion.

Current health and care approaches have evolved to respond reactively to changes in an individual's health or ability to look after themselves, and they often do not meet people's expectations for person-centred co-ordinated care. Greater integration is seen as a potential way to use resources more efficiently, in particular by reducing avoidable hospital admissions and facilitating early discharge.

We recognise that local areas are at different points in their integration journey and in supporting them to achieve their ambitions for integrated care, we will need to prioritise progress on known barriers to change to ensure the key factors associated with successful integration are embedded and shared across the system. The Better Care Fund and other drivers of integrated care such as New Care Models pave the way for greater integration of health and social care services.

In 2016-17, the Better Care Fund will be increased to a mandated minimum of £3.9 billion to be deployed locally on health and social care through pooled budget arrangements between local authorities and Clinical Commissioning Groups. The local flexibility to pool more than the mandatory amount will remain. From 2017-18, the government will make funding available to local authorities, worth £1.5 billion by 2019-20, to be included in the Better Care Fund. In looking ahead to 2016-17, it is important that Better Care Fund plans are aligned to other programmes of work including the new models of care as set out in the NHS Five Year Forward View and delivery of 7-day services.

This document sets out the policy framework for the implementation of the fund in 2016-17, as agreed across the Department of Health, Department for Communities and Local Government, Local Government Association, Association of Directors of Adult Social Services, and NHS England. In developing this policy framework, the strong feedback from local areas of the need to reduce the burden and bureaucracy in the operation of the Better Care Fund has been taken on board, and we have streamlined and simplified the planning and assurance of the Better Care Fund in 2016-17, including removing the £1 billion payment for performance framework.

In place of the performance fund are two new national conditions, requiring local areas to fund NHS commissioned out-of-hospital services and to develop a clear, focused action plan for managing delayed transfers of care (DTOC), including locally agreed targets. The conditions are designed to tackle the high levels of DTOC across the health and care system, and to

ensure continued investment in NHS commissioned out-of-hospital services, which may include a wide range of services including social care.

Further detailed guidance will be issued by NHS England, working with the partners above, on developing Better Care Fund plans for 2016-17. The guidance will form the Better Care Fund section of the NHS technical planning guidance, which will be available on NHS England's website. Local areas are asked to refer to and follow this guidance.

Beyond the 2016-17 Better Care Fund

The Spending Review sets out an ambitious plan so that by 2020 health and social care are integrated across the country. Every part of the country must have a plan for this in 2017, implemented by 2020. Areas will be able to graduate from the existing Better Care Fund programme management once they can demonstrate that they have moved beyond its requirements. Further details will be set out shortly in guidance.

1. The Statutory and Financial Basis of the Better Care Fund

The Care Act 2014 amended the NHS Act 2006 to provide the legislative basis for the Better Care Fund. It allows for the mandate to NHS England to include specific requirements relating to the establishment and use of an integration fund.

Under the mandate to NHS England for 2016-17, NHS England is required to ring-fence £3.519 billion within its overall allocation to Clinical Commissioning Groups to establish the Better Care Fund. The remainder of the £3.9 billion fund will be made up of the £394 million Disabled Facilities Grant, which is paid directly from the Government to local authorities.

Of the £3.519 billion Better Care Fund allocation to Clinical Commissioning Groups, £2.519 billion of that allocation will be available upfront to Health and Wellbeing Boards to be spent in accordance with the local Better Care Fund plan. The remaining £1 billion of Clinical Commissioning Group Better Care Fund allocation will be subject to a new national condition.

NHS England and the Government will allocate the Better Care Fund to local areas based on a framework agreed with Ministers. For 2016-17, the allocation will be based on a mixture of the existing Clinical Commissioning Group allocations formula, the social care formula, and a specific distribution formula for the Disabled Facilities Grant element of the Better Care Fund.

Within the Better Care Fund allocation to Clinical Commissioning Groups is £138m to support the implementation of the Care Act 2014 and other policies (£135m in 2015-16). Funding previously earmarked for reablement (over £300m) and for the provision of carers' breaks (over £130m) also remains in the allocation. Further information on this can be found in the Better Care Fund Planning Requirements.

Individual allocations of the Better Care Fund for 2016-17 to local areas and the detailed formulae used will be published on NHS England's website in early January.

2. Conditions of Access to the Better Care Fund

The amended NHS Act 2006 gives NHS England the powers to attach conditions to the payment of the Better Care Fund. In 2016-17, NHS England will set the following conditions, which local areas will need to meet to access the funding:

- A requirement that the Better Care Fund is transferred into one or more pooled funds established under section 75 of the NHS Act 2006
- A requirement that Health and Wellbeing Boards jointly agree plans for how the money will be spent, with plans signed-off by the relevant local authority and Clinical Commissioning Group(s)
- A requirement that plans are approved by NHS England in consultation with DH and DCLG (as set out in section 3 below)
- A requirement that a proportion of the areas allocation will be subject to a new condition around NHS commissioned out of hospital services, which may include a wide range of services including social care.

NHS England will also require that Better Care Fund plans demonstrate how the area will meet the following national conditions:

- Plans to be jointly agreed;
- Maintain provision of social care services;
- Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective (physical and mental health) admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate;
- Better data sharing between health and social care, based on the NHS number;
- Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional;
- Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans;
- Agreement to invest in NHS commissioned out-of-hospital services, which may include a wide range of services including social care;
- Agreement on local action plan to reduce delayed transfers of care.

Detailed definitions of these national conditions are set out at Annex A.

Conditions of Access to the Better Care Fund

Under the amended NHS Act 2006, NHS England has the ability to withhold, recover or direct the use of funding where conditions attached to the Better Care Fund are not met. The Act makes provision at section 223GA(7) for the mandate to NHS England to include a requirement that NHS England consult Ministers before exercising these powers. The 2016-17 mandate to NHS England confirms that NHS England will be required to consult Ministers before using these powers.

NHS England's power to set conditions on the Better Care Fund applies to the £3.519bn that is part of Clinical Commissioning Group allocations. For the £394m paid directly to local government, the Government will attach appropriate conditions to the funding to ensure it is included in the Better Care Fund at local level. As set out in Better Care Fund technical guidance, for 2016-17 authorities in two-tier areas will have to allocate Disabled Facilities Grant funding to their respective housing authorities from the pooled budget to enable them to continue to meet their statutory duty to provide adaptations to the homes of disabled people.

3. The Assurance and Approval of the Local Better Care Fund Plans

Local Better Care Fund plans will be developed in line with the agreed guidance, templates and support materials issued by NHS England and the Local Government Association. For 2016-17, we have set out a more streamlined process that is better integrated into the business-as-usual planning processes for Health and Wellbeing Boards, Clinical Commissioning Groups and local authorities.

The first stage of the overall assurance of plans will be local sign-off by the relevant Health and Wellbeing Board, local authority and Clinical Commissioning Group(s). In line with the NHS operational planning assurance process, plans will then be subject to regional moderation and assurance. The key aspects of the process for the planning, assurance and approval of Better Care Fund plans are:

- Brief narrative plans will be developed locally and submitted to regional teams through a short high level template, setting out the overall aims of the plan and how it will meet the national conditions
- A reduced amount of finance and activity information relating to local Better Care Fund plans will be collected alongside Clinical Commissioning Group operational planning returns to submitted to NHS England, to ensure consistency and alignment
- Better Care Managers will work with NHS England Directors of Commissioning Operations teams to ensure they have the knowledge and capacity required to review and assure Better Care Fund plans. To support this local government regional leads for the Better Care Fund (LGA lead CEOs and ADASS chairs) or their representatives will be part of the moderation process at a regional level (supported with additional resource to contribute to both assurance and moderation)
- There may be flexibility permitted for devolution sites to submit plans over a larger footprint if appropriate
- An assessment will then be made of the risk to delivery of the plan due to local context and challenges, using information from NHS England, the Trust Development Agency, Monitor and local government
- These judgements on ‘plan quality’ and ‘risks to delivery’ will contribute to the placing of plans into three categories – ‘Approved’, ‘Approved with support’, ‘Not approved’.

A diagram of the above assurance and approval process is included in Annex B. The full details will be set out in the Better Care Fund section of the NHS technical planning guidance, which will be available on NHS England’s website.

The Assurance and Approval of the Local Better Care Fund Plans

Assurance and judgements on potential support needs through the planning process will be 'risk-based' (based on a planning readiness self-assessment pooled with other system level intelligence) with the level of assurance of an area's plan being proportionate to the perceived level of risk in a system. Recommendations of approval for Better Care Fund plans for high risk areas will be made by the regional moderation process but those decisions will be quality assured by the Integration Partnership Board (which is a senior programme leadership board comprising DH, DCLG, NHS England, Local Government Association and the Association of Directors of Adult Social Services). Final decisions on approval will be made by NHS England, based on the advice of the moderation and assurance process, in accordance with the legal framework set out in section 223 GA of the NHS Act 2006.

Where plans are not initially approved, or are approved with support, NHS England will implement a programme of support to help areas to achieve approval (and / or meet relevant conditions) ahead of April 2016.

NHS England has the ability to direct use of the fund where an area fails to meet one of the Better Care Fund conditions. This includes the requirement to develop a plan approved by NHS England and Ministers. If a local plan cannot be agreed, any proposal to direct use of the fund will be subject to consultation with DH and DCLG (as required under the 2016-17 mandate to NHS England).

4. National Performance Metrics

Under the 2015-16 Better Care Fund policy framework, local areas were asked to set targets against the following five key metrics:

- Admissions to residential and care homes
- Effectiveness of reablement
- Delayed transfers of care
- Patient / service user experience
- A locally-proposed metric

In the interests of stability and consistency, areas will be expected to maintain the progress made in 2015-16. The detailed definitions of these metrics are set out in the Better Care Fund section of the NHS technical planning guidance.

5. Implementation 2016-17

The implementation of local Better Care Fund plans will formally begin from 1 April 2016. As part of its wider planning process, NHS England will require local areas to produce a multi-year strategic plan, showing how local services will get from where they are now to where the Five Year Forward View requires them to be by 2020. This will set out the actions and specific deliverables that NHS England will take forward to deliver the objectives set out in the multi-year mandate to NHS England – including those relating to the integration of health and social care and the continuation of the Better Care Fund.

In implementing the Better Care Fund in 2016-17, NHS England will continue to:

- Provide support to local areas to ensure effective implementation of agreed plans;
- Work with partners to identify and remove barriers to service integration;
- Promote and communicate the benefits of health and social care integration;
- Monitor the ongoing success of the Better Care Fund – including delivery against key national performance metrics;
- Prepare as necessary for the continuation of the Better Care Fund over the next Parliament.

Annex A: Detailed Definitions of National Conditions

CONDITION	DEFINITION
Plans to be jointly agreed	The Better Care Fund Plan, covering a minimum of the pooled fund specified in the Spending Review, and potentially extending to the totality of the health and care spend in the Health and Wellbeing Board area, should be signed off by the Health and Wellbeing Board itself, and by the constituent Councils and Clinical Commissioning Groups. In agreeing the plan, Clinical Commissioning Groups and local authorities should engage with health and social care providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. Furthermore, there should be joint agreement across commissioners and providers as to how the Better Care Fund will contribute to a longer term strategic plan. This should include an assessment of future capacity and workforce requirements across the system. The implications for local providers should be set out clearly for Health and Wellbeing Boards so that their agreement for the deployment of the fund includes recognition of the service change consequences. The Disabled Facilities Grant (DFG) will again be allocated through the Better Care Fund. Local housing authority representatives should therefore be involved in developing and agreeing the plan, in order to ensure a joined-up approach to improving outcomes across health, social care and housing.
Maintain provision of social care services	Local areas must include an explanation of how local adult social care services will continue to be supported within their plans in a manner consistent with 2015-16. The definition of support should be agreed locally. As a minimum, it should maintain in real terms the level of protection as provided through the mandated minimum element of local Better Care Fund agreements of 2015-16. This reflects the real terms increase in the Better Care Fund. In setting the level of protection for social care localities should be mindful to ensure that any change does not destabilise the local social and health care system as a whole. This will be assessed compared to 2015-16 figures through the regional assurance process. It should also be consistent with 2012 Department of Health guidance to NHS England on the funding transfer from the NHS to social care in 2013-14: https://www.gov.uk/government/uploads/system/uploads/attac

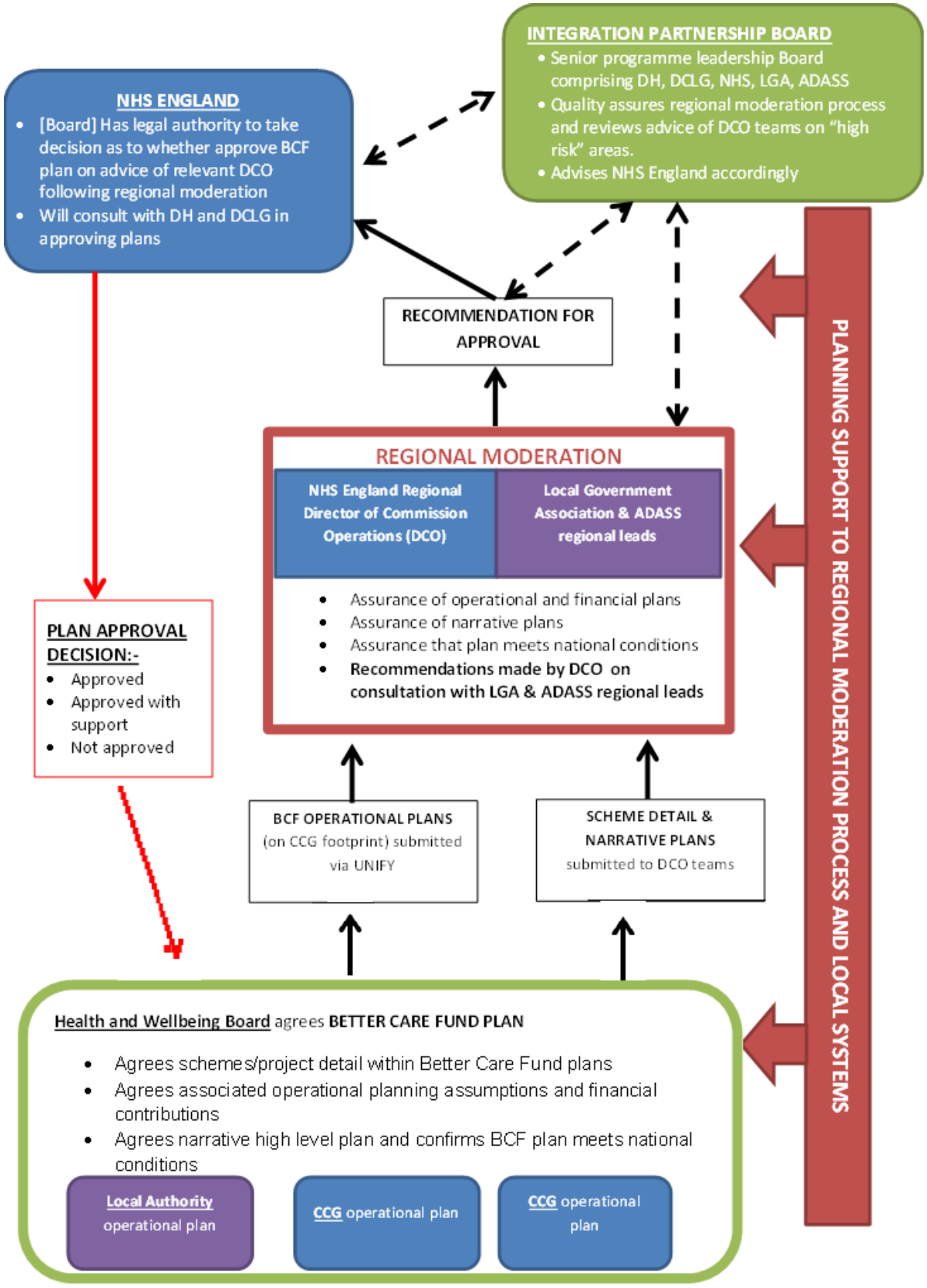
	hment_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf"
Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective (physical and mental health) admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate.	Local areas are asked to confirm how their plans will provide 7-day services (throughout the week, including weekends) across community, primary, mental health, and social care in order: • To prevent unnecessary non-elective admissions (physical and mental health) through provision of an agreed level of infrastructure across out of hospital services 7 days a week; • To support the timely discharge of patients, from acute physical and mental health settings, on every day of the week, where it is clinically appropriate to do so, avoiding unnecessary delayed discharges of care. If they are not able to provide such plans, they must explain why. The 10 clinical standards developed by the NHS Services, Seven Days a Week Forum represent, as a whole, best practice for quality care on every day of the week and provide a useful reference for commissioners (https://www.england.nhs.uk/wp-content/uploads/2013/12/clinical-standards1.pdf). By 2020 all hospital in-patients admitted through urgent and emergency routes in England will have access to services which comply with at least 4 of these standards on every day of the week, namely Standards 2, 5, 6 and 8. For the Better Care Fund, particular consideration should be given to whether progress is being made against Standard 9. This standard highlights the role of support services in the provision of the next steps in a person's care pathway following admission to hospital, as determined by the daily consultant-led review, and the importance of effective relationships between medical and other health and social care teams.
Better data sharing between health and social care, based on the NHS number	The appropriate and lawful sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. The use of the NHS number as a consistent identifier is an important element of this, as is progress towards systems and processes that allow the safe and timely sharing of information. It is also vital that the right cultures, behaviours and leadership are demonstrated locally, fostering a culture of secure, lawful and appropriate sharing of data to support better care. Local areas should: • confirm that they are using the NHS Number as the consistent identifier for health and care services, and if they are not, when they plan to; • confirm that they are pursuing interoperable Application Programming Interfaces (APIs) (i.e. systems that speak to each other) with the necessary

	security and controls (https://www.england.nhs.uk/wp-content/uploads/2014/05/open-api-policy.pdf; and • ensure they have the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott principles and guidance made available by the Information Governance Alliance (IGA), and if not, when they plan for it to be in place. • ensure that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights. In line with the recommendations from the National Data Guardian review. The Information Governance Alliance (IGA) is a group of national health and care organisations (including the Department of Health, NHS England, Public Health England and the Health and Social Care Information Centre) working together to provide a joined up and consistent approach to information governance and provide access to a central repository guidance on data access issues for the health and care system. See - http://systems.hscic.gov.uk/infogov/iga
Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional	Local areas should identify which proportion of their population will be receiving case management and named care coordinator, and which proportions will be receiving self-management help - following the principles of person-centred care planning. Dementia services will be a particularly important priority for better integrated health and social care services, supported by care coordinators, for example dementia advisors.
Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans	The impact of local plans should be agreed with relevant health and social care providers. Assurance will also be sought on public and patient and service user engagement in this planning, as well as plans for political buy-in. This should complement the planning guidance issued to NHS organisations There is agreement that there is much more to be done to ensure mental and physical health are considered equal and better integrated with one another, as well as with other services such as social care. Plans should therefore give due regard to this.
Agreement to invest in NHS commissioned out of hospital services, which may include a wide range of services including social care	Local areas should agree how they will use their share of the £1 billion that had previously been used to create the payment for performance fund. This should be achieved in one of the following ways: • To fund NHS commissioned out-of-hospital services, which may include a wide range of services including social care, as part of their agreed Better

	Care Fund plan; or • Local areas can choose to put an appropriate proportion of their share of the £1bn into a local risk-sharing agreement as part of contingency planning in the event of excess activity, with the balance spent on NHS commissioned out-of-hospital services, which may include a wide range of services including social care (local areas should seek, as a minimum, to maintain provision of NHS commissioned out of hospital services in a manner consistent with 15-16); This condition replaces the Payment for Performance scheme included in the 2015-16 Better Care Fund framework.
Agreement on local action plan to reduce delayed transfers of care (DTOC)	Given the unacceptable high levels of DTOC currently, the Government is exploring what further action should be taken to address the issue. As part of this work, under the Better Care Fund, each local area is to develop a local action plan for managing DTOC, including a locally agreed target. All local areas need to establish their own stretching local DTOC target - agreed between the CCG, Local Authority and relevant acute and community trusts. This target should be reflected in CCG operational plans. The metric for the target should be the same as the national performance metric (average delayed transfers of care (delayed days) per 100,000 population (attributable to either NHS, social care or both) per month. As part of this plan, we want local areas to consider the use of local risk sharing agreements with respect to DTOC, with clear reference to existing guidance and flexibilities. This will be particularly relevant in areas where levels of DTOC are high and rising. In agreeing the plan, Clinical Commissioning Groups and local authorities should engage with the relevant acute and community trusts and be able to demonstrate that the plan has been agreed with the providers given the need for close joint working on the DTOC issue. We would expect plans to: • Set out clear lines of responsibility, accountabilities, and measures of assurance and monitoring; • Take account of national guidance, particularly the NHS High Impact Interventions for Urgent and Emergency Care, the NHS England Monthly Delayed Transfers of Care Situation Reports Definition and Guidance, and

	best practice with regards to reducing DTOC from LGA and ADASS; • Demonstrate how activities across the whole patient pathway can support improved patient flow and DTOC performance, specifically around admissions avoidance; • Demonstrate consideration to how all available community capacity within local geographies can be effectively utilised to support safe and effective discharge, with a shared approach to monitoring this capacity; • Demonstrate how CCGs and Local Authorities are working collaboratively to support sustainable local provider markets, build the right capacity for the needs of the local population, and support the health and care workforce - ideally through joint commissioning and workforce strategies; • Demonstrate engagement with the independent and voluntary sector providers.

Annex B: Assurance and Approval of Better Care Fund Plans



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Template for BCF submission 2: due on 21 March 2016

Better Care Fund 2016-17 Planning Template

Sheet: Guidance

Overview

The purpose of this template is to collect information from CCGs, local authorities, and Health and Wellbeing Boards (HWBs) in relation to Better Care Fund (BCF) plans for 2016-17. The focus of the collection is on finance and activity information, as well as the national conditions. The template represents the minimum collection required to provide assurance that plans meet the requirements of the Better Care Fund policy framework set out by the Department of Health and the Department of Communities and Local Government (www.gov.uk/government/publications/better-care-fund-how-it-will-work-in-2016-to-2017). This information will be used during the regionally led assurance process in order to ensure that BCF plans being recommended for sign-off meet technical requirements of the fund.

The information collected within this template is therefore not intended to function as a 'plan' but rather as a submission of data relating to a plan. A narrative plan will also need to be provided separately to regional teams, but there will be no centrally submitted template for 2016-17. CCGs, local authorities, and HWBs will want to consider additional finance and activity information that they may wish to include within their own BCF

Timetable

The submission and assurance process will follow the following timetable:

- NHS Planning Guidance for 2016-17 released – 22 December 2015
- BCF Allocations published following release of CCG allocations – 09 February 2016
- Annex 4 - BCF Planning Requirements 2016-17 released - 22 February 2016
- BCF Planning Return template, released – 24 February 2016
- First BCF submission by 2pm on 02 March 2016, agreed by CCGs and local authorities, to consist of:
  - BCF planning return template

All submissions will need to be sent to DCO teams and copied to the National Team (england.bettercaresupport@nhs.net)

- First stage assurance of planning return template and initial feedback to local areas - 02 to 16 March 2016
- **Second version of the BCF Planning Return template, released (with updated NEA plans) – 9th March**
- **Second submission following assurance and feedback by 2pm on 21 March 2016, to consist of:**
  - **High level narrative plan**
  - **Updated BCF planning return template**
- **Second stage assurance of full plans and feedback to local areas - 21 March to 13 April 2016**
- BCF plans finalised and signed off by Health and Wellbeing Boards in April, and submitted 2pm on 25 April 2016

This should be read alongside the timetable on page of page 15 of Annex 4 - BCF Planning Requirements.

Introduction

populated have a blue background, as below:

Data needs inputting in the cell

Pre-populated cell

1,000,000,000.

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

Checklist

This is a checklist in relation to cells that need data inputting in the each of the sheets within this file. It is sectioned out by sheet name and contains the question, cell reference (hyperlinked) for the question and two separate checks

- the 'tick-box' column (D) is populated by the user for their own reference (not mandatory), and
- the 'checker' column (E) which updates as questions within each sheet are completed.

Red and contain the word 'No' - once completed the cell will change to Green and contain the word 'Yes'. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (B6) will change to 'Complete

Please ensure that all boxes on the checklist tab are green before submission.

1. Cover

and sign off. The selection of your Health and Wellbeing Board (HWB) on this sheet also then ensures that the correct data is prepopulated through the rest of the template.

On the cover sheet please **enter the following information:**

- The Health and Wellbeing Board;
- The name of the lead contact who has completed the report, with their email address and contact number for use in resolving any queries regarding the return;

section of the template have been completed the cell will turn green. Only when all 6 cells are green should the template be sent to england.bettercaresupport@nhs.net

2. Summary and confirmations

This sheet summarises information provided on sheets 2 to 6, and allows for confirmation of the amount of funding identified for supporting social care and any funds ring-fenced as part of risk sharing arrangement. To do this, there are 2 cells where data can be input.

On this tab please **enter the following information:**

- In cell E37 ,please confirm the amount allocated for ongoing support for adult social care. This may differ from the summary of HWB expenditure on social care which has been calculated from information provided in the 'HWB Expenditure Plan' tab. If this is the case then cell F37 will turn yellow. Please use this to indicate the reason for any variance;
- In cell F47 please indicate the total value of funding held as a contingency as part of local risk share, if one is being put in place. For guidance on instances when this may be appropriate please consult the full BCF

a useful printable summary of the return.

3. HWB Funding Sources

This sheet should be used to set out all funding contributions to the Health and Wellbeing Board's Better Care Fund plan and pooled budget for 2016-17. It will be pre-populated with the minimum CCG contributions to the Fund in 2016/17, as confirmed within the BCF Allocations spreadsheet.
https://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan

On this tab please **enter the following information:**

- Please use rows 16-25 to detail Local Authority funding contributions by selecting the relevant authorities and then entering the values of the contributions in column C. This should include all mandatory transfers made via local authorities, as set out in the BCF Allocations spreadsheet, and any additional local authority contributions. There is a comment box in column E to detail how contributions are made up or to allow contributions from an LA to split by funding source or purpose if helpful. Please note, only contributions assigned to a Local Authority will be included in the 'Total Local Authority Contribution' figure.
- Please use cell C42 to indicate whether any additional CCG contributions are being made. If 'Yes' is selected then rows 45 to 54 will turn yellow and can be used to detail all additional CCG contributions to the fund by selecting the CCG from the drop down boxes in column B and enter the values of the contributions in column 16 funding levels set out below.
- Please use the comment box in cell B61 to add any further narrative around your funding contributions for 2016-17, for example to set out the driver behind any change in the amount being pooled.

The final section on this sheet then sets out four specific funding requirements and requests confirmation as to the progress made in agreeing how these are being met locally - by selecting either 'Yes', 'No' or 'No - in development' in response to each question. 'Yes' should be used when the funding requirement has been met. 'No - in development' should be used when the requirement is not currently agreed but a plan is in development to meet this through the development of your BCF plan for 2016-17. 'No' should be used to indicate that there is currently no agreement in place for meeting this funding requirement and this is unlikely to be agreed before the plan is finalised.

4. HWB Expenditure plan

range of information about how schemes are being funded and the types of services they are providing, which is required to demonstrate how the national policy framework is being achieved. Where a scheme has multiple funding sources this can be indicated and split out, but there may still be instances when several lines need to be completed in order to fully describe a single scheme. In this case please use the scheme name column to

- Enter a scheme name in column B;
- Select the scheme type in column C from the dropdown menu (descriptions of each are located in cells B270 - C278); if the scheme type is not adequately described by one of the dropdown options please choose 'other' and give further explanation in column D;
- Select the area of spending the scheme is directed at using from the dropdown menu in column E; if the area of spending is not adequately described by one of the dropdown options please choose 'other' and give further explanation in column F;
- Select the commissioner and provider for the scheme using the dropdown menu in columns G and J, noting that if a scheme has more than one provider or commissioner, you should complete one row for each. For example, if both the CCG and the local authority will contract with a third party to provide a joint service, there would be two lines for the scheme: one for the CCG commissioning from the third party and one for the local authority commissioning from the third party;
- In Column K please state where the expenditure is being funded from. If this falls across multiple funding that detailed scheme level plans will continue to be developed locally.

5. HWB Metrics

This sheet should be used to set out the Health and Wellbeing Board's performance plans for each of the Better Care Fund metrics in 2016-17. This should build on planned and actual performance on these metrics in 2015-16. The BCF requires plans to be set for 4 nationally defined metrics and 2 locally defined metrics. The non-elective admissions metric section is pre-populated with activity data from CCG Operating Plan submissions for all contributing CCGs, which has then been mapped to the HWB footprint to provide a default HWB level NEA activity plan for 2016-17. There is then the option to adjust this by indicating how many admissions can be avoided through the BCF plan, which are not already built into CCG operating plan assumptions. Where it is decided to plan for an additional reduction in NEA activity through the BCF the option is also provided within the template to set out an associated risk sharing arrangement. Once CCG have made their second operating plan activity uploads via Unify this data will be populated into a second version of this template by the national team and sent back in time for the second BCF submission. At this point Health and Wellbeing Boards will be able to amend, confirm, and comment on non-elective admission targets again based on the new data. The full specification and details around each of the six metrics is included in the BCF

On this tab please **enter the following information:**

- Please use cell E43 to confirm if you are planning on any additional quarterly reductions (Yes/No)
- If you have answered Yes in cell E43 then in cells G45, I45, K45 and M45 please enter the quarterly additional reduction figures for Q1 to Q4.
- In cell E49 please confirm whether you are putting in place a local risk sharing agreement (Yes/No)
- In cell E54 please confirm or amend the cost of a non elective admission. This is used to calculate a risk
- In cell G69 please enter your forecasted level of residential admissions for 2015-16. In cell H69 please enter your planned level of residential admissions for 2016-17. The actual rate for 14-15 and the planned rate for 15-16 are provided for comparison. Please add a commentary in column I to provide any useful information in
- Please use cells G82-83 (forecast for 15-16) and H82-83 (planned 16-17) to set out the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services. By entering the denominator figure in cell G83/H83 (the planned total number of older people (65 and over) discharged from hospital into reablement / rehabilitation services) and the numerator figure in cell G82/H82 (the number from within that group still at home after 91 days) the proportion will be
- Please use rows 93-95 (columns K-L for Q3-Q4 15-16 forecasts and columns M-P for 16-17 plans) to set out the Delayed Transfers Of Care (delayed days) from hospital per 100,000 population (aged 18+). The denominator figure in row 95 is pre-populated (population - aged 18+). The numerator figure in cells K94-P94 (the Delayed Transfers Of Care (delayed days) from hospital) needs entering. The rate will be calculated for
- Please use rows 105-107 to update information relating to your locally selected performance metric. The local performance metric set out in cell C105 has been taken from your BCF 16-17 planning submission 1 template - these local metrics can be amended, as required
- You may also use rows 117-119 to update information relating to your locally selected patient experience metric. The local patient experience metric set out in cell C117 has been taken from your BCF 16-17 planning

5b. HWB Metrics Tool

There is no data required to be completed on this tab. The tab is instead designed to provide assistance in setting your 16/17 plan figures for NEA and DTOC. Baseline 14/15, plan 15/16 and actual 15/16 data has been provided as a reference. The 16/17 plan figures are taken from those given in tab 5. HWB Metrics.

For NEAs we have also provided SUS 14/15 Baseline, SUS 15/16 Actual and SUS 15/16 FOT (Forecast Outturn) figures, mapped from the baseline data supplied to assist CCGs with the 16/17 shared planning round. This has been provided as a reference to support the new requirement for BCF NEA targets to be set in line with the revised definition set out in the “Technical Definitions” and the “Supplementary Technical Definitions” at the foot of the following webpage:

6. National Conditions

This sheet requires the Health & Wellbeing Board to confirm whether the eight national conditions detailed in the Better Care Fund Planning Guidance are on track to be met through the delivery of your plan in 2016-17. The conditions are set out in full in the BCF Policy Framework and further guidance is provided in the BCF Planning Requirements document. Please answer as at the time of completion

On this tab please **enter the following information:**

- For each national condition please use column C to indicate whether the condition is being met. The sheet sets out the eight conditions and requires the Health & Wellbeing Board to confirm either 'Yes', 'No' or 'No - in development' for each one. 'Yes' should be used when the condition is already being fully met, or will be by 31st March 2016. 'No - in development' should be used when a condition is not currently being met but a plan is in development to meet this through the delivery of your BCF plan in 2016-17. 'No' should be used to indicate that there is currently no plan agreed for meeting this condition by 31st March 2017.

- Please use column C to indicate when it is expected that the condition will be met / agreed if it is not being

CCG - HWB Mapping

The final tab provides details of the CCG to HWB mapping used to calculate contributions to Health and

Template for BCF submission 2: due on 21 March 2016

Better Care Fund 2016-17 Planning Template

Sheet: Checklist

This is a checklist in relation to cells that need data inputting in the each of the sheets within this file. It is sectioned out by sheet name and contains the question, cell reference (hyperlinked) for the question and two separate checks
- the 'tick-box' column (D) is populated by the user for their own reference (not mandatory), and
- the 'checker' column (E) which updates as questions within each sheet are completed.The checker column has been coloured so that if a value is missing from the sheet it refers to, the cell will be Red and contain the word 'No' - once completed the cell will change to Green and contain the word 'Yes'. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (B6) will change to 'Complete Template'.Please ensure that all boxes on the checklist tab are green before submission.

Complete Template

1. Cover

	Cell Reference	Complete?	Checker
Health and Well Being Board	C10	☐	Yes
completed by:	C13	☐	Yes
e-mail:	C15	☐	Yes
contact number:	C17	☐	Yes
Who has signed off the report on behalf of the Health and Well Being Board:	C19	☐	Yes

Sheet Completed:	Yes

2. Summary and confirmations

	Cell Reference	Complete?	Checker
Summary of BCF Expenditure : Please confirm the amount allocated for the protection of adult social care : Expenditure (£000's)	E37	☐	Yes
Summary of BCF Expenditure : If the figure in cell D29 differs to the figure in cell C29, please indicate please indicate the reason for the variance.	F37	☐	Yes
Total value of funding held as contingency as part of lcoal risk share to ensure value to the NHS	F47	☐	Yes

Sheet Completed:	Yes

3. HWB Funding Sources

	Cell Reference	Complete?	Checker
Local authority Social Services: <Please Select Local Authority>	B16 : B25	☐	Yes
Gross Contribution: £000's	C16 : C25	☐	Yes
Comments (if required)	E16 : E25	☐	N/A
Are any additional CCG Contributions being made? If yes please detail below;	C42	☐	Yes
Additional CCG Contribution: <Please Select CCG>	B45 : B54	☐	Yes
Gross Contribution: £000's	C45 : C54	☐	Yes
Comments (if required)	E45 : E54	☐	N/A
Funding Sources Narrative	B61	☐	N/A
1. Is there agreement about the use of the Disabled Facilities Grant, and arrangements in place for the transfer of funds to the local housing authority?	C70	☐	Yes
2. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified?	C71	☐	Yes
3. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool?	C72	☐	Yes
4. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used?	C73	☐	Yes
1. Is there agreement about the use of the Disabled Facilities Grant, and arrangements in place for the transfer of funds to the local housing authority? Comments	D70	☐	Yes
2. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified? Comments	D71	☐	Yes
3. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool? Comments	D72		Yes
4. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used? Comments	D73	☐	Yes

Sheet Completed:	Yes

4. HWB Expenditure Plan

	Cell Reference	Complete?	Checker
Scheme Name	B17 : B266	☐	Yes
Scheme Type (see table below for descriptions)	C17 : C266	☐	Yes
Please specify if 'Scheme Type' is 'other'	D17 : D266	☐	Yes
Area of Spend	E17 : E266	☐	Yes
Please specify if 'Area of Spend' is 'other'	F17 : F266	☐	Yes
Commissioner	G17 : G266	☐	Yes
if Joint % NHS	H17 : H266	☐	Yes
if Joint % LA	I17 : I266	☐	Yes
Provider	J17 : J266	☐	Yes
Source of Funding	K17 : K266	☐	Yes
2016/17 (£000's)	L17 : L266	☐	Yes
New or Existing Scheme	M17 : M266	☐	Yes
Total 15-16 Expenditure (£) (if existing scheme)	N17 : N266	☐	Yes

Sheet Completed:	Yes

5. HWB Metrics

	Cell Reference	Complete?	Checker
5.1 - Are you planning on any additional quarterly reductions?	E43	☐	Yes
5.1 - HWB Quarterly Additional Reduction Figure - Q1	G45	☐	Yes
5.1 - HWB Quarterly Additional Reduction Figure - Q2	I45	☐	Yes
5.1 - HWB Quarterly Additional Reduction Figure - Q3	K45	☐	Yes
5.1 - HWB Quarterly Additional Reduction Figure - Q4	M45	☐	Yes
5.1 - Are you putting in place a local risk sharing agreement on NEA?	E49	☐	Yes
5.1 - Cost of NEA	E54	☐	Yes
5.1 - Comments (if required)	F54	☐	Yes
5.2 - Residential Admissions : Numerator : Forecast 15/16	G69	☐	Yes
5.2 - Residential Admissions : Numerator : Planned 16/17	H69	☐	Yes
5.2 - Comments (if required)	I68	☐	N/A
5.3 - Reablement : Numerator : Forecast 15/16	G82	☐	Yes
5.3 - Reablement : Denominator : Forecast 15/16	G83	☐	Yes
5.3 - Reablement : Numerator : Planned 16/17	H82	☐	Yes
5.3 - Reablement : Denominator : Planned 16/17	H83	☐	Yes
5.3 - Comments (if required)	I81	☐	N/A
5.4 - Delayed Transfers of Care : 15/16 Forecast : Q3	K94	☐	Yes
5.4 - Delayed Transfers of Care : 15/16 Forecast : Q4	L94	☐	Yes
5.4 - Delayed Transfers of Care : 16/17 Plans : Q1	M94	☐	Yes
5.4 - Delayed Transfers of Care : 16/17 Plans : Q2	N94	☐	Yes
5.4 - Delayed Transfers of Care : 16/17 Plans : Q3	O94	☐	Yes
5.4 - Delayed Transfers of Care : 16/17 Plans : Q4	P94	☐	Yes
5.4 - Comments (if required)	Q93	☐	N/A
5.5 - Local Performance Metric	C105	☐	Yes
5.5 - Local Performance Metric : Planned 15/16 : Metric Value	E105	☐	Yes
5.5 - Local Performance Metric : Planned 15/16 : Numerator	E106	☐	Yes
5.5 - Local Performance Metric : Planned 15/16 : Denominator	E107	☐	Yes
5.5 - Local Performance Metric : Planned 16/17 : Metric Value	F105	☐	Yes
5.5 - Local Performance Metric : Planned 16/17 : Numerator	F106	☐	Yes
5.5 - Local Performance Metric : Planned 16/17 : Denominator	F107	☐	Yes
5.5 - Comments (if required)	G105	☐	N/A
5.6 - Local defined patient experience metric	C117	☐	Yes
5.6 - Local defined patient experience metric : Planned 15/16 : Metric Value	E117	☐	Yes
5.6 - Local defined patient experience metric : Planned 15/16 : Numerator	E118	☐	Yes
5.6 - Local defined patient experience metric : Planned 15/16 : Denominator	E119	☐	Yes
5.6 - Local defined patient experience metric : Planned 16/17 : Metric Value	F117	☐	Yes
5.6 - Local defined patient experience metric : Planned 16/17 : Numerator	F118	☐	Yes
5.6 - Local defined patient experience metric : Planned 16/17 : Denominator	F119	☐	Yes
5.6 - Comments (if required)	G117	☐	N/A

Sheet Completed:	Yes

6. National Conditions

	Cell Reference	Complete?	Checker
1) Plans to be jointly agreed	C14	☐	Yes
2) Maintain provision of social care services (not spending)	C15	☐	Yes
3) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate	C16	☐	Yes
4) Better data sharing between health and social care, based on the NHS number	C17	☐	Yes
5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional	C18	☐	Yes
6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans	C19	☐	Yes
7) Agreement to invest in NHS commissioned out-of-hospital services	C20	☐	Yes
8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan	C21	☐	Yes
1) Plans to be jointly agreed, Comments	D14	☐	Yes
2) Maintain provision of social care services (not spending), Comments	D15	☐	Yes
3) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate, Comments	D16	☐	Yes
4) Better data sharing between health and social care, based on the NHS number, Comments	D17	☐	Yes
5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional, Comments	D18	☐	Yes
6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans, Comments	D19	☐	Yes
7) Agreement to invest in NHS commissioned out-of-hospital services, Comments	D20	☐	Yes
8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan, Comments	D21	☐	Yes

Sheet Completed:	Yes

Template for BCF submission 2: due on 21 March 2016

Submission 2 Template Changes - Updates from Submission 1 template

Change	Tabs Impacted	
Summary of NHS Commissioned out of hospital services spend from MINIMUM BCF Pool' table corrected to show spend from CCG Minimum Contribution **only.** Please review.	2. Summary and confirmations	
We have increased the number of rows available on the "HWB Expenditure" tab to 250 rows.	4. HWB Expenditure	
The NEA activity values have been updated following the second "16/17 Shared NHS Planning" submission. Please review the impact and amend the additional quarterly reduction value if required.	5. HWB Metrics	5b. HWB Metrics Tool
Q3 15/16 SUS Actual data (mapped from CCG data) is now included. Q1 and Q2 have been updated.	5. HWB Metrics	5b. HWB Metrics Tool
Actual Q3 15/16 DTOC data is now included.	5. HWB Metrics	5b. HWB Metrics Tool
The issue around the incorrect assigning of the number of delayed days for the 11 Health and Well-Being Boards effecting the DTOC rates per 100,000 population has been amended. Please review the impact and amend if required.	5. HWB Metrics	5b. HWB Metrics Tool
Reablement 14/15 actual % has been amended to match published HSCIC data.	5. HWB Metrics	5b. HWB Metrics Tool
Population figures used for 14/15 changed to match the mid-2014 population estimates used in ASCOF, this impacts on DTOC (Q1 - Q3 14/15) and Residential Admissions rates (14/15). Please review the impact and amend if required.	5. HWB Metrics	5b. HWB Metrics Tool
Comments fields have had text wrapped to allow for users to easily review comments fields.	5. HWB Metrics	

Template for BCF submission 2: due on 21 March 2016

Better Care Fund 2016-17 Planning Template

Sheet: 1. Cover Sheet

The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. The selection of your Health and Wellbeing Board (HWB) on this sheet also then ensures that the correct data is prepopulated through the rest of the template.

On the cover sheet please enter the following information:
- The Health and Wellbeing Board;
- The name of the lead contact who has completed the report, with their email address and contact number for use in resolving any queries regarding the return;
- The name of the lead officer who has signed off the report on behalf of the CCGs and Local Authority in the HWB area. 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 6 cells are green should the template be sent to england.bettercaresupport@nhs.net

You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.

Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".

Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided.

It presents a summary of the first BCF submission and a mapped summary of the NEA activity plans received in the second iteration of the "CCG NHS Shared Planning Process".

Health and Well Being Board	**West Berkshire**
completed by:	Tandra Forster
E-Mail:	Tandra.Forster@westberk.gov.uk
Contact Number:	01635 519736
Who has signed off the report on behalf of the Health and Well Being Board:	Rachael Wardell

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

	No. of questions answered
1. Cover	5
2. Summary and confirmations	3
3. HWB Funding Sources	13
4. HWB Expenditure Plan	13
5. HWB Metrics	34
6. National Conditions	16

Template for BCF submission 2: due on 21 March 2016

Sheet: 2. Summary of Health and Well-Being Board 2016/17 Planning Template

Selected Health and Well Being Board:

West Berkshire

Data Submission Period:

2016/17

2. Summary and confirmations

This sheet summarises information provided on sheets 2 to 6, and allows for confirmation of the amount of funding identified for supporting social care and any funds ring-fenced as part of risk sharing arrangement. To do this, there are 2 cells where data can be input.

On this tab please enter the following information:
- In cell E37 ,please confirm the amount allocated for ongoing support for adult social care. This may differ from the summary of HWB expenditure on social care which has been calculated from information provided in the 'HWB Expenditure Plan' tab. If this is the case then cell F37 will turn yellow. Please use this to indicate the reason for any variance;
- In cell F47 please indicate the total value of funding held as a contingency as part of local risk share, if one is being put in place. For guidance on instances when this may be appropriate please consult the full BCF Planning Requirements document. Cell F44 shows the HWB share of the national £1bn that is to be used as set out in national condition vii. Cell F45 shows the value of investment in NHS Commissioned Out of Hospital Services, as calculated from the 'HWB Expenditure Plan' tab. Cell F49 will show any potential shortfall in meeting the financial requirements of the condition. The rest of this tab will be populated from the information provided elsewhere within the template, and provides a useful printable summary of the return.

3. HWB Funding Sources

	Gross Contribution
Total Local Authority Contribution	£1,862,000
Total Minimum CCG Contribution	£8,807,422
Total Additional CCG Contribution	£0
Total BCF pooled budget for 2016-17	**£10,669,422**

Specific funding requirements for 2016-17	Select a response to the questions in column B
1. Is there agreement about the use of the Disabled Facilities Grant, and arrangements in place for the transfer of funds to the local housing authority?	Yes
2. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified?	Yes
3. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool?	Yes
4. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used?	Yes

4. HWB Expenditure Plan

Summary of BCF Expenditure

	Expenditure
Acute	£243,000
Mental Health	£0
Community Health	£3,139,000
Continuing Care	£0
Primary Care	£0
Social Care	£4,367,000
Other	£2,920,422
Total	**£10,669,422**

Please confirm the amount allocated for the protection of adult social care	
Expenditure	If the figure in cell E37 differs to the figure in cell C37, please indicate the reason for the variance.
£4,367,000	

Summary of NHS Commissioned out of hospital services spend from MINIMUM BCF Pool

	Expenditure
Mental Health	£0
Community Health	£3,139,000
Continuing Care	£0
Primary Care	£0
Social Care	£0
Other	£333,000
Total	**£3,472,000**

BCF revenue funding from CCGs ring-fenced for NHS out of hospital commissioned services/risk share

	Fund
Local share of ring-fenced funding	£2,502,819
Total value of NHS commissioned out of hospital services spend from minimum pool	£3,472,000
Total value of funding held as contingency as part of local risk share to ensure value to the NHS	£243,000
Balance (+/-)	**£1,212,181**

5. HWB Metrics

5.1 HWB NEA Activity Plan

	Q1	Q2	Q3	Q4	Total
Total HWB Planned Non-Elective Admissions	2,901	2,931	3,158	3,111	12,102
HWB Quarterly Additional Reduction Figure	0	0	0	0	0
HWB NEA Plan (after reduction)	2,901	2,931	3,158	3,111	12,102
Additional NEA reduction delivered through the BCF					£0

5.2 Residential Admissions

		Planned 16/17
Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual rate	594.6

5.3 Reablement

		Planned 16/17
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	Annual %	83%

5.4 Delayed Transfers of Care

		Q1 (Apr 16 - Jun 16)	Q2 (Jul 16 - Sep 16)	Q3 (Oct 16 - Dec 16)	Q4 (Jan 17 - Mar 17)
Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+).	Quarterly rate	842.8	842.8	842.8	837.3

5.5 Local performance metric (as described in your BCF 16/17 planning submission 1 return)

	Metric Value Planned 16/17
Now using: "The Metric describes the daily count of 'Fit to go', or ready for discharge patients from the Royal Berkshire Hospital who require West Berkshire Council social care support." This metric is based on the Alamac Fit to Go lists from RBH	5.0

5.6 Local defined patient experience metric (as described in your BCF 16/17 planning submission 1 return)

	Metric Value Planned 16/17
Now using: "Ensuring people have a positive experience of care and support: People who use social care are satisfied with their experience of care and support services" This metric is based on ASCOF data from the Adult Social Care User Survey	0

6. National Conditions

National Conditions For The Better Care Fund 2016-17	Please Select (Yes, No or No - plan in place)
1) Plans to be jointly agreed	Yes
2) Maintain provision of social care services (not spending)	Yes
3) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate	Yes
4) Better data sharing between health and social care, based on the NHS number	Yes
5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional	Yes
6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans	Yes
7) Agreement to invest in NHS commissioned out-of-hospital services	Yes
8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan	No - in development

Template for BCF submission 2: due on 21 March 2016

Sheet: 3. Health and Well-Being Board Funding Sources

Selected Health and Well Being Board:

West Berkshire

Data Submission Period:

2016/17

3. HWB Funding Sources

This sheet should be used to set out all funding contributions to the Health and Wellbeing Board's Better Care Fund plan and pooled budget for 2016-17. It will be pre-populated with the minimum CCG contributions to the Fund in 2016/17, as confirmed within the BCF Allocations spreadsheet. https://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan

These cannot be changed. The sheet also requests a number of confirmations in regard to the funding that is made available through the BCF for specific purposes.

On this tab please enter the following information:

- Please use rows 16-25 to detail Local Authority funding contributions by selecting the relevant authorities and then entering the values of the contributions in column C. This should include all mandatory transfers made via local authorities, as set out in the BCF Allocations spreadsheet, and any additional local authority contributions. There is a comment box in column E to detail how contributions are made up or to allow contributions from an LA to split by funding source or purpose if helpful. Please note, only contributions assigned to a Local Authority will be included in the 'Total Local Authority Contribution' figure.
- Please use cell C42 to indicate whether any additional CCG contributions are being made. If 'Yes' is selected then rows 45 to 54 will turn yellow and can be used to detail all additional CCG contributions to the fund by selecting the CCG from the drop down boxes in column B and enter the values of the contributions in column C. There is a comment box in column E to detail how contributions are made up or any other useful information relating to the contribution. Please note, only contributions assigned to an additional CCG will be included in the 'Total Additional CCG Contribution' figure. - Cell C57 then calculates the total funding for the Health and Wellbeing Board, with a comparison to the 2015-16 funding levels set out below. - Please use the comment box in cell B61 to add any further narrative around your funding contributions for 2016-17, for example to set out the driver behind any change in the amount being pooled.The final section on this sheet then sets out four specific funding requirements and requests confirmation as to the progress made in agreeing how these are being met locally - by selecting either 'Yes', 'No' or 'No - in development' in response to each question. 'Yes' should be used when the funding requirement has been met. 'No - in development' should be used when the requirement is not currently agreed but a plan is in development to meet this through the development of your BCF plan for 2016-17. 'No' should be used to indicate that there is currently no agreement in place for meeting this funding requirement and this is unlikely to be agreed before the plan is finalised.
- Please use column C to respond to the question from the dropdown options;
- Please detail in the comments box in row D issues and/or actions that are being taken to meet the funding requirement, or any other relevant information.

Local Authority Contribution(s)	Gross Contribution	Comments - please use this box clarify any specific uses or sources of funding
West Berkshire	£1,400,000	DFG
West Berkshire	£462,000	Other
<Please Select Local Authority>		
<Please Select Local Authority>		
<Please Select Local Authority>		
<Please Select Local Authority>		
<Please Select Local Authority>		
<Please Select Local Authority>		
<Please Select Local Authority>		
<Please Select Local Authority>		
Total Local Authority Contribution	**£1,862,000**	

CCG Minimum Contribution	Gross Contribution
NHS Newbury and District CCG	£5,977,666
NHS North and West Reading CCG	£2,829,756
Total Minimum CCG Contribution	**£8,807,422**

Are any additional CCG Contributions being made? If yes please detail below;	No

Additional CCG Contribution	Gross Contribution	Comments - please use this box clarify any specific uses or sources of funding
<Please Select CCG>		
<Please Select CCG>		
<Please Select CCG>		
<Please Select CCG>		
<Please Select CCG>		
<Please Select CCG>		
<Please Select CCG>		
<Please Select CCG>		
<Please Select CCG>		
<Please Select CCG>		
Total Additional CCG Contribution	**£0**	

Total BCF pooled budget for 2016-17	**£10,669,422**

Funding Contributions Narrative

The final section on this sheet then sets out four specific funding requirements and requests confirmation as to the progress made in agreeing how these are being met locally - by selecting either 'Yes', 'No' or 'No - in development' in response to each question. 'Yes' should be used when the funding requirement has been met. 'No - in development' should be used when the requirement is not currently agreed but a plan is in development to meet this through the development of your BCF plan for 2016-17. 'No' should be used to indicate that there is currently no agreement in place for meeting this funding requirement and this is unlikely to be agreed before the plan is finalised.

- Please use column C to respond to the question from the dropdown options;
- Please detail in the comments box in row D issues and/or actions that are being taken to meet the funding requirement, or any other relevant information.

Specific funding requirements for 2016-17	Select a response to the questions in column B	Please detail in the comments box issues and/or actions that are being taken to meet the condition, or any other relevant information.
1. Is there agreement about the use of the Disabled Facilities Grant, and arrangements in place for the transfer of funds to the local housing authority?	Yes	
2. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified?	Yes	
3. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool?	Yes	
4. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used?	Yes	

Template for BCF submission 2: due on 21 March 2016

Sheet: 4. Health and Well-Being Board Expenditure Plan

Selected Health and Well Being Board:
West Berkshire

Data Submission Period:
2016/17

4. HWB Expenditure Plan

This sheet should be used to set out the full BCF scheme level spending plan. The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing, which is required to demonstrate how the national policy framework is being achieved. Where a scheme has multiple funding sources this can be indicated and split out, but there may still be instances when several lines need to be completed in order to fully describe a single scheme. In this case please use the scheme name column to indicate this.

On this tab please enter the following information:
- Enter a scheme name in column B;
- Select the scheme type in column C from the dropdown menu (descriptions of each are located in cells B270 - C278); if the scheme type is not adequately described by one of the dropdown options please choose 'other' and give further explanation in column D;
- Select the area of spending the scheme is directed at using from the dropdown menu in column E; if the area of spending is not adequately described by one of the dropdown options please choose 'other' and give further explanation in column F;
- Select the commissioner and provider for the scheme using the dropdown menu in columns G and J, noting that if a scheme has more than one provider or commissioner, you should complete one row for each. For example, if both the CCG and the local authority will contract with a third party to provide a joint service, there would be two lines for the scheme: one for the CCG commissioning from the third party and one for the local authority commissioning from the third party;
- In Column K please state where the expenditure is being funded from. If this falls across multiple funding streams please enter the scheme across multiple lines;
- Complete column L to give the planned spending on the scheme in 2016/17;
- Please use column M to indicate whether this is a new or existing scheme.
- Please use column N to state the total 15-16 expenditure (if existing scheme) This is the only detailed information on BCF schemes being collected centrally for 2016-17 but it is expected that detailed scheme level plans will continue to be developed locally.

	Expenditure											
Scheme Name	Scheme Type (see table below for descriptions)	Please specify if 'Scheme Type' is 'other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	if Joint % NHS	if Joint % LA	Provider	Source of Funding	2016/17 Expenditure (£)	New or Existing Scheme	Total 15-16 Expenditure (£) (if existing scheme)
Connected Care	Other	Better data sharing	Other	Health and Social Care	CCG			Private Sector	CCG Minimum Contribution	£333,000	Existing	£248,000
7 Day Week service	7 day working		Other	Social Care	Local Authority			Local Authority	CCG Minimum Contribution	£500,000	Existing	£500,000
Patients Personal Recovery guide	Intermediate care services		Other	Social Care	Local Authority			Charity/Voluntary Sector	CCG Minimum Contribution	£150,000	Existing	£310,000
Joint Care Provider	Reablement services		Social Care	Social Care & Community Health	Local Authority			Local Authority	CCG Minimum Contribution	£408,000	Existing	£400,000
Protecting Social Care services - the cared for	Other	Maintaining Provision for Social Care Services	Social Care		Local Authority			Private Sector	CCG Minimum Contribution	£1,505,000	Existing	£1,213,000
Protecting Social Care services - Carer	Support for carers		Social Care		Local Authority			Private Sector	CCG Minimum Contribution	£300,000	Existing	£294,000
Protecting Social Care services - Reablement	Reablement services		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	£433,000	Existing	£425,000
Protecting Social Care services - Integrated Crisis & Rapid Response	Integrated care teams		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	£433,000	Existing	£425,000
Protecting Social Care services - Early supported discharge	Intermediate care services		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	£377,000	Existing	£370,000
Protecting Social Care services - universal preventitive services	Personalised support/ care at home		Social Care		Local Authority			Charity/Voluntary Sector	CCG Minimum Contribution	£584,000	Existing	£573,000
Protecting Social Care services - Carers universal services	Support for carers		Social Care		Local Authority			Charity/Voluntary Sector	CCG Minimum Contribution	£327,000	Existing	£321,000
Protecting existing CCG reablement service	Reablement services		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	£755,000	Existing	£740,000
Care Homes	Personalised support/ care at home		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	£495,000	New	
Speach and Language Therapy	Personalised support/ care at home		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	£64,000	New	
Community Geriatrician	Improving healthcare services to care homes		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	£144,000	New	
Intermediate Care	Intermediate care services		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	£455,000	New	
Health Hub	Integrated care teams		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	£334,000	New	
Intermediate Care night sitting, rapid response, reablement and falls	Improving healthcare services to care homes		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	£629,000	New	
Care Homes in reach	Improving healthcare services to care homes		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	£263,000	New	
Programme Management	Other	Supporting Health and social cate Integration Programme	Other	Health and Social Care	Joint	52.0%	48.0%	Local Authority	Local Authority Social Services	£209,000	New	
Disabled Facilities Grant	Other	Capital	Other	Health and Social Care	Local Authority			Private Sector	Local Authority Social Services	£1,400,000	Existing	£726,000
Social Care Capital Grant	Other	Capital	Other	Health and Social Care	Local Authority			Private Sector	Local Authority Social Services	£0	Existing	£279,000
Contingency	Other	Contingency	Other	as required	Joint	50.0%	50.0%	Local Authority	Local Authority Social Services	£328,422	Existing	£231,000
Risk Share Agreement	Other	Risk Share	Acute		Joint	50.0%	50.0%	NHS Acute Provider	CCG Minimum Contribution	£243,000	Existing	£243,000

Template for BCF submission 2: due on 21 March 2016

Sheet: 4. Health and Well-Being Board Expenditure Plan

Selected Health and Well Being Board:

West Berkshire

Data Submission Period:

2016/17

4. HWB Expenditure Plan

This sheet should be used to set out the full BCF scheme level spending plan. The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing, which is required to demonstrate how the national policy framework is being achieved. Where a scheme has multiple funding sources this can be indicated and split out, but there may still be instances when several lines need to be completed in order to fully describe a single scheme. In this case please use the scheme name column to indicate this.

On this tab please enter the following information:

- Enter a scheme name in column B;
- Select the scheme type in column C from the dropdown menu (descriptions of each are located in cells B270 - C278); if the scheme type is not adequately described by one of the dropdown options please choose 'other' and give further explanation in column D;
- Select the area of spending the scheme is directed at using from the dropdown menu in column E; if the area of spending is not adequately described by one of the dropdown options please choose 'other' and give further explanation in column F;
- Select the commissioner and provider for the scheme using the dropdown menu in columns G and J, noting that if a scheme has more than one provider or commissioner, you should complete one row for each. For example, if both the CCG and the local authority will contract with a third party to provide a joint service, there would be two lines for the scheme: one for the CCG commissioning from the third party and one for the local authority commissioning from the third party;
- In Column K please state where the expenditure is being funded from. If this falls across multiple funding streams please enter the scheme across multiple lines;
- Complete column L to give the planned spending on the scheme in 2016/17;
- Please use column M to indicate whether this is a new or existing scheme.
- Please use column N to state the total 15-16 expenditure (if existing scheme) This is the only detailed information on BCF schemes being collected centrally for 2016-17 but it is expected that detailed scheme level plans will continue to be developed locally.

Template for BCF submission 2: due on 21 March 2016

Sheet: 4. Health and Well-Being Board Expenditure Plan

Selected Health and Well Being Board:
West Berkshire

Data Submission Period:
2016/17

4. HWB Expenditure Plan

This sheet should be used to set out the full BCF scheme level spending plan. The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing, which is required to demonstrate how the national policy framework is being achieved. Where a scheme has multiple funding sources this can be indicated and split out, but there may still be instances when several lines need to be completed in order to fully describe a single scheme. In this case please use the scheme name column to indicate this.

On this tab please enter the following information:
- Enter a scheme name in column B;
- Select the scheme type in column C from the dropdown menu (descriptions of each are located in cells B270 - C278); if the scheme type is not adequately described by one of the dropdown options please choose 'other' and give further explanation in column D;
- Select the area of spending the scheme is directed at using from the dropdown menu in column E; if the area of spending is not adequately described by one of the dropdown options please choose 'other' and give further explanation in column F;
- Select the commissioner and provider for the scheme using the dropdown menu in columns G and J, noting that if a scheme has more than one provider or commissioner, you should complete one row for each. For example, if both the CCG and the local authority will contract with a third party to provide a joint service, there would be two lines for the scheme: one for the CCG commissioning from the third party and one for the local authority commissioning from the third party;
- In Column K please state where the expenditure is being funded from. If this falls across multiple funding streams please enter the scheme across multiple lines;
- Complete column L to give the planned spending on the scheme in 2016/17;
- Please use column M to indicate whether this is a new or existing scheme.
- Please use column N to state the total 15-16 expenditure (if existing scheme) This is the only detailed information on BCF schemes being collected centrally for 2016-17 but it is expected that detailed scheme level plans will continue to be developed locally.

Template for BCF submission 2: due on 21 March 2016

Sheet: 4. Health and Well-Being Board Expenditure Plan

Selected Health and Well Being Board:
West Berkshire

Data Submission Period:
2016/17

4. HWB Expenditure Plan

This sheet should be used to set out the full BCF scheme level spending plan. The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing, which is required to demonstrate how the national policy framework is being achieved. Where a scheme has multiple funding sources this can be indicated and split out, but there may still be instances when several lines need to be completed in order to fully describe a single scheme. In this case please use the scheme name column to indicate this.

On this tab please enter the following information:
- Enter a scheme name in column B;
- Select the scheme type in column C from the dropdown menu (descriptions of each are located in cells B270 - C278); if the scheme type is not adequately described by one of the dropdown options please choose 'other' and give further explanation in column D;
- Select the area of spending the scheme is directed at using from the dropdown menu in column E; if the area of spending is not adequately described by one of the dropdown options please choose 'other' and give further explanation in column F;
- Select the commissioner and provider for the scheme using the dropdown menu in columns G and J, noting that if a scheme has more than one provider or commissioner, you should complete one row for each. For example, if both the CCG and the local authority will contract with a third party to provide a joint service, there would be two lines for the scheme: one for the CCG commissioning from the third party and one for the local authority commissioning from the third party;
- In Column K please state where the expenditure is being funded from. If this falls across multiple funding streams please enter the scheme across multiple lines;
- Complete column L to give the planned spending on the scheme in 2016/17;
- Please use column M to indicate whether this is a new or existing scheme.
- Please use column N to state the total 15-16 expenditure (if existing scheme) This is the only detailed information on BCF schemes being collected centrally for 2016-17 but it is expected that detailed scheme level plans will continue to be developed locally.

Scheme Type	Description
Reablement services	The development of support networks to maintain the patient at home independently or through appropriate interventions delivered in the community setting. Improved independence, avoids admissions, reduces need for home care packages.
Personalised support/ care at home	Schemes specifically designed to ensure that the patient can be supported at home instead of admission to hospital or to a care home. May promote self management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term. Admission avoidance, re-admission avoidance.
Intermediate care services	Community based services 24x7. Step-up and step-down. Requirement for more advanced nursing care. Admissions avoidance, early discharge.
Integrated care teams	Improving outcomes for patients by developing multi-disciplinary health and social care teams based in the community. Co-ordinated and proactive management of individual cases. Improved independence, reduction in hospital admissions.
Improving healthcare services to care homes	Improve the quality of primary and community health services delivered to care home residents. To improve the consistency and quality of healthcare outcomes for care home residents. Support Care Home workers to improve the delivery of non essential healthcare skills. Admission avoidance, re-admission avoidance.
Support for carers	Supporting people so they can continue in their roles as carers and avoiding hospital admissions. Advice, advocacy, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence. Admission avoidance
7 day working	Seven day working across health and/or social care settings. Reablement and avoids admissions
Assistive Technologies	Supportive technologies for self management and telehealth. Admission avoidance and improves quality of care

Template for BCF submission 2: due on 21 March 2016

Sheet: 5. Health and Well-Being Board Better Care Fund Metrics

Selected Health and Well Being Board:
West Berkshire

Data Submission Period:
2016/17

5. HWB Metrics

This sheet should be used to set out the Health and Wellbeing Board's performance plans for each of the Better Care Fund metrics in 2016-17. This should build on planned and actual performance on these metrics in 2015-16. The BCF requires plans to be set for 4 nationally defined metrics and 2 locally defined metrics. The non-elective admissions metric section is pre-populated with activity data from CCG Operating Plan submissions for all contributing CCGs, which has then been mapped to the HWB footprint to provide a default HWB level NEA activity plan for 2016-17. There is then the option to adjust this by indicating how many admissions can be avoided through the BCF plan, which are not already built into CCG operating plan assumptions. Where it is decided to plan for an additional reduction in NEA activity through the BCF the option is also provided within the template to set out an associated risk sharing arrangement. Once CCG have made their second operating plan activity uploads via Unify this data will be populated into a second version of this template by the national team and sent back in time for the second BCF submission. At this point Health and Wellbeing Boards will be able to amend, confirm, and comment on non-elective admission targets again based on the new data. The full specification and details around each of the six metrics is included in the BCF Planning Requirements document. Comments and instructions in the sheet should provide the information required to complete the sheet.

Further information on how when reductions in Non-Elective Activity and associated risk sharing arrangements should be considered is set out within the BCF Planning Requirements document.

5.1 HWB NEA Activity Plan

- Please use cell E43 to confirm if you are planning on any additional quarterly reductions (Yes/No)
- If you have answered Yes in cell E43 then in cells G45, I45, K45 and M45 please enter the quarterly additional reduction figures for Q1 to Q4.
- In cell E49 please confirm whether you are putting in place a local risk sharing agreement (Yes/No)
- In cell E54 please confirm or amend the cost of a non elective admission. This is used to calculate a risk share fund, using the quarterly additional reduction figures.
- Please use cell F54 to provide a reason for any adjustments to the cost of NEA for 16/17 (if necessary)

Contributing CCGs	% CCG registered population that has resident population in West Berkshire	% West Berkshire resident population that is in CCG registered population	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Total (Q1 - Q4)	
			CCG Total Non-Elective Admission Plan*	HWB Non-Elective Admission Plan**	CCG Total Non-Elective Admission Plan*	HWB Non-Elective Admission Plan**	CCG Total Non-Elective Admission Plan*	HWB Non-Elective Admission Plan**	CCG Total Non-Elective Admission Plan*	HWB Non-Elective Admission Plan**	CCG Total Non-Elective Admission Plan*	HWB Non-Elective Admission Plan**
NHS Newbury and District CCG	93.1%	66.2%	1,969	1,833	1,988	1,850	2,165	2,015	2,112	1,966	8,234	7,664
NHS North & West Reading CCG	35.7%	23.7%	2,065	736	2,094	747	2,228	795	2,237	798	8,624	3,076
NHS North Hampshire CCG	0.7%	0.9%	4,064	29	4,010	28	3,993	28	4,160	29	16,227	114
NHS Oxfordshire CCG	0.2%	1.1%	14,104	34	13,911	34	14,740	36	13,377	32	56,132	136
NHS South Reading CCG	9.1%	7.6%	2,761	250	2,793	253	2,926	265	2,941	266	11,421	1,035
NHS Wiltshire CCG	0.1%	0.4%	10,615	15	10,360	15	10,751	15	10,623	15	42,349	60
NHS Wokingham CCG	0.1%	0.1%	2,968	4	3,016	4	3,173	5	3,147	5	12,304	18
Totals		**100%**	**38,546**	**2,901**	**38,172**	**2,931**	**39,976**	**3,158**	**38,597**	**3,111**	**155,291**	**12,102**

Are you planning on any additional quarterly reductions?	No					
If yes, please complete HWB Quarterly Additional Reduction Figures						
HWB Quarterly Additional Reduction Figure						
HWB NEA Plan (after reduction)						
HWB Quarterly Plan Reduction %						
Are you putting in place a local risk sharing agreement on NEA?	No					
BCF revenue funding from CCGs ring-fenced for NHS out of hospital commissioned services/risk share ***	£2,502,819					
Cost of NEA as used during 15/16 ****	£2,307	Please add the reason, for any adjustments to the cost of NEA for 16/17 in the cell below.				
Cost of NEA for 16/17 ****						
Additional NEA reduction delivered through the BCF						
HWB Plan Reduction %						

* This is taken from the latest CCG NEA plan figures included in the Unify2 planning template, aggregated to quarterly level, extracted on 7th March 2016.

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

*** Within the sum subject to the condition on NHS out of hospital commissioned services/risk share, for any local area putting in place a risk share for 2016/17 as part of its BCF planning, we would expect the value of the risk share to be equal to the cost of the non-elective activity that the BCF plan seeks to avoid. Source of data: https://www.england.nhs.uk/wp-content/uploads/2016/02/bcf-allocations-1617.xlsx

**** Please use the following document and amend the cost if necessary in cell E54. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/477919/2014-15_Reference_costs_publication.pdf

5.2 Residential Admissions

- In cell G69 please enter your forecasted level of residential admissions for 2015-16. In cell H69 please enter your planned level of residential admissions for 2016-17. The actual rate for 14-15 and the planned rate for 15-16 are provided for comparison. Please add a commentary in column I to provide any useful information in relation to how you have agreed this figure.

		Actual 14/15*****	Planned 15/16*****	Forecast 15/16	Planned 16/17	Comments
Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual rate	580.3	782.4	594.9	594.6	Please add comments, if required
	Numerator	157	217	165	170	
	Denominator	27,055	27,737	27,737	28,592	

*****Actual 14/15 & Planned 15/16 collected using the following definition - 'Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population'. Any numerator less than 6 has been supressed in the published data and is therefore showing blank in the numerator and annual rate cells above. These cells will also be blank if an estimate has been used in the published data.

5.3 Reablement

- Please use cells G82-83 (forecast for 15-16) and H82-83 (planned 16-17) to set out the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services. By entering the denominator figure in cell G83/H83 (the planned total number of older people (65 and over) discharged from hospital into reablement / rehabilitation services) and the numerator figure in cell G82/H82 (the number from within that group still at home after 91 days) the proportion will be calculated for you in cell G81/H81. Please add a commentary in column I to provide any useful information in relation to how you have agreed this figure.

		Actual 14/15*****	Planned 15/16	Forecast 15/16	Planned 16/17	Comments
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual %	93.0%	92.1%	75.9%	82.9%	Cohort has fluctuated significantly, for forecast have used data for Feb. Planned, think the denominator may increase and have planned to meet England average 2014/15 of 82%
	Numerator	40	82	41	58	
	Denominator	45	89	54	70	

*****Any numerator or denominator less than 6 has been supressed in the published data and is therefore showing blank in the cells above. These cells will also be blank if an estimate has been used in the published data.

5.4 Delayed Transfers of Care

- Please use rows 93-95 (columns K-L for Q3-Q4 15-16 forecasts and columns M-P for 16-17 plans) to set out the Delayed Transfers Of Care (delayed days) from hospital per 100,000 population (aged 18+). The denominator figure in row 95 is pre-populated (population - aged 18+). The numerator figure in cells K94-P94 (the Delayed Transfers Of Care (delayed days) from hospital) needs entering. The rate will be calculated for you in cells K93-O93. Please add a commentary in column H to provide any useful information in relation to how you have agreed this figure.

		15-16 plans				15-16 actual (Q1, Q2 & Q3) and forecast (Q4) figures				16-17 plans				
		Q1 (Apr 15 - Jun 15)	Q2 (Jul 15 - Sep 15)	Q3 (Oct 15 - Dec 15)	Q4 (Jan 16 - Mar 16)	Q1 (Apr 15 - Jun 15)	Q2 (Jul 15 - Sep 15)	Q3 (Oct 15 - Dec 15)	Q4 (Jan 16 - Mar 16)	Q1 (Apr 16 - Jun 16)	Q2 (Jul 16 - Sep 16)	Q3 (Oct 16 - Dec 16)	Q4 (Jan 17 - Mar 17)	Comments
Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+).	Quarterly rate	825.2	803.7	782.3	755.9	959.7	761.7	868.1	799.3	842.8	842.8	842.8	837.3	16-17 plans - based on average of 2015/16 quarters. Further discussions will be taking place before the next submission on the DToC plan figures at the Berkshire West Systems Resiliance Group.
	Numerator	1,000	974	948	922	1,163	923	1,052	975	1,028	1,028	1,028	1,028	
	Denominator	121,184	121,184	121,184	121,979	121,184	121,184	121,184	121,979	121,979	121,979	121,979	122,771	

5.5 Local performance metric (as described in your BCF 16/17 planning submission 1 return)

- Please use rows 105-107 to update information relating to your locally selected performance metric. The local performance metric set out in cell C105 has been taken from your BCF 16-17 planning submission 1 template - these local metrics can be amended, as required.

		Planned 15/16	Planned 16/17	Comments
Now using: "The Metric describes the daily count of 'Fit to go', or ready for discharge patients from the Royal Berkshire Hospital who require West Berkshire Council social care support." This metric is based on the Alamac Fit to Go lists from RBH	Metric Value	1.3	5.0	NB Numerator changes on a daily basis. Value is not calculated from a numerator and denominator.
	Numerator	0.0	0.0	
	Denominator	0.0	0.0	

5.6 Local defined patient experience metric (as described in your BCF 16/17 planning submission 1 return)

- You may also use rows 117-119 to update information relating to your locally selected patient experience metric. The local patient experience metric set out in cell C117 has been taken from your BCF 16-17 planning submission 1 template - these local metrics can be amended, as required.

		Planned 15/16	Planned 16/17	Comments
Now using: "Ensuring people have a positive experience of care and support. People who use social care are satisfied with their experience of care and support services" This metric is based on ASCOF data from the Adult Social Care User Survey (ASCOF 3A).	Metric Value	0.0	0.0	ASC User survey results not yet available, only run annually. Data available early April 2016
	Numerator	0.0	0.0	
	Denominator	0.0	0.0	

Template for BCF submission 2: due on 21 March 2016

Sheet: 5b. Health and Well-Being Board Better Care Fund NEA and DTOC Tool

Selected Health and Well Being Board:

West Berkshire

Data Submission Period:

2016/17

Metrics Tool

There is no data required to be completed on this tab. The tab is instead designed to provide assistance in setting your 16/17 plan figures for NEA and DTOC. Baseline 14/15, plan 15/16 and actual 15/16 data has been provided as a reference. The 16/17 plan figures are taken from those given in tab 5. HWB Metrics.

For NEAs we have also provided SUS 14/15 Baseline, SUS 15/16 Actual and SUS 15/16 FOT (Forecast Outturn) figures, mapped from the baseline data supplied to assist CCGs with the 16/17 shared planning round. This has been provided as a reference to support the new requirement for BCF NEA targets to be set in line with the revised definition set out in the "Technical Definitions" and the "Supplementary Technical Definitions" at the foot of the following webpage:

https://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/

5.1 HWB NEA Activity

West Berkshire Data Source Used - 15/16	SUS				
	Q1	Q2	Q3	Q4	Total
West Berkshire 14/15 Baseline (outturn)	2,626	2,633	2,914	2,745	10,918
West Berkshire 15/16 Plan	2,696	2,704	2,928	2,726	11,054
West Berkshire 15/16 Actual	2,670	2,833			5,503

14/15 baseline and plan data has been taken from the "Better Care Fund Revised Non-Elective targets - Q4 Playback and Final Re-Validation of Baseline and Plans Collection" returned by HWB's in July 2015. The Q1 15/16 actual performance has been taken from the "Q1 Better Care Fund data collection" returned by HWB's in August 2015. The Q2 actual performance 15/16 and the Q4 15/16 plan figure have been taken from the "Q2 Better Care Fund data collection" returned by HWB's in November 2015. Actual Q3 and Q4 data is not available at the point of this template being released.

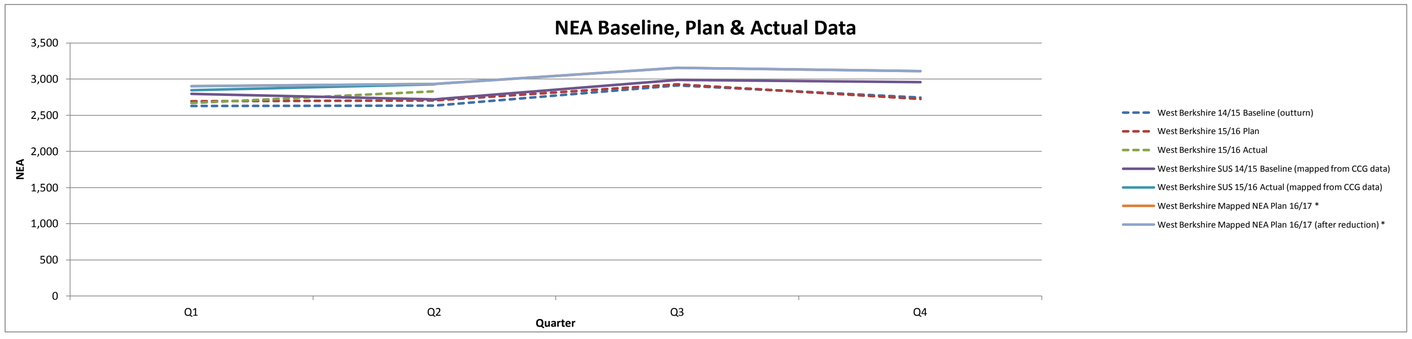
West Berkshire SUS 14/15 Baseline (mapped from CCG data)	**2,796**	**2,721**	**2,989**	**2,956**	**11,462**
West Berkshire SUS 15/16 Actual (mapped from CCG data)	2,846	2,926	3,254		9,026
West Berkshire SUS 15/16 FOT (mapped from CCG data)					11,843

SUS 14/15 Baseline, SUS 15/16 Actual and SUS 15/16 FOT (Forecast Outturn) figures were mapped from the baseline data supplied to assist the CCGs with the 16/17 shared planning round.

Over the last year the monitoring of non-elective admission (NEA) activity has shifted away from the use of the Monthly Activity Return (MAR) towards the use of Secondary Users Service data (SUS). This has been reflected in the latest planning round where NHS England, Monitor and TDA have worked with CCGs and providers to create a consistent methodology to enable the creation of consistent NEA plans. The SUS CCG mapped data included here has been derived using this methodology. More details on the methodology used to define NEA can be found in the "Technical Definitions" and the "Supplementary Technical Definitions" at the foot of the following webpage:
https://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/

West Berkshire Mapped NEA Plan 16/17 *	**2,901**	**2,931**	**3,158**	**3,111**	**12,102**
West Berkshire Mapped NEA Plan 16/17 (after reduction) *	**2,901**	**2,931**	**3,158**	**3,111**	**12,102**

*See tab 5. HWB Metrics (row 41) to show how this figure has been calculated



Template for BCF submission 2: due on 21 March 2016

Sheet: 5b. Health and Well-Being Board Better Care Fund NEA and DTOC Tool

Selected Health and Well Being Board:

West Berkshire

Data Submission Period:

2016/17

Metrics Tool

There is no data required to be completed on this tab. The tab is instead designed to provide assistance in setting your 16/17 plan figures for NEA and DTOC. Baseline 14/15, plan 15/16 and actual 15/16 data has been provided as a reference. The 16/17 plan figures are taken from those given in tab 5. HWB Metrics.

For NEAs we have also provided SUS 14/15 Baseline, SUS 15/16 Actual and SUS 15/16 FOT (Forecast Outturn) figures, mapped from the baseline data supplied to assist CCGs with the 16/17 shared planning round. This has been provided as a reference to support the new requirement for BCF NEA targets to be set in line with the revised definition set out in the "Technical Definitions" and the "Supplementary Technical Definitions" at the foot of the following webpage:

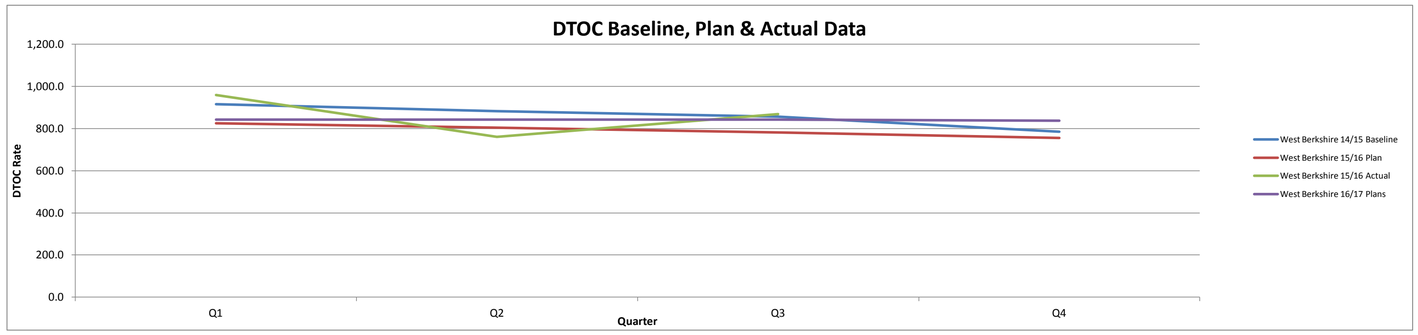
https://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/

5.4 Delayed Transfers of Care

	Q1	Q2	Q3	Q4
West Berkshire 14/15 Baseline	915.1	883.4	856.0	784.8
West Berkshire 15/16 Plan	825.2	803.7	782.3	755.9
West Berkshire 15/16 Actual	959.7	761.7	868.1	

Delayed Transfers Of Care numerator data for baseline and actual performance has been sourced from the monthly DTOC return found here http://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/. Actual Q4 data is not available at the point of this template being released.

West Berkshire 16/17 Plans	**842.8**	**842.8**	**842.8**	**837.3**



Template for BCF submission 2: due on 21 March 2016

Sheet: 6. National Conditions

Selected Health and Well Being Board:

West Berkshire

Data Submission Period:

2016/17

6. National Conditions

This sheet requires the Health & Wellbeing Board to confirm whether the eight national conditions detailed in the Better Care Fund Planning Guidance are on track to be met through the delivery of your plan in 2016-17. The conditions are set out in full in the BCF Policy Framework and further guidance is provided in the BCF Planning Requirements document. Please answer as at the time of completion. On this tab please enter the following information:
- For each national condition please use column C to indicate whether the condition is being met. The sheet sets out the eight conditions and requires the Health & Wellbeing Board to confirm either 'Yes', 'No' or 'No - in development' for each one. 'Yes' should be used when the condition is already being fully met, or will be by 31st March 2016. 'No - in development' should be used when a condition is not currently being met but a plan is in development to meet this through the delivery of your BCF plan in 2016-17. 'No' should be used to indicate that there is currently no plan agreed for meeting this condition by 31st March 2017.
- Please use column C to indicate when it is expected that the condition will be met / agreed if it is not being currently.
- Please detail in the comments box issues and/or actions that are being taken to meet the condition, or any other relevant information.

National Conditions For The Better Care Fund 2016-17	Does your BCF plan for 2016-17 set out a clear plan to meet this condition?	Please detail in the comments box issues and/or actions that are being taken to meet the condition, or any other relevant information.
1) Plans to be jointly agreed	Yes	
2) Maintain provision of social care services (not spending)	Yes	
3) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate	Yes	
4) Better data sharing between health and social care, based on the NHS number	Yes	
5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional	Yes	
6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans	Yes	
7) Agreement to invest in NHS commissioned out-of-hospital services	Yes	
8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan	No - in development	We have a West of Berkshire Systems Reslience Group, each locality has a weekly target focused on minimum numbers of people and length of stay at the Royal Berkshire Hospital. We have an agreed escalation process and well attended system resilience calls when work has to be completed.

CCG to Health and Well-Being Board Mapping

HWB Code	LA Name	CCG Code	CCG Name	% CCG in HWB	% HWB in CCG
E09000002	Barking and Dagenham	07L	NHS Barking and Dagenham CCG	89.7%	88.4%
E09000002	Barking and Dagenham	08F	NHS Havering CCG	6.8%	8.3%
E09000002	Barking and Dagenham	08M	NHS Newham CCG	0.2%	0.4%
E09000002	Barking and Dagenham	08N	NHS Redbridge CCG	2.1%	2.9%
E09000003	Barnet	07M	NHS Barnet CCG	91.1%	92.9%
E09000003	Barnet	07P	NHS Brent CCG	2.0%	1.8%
E09000003	Barnet	07R	NHS Camden CCG	0.8%	0.5%
E09000003	Barnet	09A	NHS Central London (Westminster) CCG	0.1%	0.0%
E09000003	Barnet	07X	NHS Enfield CCG	2.9%	2.4%
E09000003	Barnet	08D	NHS Haringey CCG	2.1%	1.6%
E09000003	Barnet	08E	NHS Harrow CCG	1.2%	0.8%
E09000003	Barnet	08H	NHS Islington CCG	0.1%	0.0%
E09000003	Barnet	08Y	NHS West London (K&C & QPP) CCG	0.1%	0.0%
E08000016	Barnsley	02P	NHS Barnsley CCG	94.4%	98.2%
E08000016	Barnsley	02X	NHS Doncaster CCG	0.3%	0.3%
E08000016	Barnsley	03A	NHS Greater Huddersfield CCG	0.2%	0.2%
E08000016	Barnsley	03L	NHS Rotherham CCG	0.3%	0.3%
E08000016	Barnsley	03N	NHS Sheffield CCG	0.2%	0.4%
E08000016	Barnsley	03R	NHS Wakefield CCG	0.4%	0.6%
E06000022	Bath and North East Somerset	11E	NHS Bath and North East Somerset CCG	94.0%	98.3%
E06000022	Bath and North East Somerset	11H	NHS Bristol CCG	0.3%	0.8%
E06000022	Bath and North East Somerset	11X	NHS Somerset CCG	0.2%	0.5%
E06000022	Bath and North East Somerset	12A	NHS South Gloucestershire CCG	0.0%	0.1%
E06000022	Bath and North East Somerset	99N	NHS Wiltshire CCG	0.1%	0.3%
E06000055	Bedford	06F	NHS Bedfordshire CCG	37.5%	97.4%
E06000055	Bedford	06H	NHS Cambridgeshire and Peterborough CCG	0.4%	1.9%
E06000055	Bedford	04G	NHS Nene CCG	0.2%	0.7%
E09000004	Bexley	07N	NHS Bexley CCG	93.6%	89.4%
E09000004	Bexley	07Q	NHS Bromley CCG	0.0%	0.1%
E09000004	Bexley	09J	NHS Dartford, Gravesham and Swanley CCG	1.5%	1.6%
E09000004	Bexley	08A	NHS Greenwich CCG	7.7%	8.9%
E08000025	Birmingham	13P	NHS Birmingham Crosscity CCG	92.0%	57.3%
E08000025	Birmingham	04X	NHS Birmingham South and Central CCG	96.9%	20.5%
E08000025	Birmingham	05C	NHS Dudley CCG	0.2%	0.0%
E08000025	Birmingham	05J	NHS Redditch and Bromsgrove CCG	2.9%	0.4%
E08000025	Birmingham	05L	NHS Sandwell and West Birmingham CCG	40.1%	18.6%
E08000025	Birmingham	05P	NHS Solihull CCG	15.0%	3.0%
E08000025	Birmingham	05Y	NHS Walsall CCG	0.5%	0.1%
E06000008	Blackburn with Darwen	00Q	NHS Blackburn with Darwen CCG	89.0%	95.8%
E06000008	Blackburn with Darwen	00T	NHS Bolton CCG	1.2%	2.3%
E06000008	Blackburn with Darwen	00V	NHS Bury CCG	0.2%	0.2%
E06000008	Blackburn with Darwen	01A	NHS East Lancashire CCG	0.7%	1.6%
E06000009	Blackpool	00R	NHS Blackpool CCG	87.0%	97.5%
E06000009	Blackpool	02M	NHS Fylde & Wyre CCG	2.6%	2.5%
E08000001	Bolton	00T	NHS Bolton CCG	97.3%	97.6%
E08000001	Bolton	00V	NHS Bury CCG	1.3%	0.9%
E08000001	Bolton	00X	NHS Chorley and South Ribble CCG	0.2%	0.1%
E08000001	Bolton	01G	NHS Salford CCG	0.6%	0.5%
E08000001	Bolton	02H	NHS Wigan Borough CCG	0.8%	0.9%
E06000028 & E06000029	Bournemouth & Poole	11J	NHS Dorset CCG	45.7%	100.0%
E06000036	Bracknell Forest	10G	NHS Bracknell and Ascot CCG	82.1%	94.8%
E06000036	Bracknell Forest	99M	NHS North East Hampshire and Farnham CCG	0.6%	1.1%
E06000036	Bracknell Forest	10C	NHS Surrey Heath CCG	0.1%	0.1%
E06000036	Bracknell Forest	11C	NHS Windsor, Ascot and Maidenhead CCG	1.8%	2.2%
E06000036	Bracknell Forest	11D	NHS Wokingham CCG	1.4%	1.8%
E08000032	Bradford	02N	NHS Airedale, Wharfdale and Craven CCG	67.4%	18.7%
E08000032	Bradford	02W	NHS Bradford City CCG	99.4%	21.5%
E08000032	Bradford	02R	NHS Bradford Districts CCG	97.8%	58.4%
E08000032	Bradford	02T	NHS Calderdale CCG	0.1%	0.0%
E08000032	Bradford	02V	NHS Leeds North CCG	0.6%	0.2%
E08000032	Bradford	03C	NHS Leeds West CCG	1.7%	1.1%
E08000032	Bradford	03J	NHS North Kirklees CCG	0.1%	0.0%
E09000005	Brent	07M	NHS Barnet CCG	2.0%	2.1%
E09000005	Brent	07P	NHS Brent CCG	89.6%	87.2%
E09000005	Brent	07R	NHS Camden CCG	4.0%	2.7%
E09000005	Brent	09A	NHS Central London (Westminster) CCG	1.2%	0.6%
E09000005	Brent	07W	NHS Ealing CCG	0.5%	0.6%
E09000005	Brent	08C	NHS Hammersmith and Fulham CCG	0.2%	0.1%
E09000005	Brent	08E	NHS Harrow CCG	5.7%	3.9%
E09000005	Brent	08Y	NHS West London (K&C & QPP) CCG	4.4%	2.8%
E06000043	Brighton and Hove	09D	NHS Brighton and Hove CCG	97.8%	99.7%
E06000043	Brighton and Hove	09G	NHS Coastal West Sussex CCG	0.1%	0.2%
E06000043	Brighton and Hove	99K	NHS High Weald Lewes Havens CCG	0.3%	0.2%
E06000023	Bristol, City of	11H	NHS Bristol CCG	94.7%	97.9%
E06000023	Bristol, City of	12A	NHS South Gloucestershire CCG	3.8%	2.1%
E09000006	Bromley	07N	NHS Bexley CCG	0.2%	0.1%
E09000006	Bromley	07Q	NHS Bromley CCG	94.9%	95.3%
E09000006	Bromley	07V	NHS Croydon CCG	1.1%	1.3%
E09000006	Bromley	08A	NHS Greenwich CCG	1.5%	1.2%
E09000006	Bromley	08K	NHS Lambeth CCG	0.0%	0.1%
E09000006	Bromley	08L	NHS Lewisham CCG	2.0%	1.8%
E09000006	Bromley	99J	NHS West Kent CCG	0.1%	0.2%
E10000002	Buckinghamshire	10Y	NHS Aylesbury Vale CCG	91.2%	35.0%
E10000002	Buckinghamshire	06F	NHS Bedfordshire CCG	0.6%	0.5%
E10000002	Buckinghamshire	10H	NHS Chiltern CCG	96.1%	59.9%
E10000002	Buckinghamshire	06N	NHS Herts Valleys CCG	1.2%	1.4%
E10000002	Buckinghamshire	08G	NHS Hillingdon CCG	0.8%	0.5%
E10000002	Buckinghamshire	04F	NHS Milton Keynes CCG	1.2%	0.6%
E10000002	Buckinghamshire	04G	NHS Nene CCG	0.1%	0.2%
E10000002	Buckinghamshire	10Q	NHS Oxfordshire CCG	0.6%	0.8%
E10000002	Buckinghamshire	10T	NHS Slough CCG	2.8%	0.8%
E10000002	Buckinghamshire	11C	NHS Windsor, Ascot and Maidenhead CCG	1.3%	0.4%
E08000002	Bury	00T	NHS Bolton CCG	0.8%	1.2%

E08000002	Bury	00V	NHS Bury CCG	94.3%	94.3%
E08000002	Bury	01A	NHS East Lancashire CCG	0.1%	0.2%
E08000002	Bury	01D	NHS Heywood, Middleton and Rochdale CCG	0.4%	0.5%
E08000002	Bury	01M	NHS North Manchester CCG	2.0%	2.0%
E08000002	Bury	01G	NHS Salford CCG	1.4%	1.8%
E08000033	Calderdale	02R	NHS Bradford Districts CCG	0.4%	0.7%
E08000033	Calderdale	02T	NHS Calderdale CCG	98.6%	98.8%
E08000033	Calderdale	03A	NHS Greater Huddersfield CCG	0.4%	0.4%
E08000033	Calderdale	01D	NHS Heywood, Middleton and Rochdale CCG	0.1%	0.1%
E10000003	Cambridgeshire	06F	NHS Bedfordshire CCG	1.1%	0.8%
E10000003	Cambridgeshire	06H	NHS Cambridgeshire and Peterborough CCG	72.1%	96.6%
E10000003	Cambridgeshire	06K	NHS East and North Hertfordshire CCG	0.9%	0.7%
E10000003	Cambridgeshire	99D	NHS South Lincolnshire CCG	0.4%	0.0%
E10000003	Cambridgeshire	07H	NHS West Essex CCG	0.2%	0.1%
E10000003	Cambridgeshire	07J	NHS West Norfolk CCG	1.5%	0.4%
E10000003	Cambridgeshire	07K	NHS West Suffolk CCG	4.0%	1.4%
E09000007	Camden	07M	NHS Barnet CCG	0.1%	0.2%
E09000007	Camden	07P	NHS Brent CCG	1.5%	2.2%
E09000007	Camden	07R	NHS Camden CCG	84.6%	88.4%
E09000007	Camden	09A	NHS Central London (Westminster) CCG	6.0%	5.1%
E09000007	Camden	08D	NHS Haringey CCG	0.5%	0.6%
E09000007	Camden	08H	NHS Islington CCG	3.4%	3.2%
E09000007	Camden	08Y	NHS West London (K&C & QPP) CCG	0.2%	0.2%
E06000056	Central Bedfordshire	10Y	NHS Aylesbury Vale CCG	2.1%	1.5%
E06000056	Central Bedfordshire	06F	NHS Bedfordshire CCG	56.8%	95.1%
E06000056	Central Bedfordshire	06K	NHS East and North Hertfordshire CCG	0.2%	0.5%
E06000056	Central Bedfordshire	06N	NHS Herts Valleys CCG	0.4%	0.8%
E06000056	Central Bedfordshire	06P	NHS Luton CCG	2.4%	2.0%
E06000049	Cheshire East	01C	NHS Eastern Cheshire CCG	96.3%	50.6%
E06000049	Cheshire East	04J	NHS North Derbyshire CCG	0.4%	0.3%
E06000049	Cheshire East	05G	NHS North Staffordshire CCG	1.1%	0.6%
E06000049	Cheshire East	05N	NHS Shropshire CCG	0.1%	0.0%
E06000049	Cheshire East	01R	NHS South Cheshire CCG	98.6%	45.3%
E06000049	Cheshire East	01W	NHS Stockport CCG	1.6%	1.3%
E06000049	Cheshire East	02A	NHS Trafford CCG	0.2%	0.1%
E06000049	Cheshire East	02D	NHS Vale Royal CCG	0.7%	0.2%
E06000049	Cheshire East	02E	NHS Warrington CCG	0.7%	0.4%
E06000049	Cheshire East	02F	NHS West Cheshire CCG	2.0%	1.3%
E06000050	Cheshire West and Chester	01C	NHS Eastern Cheshire CCG	1.1%	0.7%
E06000050	Cheshire West and Chester	01F	NHS Halton CCG	0.2%	0.0%
E06000050	Cheshire West and Chester	01R	NHS South Cheshire CCG	0.5%	0.2%
E06000050	Cheshire West and Chester	02D	NHS Vale Royal CCG	99.3%	29.3%
E06000050	Cheshire West and Chester	02E	NHS Warrington CCG	0.4%	0.3%
E06000050	Cheshire West and Chester	02F	NHS West Cheshire CCG	96.8%	69.4%
E06000050	Cheshire West and Chester	12F	NHS Wirral CCG	0.3%	0.2%
E09000001	City of London	07R	NHS Camden CCG	0.2%	6.0%
E09000001	City of London	09A	NHS Central London (Westminster) CCG	0.0%	0.8%
E09000001	City of London	07T	NHS City and Hackney CCG	1.9%	74.1%
E09000001	City of London	08H	NHS Islington CCG	0.1%	3.1%
E09000001	City of London	08Q	NHS Southwark CCG	0.0%	0.1%
E09000001	City of London	08V	NHS Tower Hamlets CCG	0.4%	15.8%
E06000052	Cornwall & Scilly	11N	NHS Kernow CCG	99.7%	99.4%
E06000052	Cornwall & Scilly	99P	NHS North, East, West Devon CCG	0.4%	0.6%
E06000047	County Durham	00D	NHS Durham Dales, Easington and Sedgefield CCG	97.4%	53.0%
E06000047	County Durham	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.1%	0.0%
E06000047	County Durham	13T	NHS Newcastle Gateshead CCG	0.7%	0.7%
E06000047	County Durham	00J	NHS North Durham CCG	96.6%	45.7%
E06000047	County Durham	00P	NHS Sunderland CCG	1.2%	0.6%
E08000026	Coventry	05A	NHS Coventry and Rugby CCG	74.0%	99.9%
E08000026	Coventry	05H	NHS Warwickshire North CCG	0.3%	0.1%
E09000008	Croydon	07Q	NHS Bromley CCG	1.5%	1.3%
E09000008	Croydon	07V	NHS Croydon CCG	95.6%	93.7%
E09000008	Croydon	09L	NHS East Surrey CCG	3.0%	1.3%
E09000008	Croydon	08K	NHS Lambeth CCG	2.7%	2.6%
E09000008	Croydon	08R	NHS Merton CCG	0.8%	0.4%
E09000008	Croydon	08T	NHS Sutton CCG	0.8%	0.4%
E09000008	Croydon	08X	NHS Wandsworth CCG	0.4%	0.4%
E10000006	Cumbria	01H	NHS Cumbria CCG	97.4%	100.0%
E10000006	Cumbria	01K	NHS Lancashire North CCG	0.2%	0.0%
E06000005	Darlington	00C	NHS Darlington CCG	98.2%	96.3%
E06000005	Darlington	00D	NHS Durham Dales, Easington and Sedgefield CCG	1.2%	3.1%
E06000005	Darlington	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.0%	0.1%
E06000005	Darlington	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.5%
E06000015	Derby	04R	NHS Southern Derbyshire CCG	50.1%	100.0%
E10000007	Derbyshire	02Q	NHS Bassetlaw CCG	0.2%	0.0%
E10000007	Derbyshire	05D	NHS East Staffordshire CCG	8.1%	1.4%
E10000007	Derbyshire	01C	NHS Eastern Cheshire CCG	0.3%	0.0%
E10000007	Derbyshire	03X	NHS Erewash CCG	92.2%	11.3%
E10000007	Derbyshire	03Y	NHS Hardwick CCG	94.6%	12.2%
E10000007	Derbyshire	04E	NHS Mansfield and Ashfield CCG	1.9%	0.5%
E10000007	Derbyshire	04J	NHS North Derbyshire CCG	98.3%	36.0%
E10000007	Derbyshire	04L	NHS Nottingham North and East CCG	0.2%	0.0%
E10000007	Derbyshire	04M	NHS Nottingham West CCG	5.0%	0.6%
E10000007	Derbyshire	03N	NHS Sheffield CCG	0.5%	0.4%
E10000007	Derbyshire	04R	NHS Southern Derbyshire CCG	48.2%	33.0%
E10000007	Derbyshire	01W	NHS Stockport CCG	0.1%	0.0%
E10000007	Derbyshire	01Y	NHS Tameside and Glossop CCG	14.1%	4.3%
E10000007	Derbyshire	04V	NHS West Leicestershire CCG	0.5%	0.2%
E10000008	Devon	11J	NHS Dorset CCG	0.3%	0.3%
E10000008	Devon	11N	NHS Kernow CCG	0.3%	0.2%
E10000008	Devon	99P	NHS North, East, West Devon CCG	70.0%	80.5%
E10000008	Devon	11X	NHS Somerset CCG	0.4%	0.3%
E10000008	Devon	99Q	NHS South Devon and Torbay CCG	51.1%	18.7%
E08000017	Doncaster	02P	NHS Barnsley CCG	0.4%	0.3%
E08000017	Doncaster	02Q	NHS Bassetlaw CCG	1.2%	0.5%
E08000017	Doncaster	02X	NHS Doncaster CCG	96.7%	97.8%
E08000017	Doncaster	03L	NHS Rotherham CCG	1.5%	1.3%

E08000017	Doncaster	03R	NHS Wakefield CCG	0.1%	0.1%
E10000009	Dorset	11J	NHS Dorset CCG	52.7%	95.9%
E10000009	Dorset	11X	NHS Somerset CCG	0.6%	0.7%
E10000009	Dorset	11A	NHS West Hampshire CCG	2.0%	2.5%
E10000009	Dorset	99N	NHS Wiltshire CCG	0.8%	0.9%
E08000027	Dudley	13P	NHS Birmingham Crosscity CCG	0.2%	0.5%
E08000027	Dudley	05C	NHS Dudley CCG	93.2%	90.9%
E08000027	Dudley	05L	NHS Sandwell and West Birmingham CCG	4.0%	6.9%
E08000027	Dudley	06A	NHS Wolverhampton CCG	1.8%	1.5%
E08000027	Dudley	06D	NHS Wyre Forest CCG	0.6%	0.2%
E09000009	Ealing	07P	NHS Brent CCG	1.7%	1.5%
E09000009	Ealing	09A	NHS Central London (Westminster) CCG	0.1%	0.0%
E09000009	Ealing	07W	NHS Ealing CCG	86.7%	90.8%
E09000009	Ealing	08C	NHS Hammersmith and Fulham CCG	5.7%	2.9%
E09000009	Ealing	08E	NHS Harrow CCG	0.3%	0.2%
E09000009	Ealing	08G	NHS Hillingdon CCG	0.6%	0.5%
E09000009	Ealing	07Y	NHS Hounslow CCG	5.0%	3.7%
E09000009	Ealing	08Y	NHS West London (K&C & QPP) CCG	0.6%	0.4%
E06000011	East Riding of Yorkshire	02Y	NHS East Riding of Yorkshire CCG	97.4%	85.2%
E06000011	East Riding of Yorkshire	03F	NHS Hull CCG	9.4%	8.0%
E06000011	East Riding of Yorkshire	03M	NHS Scarborough and Ryedale CCG	0.7%	0.2%
E06000011	East Riding of Yorkshire	03Q	NHS Vale of York CCG	6.4%	6.6%
E10000011	East Sussex	09D	NHS Brighton and Hove CCG	1.0%	0.6%
E10000011	East Sussex	09F	NHS Eastbourne, Hailsham and Seaford CCG	100.0%	34.5%
E10000011	East Sussex	09P	NHS Hastings and Rother CCG	99.7%	33.3%
E10000011	East Sussex	99K	NHS High Weald Lewes Havens CCG	98.1%	29.7%
E10000011	East Sussex	09X	NHS Horsham and Mid Sussex CCG	2.9%	1.2%
E10000011	East Sussex	99J	NHS West Kent CCG	0.8%	0.7%
E09000010	Enfield	07M	NHS Barnet CCG	1.1%	1.3%
E09000010	Enfield	07T	NHS City and Hackney CCG	0.1%	0.1%
E09000010	Enfield	06K	NHS East and North Hertfordshire CCG	0.3%	0.6%
E09000010	Enfield	07X	NHS Enfield CCG	95.5%	90.7%
E09000010	Enfield	08D	NHS Haringey CCG	7.8%	6.9%
E09000010	Enfield	06N	NHS Herts Valleys CCG	0.1%	0.2%
E09000010	Enfield	08H	NHS Islington CCG	0.2%	0.1%
E10000012	Essex	07L	NHS Barking and Dagenham CCG	0.1%	0.0%
E10000012	Essex	99E	NHS Basildon and Brentwood CCG	99.8%	18.3%
E10000012	Essex	06H	NHS Cambridgeshire and Peterborough CCG	0.1%	0.0%
E10000012	Essex	99F	NHS Castle Point and Rochford CCG	95.4%	11.7%
E10000012	Essex	06K	NHS East and North Hertfordshire CCG	1.8%	0.7%
E10000012	Essex	08F	NHS Havering CCG	0.2%	0.0%
E10000012	Essex	06L	NHS Ipswich and East Suffolk CCG	0.2%	0.0%
E10000012	Essex	06Q	NHS Mid Essex CCG	100.0%	25.4%
E10000012	Essex	06T	NHS North East Essex CCG	98.7%	22.4%
E10000012	Essex	08N	NHS Redbridge CCG	3.2%	0.6%
E10000012	Essex	99G	NHS Southend CCG	3.4%	0.4%
E10000012	Essex	07G	NHS Thurrock CCG	1.5%	0.2%
E10000012	Essex	08W	NHS Waltham Forest CCG	0.5%	0.1%
E10000012	Essex	07H	NHS West Essex CCG	97.3%	19.7%
E10000012	Essex	07K	NHS West Suffolk CCG	2.3%	0.4%
E08000037	Gateshead	13T	NHS Newcastle Gateshead CCG	39.6%	98.0%
E08000037	Gateshead	00J	NHS North Durham CCG	0.9%	1.1%
E08000037	Gateshead	00L	NHS Northumberland CCG	0.5%	0.7%
E08000037	Gateshead	00N	NHS South Tyneside CCG	0.3%	0.2%
E10000013	Gloucestershire	11M	NHS Gloucestershire CCG	97.6%	98.6%
E10000013	Gloucestershire	05F	NHS Herefordshire CCG	0.5%	0.1%
E10000013	Gloucestershire	10Q	NHS Oxfordshire CCG	0.2%	0.2%
E10000013	Gloucestershire	12A	NHS South Gloucestershire CCG	0.3%	0.1%
E10000013	Gloucestershire	05R	NHS South Warwickshire CCG	0.5%	0.2%
E10000013	Gloucestershire	05T	NHS South Worcestershire CCG	1.1%	0.5%
E10000013	Gloucestershire	99N	NHS Wiltshire CCG	0.2%	0.2%
E09000011	Greenwich	07N	NHS Bexley CCG	5.2%	4.3%
E09000011	Greenwich	07Q	NHS Bromley CCG	1.1%	1.3%
E09000011	Greenwich	08A	NHS Greenwich CCG	88.6%	89.9%
E09000011	Greenwich	08L	NHS Lewisham CCG	4.1%	4.5%
E09000012	Hackney	07R	NHS Camden CCG	0.8%	0.7%
E09000012	Hackney	09A	NHS Central London (Westminster) CCG	0.1%	0.1%
E09000012	Hackney	07T	NHS City and Hackney CCG	90.6%	94.6%
E09000012	Hackney	08D	NHS Haringey CCG	0.6%	0.7%
E09000012	Hackney	08H	NHS Islington CCG	4.1%	3.4%
E09000012	Hackney	08V	NHS Tower Hamlets CCG	0.5%	0.5%
E06000006	Halton	01F	NHS Halton CCG	98.2%	96.7%
E06000006	Halton	01J	NHS Knowsley CCG	0.1%	0.2%
E06000006	Halton	99A	NHS Liverpool CCG	0.3%	1.1%
E06000006	Halton	02E	NHS Warrington CCG	0.6%	0.9%
E06000006	Halton	02F	NHS West Cheshire CCG	0.6%	1.2%
E09000013	Hammersmith and Fulham	07P	NHS Brent CCG	0.3%	0.5%
E09000013	Hammersmith and Fulham	07R	NHS Camden CCG	0.0%	0.1%
E09000013	Hammersmith and Fulham	09A	NHS Central London (Westminster) CCG	2.4%	2.3%
E09000013	Hammersmith and Fulham	07W	NHS Ealing CCG	0.6%	1.2%
E09000013	Hammersmith and Fulham	08C	NHS Hammersmith and Fulham CCG	90.9%	88.0%
E09000013	Hammersmith and Fulham	07Y	NHS Hounslow CCG	0.5%	0.8%
E09000013	Hammersmith and Fulham	08Y	NHS West London (K&C & QPP) CCG	6.4%	7.2%
E10000014	Hampshire	10G	NHS Bracknell and Ascot CCG	0.6%	0.0%
E10000014	Hampshire	09G	NHS Coastal West Sussex CCG	0.2%	0.0%
E10000014	Hampshire	11J	NHS Dorset CCG	0.5%	0.3%
E10000014	Hampshire	10K	NHS Fareham and Gosport CCG	98.6%	14.5%
E10000014	Hampshire	09N	NHS Guildford and Waverley CCG	2.9%	0.5%
E10000014	Hampshire	10M	NHS Newbury and District CCG	5.9%	0.5%
E10000014	Hampshire	10N	NHS North & West Reading CCG	0.9%	0.0%
E10000014	Hampshire	99M	NHS North East Hampshire and Farnham CCG	76.4%	12.4%
E10000014	Hampshire	10J	NHS North Hampshire CCG	99.2%	15.9%
E10000014	Hampshire	10R	NHS Portsmouth CCG	4.5%	0.7%
E10000014	Hampshire	10V	NHS South Eastern Hampshire CCG	95.4%	14.6%
E10000014	Hampshire	10X	NHS Southampton CCG	5.5%	1.1%
E10000014	Hampshire	10C	NHS Surrey Heath CCG	0.7%	0.0%
E10000014	Hampshire	11A	NHS West Hampshire CCG	97.7%	39.0%

E10000014	Hampshire	99N	NHS Wiltshire CCG	1.3%	0.5%
E10000014	Hampshire	11D	NHS Wokingham CCG	0.6%	0.0%
E09000014	Haringey	07M	NHS Barnet CCG	1.1%	1.6%
E09000014	Haringey	07R	NHS Camden CCG	0.5%	0.5%
E09000014	Haringey	07T	NHS City and Hackney CCG	3.0%	3.1%
E09000014	Haringey	07X	NHS Enfield CCG	1.3%	1.4%
E09000014	Haringey	08D	NHS Haringey CCG	87.7%	91.6%
E09000014	Haringey	08H	NHS Islington CCG	2.3%	1.9%
E09000015	Harrow	07M	NHS Barnet CCG	4.3%	6.3%
E09000015	Harrow	07P	NHS Brent CCG	3.7%	5.0%
E09000015	Harrow	07W	NHS Ealing CCG	1.3%	1.9%
E09000015	Harrow	08E	NHS Harrow CCG	90.0%	84.3%
E09000015	Harrow	06N	NHS Herts Valleys CCG	0.2%	0.4%
E09000015	Harrow	08G	NHS Hillingdon CCG	1.7%	1.9%
E09000015	Harrow	08Y	NHS West London (K&C & QPP) CCG	0.1%	0.1%
E06000001	Hartlepool	00D	NHS Durham Dales, Easington and Sedgefield CCG	0.1%	0.4%
E06000001	Hartlepool	00K	NHS Hartlepool and Stockton-On-Tees CCG	32.6%	99.6%
E09000016	Havering	07L	NHS Barking and Dagenham CCG	4.0%	3.3%
E09000016	Havering	08F	NHS Havering CCG	92.0%	95.9%
E09000016	Havering	08M	NHS Newham CCG	0.0%	0.1%
E09000016	Havering	08N	NHS Redbridge CCG	0.5%	0.6%
E09000016	Havering	07G	NHS Thurrock CCG	0.1%	0.1%
E06000019	Herefordshire, County of	11M	NHS Gloucestershire CCG	0.3%	0.9%
E06000019	Herefordshire, County of	05F	NHS Herefordshire CCG	98.1%	97.3%
E06000019	Herefordshire, County of	05N	NHS Shropshire CCG	0.3%	0.5%
E06000019	Herefordshire, County of	05T	NHS South Worcestershire CCG	0.8%	1.3%
E10000015	Hertfordshire	10Y	NHS Aylesbury Vale CCG	0.4%	0.0%
E10000015	Hertfordshire	07M	NHS Barnet CCG	0.2%	0.0%
E10000015	Hertfordshire	06F	NHS Bedfordshire CCG	0.1%	0.0%
E10000015	Hertfordshire	06H	NHS Cambridgeshire and Peterborough CCG	2.1%	1.6%
E10000015	Hertfordshire	10H	NHS Chiltern CCG	0.1%	0.0%
E10000015	Hertfordshire	06K	NHS East and North Hertfordshire CCG	96.8%	46.6%
E10000015	Hertfordshire	07X	NHS Enfield CCG	0.3%	0.0%
E10000015	Hertfordshire	08E	NHS Harrow CCG	0.5%	0.1%
E10000015	Hertfordshire	06N	NHS Herts Valleys CCG	98.1%	50.9%
E10000015	Hertfordshire	08G	NHS Hillingdon CCG	2.3%	0.6%
E10000015	Hertfordshire	06P	NHS Luton CCG	0.4%	0.0%
E10000015	Hertfordshire	07H	NHS West Essex CCG	0.7%	0.2%
E09000017	Hillingdon	10H	NHS Chiltern CCG	0.1%	0.1%
E09000017	Hillingdon	07W	NHS Ealing CCG	5.2%	6.9%
E09000017	Hillingdon	08C	NHS Hammersmith and Fulham CCG	0.5%	0.3%
E09000017	Hillingdon	08E	NHS Harrow CCG	2.2%	1.8%
E09000017	Hillingdon	08G	NHS Hillingdon CCG	94.3%	90.0%
E09000017	Hillingdon	07Y	NHS Hounslow CCG	1.0%	0.9%
E09000018	Hounslow	07W	NHS Ealing CCG	5.8%	8.0%
E09000018	Hounslow	08C	NHS Hammersmith and Fulham CCG	1.0%	0.6%
E09000018	Hounslow	08G	NHS Hillingdon CCG	0.2%	0.2%
E09000018	Hounslow	07Y	NHS Hounslow CCG	88.0%	87.1%
E09000018	Hounslow	09Y	NHS North West Surrey CCG	0.3%	0.4%
E09000018	Hounslow	08P	NHS Richmond CCG	5.3%	3.6%
E09000018	Hounslow	08Y	NHS West London (K&C & QPP) CCG	0.1%	0.1%
E06000046	Isle of Wight	10L	NHS Isle of Wight CCG	100.0%	100.0%
E09000019	Islington	07R	NHS Camden CCG	4.4%	4.9%
E09000019	Islington	09A	NHS Central London (Westminster) CCG	0.4%	0.4%
E09000019	Islington	07T	NHS City and Hackney CCG	3.2%	4.1%
E09000019	Islington	08D	NHS Haringey CCG	1.3%	1.7%
E09000019	Islington	08H	NHS Islington CCG	89.8%	89.0%
E09000020	Kensington and Chelsea	07P	NHS Brent CCG	0.0%	0.1%
E09000020	Kensington and Chelsea	07R	NHS Camden CCG	0.2%	0.4%
E09000020	Kensington and Chelsea	09A	NHS Central London (Westminster) CCG	4.1%	5.1%
E09000020	Kensington and Chelsea	08C	NHS Hammersmith and Fulham CCG	0.9%	1.2%
E09000020	Kensington and Chelsea	08Y	NHS West London (K&C & QPP) CCG	64.1%	93.2%
E10000016	Kent	09C	NHS Ashford CCG	100.0%	8.3%
E10000016	Kent	07N	NHS Bexley CCG	1.1%	0.2%
E10000016	Kent	07Q	NHS Bromley CCG	0.8%	0.2%
E10000016	Kent	09E	NHS Canterbury and Coastal CCG	100.0%	14.1%
E10000016	Kent	09J	NHS Dartford, Gravesham and Swanley CCG	98.3%	16.5%
E10000016	Kent	09L	NHS East Surrey CCG	0.1%	0.0%
E10000016	Kent	08A	NHS Greenwich CCG	0.1%	0.0%
E10000016	Kent	09P	NHS Hastings and Rother CCG	0.3%	0.0%
E10000016	Kent	99K	NHS High Weald Lewes Havens CCG	0.6%	0.0%
E10000016	Kent	09W	NHS Medway CCG	6.0%	1.1%
E10000016	Kent	10A	NHS South Kent Coast CCG	100.0%	13.0%
E10000016	Kent	10D	NHS Swale CCG	99.9%	7.1%
E10000016	Kent	10E	NHS Thanet CCG	100.0%	9.3%
E10000016	Kent	99J	NHS West Kent CCG	98.7%	30.4%
E06000010	Kingston upon Hull, City of	02Y	NHS East Riding of Yorkshire CCG	1.3%	1.5%
E06000010	Kingston upon Hull, City of	03F	NHS Hull CCG	90.6%	98.5%
E09000021	Kingston upon Thames	08J	NHS Kingston CCG	87.1%	95.8%
E09000021	Kingston upon Thames	08R	NHS Merton CCG	1.0%	1.2%
E09000021	Kingston upon Thames	08P	NHS Richmond CCG	0.7%	0.8%
E09000021	Kingston upon Thames	99H	NHS Surrey Downs CCG	0.9%	1.5%
E09000021	Kingston upon Thames	08T	NHS Sutton CCG	0.1%	0.1%
E09000021	Kingston upon Thames	08X	NHS Wandsworth CCG	0.3%	0.5%
E08000034	Kirklees	02P	NHS Barnsley CCG	0.1%	0.0%
E08000034	Kirklees	02R	NHS Bradford Districts CCG	1.0%	0.8%
E08000034	Kirklees	02T	NHS Calderdale CCG	1.3%	0.6%
E08000034	Kirklees	03A	NHS Greater Huddersfield CCG	99.5%	54.8%
E08000034	Kirklees	03C	NHS Leeds West CCG	0.3%	0.2%
E08000034	Kirklees	03J	NHS North Kirklees CCG	99.0%	42.4%
E08000034	Kirklees	03R	NHS Wakefield CCG	1.5%	1.2%
E08000011	Knowsley	01F	NHS Halton CCG	1.1%	0.9%
E08000011	Knowsley	01J	NHS Knowsley CCG	86.9%	88.2%
E08000011	Knowsley	99A	NHS Liverpool CCG	2.5%	8.0%
E08000011	Knowsley	01T	NHS South Sefton CCG	0.2%	0.1%
E08000011	Knowsley	01X	NHS St Helens CCG	2.3%	2.9%
E09000022	Lambeth	09A	NHS Central London (Westminster) CCG	0.7%	0.4%

E09000022	Lambeth	07V	NHS Croydon CCG	0.7%	0.8%
E09000022	Lambeth	08K	NHS Lambeth CCG	86.8%	92.7%
E09000022	Lambeth	08R	NHS Merton CCG	1.2%	0.7%
E09000022	Lambeth	08Q	NHS Southwark CCG	1.8%	1.6%
E09000022	Lambeth	08X	NHS Wandsworth CCG	3.6%	3.8%
E10000017	Lancashire	02N	NHS Airedale, Wharfdale and Craven CCG	0.2%	0.0%
E10000017	Lancashire	00Q	NHS Blackburn with Darwen CCG	11.0%	1.5%
E10000017	Lancashire	00R	NHS Blackpool CCG	13.0%	1.8%
E10000017	Lancashire	00T	NHS Bolton CCG	0.3%	0.0%
E10000017	Lancashire	00V	NHS Bury CCG	1.4%	0.2%
E10000017	Lancashire	00X	NHS Chorley and South Ribble CCG	99.8%	14.5%
E10000017	Lancashire	01H	NHS Cumbria CCG	1.4%	0.6%
E10000017	Lancashire	01A	NHS East Lancashire CCG	98.9%	30.0%
E10000017	Lancashire	02M	NHS Fylde & Wyre CCG	97.4%	11.9%
E10000017	Lancashire	01E	NHS Greater Preston CCG	100.0%	17.1%
E10000017	Lancashire	01D	NHS Heywood, Middleton and Rochdale CCG	0.9%	0.2%
E10000017	Lancashire	01J	NHS Knowsley CCG	0.1%	0.0%
E10000017	Lancashire	01K	NHS Lancashire North CCG	99.8%	12.8%
E10000017	Lancashire	01T	NHS South Sefton CCG	0.5%	0.0%
E10000017	Lancashire	01V	NHS Southport and Formby CCG	3.0%	0.3%
E10000017	Lancashire	01X	NHS St Helens CCG	0.5%	0.0%
E10000017	Lancashire	02G	NHS West Lancashire CCG	97.1%	8.8%
E10000017	Lancashire	02H	NHS Wigan Borough CCG	0.8%	0.2%
E08000035	Leeds	02W	NHS Bradford City CCG	0.6%	0.0%
E08000035	Leeds	02R	NHS Bradford Districts CCG	0.7%	0.3%
E08000035	Leeds	02V	NHS Leeds North CCG	96.4%	24.3%
E08000035	Leeds	03G	NHS Leeds South and East CCG	98.5%	31.9%
E08000035	Leeds	03C	NHS Leeds West CCG	97.9%	42.7%
E08000035	Leeds	03J	NHS North Kirklees CCG	0.3%	0.0%
E08000035	Leeds	03Q	NHS Vale of York CCG	0.6%	0.2%
E08000035	Leeds	03R	NHS Wakefield CCG	1.5%	0.6%
E06000016	Leicester	03W	NHS East Leicestershire and Rutland CCG	2.5%	2.2%
E06000016	Leicester	04C	NHS Leicester City CCG	92.5%	95.2%
E06000016	Leicester	04V	NHS West Leicestershire CCG	2.6%	2.6%
E10000018	Leicestershire	03V	NHS Corby CCG	0.6%	0.0%
E10000018	Leicestershire	03W	NHS East Leicestershire and Rutland CCG	85.3%	40.1%
E10000018	Leicestershire	04C	NHS Leicester City CCG	7.5%	4.2%
E10000018	Leicestershire	04N	NHS Rushcliffe CCG	5.4%	1.0%
E10000018	Leicestershire	04Q	NHS South West Lincolnshire CCG	5.7%	1.1%
E10000018	Leicestershire	04R	NHS Southern Derbyshire CCG	0.6%	0.5%
E10000018	Leicestershire	05H	NHS Warwickshire North CCG	1.6%	0.4%
E10000018	Leicestershire	04V	NHS West Leicestershire CCG	96.2%	52.7%
E09000023	Lewisham	07Q	NHS Bromley CCG	1.3%	1.5%
E09000023	Lewisham	09A	NHS Central London (Westminster) CCG	0.1%	0.1%
E09000023	Lewisham	08A	NHS Greenwich CCG	2.2%	2.0%
E09000023	Lewisham	08K	NHS Lambeth CCG	0.2%	0.3%
E09000023	Lewisham	08L	NHS Lewisham CCG	92.1%	92.5%
E09000023	Lewisham	08Q	NHS Southwark CCG	3.7%	3.7%
E10000019	Lincolnshire	06H	NHS Cambridgeshire and Peterborough CCG	0.2%	0.2%
E10000019	Lincolnshire	03W	NHS East Leicestershire and Rutland CCG	0.2%	0.0%
E10000019	Lincolnshire	03T	NHS Lincolnshire East CCG	99.2%	32.1%
E10000019	Lincolnshire	04D	NHS Lincolnshire West CCG	98.5%	30.4%
E10000019	Lincolnshire	04H	NHS Newark & Sherwood CCG	2.4%	0.4%
E10000019	Lincolnshire	03H	NHS North East Lincolnshire CCG	2.7%	0.6%
E10000019	Lincolnshire	03K	NHS North Lincolnshire CCG	2.6%	0.6%
E10000019	Lincolnshire	99D	NHS South Lincolnshire CCG	90.6%	19.5%
E10000019	Lincolnshire	04Q	NHS South West Lincolnshire CCG	93.2%	16.2%
E08000012	Liverpool	01J	NHS Knowsley CCG	8.5%	2.8%
E08000012	Liverpool	99A	NHS Liverpool CCG	94.3%	96.2%
E08000012	Liverpool	01T	NHS South Sefton CCG	3.3%	1.0%
E06000032	Luton	06F	NHS Bedfordshire CCG	2.3%	4.5%
E06000032	Luton	06P	NHS Luton CCG	97.2%	95.5%
E08000003	Manchester	00V	NHS Bury CCG	0.3%	0.1%
E08000003	Manchester	00W	NHS Central Manchester CCG	93.7%	36.9%
E08000003	Manchester	01D	NHS Heywood, Middleton and Rochdale CCG	0.5%	0.2%
E08000003	Manchester	01M	NHS North Manchester CCG	85.1%	30.3%
E08000003	Manchester	00Y	NHS Oldham CCG	0.9%	0.4%
E08000003	Manchester	01G	NHS Salford CCG	2.5%	1.1%
E08000003	Manchester	01N	NHS South Manchester CCG	93.9%	28.2%
E08000003	Manchester	01W	NHS Stockport CCG	1.5%	0.8%
E08000003	Manchester	01Y	NHS Tameside and Glossop CCG	0.4%	0.2%
E08000003	Manchester	02A	NHS Trafford CCG	4.3%	1.8%
E06000035	Medway	09J	NHS Dartford, Gravesham and Swanley CCG	0.2%	0.2%
E06000035	Medway	09W	NHS Medway CCG	94.0%	99.5%
E06000035	Medway	10D	NHS Swale CCG	0.1%	0.0%
E06000035	Medway	99J	NHS West Kent CCG	0.2%	0.3%
E09000024	Merton	07V	NHS Croydon CCG	0.5%	0.8%
E09000024	Merton	08J	NHS Kingston CCG	3.5%	3.0%
E09000024	Merton	08K	NHS Lambeth CCG	0.9%	1.4%
E09000024	Merton	08R	NHS Merton CCG	87.7%	81.5%
E09000024	Merton	08T	NHS Sutton CCG	3.4%	2.7%
E09000024	Merton	08X	NHS Wandsworth CCG	6.5%	10.5%
E06000002	Middlesbrough	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.2%	0.2%
E06000002	Middlesbrough	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.3%
E06000002	Middlesbrough	00M	NHS South Tees CCG	52.0%	99.5%
E06000042	Milton Keynes	06F	NHS Bedfordshire CCG	1.5%	2.5%
E06000042	Milton Keynes	04F	NHS Milton Keynes CCG	95.5%	96.1%
E06000042	Milton Keynes	04G	NHS Nene CCG	0.6%	1.4%
E08000021	Newcastle upon Tyne	13T	NHS Newcastle Gateshead CCG	58.0%	95.0%
E08000021	Newcastle upon Tyne	99C	NHS North Tyneside CCG	6.0%	4.2%
E08000021	Newcastle upon Tyne	00L	NHS Northumberland CCG	0.8%	0.8%
E09000025	Newham	07L	NHS Barking and Dagenham CCG	0.5%	0.3%
E09000025	Newham	09A	NHS Central London (Westminster) CCG	0.1%	0.0%
E09000025	Newham	07T	NHS City and Hackney CCG	0.1%	0.0%
E09000025	Newham	08M	NHS Newham CCG	96.9%	97.9%
E09000025	Newham	08N	NHS Redbridge CCG	0.2%	0.2%
E09000025	Newham	08V	NHS Tower Hamlets CCG	0.2%	0.2%

E09000025	Newham	08W	NHS Waltham Forest CCG	1.7%	1.4%
E10000020	Norfolk	06H	NHS Cambridgeshire and Peterborough CCG	0.7%	0.7%
E10000020	Norfolk	06M	NHS Great Yarmouth and Waveney CCG	47.5%	12.3%
E10000020	Norfolk	06L	NHS Ipswich and East Suffolk CCG	0.1%	0.0%
E10000020	Norfolk	06V	NHS North Norfolk CCG	100.0%	18.8%
E10000020	Norfolk	06W	NHS Norwich CCG	100.0%	23.7%
E10000020	Norfolk	99D	NHS South Lincolnshire CCG	0.2%	0.0%
E10000020	Norfolk	06Y	NHS South Norfolk CCG	98.8%	25.3%
E10000020	Norfolk	07J	NHS West Norfolk CCG	98.5%	18.5%
E10000020	Norfolk	07K	NHS West Suffolk CCG	2.6%	0.7%
E06000012	North East Lincolnshire	03T	NHS Lincolnshire East CCG	0.8%	1.2%
E06000012	North East Lincolnshire	03H	NHS North East Lincolnshire CCG	95.9%	98.7%
E06000012	North East Lincolnshire	03K	NHS North Lincolnshire CCG	0.1%	0.2%
E06000013	North Lincolnshire	02Q	NHS Bassetlaw CCG	0.2%	0.1%
E06000013	North Lincolnshire	02X	NHS Doncaster CCG	0.0%	0.1%
E06000013	North Lincolnshire	02Y	NHS East Riding of Yorkshire CCG	0.0%	0.1%
E06000013	North Lincolnshire	04D	NHS Lincolnshire West CCG	1.0%	1.4%
E06000013	North Lincolnshire	03H	NHS North East Lincolnshire CCG	1.4%	1.4%
E06000013	North Lincolnshire	03K	NHS North Lincolnshire CCG	97.2%	96.8%
E06000024	North Somerset	11E	NHS Bath and North East Somerset CCG	1.7%	1.6%
E06000024	North Somerset	11H	NHS Bristol CCG	0.3%	0.6%
E06000024	North Somerset	11T	NHS North Somerset CCG	99.1%	97.7%
E06000024	North Somerset	11X	NHS Somerset CCG	0.0%	0.2%
E08000022	North Tyneside	13T	NHS Newcastle Gateshead CCG	1.0%	2.5%
E08000022	North Tyneside	99C	NHS North Tyneside CCG	93.1%	96.4%
E08000022	North Tyneside	00L	NHS Northumberland CCG	0.7%	1.1%
E10000023	North Yorkshire	02N	NHS Airedale, Wharfdale and Craven CCG	32.4%	8.3%
E10000023	North Yorkshire	01H	NHS Cumbria CCG	1.2%	1.0%
E10000023	North Yorkshire	00C	NHS Darlington CCG	1.3%	0.2%
E10000023	North Yorkshire	02X	NHS Doncaster CCG	0.2%	0.1%
E10000023	North Yorkshire	00D	NHS Durham Dales, Easington and Sedgefield CCG	0.2%	0.1%
E10000023	North Yorkshire	01A	NHS East Lancashire CCG	0.1%	0.0%
E10000023	North Yorkshire	02Y	NHS East Riding of Yorkshire CCG	1.3%	0.7%
E10000023	North Yorkshire	03D	NHS Hambleton, Richmondshire and Whitby CCG	98.7%	22.9%
E10000023	North Yorkshire	03E	NHS Harrogate and Rural District CCG	99.9%	26.3%
E10000023	North Yorkshire	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.0%
E10000023	North Yorkshire	02V	NHS Leeds North CCG	3.0%	1.0%
E10000023	North Yorkshire	03G	NHS Leeds South and East CCG	0.5%	0.2%
E10000023	North Yorkshire	03M	NHS Scarborough and Ryedale CCG	99.3%	19.2%
E10000023	North Yorkshire	03Q	NHS Vale of York CCG	32.6%	18.7%
E10000023	North Yorkshire	03R	NHS Wakefield CCG	2.0%	1.2%
E10000021	Northamptonshire	10Y	NHS Aylesbury Vale CCG	0.1%	0.0%
E10000021	Northamptonshire	06F	NHS Bedfordshire CCG	0.1%	0.0%
E10000021	Northamptonshire	06H	NHS Cambridgeshire and Peterborough CCG	1.6%	1.9%
E10000021	Northamptonshire	03V	NHS Corby CCG	99.1%	9.6%
E10000021	Northamptonshire	05A	NHS Coventry and Rugby CCG	0.3%	0.2%
E10000021	Northamptonshire	03W	NHS East Leicestershire and Rutland CCG	1.9%	0.8%
E10000021	Northamptonshire	04F	NHS Milton Keynes CCG	3.2%	1.2%
E10000021	Northamptonshire	04G	NHS Nene CCG	98.8%	85.0%
E10000021	Northamptonshire	10Q	NHS Oxfordshire CCG	1.2%	1.1%
E10000021	Northamptonshire	99D	NHS South Lincolnshire CCG	0.9%	0.2%
E06000057	Northumberland	01H	NHS Cumbria CCG	0.0%	0.1%
E06000057	Northumberland	13T	NHS Newcastle Gateshead CCG	0.3%	0.4%
E06000057	Northumberland	00J	NHS North Durham CCG	0.2%	0.2%
E06000057	Northumberland	99C	NHS North Tyneside CCG	0.9%	0.6%
E06000057	Northumberland	00L	NHS Northumberland CCG	98.0%	98.7%
E06000018	Nottingham	04K	NHS Nottingham City CCG	89.7%	94.8%
E06000018	Nottingham	04L	NHS Nottingham North and East CCG	4.7%	2.1%
E06000018	Nottingham	04M	NHS Nottingham West CCG	5.7%	1.6%
E06000018	Nottingham	04N	NHS Rushcliffe CCG	4.1%	1.5%
E10000024	Nottinghamshire	02Q	NHS Bassetlaw CCG	97.5%	13.5%
E10000024	Nottinghamshire	02X	NHS Doncaster CCG	1.7%	0.6%
E10000024	Nottinghamshire	03W	NHS East Leicestershire and Rutland CCG	0.3%	0.1%
E10000024	Nottinghamshire	03X	NHS Erewash CCG	7.8%	0.9%
E10000024	Nottinghamshire	03Y	NHS Hardwick CCG	5.1%	0.6%
E10000024	Nottinghamshire	04D	NHS Lincolnshire West CCG	0.4%	0.1%
E10000024	Nottinghamshire	04E	NHS Mansfield and Ashfield CCG	98.1%	22.5%
E10000024	Nottinghamshire	04H	NHS Newark & Sherwood CCG	97.6%	15.5%
E10000024	Nottinghamshire	04K	NHS Nottingham City CCG	10.3%	4.4%
E10000024	Nottinghamshire	04L	NHS Nottingham North and East CCG	95.0%	17.3%
E10000024	Nottinghamshire	04M	NHS Nottingham West CCG	89.3%	10.2%
E10000024	Nottinghamshire	04N	NHS Rushcliffe CCG	90.5%	13.6%
E10000024	Nottinghamshire	04Q	NHS South West Lincolnshire CCG	0.7%	0.1%
E10000024	Nottinghamshire	04R	NHS Southern Derbyshire CCG	0.6%	0.4%
E10000024	Nottinghamshire	04V	NHS West Leicestershire CCG	0.1%	0.0%
E08000004	Oldham	01D	NHS Heywood, Middleton and Rochdale CCG	1.4%	1.3%
E08000004	Oldham	01M	NHS North Manchester CCG	2.6%	2.1%
E08000004	Oldham	00Y	NHS Oldham CCG	94.7%	96.3%
E08000004	Oldham	01Y	NHS Tameside and Glossop CCG	0.2%	0.2%
E10000025	Oxfordshire	10Y	NHS Aylesbury Vale CCG	6.2%	1.8%
E10000025	Oxfordshire	11M	NHS Gloucestershire CCG	0.2%	0.2%
E10000025	Oxfordshire	04G	NHS Nene CCG	0.1%	0.1%
E10000025	Oxfordshire	10M	NHS Newbury and District CCG	0.1%	0.0%
E10000025	Oxfordshire	10N	NHS North & West Reading CCG	2.0%	0.3%
E10000025	Oxfordshire	10Q	NHS Oxfordshire CCG	97.3%	96.6%
E10000025	Oxfordshire	05R	NHS South Warwickshire CCG	0.7%	0.3%
E10000025	Oxfordshire	12D	NHS Swindon CCG	2.6%	0.8%
E06000031	Peterborough	06H	NHS Cambridgeshire and Peterborough CCG	22.6%	96.1%
E06000031	Peterborough	99D	NHS South Lincolnshire CCG	5.2%	3.9%
E06000026	Plymouth	99P	NHS North, East, West Devon CCG	29.3%	100.0%
E06000044	Portsmouth	10K	NHS Fareham and Gosport CCG	1.4%	1.3%
E06000044	Portsmouth	10R	NHS Portsmouth CCG	95.5%	98.4%
E06000044	Portsmouth	10V	NHS South Eastern Hampshire CCG	0.3%	0.3%
E06000038	Reading	10N	NHS North & West Reading CCG	61.2%	36.6%
E06000038	Reading	10Q	NHS Oxfordshire CCG	0.2%	0.6%
E06000038	Reading	10W	NHS South Reading CCG	79.9%	60.1%
E06000038	Reading	11D	NHS Wokingham CCG	3.1%	2.7%

E09000026	Redbridge	07L	NHS Barking and Dagenham CCG	5.6%	3.8%
E09000026	Redbridge	08F	NHS Havering CCG	0.9%	0.8%
E09000026	Redbridge	08M	NHS Newham CCG	1.5%	1.8%
E09000026	Redbridge	08N	NHS Redbridge CCG	92.6%	88.7%
E09000026	Redbridge	08W	NHS Waltham Forest CCG	3.4%	3.2%
E09000026	Redbridge	07H	NHS West Essex CCG	1.8%	1.7%
E06000003	Redcar and Cleveland	03D	NHS Hambleton, Richmondshire and Whitby CCG	1.0%	1.0%
E06000003	Redcar and Cleveland	00M	NHS South Tees CCG	47.7%	99.0%
E09000027	Richmond upon Thames	08C	NHS Hammersmith and Fulham CCG	0.4%	0.4%
E09000027	Richmond upon Thames	07Y	NHS Hounslow CCG	5.0%	7.1%
E09000027	Richmond upon Thames	08J	NHS Kingston CCG	1.6%	1.5%
E09000027	Richmond upon Thames	08P	NHS Richmond CCG	92.2%	90.3%
E09000027	Richmond upon Thames	99H	NHS Surrey Downs CCG	0.0%	0.1%
E09000027	Richmond upon Thames	08X	NHS Wandsworth CCG	0.3%	0.6%
E08000005	Rochdale	00V	NHS Bury CCG	0.6%	0.5%
E08000005	Rochdale	01A	NHS East Lancashire CCG	0.2%	0.3%
E08000005	Rochdale	01D	NHS Heywood, Middleton and Rochdale CCG	96.6%	96.6%
E08000005	Rochdale	01M	NHS North Manchester CCG	1.8%	1.6%
E08000005	Rochdale	00Y	NHS Oldham CCG	0.8%	0.9%
E08000018	Rotherham	02P	NHS Barnsley CCG	3.4%	3.2%
E08000018	Rotherham	02Q	NHS Bassetlaw CCG	0.9%	0.4%
E08000018	Rotherham	02X	NHS Doncaster CCG	1.1%	1.3%
E08000018	Rotherham	03L	NHS Rotherham CCG	97.9%	93.5%
E08000018	Rotherham	03N	NHS Sheffield CCG	0.7%	1.6%
E06000017	Rutland	06H	NHS Cambridgeshire and Peterborough CCG	0.0%	0.3%
E06000017	Rutland	03V	NHS Corby CCG	0.3%	0.6%
E06000017	Rutland	03W	NHS East Leicestershire and Rutland CCG	9.8%	85.6%
E06000017	Rutland	99D	NHS South Lincolnshire CCG	2.7%	12.0%
E06000017	Rutland	04Q	NHS South West Lincolnshire CCG	0.4%	1.5%
E08000006	Salford	00T	NHS Bolton CCG	0.2%	0.3%
E08000006	Salford	00V	NHS Bury CCG	1.8%	1.4%
E08000006	Salford	00W	NHS Central Manchester CCG	0.3%	0.3%
E08000006	Salford	01M	NHS North Manchester CCG	2.1%	1.7%
E08000006	Salford	01G	NHS Salford CCG	93.9%	95.1%
E08000006	Salford	02A	NHS Trafford CCG	0.2%	0.1%
E08000006	Salford	02H	NHS Wigan Borough CCG	0.9%	1.2%
E08000028	Sandwell	13P	NHS Birmingham Crosscity CCG	2.8%	6.2%
E08000028	Sandwell	04X	NHS Birmingham South and Central CCG	0.2%	0.2%
E08000028	Sandwell	05C	NHS Dudley CCG	3.0%	2.8%
E08000028	Sandwell	05L	NHS Sandwell and West Birmingham CCG	54.3%	89.2%
E08000028	Sandwell	05Y	NHS Walsall CCG	1.6%	1.3%
E08000028	Sandwell	06A	NHS Wolverhampton CCG	0.3%	0.3%
E08000014	Sefton	01J	NHS Knowsley CCG	1.8%	1.0%
E08000014	Sefton	99A	NHS Liverpool CCG	2.9%	5.2%
E08000014	Sefton	01T	NHS South Sefton CCG	96.1%	51.9%
E08000014	Sefton	01V	NHS Southport and Formby CCG	97.0%	41.9%
E08000014	Sefton	02G	NHS West Lancashire CCG	0.3%	0.1%
E08000019	Sheffield	02P	NHS Barnsley CCG	0.8%	0.4%
E08000019	Sheffield	03Y	NHS Hardwick CCG	0.4%	0.0%
E08000019	Sheffield	04J	NHS North Derbyshire CCG	0.7%	0.3%
E08000019	Sheffield	03L	NHS Rotherham CCG	0.3%	0.1%
E08000019	Sheffield	03N	NHS Sheffield CCG	98.6%	99.2%
E06000051	Shropshire	05F	NHS Herefordshire CCG	0.5%	0.3%
E06000051	Shropshire	05G	NHS North Staffordshire CCG	0.4%	0.3%
E06000051	Shropshire	05N	NHS Shropshire CCG	96.5%	95.4%
E06000051	Shropshire	01R	NHS South Cheshire CCG	0.5%	0.3%
E06000051	Shropshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	1.2%	0.9%
E06000051	Shropshire	05T	NHS South Worcestershire CCG	1.0%	1.0%
E06000051	Shropshire	05X	NHS Telford and Wrekin CCG	2.4%	1.4%
E06000051	Shropshire	02F	NHS West Cheshire CCG	0.2%	0.1%
E06000051	Shropshire	06D	NHS Wyre Forest CCG	0.7%	0.3%
E06000039	Slough	10H	NHS Chiltern CCG	3.2%	6.7%
E06000039	Slough	10T	NHS Slough CCG	96.6%	92.9%
E06000039	Slough	11C	NHS Windsor, Ascot and Maidenhead CCG	0.4%	0.4%
E08000029	Solihull	13P	NHS Birmingham Crosscity CCG	2.0%	6.8%
E08000029	Solihull	04X	NHS Birmingham South and Central CCG	0.3%	0.3%
E08000029	Solihull	05A	NHS Coventry and Rugby CCG	0.0%	0.1%
E08000029	Solihull	05J	NHS Redditch and Bromsgrove CCG	0.4%	0.3%
E08000029	Solihull	05P	NHS Solihull CCG	83.8%	91.7%
E08000029	Solihull	05R	NHS South Warwickshire CCG	0.4%	0.5%
E08000029	Solihull	05H	NHS Warwickshire North CCG	0.2%	0.2%
E10000027	Somerset	11E	NHS Bath and North East Somerset CCG	3.1%	1.1%
E10000027	Somerset	11J	NHS Dorset CCG	0.5%	0.7%
E10000027	Somerset	11T	NHS North Somerset CCG	0.9%	0.3%
E10000027	Somerset	99P	NHS North, East, West Devon CCG	0.3%	0.5%
E10000027	Somerset	11X	NHS Somerset CCG	98.5%	97.3%
E10000027	Somerset	99N	NHS Wiltshire CCG	0.1%	0.0%
E06000025	South Gloucestershire	11E	NHS Bath and North East Somerset CCG	0.6%	0.4%
E06000025	South Gloucestershire	11H	NHS Bristol CCG	4.7%	8.2%
E06000025	South Gloucestershire	11M	NHS Gloucestershire CCG	0.8%	1.8%
E06000025	South Gloucestershire	12A	NHS South Gloucestershire CCG	95.0%	89.4%
E06000025	South Gloucestershire	99N	NHS Wiltshire CCG	0.0%	0.1%
E08000023	South Tyneside	13T	NHS Newcastle Gateshead CCG	0.0%	0.1%
E08000023	South Tyneside	00N	NHS South Tyneside CCG	99.3%	99.2%
E08000023	South Tyneside	00P	NHS Sunderland CCG	0.3%	0.6%
E06000045	Southampton	10X	NHS Southampton CCG	94.5%	99.6%
E06000045	Southampton	11A	NHS West Hampshire CCG	0.2%	0.4%
E06000033	Southend-on-Sea	99F	NHS Castle Point and Rochford CCG	4.6%	4.5%
E06000033	Southend-on-Sea	99G	NHS Southend CCG	96.6%	95.5%
E09000028	Southwark	07R	NHS Camden CCG	0.5%	0.4%
E09000028	Southwark	09A	NHS Central London (Westminster) CCG	2.0%	1.3%
E09000028	Southwark	08K	NHS Lambeth CCG	6.6%	7.6%
E09000028	Southwark	08L	NHS Lewisham CCG	1.9%	1.8%
E09000028	Southwark	08Q	NHS Southwark CCG	94.5%	88.9%
E09000028	Southwark	08X	NHS Wandsworth CCG	0.0%	0.1%
E08000013	St. Helens	01F	NHS Halton CCG	0.2%	0.1%
E08000013	St. Helens	01J	NHS Knowsley CCG	2.6%	2.3%

E08000013	St. Helens	01X	NHS St Helens CCG	91.1%	96.5%
E08000013	St. Helens	02H	NHS Wigan Borough CCG	0.6%	1.1%
E10000028	Staffordshire	13P	NHS Birmingham Crosscity CCG	0.5%	0.4%
E10000028	Staffordshire	04Y	NHS Cannock Chase CCG	99.3%	14.9%
E10000028	Staffordshire	05C	NHS Dudley CCG	1.4%	0.5%
E10000028	Staffordshire	05D	NHS East Staffordshire CCG	91.9%	14.5%
E10000028	Staffordshire	01C	NHS Eastern Cheshire CCG	0.6%	0.1%
E10000028	Staffordshire	04J	NHS North Derbyshire CCG	0.7%	0.2%
E10000028	Staffordshire	05G	NHS North Staffordshire CCG	95.1%	23.5%
E10000028	Staffordshire	05N	NHS Shropshire CCG	1.1%	0.4%
E10000028	Staffordshire	01R	NHS South Cheshire CCG	0.5%	0.1%
E10000028	Staffordshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	96.2%	23.7%
E10000028	Staffordshire	04R	NHS Southern Derbyshire CCG	0.5%	0.3%
E10000028	Staffordshire	05V	NHS Stafford and Surrounds CCG	99.5%	16.6%
E10000028	Staffordshire	05W	NHS Stoke on Trent CCG	8.9%	2.9%
E10000028	Staffordshire	05X	NHS Telford and Wrekin CCG	1.0%	0.2%
E10000028	Staffordshire	05Y	NHS Walsall CCG	1.6%	0.5%
E10000028	Staffordshire	05H	NHS Warwickshire North CCG	1.2%	0.2%
E10000028	Staffordshire	06A	NHS Wolverhampton CCG	2.8%	0.9%
E10000028	Staffordshire	06D	NHS Wyre Forest CCG	0.2%	0.0%
E08000007	Stockport	00W	NHS Central Manchester CCG	0.7%	0.6%
E08000007	Stockport	01C	NHS Eastern Cheshire CCG	1.6%	1.1%
E08000007	Stockport	01N	NHS South Manchester CCG	2.9%	1.7%
E08000007	Stockport	01W	NHS Stockport CCG	95.2%	96.5%
E08000007	Stockport	01Y	NHS Tameside and Glossop CCG	0.2%	0.2%
E06000004	Stockton-on-Tees	00C	NHS Darlington CCG	0.4%	0.2%
E06000004	Stockton-on-Tees	00D	NHS Durham Dales, Easington and Sedgefield CCG	0.3%	0.5%
E06000004	Stockton-on-Tees	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.1%	0.1%
E06000004	Stockton-on-Tees	00K	NHS Hartlepool and Stockton-On-Tees CCG	66.8%	98.7%
E06000004	Stockton-on-Tees	00M	NHS South Tees CCG	0.3%	0.5%
E06000021	Stoke-on-Trent	05G	NHS North Staffordshire CCG	3.4%	2.7%
E06000021	Stoke-on-Trent	05V	NHS Stafford and Surrounds CCG	0.5%	0.3%
E06000021	Stoke-on-Trent	05W	NHS Stoke on Trent CCG	91.1%	97.0%
E10000029	Suffolk	06H	NHS Cambridgeshire and Peterborough CCG	0.1%	0.2%
E10000029	Suffolk	06M	NHS Great Yarmouth and Waveney CCG	52.5%	16.5%
E10000029	Suffolk	06L	NHS Ipswich and East Suffolk CCG	99.6%	52.8%
E10000029	Suffolk	06T	NHS North East Essex CCG	1.3%	0.6%
E10000029	Suffolk	06Y	NHS South Norfolk CCG	1.2%	0.4%
E10000029	Suffolk	07K	NHS West Suffolk CCG	91.0%	29.6%
E08000024	Sunderland	00D	NHS Durham Dales, Easington and Sedgefield CCG	0.7%	0.7%
E08000024	Sunderland	13T	NHS Newcastle Gateshead CCG	0.5%	0.8%
E08000024	Sunderland	00J	NHS North Durham CCG	2.3%	2.0%
E08000024	Sunderland	00N	NHS South Tyneside CCG	0.4%	0.2%
E08000024	Sunderland	00P	NHS Sunderland CCG	98.5%	96.2%
E10000030	Surrey	10G	NHS Bracknell and Ascot CCG	1.7%	0.2%
E10000030	Surrey	07Q	NHS Bromley CCG	0.4%	0.1%
E10000030	Surrey	09G	NHS Coastal West Sussex CCG	0.2%	0.0%
E10000030	Surrey	09H	NHS Crawley CCG	6.6%	0.7%
E10000030	Surrey	07V	NHS Croydon CCG	1.2%	0.4%
E10000030	Surrey	09L	NHS East Surrey CCG	96.6%	14.1%
E10000030	Surrey	09N	NHS Guildford and Waverley CCG	94.0%	16.9%
E10000030	Surrey	09X	NHS Horsham and Mid Sussex CCG	1.6%	0.3%
E10000030	Surrey	07Y	NHS Hounslow CCG	0.5%	0.1%
E10000030	Surrey	08J	NHS Kingston CCG	4.4%	0.7%
E10000030	Surrey	08R	NHS Merton CCG	0.2%	0.0%
E10000030	Surrey	99M	NHS North East Hampshire and Farnham CCG	23.0%	4.2%
E10000030	Surrey	10J	NHS North Hampshire CCG	0.1%	0.0%
E10000030	Surrey	09Y	NHS North West Surrey CCG	99.5%	29.6%
E10000030	Surrey	08P	NHS Richmond CCG	0.5%	0.0%
E10000030	Surrey	10V	NHS South Eastern Hampshire CCG	0.1%	0.0%
E10000030	Surrey	99H	NHS Surrey Downs CCG	97.1%	23.9%
E10000030	Surrey	10C	NHS Surrey Heath CCG	99.0%	7.6%
E10000030	Surrey	08T	NHS Sutton CCG	1.2%	0.2%
E10000030	Surrey	99J	NHS West Kent CCG	0.2%	0.0%
E10000030	Surrey	11C	NHS Windsor, Ascot and Maidenhead CCG	7.7%	1.0%
E09000029	Sutton	07V	NHS Croydon CCG	1.0%	1.9%
E09000029	Sutton	08J	NHS Kingston CCG	3.3%	3.2%
E09000029	Sutton	08K	NHS Lambeth CCG	0.1%	0.2%
E09000029	Sutton	08R	NHS Merton CCG	6.2%	6.5%
E09000029	Sutton	99H	NHS Surrey Downs CCG	1.4%	2.0%
E09000029	Sutton	08T	NHS Sutton CCG	94.5%	86.0%
E09000029	Sutton	08X	NHS Wandsworth CCG	0.1%	0.2%
E06000030	Swindon	11M	NHS Gloucestershire CCG	0.0%	0.2%
E06000030	Swindon	12D	NHS Swindon CCG	96.3%	98.4%
E06000030	Swindon	99N	NHS Wiltshire CCG	0.6%	1.4%
E08000008	Tameside	00W	NHS Central Manchester CCG	0.5%	0.5%
E08000008	Tameside	01M	NHS North Manchester CCG	6.4%	5.5%
E08000008	Tameside	00Y	NHS Oldham CCG	3.6%	3.8%
E08000008	Tameside	01W	NHS Stockport CCG	1.6%	2.1%
E08000008	Tameside	01Y	NHS Tameside and Glossop CCG	85.1%	88.1%
E06000020	Telford and Wrekin	05N	NHS Shropshire CCG	1.8%	3.0%
E06000020	Telford and Wrekin	05X	NHS Telford and Wrekin CCG	96.7%	97.0%
E06000034	Thurrock	07L	NHS Barking and Dagenham CCG	0.2%	0.2%
E06000034	Thurrock	99E	NHS Basildon and Brentwood CCG	0.2%	0.2%
E06000034	Thurrock	08F	NHS Havering CCG	0.1%	0.2%
E06000034	Thurrock	07G	NHS Thurrock CCG	98.4%	99.3%
E06000027	Torbay	99Q	NHS South Devon and Torbay CCG	48.9%	100.0%
E09000030	Tower Hamlets	07R	NHS Camden CCG	1.1%	0.9%
E09000030	Tower Hamlets	09A	NHS Central London (Westminster) CCG	0.3%	0.2%
E09000030	Tower Hamlets	07T	NHS City and Hackney CCG	0.8%	0.8%
E09000030	Tower Hamlets	08M	NHS Newham CCG	0.2%	0.3%
E09000030	Tower Hamlets	08V	NHS Tower Hamlets CCG	98.9%	97.7%
E08000009	Trafford	00W	NHS Central Manchester CCG	4.7%	4.3%
E08000009	Trafford	01G	NHS Salford CCG	0.1%	0.1%
E08000009	Trafford	01N	NHS South Manchester CCG	3.2%	2.2%
E08000009	Trafford	02A	NHS Trafford CCG	95.3%	93.2%
E08000009	Trafford	02E	NHS Warrington CCG	0.1%	0.1%

E08000036	Wakefield	02P	NHS Barnsley CCG	0.8%	0.6%
E08000036	Wakefield	03G	NHS Leeds South and East CCG	1.0%	0.8%
E08000036	Wakefield	03C	NHS Leeds West CCG	0.1%	0.2%
E08000036	Wakefield	03J	NHS North Kirklees CCG	0.6%	0.3%
E08000036	Wakefield	03R	NHS Wakefield CCG	94.6%	98.1%
E08000030	Walsall	13P	NHS Birmingham Crosscity CCG	1.8%	4.7%
E08000030	Walsall	04Y	NHS Cannock Chase CCG	0.7%	0.3%
E08000030	Walsall	05L	NHS Sandwell and West Birmingham CCG	1.6%	3.1%
E08000030	Walsall	05Y	NHS Walsall CCG	92.4%	90.7%
E08000030	Walsall	06A	NHS Wolverhampton CCG	1.3%	1.2%
E09000031	Waltham Forest	07T	NHS City and Hackney CCG	0.3%	0.3%
E09000031	Waltham Forest	08M	NHS Newham CCG	1.1%	1.5%
E09000031	Waltham Forest	08N	NHS Redbridge CCG	1.4%	1.4%
E09000031	Waltham Forest	08W	NHS Waltham Forest CCG	94.3%	96.8%

E09000032	Wandsworth	09A	NHS Central London (Westminster) CCG	0.7%	0.4%
E09000032	Wandsworth	08C	NHS Hammersmith and Fulham CCG	0.3%	0.2%
E09000032	Wandsworth	08J	NHS Kingston CCG	0.1%	0.0%
E09000032	Wandsworth	08K	NHS Lambeth CCG	2.7%	2.9%
E09000032	Wandsworth	08R	NHS Merton CCG	3.0%	1.8%
E09000032	Wandsworth	08P	NHS Richmond CCG	1.3%	0.7%
E09000032	Wandsworth	08X	NHS Wandsworth CCG	88.8%	93.6%
E09000032	Wandsworth	08Y	NHS West London (K&C & QPP) CCG	0.5%	0.3%
E06000007	Warrington	01F	NHS Halton CCG	0.3%	0.2%
E06000007	Warrington	01G	NHS Salford CCG	0.5%	0.6%
E06000007	Warrington	01X	NHS St Helens CCG	2.2%	2.0%
E06000007	Warrington	02E	NHS Warrington CCG	97.8%	97.0%
E06000007	Warrington	02H	NHS Wigan Borough CCG	0.2%	0.2%
E10000031	Warwickshire	13P	NHS Birmingham Crosscity CCG	0.1%	0.2%
E10000031	Warwickshire	05A	NHS Coventry and Rugby CCG	25.6%	21.4%
E10000031	Warwickshire	11M	NHS Gloucestershire CCG	0.2%	0.2%
E10000031	Warwickshire	04G	NHS Nene CCG	0.2%	0.2%
E10000031	Warwickshire	10Q	NHS Oxfordshire CCG	0.3%	0.3%
E10000031	Warwickshire	05J	NHS Redditch and Bromsgrove CCG	0.8%	0.2%
E10000031	Warwickshire	05P	NHS Solihull CCG	0.6%	0.3%
E10000031	Warwickshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	0.8%	0.3%
E10000031	Warwickshire	05R	NHS South Warwickshire CCG	96.1%	45.6%
E10000031	Warwickshire	05H	NHS Warwickshire North CCG	96.8%	30.9%
E10000031	Warwickshire	04V	NHS West Leicestershire CCG	0.5%	0.3%
E06000037	West Berkshire	10M	NHS Newbury and District CCG	93.1%	66.2%
E06000037	West Berkshire	10N	NHS North & West Reading CCG	35.7%	23.7%
E06000037	West Berkshire	10J	NHS North Hampshire CCG	0.7%	0.9%
E06000037	West Berkshire	10Q	NHS Oxfordshire CCG	0.2%	1.1%
E06000037	West Berkshire	10W	NHS South Reading CCG	9.1%	7.6%
E06000037	West Berkshire	99N	NHS Wiltshire CCG	0.1%	0.4%
E06000037	West Berkshire	11D	NHS Wokingham CCG	0.1%	0.1%
E10000032	West Sussex	09D	NHS Brighton and Hove CCG	1.2%	0.4%
E10000032	West Sussex	09G	NHS Coastal West Sussex CCG	99.5%	57.7%
E10000032	West Sussex	09H	NHS Crawley CCG	93.4%	13.9%
E10000032	West Sussex	09L	NHS East Surrey CCG	0.3%	0.0%
E10000032	West Sussex	09N	NHS Guildford and Waverley CCG	3.1%	0.8%
E10000032	West Sussex	99K	NHS High Weald Lewes Havens CCG	1.0%	0.2%
E10000032	West Sussex	09X	NHS Horsham and Mid Sussex CCG	95.6%	25.8%
E10000032	West Sussex	10V	NHS South Eastern Hampshire CCG	4.2%	1.0%
E10000032	West Sussex	99H	NHS Surrey Downs CCG	0.5%	0.2%
E09000033	Westminster	07P	NHS Brent CCG	1.3%	2.0%
E09000033	Westminster	07R	NHS Camden CCG	2.9%	3.1%
E09000033	Westminster	09A	NHS Central London (Westminster) CCG	81.6%	71.1%
E09000033	Westminster	08C	NHS Hammersmith and Fulham CCG	0.1%	0.0%
E09000033	Westminster	08Y	NHS West London (K&C & QPP) CCG	23.5%	23.7%
E08000010	Wigan	00T	NHS Bolton CCG	0.1%	0.1%
E08000010	Wigan	01G	NHS Salford CCG	1.1%	0.8%
E08000010	Wigan	01X	NHS St Helens CCG	3.9%	2.3%
E08000010	Wigan	02E	NHS Warrington CCG	0.4%	0.2%
E08000010	Wigan	02G	NHS West Lancashire CCG	2.7%	0.9%
E08000010	Wigan	02H	NHS Wigan Borough CCG	96.7%	95.6%
E06000054	Wiltshire	11E	NHS Bath and North East Somerset CCG	0.7%	0.3%
E06000054	Wiltshire	11J	NHS Dorset CCG	0.3%	0.5%
E06000054	Wiltshire	11M	NHS Gloucestershire CCG	0.4%	0.6%
E06000054	Wiltshire	10M	NHS Newbury and District CCG	0.9%	0.2%
E06000054	Wiltshire	11X	NHS Somerset CCG	0.3%	0.4%
E06000054	Wiltshire	12A	NHS South Gloucestershire CCG	0.9%	0.5%
E06000054	Wiltshire	12D	NHS Swindon CCG	1.0%	0.5%
E06000054	Wiltshire	11A	NHS West Hampshire CCG	0.1%	0.1%
E06000054	Wiltshire	99N	NHS Wiltshire CCG	96.7%	97.0%
E06000040	Windsor and Maidenhead	10G	NHS Bracknell and Ascot CCG	12.3%	10.9%
E06000040	Windsor and Maidenhead	10H	NHS Chiltern CCG	0.6%	1.2%
E06000040	Windsor and Maidenhead	09Y	NHS North West Surrey CCG	0.2%	0.5%
E06000040	Windsor and Maidenhead	10Q	NHS Oxfordshire CCG	0.0%	0.2%
E06000040	Windsor and Maidenhead	10T	NHS Slough CCG	0.6%	0.5%
E06000040	Windsor and Maidenhead	10C	NHS Surrey Heath CCG	0.1%	0.0%
E06000040	Windsor and Maidenhead	11C	NHS Windsor, Ascot and Maidenhead CCG	88.9%	85.5%
E06000040	Windsor and Maidenhead	11D	NHS Wokingham CCG	1.2%	1.2%
E08000015	Wirral	02F	NHS West Cheshire CCG	0.4%	0.3%
E08000015	Wirral	12F	NHS Wirral CCG	99.7%	99.7%
E06000041	Wokingham	10G	NHS Bracknell and Ascot CCG	3.2%	2.7%
E06000041	Wokingham	10N	NHS North & West Reading CCG	0.1%	0.0%
E06000041	Wokingham	10Q	NHS Oxfordshire CCG	0.1%	0.5%
E06000041	Wokingham	10W	NHS South Reading CCG	11.1%	9.0%
E06000041	Wokingham	11D	NHS Wokingham CCG	93.5%	87.9%
E08000031	Wolverhampton	05C	NHS Dudley CCG	1.4%	1.7%
E08000031	Wolverhampton	05L	NHS Sandwell and West Birmingham CCG	0.1%	0.3%
E08000031	Wolverhampton	05Q	NHS South East Staffs and Seisdon Peninsular CCG	1.7%	1.4%
E08000031	Wolverhampton	05Y	NHS Walsall CCG	3.9%	4.0%
E08000031	Wolverhampton	06A	NHS Wolverhampton CCG	93.7%	92.7%
E10000034	Worcestershire	13P	NHS Birmingham Crosscity CCG	0.5%	0.6%
E10000034	Worcestershire	04X	NHS Birmingham South and Central CCG	2.6%	1.1%
E10000034	Worcestershire	05C	NHS Dudley CCG	0.8%	0.4%
E10000034	Worcestershire	11M	NHS Gloucestershire CCG	0.5%	0.6%
E10000034	Worcestershire	05F	NHS Herefordshire CCG	1.0%	0.3%
E10000034	Worcestershire	05J	NHS Redditch and Bromsgrove CCG	95.9%	27.9%
E10000034	Worcestershire	05N	NHS Shropshire CCG	0.3%	0.1%
E10000034	Worcestershire	05P	NHS Solihull CCG	0.5%	0.2%
E10000034	Worcestershire	05R	NHS South Warwickshire CCG	2.3%	1.1%
E10000034	Worcestershire	05T	NHS South Worcestershire CCG	97.1%	48.8%
E10000034	Worcestershire	06D	NHS Wyre Forest CCG	98.5%	18.8%
E06000014	York	03E	NHS Harrogate and Rural District CCG	0.1%	0.1%
E06000014	York	03Q	NHS Vale of York CCG	60.4%	99.9%

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NHS South of England

BCF Plan 2016/17 - Cover Sheet

Health & Wellbeing Board Name	West Berkshire
Date of submission	21 March 2016
Has the plan been signed by CCG(s)?	
Date the plan was Signed off by HWB	14th April 2016
Are the minutes of the HWB at which the plan was agreed attached to this submission?	To follow – meeting is scheduled for the 14th April 2016

Section 1 – Confirmation of funding contributions

<table>
<tr><th>Requirement</th><th>Response</th></tr>
<tr><td>Describe how your BCF Plan meets the minimum contributions for:

• CCG minimum contributions
• DFG
• Care Act monies
• Formers ‘Carers Breaks’ funding
• Re-ablement funding</td><td>The total BCF for West Berkshire Locality has been confirmed as £10.669m. The minimum contribution from the CCG totals £8.807m, an increase of £279k when compared to the previous year.

Whilst the DFG has been transferred we understand that it includes the Social Care Capital grant, we have not received a determination letter for either so whilst we can see there is an increase of funding we don’t know the exact split.

As the Care Act (2014) is business as usual we no longer make specific reference to and the amount allocated to Protection of Adult Social care this year is £ £4.367m, this represents an increase of £346k when compared to the previous year.

Supporting carers is a key element of our prevention agenda and therefore our 16/17 expenditure plan allocated £627k for Carer Services, a 1.95% increase on our 15/16 allocation.

The importance of protecting reablement services is recognised by both the CCG and LA and therefore the sum allocated in 2015/16 has been increased by 1.95%. .
The table below outlines how each element of the minimum funding contribution:

<table>
<tr><th></th><th>2016/17</th><th>2015/16</th><th></th></tr>
<tr><td>Local Authority Contribution(s)</td><td>Gross Contribution</td><td>Gross Contribution</td><td>% change</td></tr>
<tr><td>West Berkshire</td><td>£0</td><td>£0</td><td></td></tr>
<tr><td>DFG (inc SCCG in 15/16)</td><td>£1,400,000</td><td>£1,005,000</td><td>39.3%</td></tr>
<tr><td>Carry forward of 15/16 scheme underspends</td><td>£462,000</td><td>£0</td><td></td></tr>
<tr><td>Total Local Authority Contribution</td><td>£1,862,000</td><td>£1,005,000</td><td>85.3%</td></tr>
</table>

<table>
<tr><td>CCG Minimum Contribution</td><td>Gross Contribution</td><td>Gross Contribution</td><td>% change</td></tr>
<tr><td>NHS Newbury & District CCG</td><td>£5,977,666</td><td>£5,722,000</td><td>4.5%</td></tr>
</table>
</td></tr>
</table>

<table>
<tr><th>Requirement</th><th>Response</th></tr>
<tr><td></td><td>
<table>
<tr><td>NHS North and West Reading CCG</td><td>£2,829,756</td><td>£2,806,000</td><td>0.8%</td></tr>
<tr><td>Total Minimum CCG Contribution</td><td>£8,807,422</td><td>£8,528,000</td><td>3.3%</td></tr>
</table>
<table>
<tr><td>CCG Additional Contribution</td><td>Gross Contribution</td><td>Gross Contribution</td><td>% change</td></tr>
<tr><td></td><td></td><td></td><td></td></tr>
<tr><td>NHS Newbury & District CCG</td><td>£0</td><td>£0</td><td></td></tr>
<tr><td>NHS North and West Reading CCG</td><td>£0</td><td>£0</td><td></td></tr>
<tr><td>Total Additional CCG Contribution</td><td>£0</td><td>£0</td><td></td></tr>
</table>
<table>
<tr><td>Total BCF pooled budget</td><td>£10,669,422</td><td>£9,533,000</td><td>11.9%</td></tr>
</table>
</td></tr>
<tr><td>Is any additional funding from the LA or CCG(s) included?</td><td>Following a change of direction and redesign in relation to one of the West of Berkshire projects some funding allocated to help social care manage the impact was not utilised. This has created an underspend of £462k, which is being carried forward to 2016/17 and will be used to support project work.</td></tr>
<tr><td>Please confirm if this narrative plan, and the planning return template, has been signed by all parties and include the name, role, organisation and contact details of the authorising officer(s)</td><td>The narrative plan is due to go to Health Wellbeing Board on the 14th April where it will receive final sign off by all parties.

The Local Authority authorising officer is:
Rachael Wardell
Director Communities
West Berkshire Council
Rachael.wardell@westberks.gov.uk

The CCGs authorising officer is:
Cathy Winfield
Chief Officer
Berkshire West Clinical Commissioning Groups
cathywinfield@nhs.net</td></tr>
</table>

Requirement	Response
Your plan should provide a full overview of the funding contributions for 16/17 and set out any changes from 15/16. Please summarise here any changes from 15/16 and how these have been agreed.	The total BCF for West Berkshire Locality has been confirmed as £10.669m. The minimum contribution from the CCG totals £8.807m, an increase of £279k when compared to the previous year. The funding for 2016/17 is detailed below with the comparative 2015/16 figures

Scheme Name	16-17 Expenditure (£)	15-16 Expenditure (£)
Connected Care	333,000	248,000
7 Day Week service	500,000	500,000
Patients Personal Recovery guide	150,000	310,000
Joint Care Provider	408,000	400,000
Protecting Social Care services - the cared for	1,505,000	1,213,000
Protecting Social Care services - Carer	300,000	294,000
Protecting Social Care services - Reablement	433,000	425,000
Protecting Social Care services - Integrated Crisis & Rapid Response	433,000	425,000
Protecting Social Care services - Early supported discharge	377,000	370,000
Protecting Social Care services - universal preventitive services	584,000	573,000
Protecting Social Care services - Carers universal services	327,000	321,000
Protecting existing CCG reablement service	755,000	740,000
Care Homes	495,000	0
Speach and Language Therapy	64,000	0
Community Geriatrician	144,000	0
Intermediate Care	455,000	0
Health Hub	334,000	0
Intermediate Care night sitting, rapid response, reablement and falls	629,000	0
Care Homes in reach	263,000	0
Programme Management	209,000	0
Disabled Facilities Grant	1,400,000	726,000

Requirement	Response
	Social Care Capital Grant 0 279,000 Contingency 328,422 231,000 Risk Share Agreement 243,000 243,000 The planning template, attached, provides more details and a full overview of the funding contributions for 2016/17. These have been jointly agreed by the CCG and Local Authority. There are changes in the BCF plans for this year – the contribution to 'Maintain social care services' has been increased (see planning template) which meets the national condition as it has been maintained in real terms. Following our programme evaluation (see attached) we are continuing with the two locality projects in the coming year; Joint Care Provider and Personal recovery Guides • The Joint Care Provider Project has had a beneficial effect in supporting efficient discharges from hospitals back to the community; the first phase focus has been on patients using the Royal Berkshire Hospital as the dominant acute hospital; the second phase of the project has extended to the acute hospitals at Swindon and Basingstoke as well as the Community Hospital in Newbury. • The impact of the Personal Recovery Guide project cannot yet be measured which has lead to a 3 month extension of the pilot phase to allow for a better informed contract specification to ensure that the project has a positive impact on the efficiency of hospital discharges, both in terms of speed and sustainability, and also on prevention of unnecessary admissions top hospitals or care homes. The funding allocation to the PRG project has been reduced from £310k in 15/16 to £150k in 16/17; this is a 'value for money' adjustment based on consideration of comparative schemes, and reflecting a view that the pilot using 3 voluntary organisations lead to higher than necessary management and set up costs. For 2015/16 our programme included 3 Berkshire wide projects – Hospital At Home, Enhanced Care Homes and the Health and Social Care Hub. Learning from the initial work and a change programme in West Berkshire Adult Social Care has resulted in some changes: In 2015/16 the CCG invested in a Care Homes project which moved to the BCF and an investment

Requirement	Response
	was provided to also support the Hospital at Home (H@H) project. Following monitoring and learning early during the implementation phase, The H@H project was reviewed and redesigned in September 2015 and was replaced by the Rapid Response and Treatment Service (RRAT) for Care Homes.(see in case for change further narrative) In 16/17 we continue to commission out of hospital services to deliver our ambitions from the frail elderly pathway work to decrease DTOC, reduce NEL admissions and manage patients in their homes.
Please summarise the impact assessment of any changes you have made	We have diverted investment from hospital at Home into the new Care homes (including RRAT) project. (see above for details) PRG – pilot extended for 3 months, collaboratively with the 3 voluntary organisations Other projects show an agreed 2% increase

Section 2 – Narrative overview

Please describe the local vision for health and social care services, including changes to patient and service user experience and outcomes.	Our vision for better care is based on improving outcomes for individuals through the delivery of care which is responsive, enabling and available as close to home as possible. We are committed to doing things with (rather than to) service users/patients and therefore meaningful engagement is a key part of how we will implement change. Our current system is already under pressure with a number of challenges including: • An increasing population, particularly in those over the age of 65 • Increasing growth in non-elective care • Increasing A& E attendances, and pressure on urgent and emergency capacity • Rising delayed transfers of care, and subsequent bed days lost • Increasing pressures on adult social care for community packages and care homes at a time when the overall Council budget is significantly shrinking • Increasing demand for planned (elective) care • Inequality of access to services across the "whole system :the whole week" • Care Workforce Availability • Increasing pressure on Social Care in relation to prevention and early intervention We recognise that the challenges facing the local health and social care system are significant. Demand for services is forecast to increase and this is not sustainable in the current systems. Funding pressures are set to continue and it is clear that without wide scale transformation we will not be able to meet future needs. We see the Better Care Fund as an opportunity to stimulate the integration of Health and Social Care Services both locally and across West of Berkshire and have created a range of projects to help us deliver this.

	By 2020 we expect to see: • Person centred services that focus on outcomes rather than outputs • Provision of good quality information and advice that empowers people to make good choices and self-manage • Care closer to home as the first option • Flexible services that operate across 7 days where appropriate. • Services will be simpler to access, have less duplication and reach service users/patients earlier. • Delivery of health and social services to be localised wherever possible including access to crisis, • A&E and other services that meet local residents' needs – with appropriate specialist or wider access to regional services that improve outcomes on a sustainable basis. • A greater range of local services that promote independent living • Reduction in avoidable hospital admissions. • Lengths of stay in Hospitals will be kept to a minimum • Increased numbers taking up Health and social care personal budgets Delivery of our vision will achieve system sustainability and therefore deliver value for money. We will do this by commissioning new models of care based on integrated Health and Social care pathways that focus on outcomes for users/patients. In achieving transformational change we will draw on our patient's and population's views, and use robust health needs assessment in identifying our ongoing priorities. The commissioning and redesign of services will be informed by recognised best practice, and performance data analysis, in a context of an absolute requirement for improving health and social care outcomes and achieving system sustainability. As a partnership we will make commissioning decisions based on what works best for our communities. This may be across the West of Berkshire or on a more local level. All the work will need to deliver the following: • Enable us to respond to the needs of our local populations by targeting services to give the greatest impact on health and social care outcomes • Address the views expressed by our local populations of how they wish services to be provided through partnership and co-production

	• Avoid duplication, focus on strengths and ensures value for money & efficiency • Promote further health and social care integration where a case for change is made • Where appropriate we will combine resources, sharing best practice and expertise The leaders of the 10 Health and Unitary Authority partners, known as the Berkshire West 10, have developed a direction setting vision around integration which formed the basis for a Pioneer Bid in 2013. Despite being unsuccessful with this bid, the 10 partners are united in their ambition to undertake a methodical and systematic journey towards more integrated care for the people we serve. The integration programme presents an opportunity now underpinned by the Better Care Fund to test different models of integration across different settings and care groups. The first phase of our programme focus's on the frail and elderly population and we have developed a pathway through a multi-agency project supported by the King's Fund and by an economic modelling element. The model has been signed off and there is a steering group comprising representation from leaders across the health and social care system who are driving the work forward. The defined pathway aims to improve experience of patients and carers, make better use of existing resources, focusing on strengths and achieve significant cost savings across the system through reduction of duplication in provision and workforce changes. Our services will have an enablement focus to enable people to self-manage where ever possible. Where care is required it will be delivered by care workers skilled in health and social care tasks to enable consistency, it will be supported by identified care co-ordinators and multidisciplinary teams structured around localities: the overall aim being to improve the care of older people with long-term conditions and those who are at highest risk of deteriorating health. Crisis support will be streamlined with care being provided in the most appropriate setting according to service user/patient and carer need. When hospital admission is unavoidable, the stay will be of high quality with discharge supported by a personal recovery guide ensuring people don't get lost in the system and are able to be get back to a more settled environment promptly. Support will be enhanced to enable people living in residential and nursing homes to receive their care and treatment there, and end of life care improved so that people are not admitted to hospital unnecessarily. In bringing key elements of the frail elderly (older peoples) programme on line through our local projects we will be able to assess its impact and use this as a template to inform planning

	for other pathways for the outer years of this five year period. We also recognise that people need to access health and social care services flexibly. Evidence shows that the limited availability of some services at weekends can have a detrimental impact on outcomes for patients, including raising the risk of mortality. Admission rates may also be affected by GP practices being closed over the weekend period. Where admissions occur there is a need to ensure that care and support is available so patients can be discharged from hospital when they are clinically fit. We have therefore established a range of health and social care services that are available seven days a week. Primary Care will play a pivotal role in delivering our vision to meet people's needs in the community wherever possible and we will look to facilitate this through the move to fully delegated primary care arrangements with NHS England which will enable us to improve quality in primary care. Having successfully implemented practice-based risk stratification and multi-agency care planning for high risk patients, our GPs are well placed to take on the role of Accountable clinician for patients who may be at risk of admission; co-ordinating care provided by a range of professionals to enable patients to remain in the community and are starting to do so through the Admissions Avoidance DES and other arrangements being put in place to support the care of the over 75s and high risk patients As well as fulfilling this function within their practices, our GPs will increasingly play an active role alongside other professionals in multidisciplinary services locally.
Describe how the BCF contributes to the local implementation of the vision of the FYFV and the move towards fully integrated health and social care by 2020; and the aspects of the change the local area is intending to deliver using the BCF.	Over the next five years, the pattern and configuration of services will be changed in West Berkshire to implement the vision of the 5YFV by responding to local health needs by putting the patient at the centre of care to empower more people to live well at home. This will require a number of changes to the services that we provide. The Better Care Fund schemes will be critical to driving some of these changes. **Developing patient/service user centred care pathways across Health and Social Care** We will continue to create joint system wide integrated pathways across key areas such as frail elderly, mental health and children's services that transcend organisational boundaries to deliver high quality, efficient care for patients. In the longer term, we will also go beyond traditional health and social care services to include wider determinants of physical and emotional wellbeing, to include services such as housing, transport and leisure. We aim to give mental health parity of esteem with physical health, commissioning high quality evidence based services which reflect the national mental health strategy and

	other key guidance. In response to the high cost of care for older adults, and the growing numbers of older adults in West Berkshire, the frail elderly pathway has been developed to improve the care of older people with long-term conditions and those who are at highest risk of deteriorating health and are likely to need intensive social care support. As part of this, care will be delivered by care workers, supported by identified care co-ordinators. This pathway has been developed through a multi-agency project supported by the King's Fund and is supported by detailed economic modelling. In bringing key elements of the frail elderly (older people's) programme on line through our local projects we will be able to assess its impact and use this as a template to inform planning for other pathways for the outer years of this five year period. **Changes to health and social care services over the next five years:** Build capacity in the community across primary, community health and social services to work collaboratively and through integrated services to better meet the needs of local residents that avoid their admissions to hospital or care homes. Expand the reablement capacity linked closely to integration with appropriate primary and community healthcare on a localised basis (via Locality Hubs). As community capacity is increased overall including targeted in-reach to acute, realign acute sector capacity to achieve improved patient outcomes, greater efficiency and sustainable acute provider capacity on a reduced basis. Develop cross sector working that targets intervention and support to those most at risk of admissions, including enhancing clinical capacity in the community that also supports those admitted to acute hospitals to return home quickly. Maximise the capacity of local people to self-care through embedding of the Care Act that enhances information advice, advocacy, carer support, with an overall preventative impact on intensive support and admissions • Our workforce development strategy will allow us to understand more clearly where the gaps are so that we can stimulate the market to respond and target training/support more effectively. The development of shared health and social care competencies will build capacity and improve the experience of health and social care for service users/patients as it will mean they will be

	supported by fewer people who get to know them better. • A proactive approach to provide information, advice and guidance that enables people to understand what universal services are available and, where appropriate, navigate the health and social care system making choices that support them to maintain their independence for longer. • We will strengthen our community based asset approach, building on our 'doing with' rather than 'to' approach. Assessments will be person centred; outcome focused and continues to develop re-ablement potential. • We will develop locality based working to ensure we know our patch really well and help people as close to their home as possible.
Please list the issues that the BCF will be used to address in the local area	Through our Better Care Fund schemes we aim to deliver the following improved outcomes; • Less duplication between sectors, faster and more efficient joint assessments with lead professionals for those with long term conditions. • Earlier diagnosis, treatment, and support that prevents crises or better enables responses to crises without admissions to hospitals or care homes. • Improved access to information, advice, advocacy and community capacity to manage health and social care needs at low or nil cost to the user or carers. This will include online and flexible locally developed access. • Locality based around GP clusters, mutli-disciplinary social care teams, who will focus helping people remain in their community • Improved choice and control through better access to a wider range of care and support in the local health and social care market especially for those with long term conditions. This will include the use of personal health and social care budgets to allow greater flexibility in how needs are met. We are committed to reducing the need for out of area placements enabling people to maintain family connections. Sometimes a local option is not available, where this occurs we will look at how we can support them to maintain family connections. • "Hard to reach" groups with health and social care needs that then require higher levels of intervention will have better access to tailored information, advice, care and support which is person centred and aligned to cultural, faith, or other requirements. During the Newbury Call to Action event, our plans for integrating care were discussed and some of comments on what Newbury's new integrated system will make to patients and service users are provided below.

	In practice this should mean service users being able to say the following; • "There are no gaps in my care" • "I am fully involved in the decisions and know what is in my care plan" • "My Team always talk to each other to provide me with the best care" • "I will always know who is in charge of my care and who to contact" • "I won't have to wait in all day for lots of different people to come at different times" • "it is less time consuming if all services are together in one place" • "My care is planned with people who work together to understand me and my carer, put me in control, coordinate and deliver services to achieve the best outcomes for me"
Explain how the BCF will address quality and reduce costs based on segmented risk stratification. (Reference local issues and how integration will be used to drive improvement). If relevant please provide supplementary data to support the case for change, including quantifying levels of unmet need, issues of service quality, and inefficiencies in service delivery.	In West Berkshire we share with our Berkshire West 10 colleagues an understanding that integrated care delivers the best outcomes for our patients and service users. We believe(supported by evidence) that working in collaboratively, is the most effective way for us to ensure that we are providing person centred, personalised, co-ordinated care in the most appropriate setting. As a partnership of ten organisations, with a full range of services across the health and social care sector, we can deliver end to end integrated care for our population, radically reducing the number of assessments and transactions individuals are subjected to and improving their experience of care. There is a significant financial challenge facing West Berkshire with increasing demand for high quality services but a constrained and challenging financial position in the local health and social care economy. We have a strong foundation in our shared vision and our track record, but we know that we need to increase momentum to tackle the system pressures and demographic challenges described above. We simply do not have the resources to meet the expected increases in demand over the next few years if we continue to provide services in the same ways as we do now. Unless we find better ways of supporting people who are frail or living with long term health conditions, costs will increase exponentially. This will include the cost of care home placements, A&E attendances, and emergency admissions to hospital, readmissions, and ambulance conveyance costs. Co-ordinated community based care is what people are asking for and what we know works. Indeed it is the only way to build a sustainable future. Combining best practice examples, a sound evidence base, alongside local knowledge, analytics and intelligence, we have been able to identify potential new models that will meet the needs of our population and address the key challenges we face over the coming years. Using a variety of risk stratification tools and methodologies, we have identified the cohorts of individuals that are most likely to benefit and the

models of care most suited to meet the challenge in the most effective way. The key target populations are generally older adults and people with long term conditions.

Risk Stratification Methodology:

Dividing the population into groups of people with similar needs is an important first step to achieving better outcomes through integrated care. A one size fits all approach is inadequate and different sets of people have different needs. Grouping has helped us create models that are based on similar, holistic, individually-focused needs, and will also help us think about the health- and social-care system in a more holistic way.

By making these groupings explicit, we are able to provide a more logical way of informing the new models of care that are likely to be needed, identifying the outcomes we plan to achieve and by which we will measure our success, as well as allowing us to create payment models to incentivise providers to achieve these outcomes.

Risk Stratifying our High Risk of an Emergency Admission Population

In 2009, nine of the then PCTs in South Central decided to collaboratively procure a risk stratification tool which would support case finding for community health staff as well as supporting other programmes for patients with long term conditions. The Adjusted Clinical Groups (ACG) tool was implemented into all 54 GP practices within the Berkshire West PCT, including the 14 GP practices in North and West (3) and South Reading (11) CCGs. This tool has allowed us, in collaboration with our Berkshire Community Health Service, to have a richer source of information about the health needs of the local practice population and to be able to support a reduction in emergency admissions.

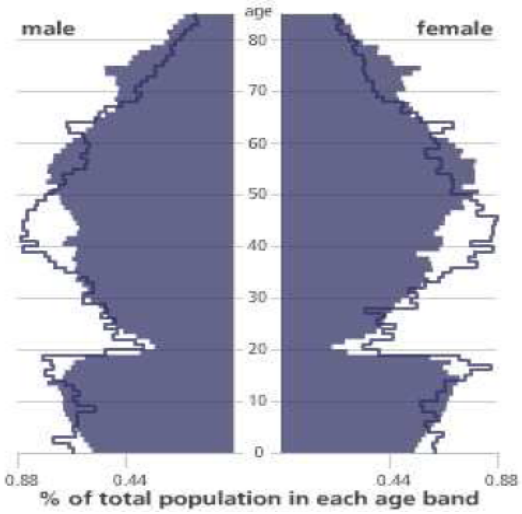
Challenge 1: Increasing Demand - A growing population particularly in those over the age of 65, with disproportionately high health and social care needs leading to a growth in health and social care requirements across the Berkshire West economy

The latest (2011) population *projections* by the Office for National Statistics, in predicting population growth across the country, estimate the population of West Berkshire to be 170,100 by 2021 – an increase of some 10%. This compares with an average increase in population across the South East of 9.3%.

Changes in population will not be universal across the age bands. Most graphically, the population pyramid below shows how the age profile of West Berkshire is expected to change over the next decade. The solid outline shows West Berkshire's population profile in 2011, whilst the shaded area represents the district's

new population profile in 2021

Projected population age profile for West Berkshire, 2011-2021.



Source: ONS, Interim 2011 sub-national population projections

Noticeable, is that, almost without exception, the reduction in the relative size of age groups under the age of 65. The district's 'waist band' remains reflecting a significant number of people leaving the district at around 20 years of age, but then returning over the proceeding two decades.

If the pyramid above shows how the relative size of age bands will change in relation to one another over the next decade, the table below describes this in absolute terms.

This estimates the number of 0-9 year olds living in West Berkshire to have grown by 3,300 by 2021 (or 17%). This compares to a similar expected growth across the South East of around 15%. The numbers of 10-19 year olds is anticipated to have increased by around 1,500 (or 8%), which is in line with the projected growth rate for the district as a whole.

At the other end of the age spectrum, the figures show an anticipated growth in the over 65 population of 34% (or 8,000 people) compared to 26% regionally. Breaking this down, the most significant growth is in

the oldest age groups (75+).

Projected change in population 2011-21 – by age						
	West Berkshire			Berkshire	South East	England
	Pop'n 2021	Change in pop'n (nos)	Change in pop'n (%)	Change in pop'n (%)	Change in pop'n (%)	Change in pop'n (%)
0-4	10,516	418	4%	5%	6%	9%
5-9	11,961	2,911	32%	27%	24%	23%
0-9	22,477	3,329	17%	15%	15%	16%
10-14	11,797	1,851	19%	19%	11%	9%
15-19	9,509	-304	-3%	1%	-6%	-8%
0-19	43,783	4,876	13%	13%	8%	8%
20-24	6,221	-1,060	-15%	0%	-4%	-4%
25-29	8,499	114	1%	6%	7%	9%
30-34	10,267	941	10%	7%	11%	16%
20-34	24,986	-6	0%	4%	5%	7%
35-39	11,314	342	3%	6%	5%	9%
40-44	11,613	-959	-8%	0%	-8%	-8%
45-49	11,688	-782	-6%	-2%	-9%	-10%
50-54	12,505	1,460	13%	15%	13%	11%

55-59	12,070	2,547	27%	29%	30%	26%
60-64	10,201	417	4%	8%	3%	2%
35-64	69,390	3,024	5%	8%	4%	4%
65-69	8,401	833	11%	12%	7%	7%
70-74	8,497	2,992	54%	41%	43%	37%
75-79	6,386	2,009	46%	29%	32%	26%
80-84	4,258	955	29%	24%	19%	18%
85-89	2,757	662	32%	36%	28%	26%
90+	1,664	629	61%	75%	63%	62%
65+	31,963	8,080	34%	29%	26%	24%
85+	4,421	1,291	41%	50%	40%	39%
All	**170,123**	**15,975**	**10%**	**11%**	**9%**	**9%**

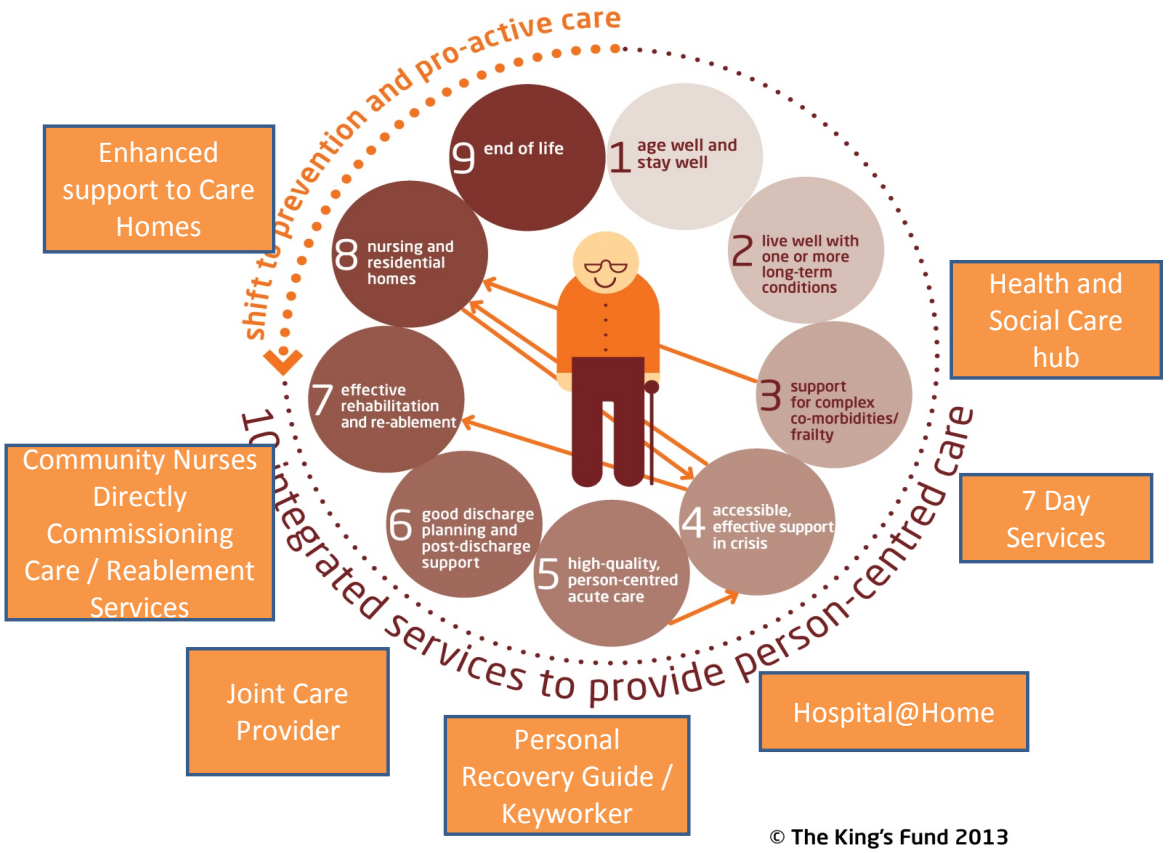
Source: ONS, Interim 2011 sub-national population projections

As the graph and table above indicates, it is predicted that the number of over 65s will increase 24% by 2021 and those over 85 years of age by 39%. The impact of this demographic change on the health and social care systems will be vast – 30% of the population in West Berkshire will be living with a long term condition and we expect there to be a large rise in the numbers of older people living with more than one long term condition, e.g. Cardiovascular disease, Dementia, Respiratory Disease, Liver disorders and Diabetes. West Berkshire has a significant number of older people living alone and consequently at risk of social isolation with the negative impacts on physical and emotional wellbeing which this brings; integrating across the whole health and social care system becomes an imperative. These increases are likely to present the biggest challenge to affordability and sustainability over the next five years.

We know that the Health and Social care requirements of the elderly population over the age of 65 population are set to grow significantly over the next seven years and that will place huge financial pressure on the health and social care system within West Berkshire.

The solution: Extensive work is already underway in the frail elderly pathway, which was Identified as a key Integration work stream in our 2013 Pioneer bid. This Berkshire West wide work stream forms the

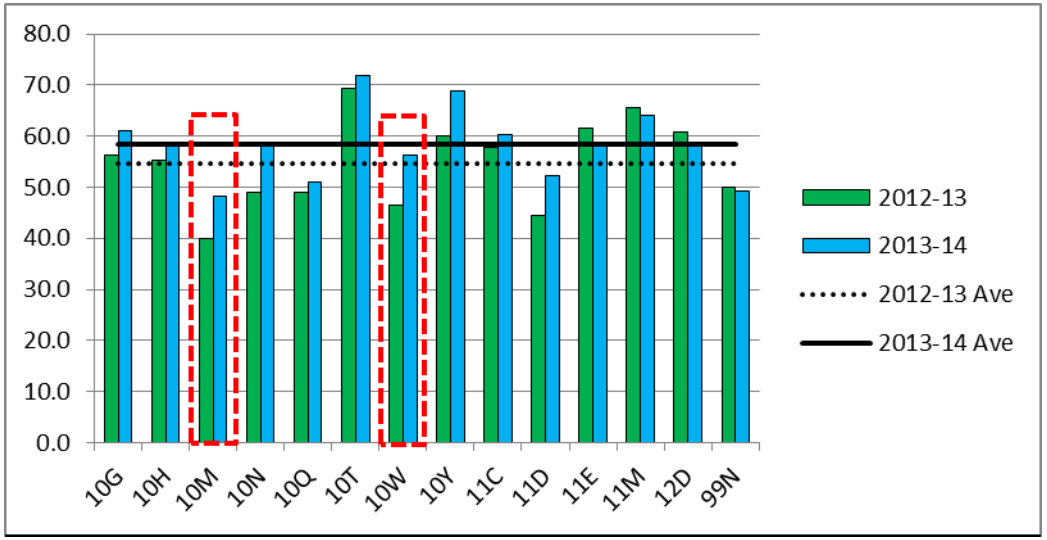
backbone of system change and our local West Berkshire BCF schemes are critical to delivering a number of elements of this as outlined in the orange boxes below:



Challenge 2: Growth in Non-Elective Admissions

Non-elective admissions are rising in West Berkshire, and future projections suggest that due to the increased age profile and expected double digit increase in certain long term conditions, this trend will continue unless there is system wide change. The graph below illustrates this trend across our local CCG geography,

Graph: A & E attendance rates resulting a Non Elective Admission 2012/13 compared with 2013/14



Analysis of these figures reveals two specific problematic areas which have the potential to be amenable to change:

1. Non elective admissions with a medical event where patients are clinically stable and do not require diagnostic input such as acute infections, deteriorating long term conditions, unstable COPD, dehydration.

Over 2012/13 there were 10,116* emergency admissions to hospital each year for Berkshire West residents with at least one long term condition, of which 4,590 were relevant to the patient type that with intensive support for a defined period of time, would be possible to manage in the community.

Note that these figures are for total Berkshire West not just Newbury & District CCG

2. Patients whose place of residence is a care home.

Within Berkshire West there were a total of 2770 people residing in care homes (residential and nursing care) who were associated with the following activity during 2013-14 and for the first quarter of 2014-15.

	Places	1 Calls		2 Conveyance		3 A&E		4 Admissions	
		2013-14	2014-15	2013-14	2014-15	2013-14	2014-15	2013-14	2014-15
Grand Total	2770	898	545	238	303	1326	354	961	260

In West Berkshire, during 2013/14 there were 201 Non elective admissions from Care Homes costing £640k. This therefore offers us a considerable level of opportunity to impact on this specific cohort of our population.

The Solution:

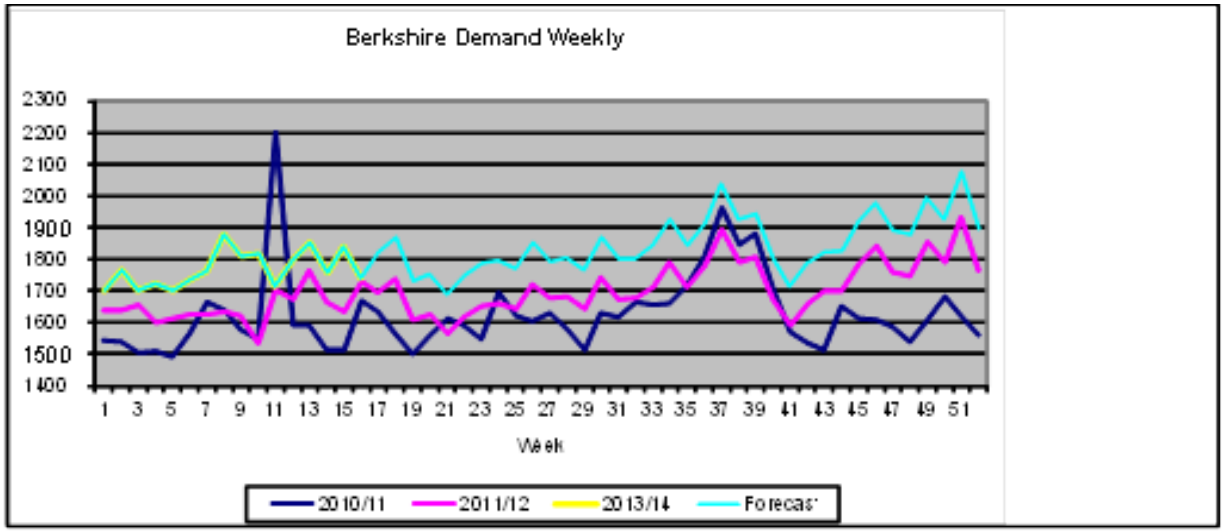
The outcomes for both of these cohorts can be dramatically improved by integrated care, and as such we have allocated in the Care Homes project to address these issues.

RRAT is a new service provided by the locality community teams which will respond within 2 hours of receipt of a referral or within 2 hours of a patient returning home from A&E. The RRAT provides increased and targeted Community Geriatrician input, including active treatment interventions including crisis support and the use of telehealth to support those at risk of admission. The enhanced rapid response pathway provides crisis response and treatment for patients in care homes. The service is available 8am – 8pm, 7 days a week with a proposed length of stay of up to 5 days on the pathway.
In April 2015 the GP CES was incorporated into and moved to the Anticipatory Care CES and funding adjusted.
The aim of the project to date has been to provide a common and consistent approach to improving

	outcomes for those people living in Nursing and Care Homes in Berkshire West through training and education of care home staff, medication review of all residents and anticipatory care planning and since October 2015 enhanced through the introduction of RRAT. Full review of each of these elements has been carried out and the learning has concluded: • Training & Education: The KPIs need to be more reliably measurable. It is proposed that going forward, further training options are considered especially to ensure we are able to better target the key four diagnoses that have the greatest impact on NEL admissions: UTI, Pneumonia, Falls and Dementia. In addition a focus on reducing calls to 999 through empowering staff in their decision making and ensuring all homes are aware of the alternative care options • Reduction in Non- Electives: The planned gross savings £292k across Berkshire West anticipated in the 2015/16 project will not be realised, however we have seen a reduction in non-elective activity in this cohort of patients of 72 unplanned admissions (20%) against a target of 50% reduction and an associated saving of £215k. 999 calls have not shown a decrease and with a 48% conversion to admission, there is still further work to be done to fully address this problem. There appears to be potential to further reduce the 0-1 length of stay admissions, of which 70% are considered potentially avoidable. • Medication review: further investment is required to maximise the savings on investment and to increase from 1 to 2 w.t.e pharmacists. (1 w.t.e.in 15/16 has released £107k of savings.) Whilst the RRAT service data is only very recent, and therefore limited, it does demonstrate an effective impact on the numbers of NEL admissions from the first phase of 15 Care Homes and this is demonstrated in both the QIPP and Care Home report. For phase 1, 15 NEL admissions have been avoided in the first 2 months of the scheme: a 23% reduction in NEL admissions for this cohort of care homes. Anecdotally all calls attended by the clinical staff were felt to be appropriate and all would have resulted in calls to SCAS and attendances at A&E in their opinion had the RRAT service not been in place. For 2016/17 the project will recommend continued investment in this service and roll out as planned across all 4 phases to cover all nursing and residential homes in Berkshire West. For 2016/17 a review of the reporting mechanisms and savings options across the pathway will be undertaken. Following review of the data the following savings for 2016/17 is recommended: • South Central Ambulance Service (SCAS) - Calls, Hear and Treat and See and Treat a 100% reduction. • SCAS - See, Treat and Convey is reduced by 50% • Secondary care 0-1 day Length of stay (LOS) is reduced by 75% • Secondary Care 2+ days LOS is reduced by 30% in line with national evidence of similar project outcomes.

Challenge 3: Increasing A&E Attendances and Pressure on Urgent Care Capacity

A&E is under increasing pressure in West Berkshire, as the chart below shows, with attendances increasing for the last three years.



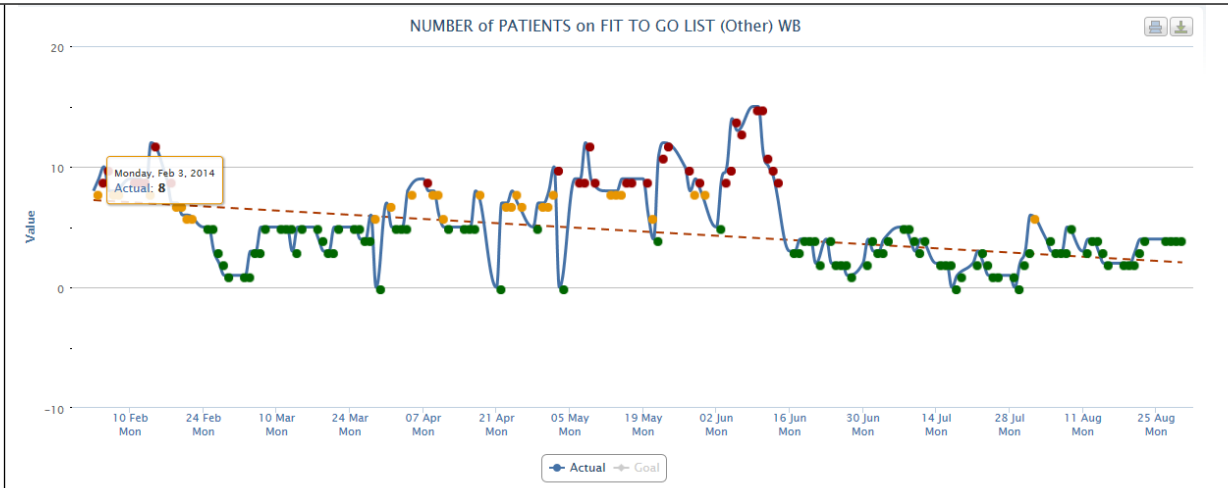
Between April–July 2013 and the same time period in 2014 West Berkshire has seen an increase in A&E attendance of 5.3%. In North & West Reading A&E increases are associated with a much older age group in line with their demography. This pattern is also seen across the other CCGs within Berkshire West.

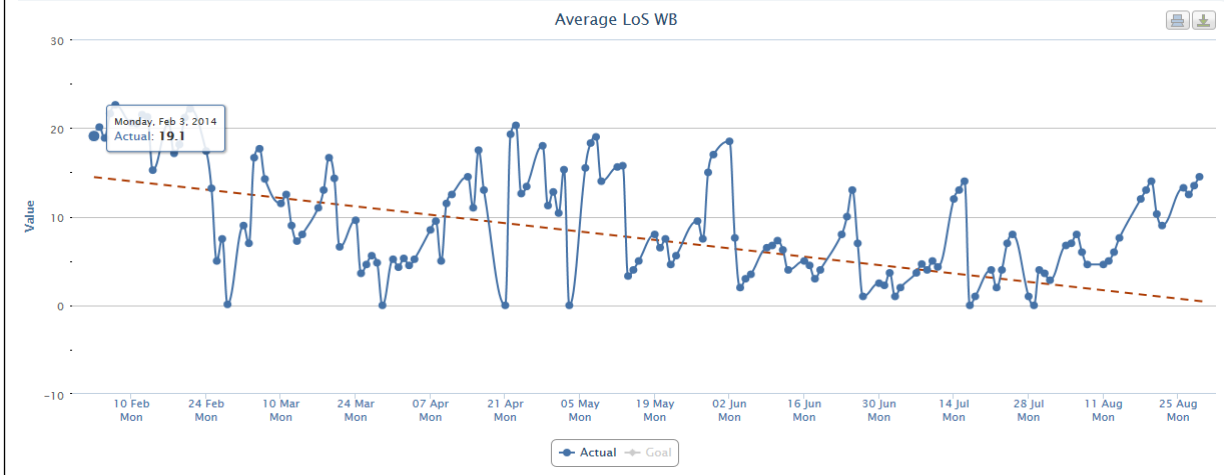
The Solution:

In addition to a review that was undertaken in January to assess the causes of A&E breaches, a number of Better Care Fund schemes will also seek to target key populations at high risk of A&E attendance to reduce the pressure on urgent care.

The first cohorts of patients are those with long term conditions and frail elderly patients. Both of these cohorts will benefit from the increased provision of care in the community, the extended availability

	throughout the week for this care via the 7 day working schemes and the changing eligibility threshold for social care in West Berkshire. The third group is care home residents, of which 48% across Berkshire West had an attendance at A&E in the last year. The Care Home project will address the training of care home staff, and the maintenance of relevant, up to date care plans and reviews to keep care home patients out of A&E. See above for details. **Challenge Statement 4: Rising Delayed Transfers of Care and Subsequent Bed Days Lost** An increasing proportion of those attending A&E and who are subsequently admitted are frail elderly patients who have a higher level of acuity and longer lengths of stay vs. the average patient. The following graphs show the number of patients and duration of time on the “Fit To Go” List (Feb to Aug 2014). Despite a significant amount of resource being focussed on this area we still experience widely fluctuating figures. Whilst we have had some success in bringing down the number of patients, the average length of time that patients remain on the “Fit to Go” List has remained above the system wide target of five days agreed as part of the A&E Recovery Plan and is currently above 9 days. This in turn contributes to the impeded flow through the inpatient beds.


NUMBER of PATIENTS on FIT TO GO LIST (Other) WB
Monday, Feb 3, 2014
Actual: 8
Value
20
10
0
-10
10 Feb Mon
24 Feb Mon
10 Mar Mon
24 Mar Mon
07 Apr Mon
21 Apr Mon
05 May Mon
19 May Mon
02 Jun Mon
16 Jun Mon
30 Jun Mon
14 Jul Mon
28 Jul Mon
11 Aug Mon
25 Aug Mon
Actual
Goal


Average LoS WB
Monday, Feb 3, 2014
Actual: 19.1
Value
30
20
10
0
-10
10 Feb Mon
24 Feb Mon
10 Mar Mon
24 Mar Mon
07 Apr Mon
21 Apr Mon
05 May Mon
19 May Mon
02 Jun Mon
16 Jun Mon
30 Jun Mon
14 Jul Mon
28 Jul Mon
11 Aug Mon
25 Aug Mon
Actual
Goal

Solution:

There are a number of factors that we have identified where integrated care can help reduce delayed transfers of care, and as result we have developed our BCF schemes accordingly.

1. The number of patient discharges on an average weekend day is less than half the number of patients who are discharged on an average weekday. A key reason for this is access to health and social care in the community over the weekend. In response we will use our 7 Day Services Scheme to enhance the existing 7 day arrangements across both health and social care.

2. Another key reason for delayed transfers of care is the cohort of patients who are waiting for social care packages, who often have to wait for their care, despite being fit to be discharged. Our Joint Care Provider Scheme will reduce these delays by the using the benefits of a single service, operating with a pooled budget, to provide an appropriate onward destination for this cohort of patients, with a focus on maximising their independence.

Challenge Statement 5: Increasing pressures on adult social care for community packages and care homes at a time when the overall Council budget is significantly shrinking.

Like every other local authority in the country, West Berkshire faces challenges in delivering its priorities against national government settlements. Through its Corporate Plan, the local authority has affirmed its commitment to caring for and protecting the vulnerable in its community However, there is an explicit acknowledgement of the need to work differently to avoid the consequences of a widening funding gap over the next 3 years.

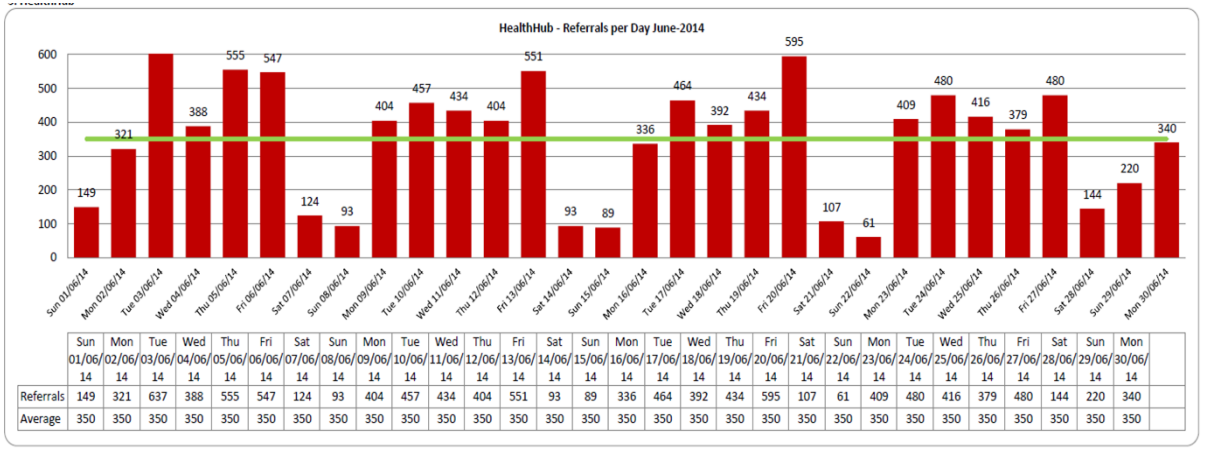
The key areas of demand for adult social care in West Berkshire are amongst those over 75 and those with dementia, both of whom have a longer than average length of stay due to waiting for community based services. As described above, the number of patients on the “fit to go” list continues to increase due to the increasing demand for nursing care, residential care and community reablement, and the lack of supply. This lack of supply is felt most acutely in the rural areas of West Berkshire where the distances involved in getting to and from client’s in the very sparsely populated communities is prohibitive for providers.

The Solution:

The Better Care Fund spending plans for 2016/17 include a significant sum to protect social care services,

	particularly the universal preventative services that have been established. The Personal Recovery Guide / Keyworker scheme (BCF03) will initially focus on helping move patients through the care pathway with one of the aims being to facilitate their prompt discharge from hospital. We understand that most people will not have had the need to access care services prior to a hospital admission and will be faced with the need to make life changing decisions. This scheme will prevent them from getting lost in the system and connect them to good quality information about what services are available and what the impact of their choices will be. As the scheme develops we will seek to expand the focus to support people to access community based services, both universal and commissioned, and link into some of the Public Health funded initiatives including the 'Village Agent' scheme. Most people want to stay in their communities and this scheme will be developed to support them to do that. **Challenge Statement 6 Increased Demand for Planned Care Services** Year on year we only seen a small increase in demand for planned care services. (0.4%) growth across Berkshire West providers. Although elective care is outside the scope of the BCF it is important to ensure the balance between elective and non- elective work is managed across the system. High levels of non-elective demand, combined with Delayed transfers of care have the potential to reduce capacity to carry out planned procedures. Clearly a balance is important and improvements in DTOC and reduction in NEL through the better care fund schemes and other initiatives will help free important capacity to carry out planned work, which in turn can reduce /address the burden of long term morbidity. **Challenge Statement 7: Inequity in Access to Services 7 Days a Week** It is widely accepted that people need health and social care services every day. Evidence shows that the limited availability of some hospital services at weekends can have a detrimental impact on outcomes for patients in hospital, including raising the risk of mortality. Local acute data from Royal Berkshire Foundation Trust shows that there are far fewer discharges at the weekend vs. during the week with less than half the weekday average number of discharges. This is due to system that does not operate flexibly across the seven days, our 7Day Week service will address deficits in cover from the acute services, primary care and community based social. Since all requests for discharge support (health and social care) from our main acute provider (Royal Berkshire Foundation Trust) as well as requests for community support are processed through the current Health hub, the graphs below clearly demonstrate a marked reduction in referrals into the hub for these

services at weekends which is likely to affect discharge rages and admission rates.



	Sun 01/06/14	Mon 02/06/14	Tue 03/06/14	Wed 04/06/14	Thu 05/06/14	Fri 06/06/14	Sat 07/06/14	Sun 08/06/14	Mon 09/06/14	Tue 10/06/14	Wed 11/06/14	Thu 12/06/14	Fri 13/06/14	Sat 14/06/14	Sun 15/06/14	Mon 16/06/14	Tue 17/06/14	Wed 18/06/14	Thu 19/06/14	Fri 20/06/14	Sat 21/06/14	Sun 22/06/14	Mon 23/06/14	Tue 24/06/14	Wed 25/06/14	Thu 26/06/14	Fri 27/06/14	Sat 28/06/14	Sun 29/06/14	Mon 30/06/14
	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14
Referrals	149	321	637	388	555	547	124	93	404	457	434	404	551	93	89	336	464	392	434	595	107	61	409	480	416	379	480	144	220	340
Average	350	350	350	350	350	350	350	350	350	350	350	350	350	350	350	350	350	350	350	350	350	350	350	350	350	350	350	350	350	350

Solution:

In response to issues created by a lack of provision over the weekend, our 7 Day work stream will seek to enhance the existing 7 day provision across both health and social care in a coordinated and affordable way. The Joint Care Provider Scheme will also play a key role in improving and simplifying the 7 day arrangements. These plans will support all patient cohorts but the provision is expected to be particularly effective for patients with complex needs, those identified as part of the national service to avoid unplanned admissions including the over 75 year olds.(see national condition narrative below for further details)

Challenge Statement 8: Workforce Availability

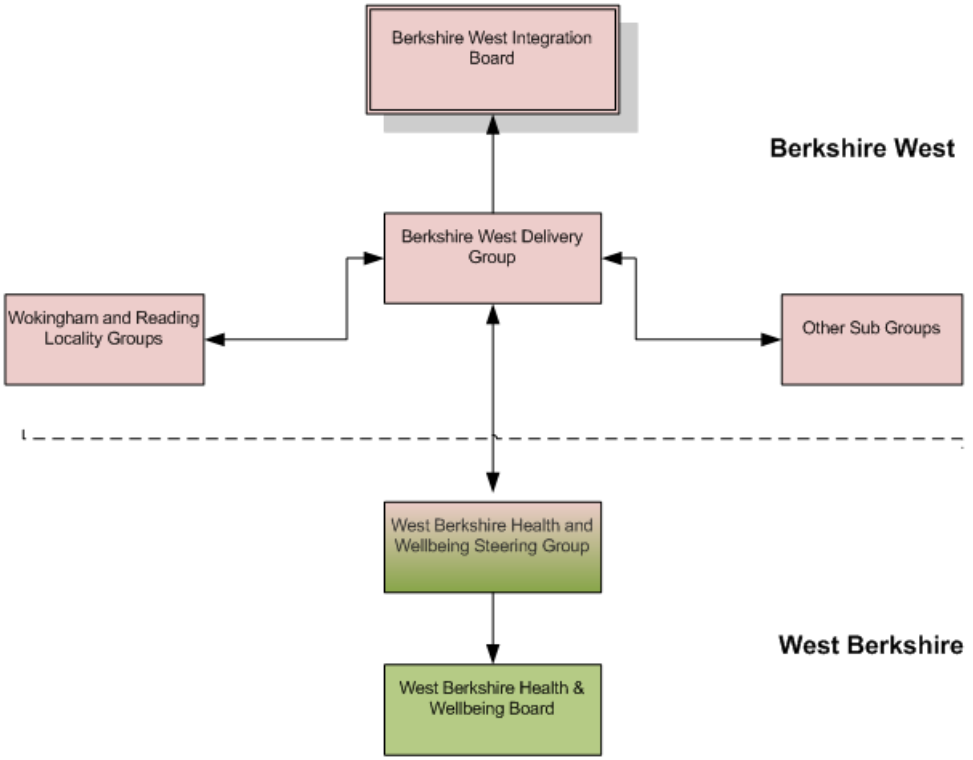
A major challenge already facing West Berkshire is the lack of carers both those directly employed by the local authority and those employed by private sector providers. The shrinking working age population (see census data above) and high employment rates in the area have resulted in a lack of people willing to enter into what are relative low paid carer jobs. This impacts on our ability to commission domiciliary care in particular where providers regularly turn down work due to their lack of staff.

	Solution: As one of the Better Care Fund Plan 'enablers', the Workforce Development project aims to help us understand more clearly where the gaps are so that we can stimulate the market to respond and target training/support more effectively. The development of shared health and social care competencies will build capacity and improve the experience of health and social care for service users/patients as it will mean they will be supported by fewer people who get to know them better. **<u>Challenge Statement 9: Care Act 2014 – increased duties</u>** West Berkshire District Council was one of just 3 local authorities in England that operated an eligibility criteria for social care of 'critical only no Over the last year we have seen a change in demand as we have worked to comply with the new national eligibility criteria. We have seen more people are eligible for support and we have increased support to existing clients. This additional demand has has placed pressure on capacity of care provision, as time goes on this is becoming more of challenge.. **Solution:** Within the constraints of the money available, the BCF spending plans include a significant contribution toward the Care Act costs, recognising that no specific allocation was made into the fund by the Department of Health to recognise the 'critical only' issue. **Delivering Change via the BCF** We have built our Better Care Fund submission around the key challenges in West Berkshire with a focus on those areas where we feel care can most be improved by integration, based on our experiences in West Berkshire and the evidence base.
Please provide a description of the specifics of the overarching governance and accountability structures in place locally to support integrated care, including: • A description of the specifics of the management and oversight in place to support the delivery of the BCF plan?	The West Berkshire Health and Wellbeing Board will have strategic oversight and governance for the West Berkshire Better Care Fund and related arrangements. Membership of this Board includes two voluntary sector representatives, as well as West Berkshire Healthwatch, together with Newbury & District CCG, North West Reading CCG and West Berkshire Council. This Board meets regularly and will receive reports on progress, outcomes and exceptions on performance and risks. This board will ensure appropriate monitoring of progress against national and local performance in the BCF, and regular

- An articulation of the arrangements in place to support joint working?
- Key milestones associated with the delivery of the plan of action in 2016-17?
- A fully populated and comprehensive risk log, with evidence that it has been developed in partnership with all stakeholders and a description of how risks will be managed operationally including:
  - A quantified pooled funding amount that is 'at risk'
  - Demonstration that this has been calculated using clear analytics and modelling
  - An articulation of any other risks associated with not meeting BCF targets in 2016-17
  - An articulation of the risk sharing arrangements in place across the health and care system, and how these are reflected in contracting and payment arrangements

updating of the risk register associated with such performance.

Because the local health and social care economy works across our Berkshire West boundaries many of the schemes within the plan are part of a wider Integration Programme, as outlined below:

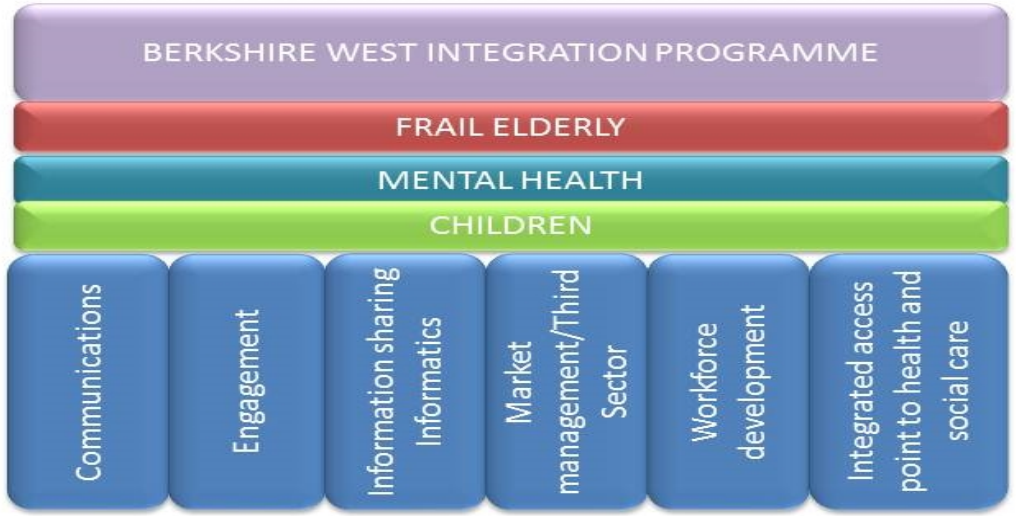


There are monthly Berkshire West Delivery Group meetings with representatives from each of the partner organisations in attendance. For projects that span all three unitary authorities in Berkshire West (Reading

Borough Council and Wokingham Borough Council as well as West Berkshire Council), accountability is held with the Berkshire West Integration Board.

This Board will oversee the delivery of the Workforce Development strategy and other overarching system wide schemes which are included within the BCF programme. The partnership has appointed an Integration Programme Manager who is responsible and accountable for ensuring the system wide objectives of the wider integration programme are delivered We recognise that both provider and voluntary sector representation is essential to ensure engagement and improvement of the workforce across the system.

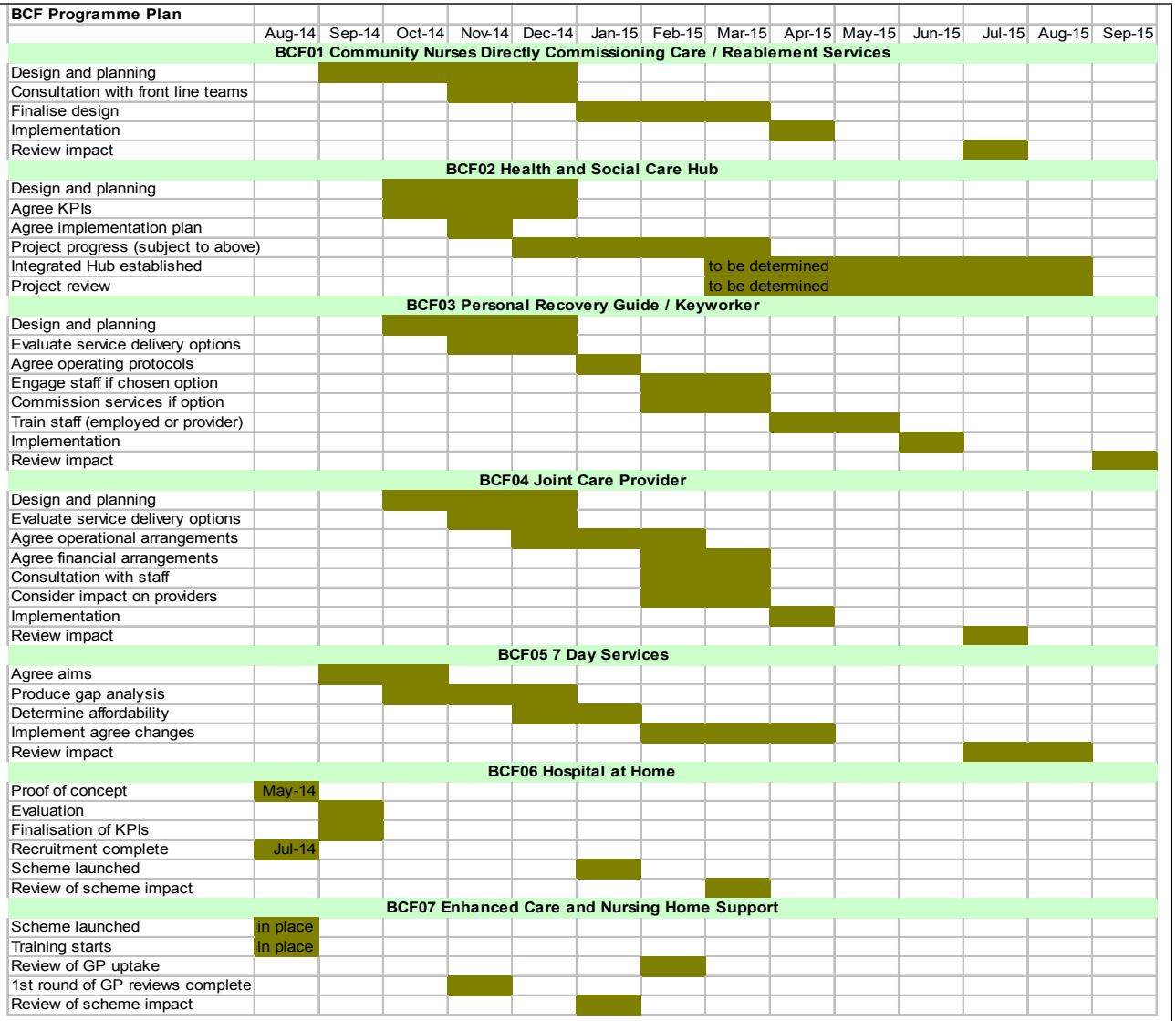
The structure and the relationship to the work streams within the Berkshire West integration programme is represented thus:



West Berkshire's Health and Wellbeing Board has strategic oversight of our plans to develop more integrated services within the district. The Health and Wellbeing Board has already overseen the production of the latest Joint Strategic Needs Assessment for West Berkshire, and led the development of a Health and Wellbeing Strategy and Delivery Plan. The Board is therefore well placed to ensure West

	Berkshire's integration plans draw on local evidence of need and health inequalities. We now have a Programme Office across Berkshire West in order to ensure there is sufficient project management capacity to deliver both the local and wider enabling schemes identified within this submission. The next section describes the management and oversight which monitors project delivery to ensure our identified schemes remain on track. Within the Programme Management Methodology being used to implement the BCF the Health and Wellbeing Board act as the Programme Board and the West Berkshire Health and Wellbeing Steering Group as project board. Every project is sponsored by one or more senior managers and a clinician from across the health and social care economy. There are implementation teams for each of the named projects with assigned Project Managers We are utilising the Office of Government Commerce (OGC) best practice framework "Managing Successful Programmes" to manage the overarching programme and the Prince 2 Project Management Methodology for management of the individual projects within it. Project Managers will report to the Projects Board at regular intervals. Terms of reference exist for all groups and specific responsibilities have been documented for named roles, e.g. Programme Manager Governance Strategies for the Programme have been formulated and documented to ensure consistency across the projects and encompass the following: • Benefits management • Information management; • Risk management; • Issue resolution; • Monitoring and control • Quality management; • Programme resource management;

	• Stakeholder engagement/consultation/communication For example project issues or risks which have been identified and logged at the project level but cannot be resolved/managed there, will be escalated to the Health and Wellbeing Steering Group through regular Highlight Reports and if they cannot be resolved/managed there, they will be escalated to the Delivery Group and so on. Programme risks will be regularly reviewed by the Steering Group and an action plan put in place for any risks that remain red following mitigation. This programme will have the support of an experienced Programme Office **Milestones** The programme plan below illustrates the high level key milestones by scheme for the delivery of the Better Care Fund plan over the past year. A new plan is being developed for 2016/17. The key milestones for each scheme are laid out in the relevant project briefs and project initiation documents. Under the governance arrangements these milestones are approved and progress monitored by the Steering Group, West Berkshire Delivery Group and the Health and Wellbeing Board.


BCF Programme Plan
Aug-14
Sep-14
Oct-14
Nov-14
Dec-14
Jan-15
Feb-15
Mar-15
Apr-15
May-15
Jun-15
Jul-15
Aug-15
Sep-15
BCF01 Community Nurses Directly Commissioning Care / Reablement Services
Design and planning
Consultation with front line teams
Finalise design
Implementation
Review impact
BCF02 Health and Social Care Hub
Design and planning
Agree KPIs
Agree implementation plan
Project progress (subject to above)
Integrated Hub established
to be determined
Project review
to be determined
BCF03 Personal Recovery Guide / Keyworker
Design and planning
Evaluate service delivery options
Agree operating protocols
Engage staff if chosen option
Commission services if option
Train staff (employed or provider)
Implementation
Review impact
BCF04 Joint Care Provider
Design and planning
Evaluate service delivery options
Agree operational arrangements
Agree financial arrangements
Consultation with staff
Consider impact on providers
Implementation
Review impact
BCF05 7 Day Services
Agree aims
Produce gap analysis
Determine affordability
Implement agree changes
Review impact
BCF06 Hospital at Home
Proof of concept
May-14
Evaluation
Finalisation of KPIs
Recruitment complete
Jul-14
Scheme launched
Review of scheme impact
BCF07 Enhanced Care and Nursing Home Support
Scheme launched
in place
Training starts
in place
Review of GP uptake
1st round of GP reviews complete
Review of scheme impact

Risk Register

A risk register is kept for each project and project managers are required to review on a regular basis and escalate unmanageable risks up through the governance structure.

Risk Share Agreement

By its nature a pooled budget provides an appropriate vehicle for sharing risk between the associated parties. The general principles for risk-sharing are:

The financial impact of unpredictable incidences on system wide deliverables should be shared proportionality, dependent on the scheme and service, amongst the parties to the agreement. This supports a general principle that all parties equally contribute effort to the effectively delivery of the schemes

Where the impact is so financially significant that individual bodies could be at financial risk, the parties need to work together to ensure that their service delivery arrangements mitigate the impact as far as is possible.

Scope of Agreement

2.1 Only the financial elements of services covered by the Better Care Fund (BCF) are eligible for risk sharing (although there will be flexibility to add to the arrangement subject to agreement by all parties and by approval of the Health and Well Being Board).

2.2 Responsibility for the management of the Better Care Fund that is the Pooled budget is split between the CCGs and The Local Authority by mutual agreement. The assigned responsibility for the different elements of the Pooled budget is shown in pooled budget responsibility table below.

2.3 All parties recognise that risks associated with the Better Care Fund need to be funded by it and not be a pressure on individual organisational budgets outside the Better Care Fund.

2.4 The principle risks to the CCGs are those associated with failure to achieve the savings associated with the delivery of the QIPP schemes incorporated into the BCF and in particular the failure to reduce non-elective activity in the acute sector which means that the CCG is also likely to incur additional costs in terms of financial over performance.

	2.5 As most of the Better Care Fund has been provided from CCG budgets the principle financial risk to The Local Authority is the failure to earn the performance elements of the fund. In order to fully mitigate this risk for the Local Authority the performance element of the fund is held by the CCGs and is not factored into the BCF schemes expenditure plans. This also avoids the opportunity costs and effort in trying to earn this additional payment that may be disproportionate to the influence and benefit that the LA can gain from the achievement of the 1.1% reduction in non-elective activity. 3. Risk Categories 3.1 Financial Risk • Financial overspends on each element of the BCF scheme are the responsibility of the authorising organisation (as set out in the table below) and will not be funded through the BCF, unless agreed by all parties. • Financial underspends on each element of the BCF scheme will be retained by the Pooled budget for use within the pool in year, and returned to the partners in proportion to their contribution, at year end. • Under achievement of planned savings and KPIs will be met from contingency and retained performance fund. 3.2 Delivery Risk The Local Authority and the CCGs are responsible for ensuring that they deliver their inputs required to deliver the BCF KPIs. 3.3 Performance Risk • Failure to achieve the non-elective admissions reduction will mean that the performance element of the fund is not payable for use on the BCF schemes. • Achievement will be on a proportionate basis:- o 100% achievement 100% performance fund payable

	o 75-99% achievement 75% performance fund payable o 50-74% achievement 50% performance fund payable o 25-49% achievement 25% performance fund payable o < 25% achievement No performance fund payable • The performance fund remaining for non/reduced performance will be used by CCGs to fund associated over performance associated with failure to deliver the non-elective activity reductions in the acute sector, subject to agreement of Health and Wellbeing Board. 3.4 Reputational Risk • Reputational risk will be managed through an aligned communications and engagement plan. 4. Risk Management Framework& Governance Arrangements 4.1 A comprehensive risk register will be in place to manage or mitigate known and emerging risks associated with the development and implementation of the Better Care Fund Plan. 4.2 Resources to support the development and maintenance of the risk register will be identified by the parties. 4.3 The Risk Log will be reviewed by groups that are responsible for the individual identified risks – e.g. the finance risks will be reviewed on a monthly basis by the finance group who will update the Risk log for the Programme and provide these updates to the Programme manager for inclusion into the Master Risk Log. The Programme Manager has overall responsibility for ensuring the Risk Log is updated regularly and reported to the Integration Board. Significant risks will be escalated to the Partnership Board and the Health and Well Being Board and up to the key decision making bodies in both organisations as appropriate 4.4 The Risk Log will also be reviewed in both health and social care individual governance frameworks. 5. Accounting Arrangements 5.1 In determining the pooled budget arrangements the following factors have been considered

	(a) Whether the funds are being transferred or not from health to social care (b) Who is commissioning the service associated with the budget (c) Which organisation is providing the resources to run/manage the service (d) Who are parties to any associated contracts (e) Which organisation bears the risk of any overspend (f) Where any cost savings benefit arise (g) Which staff are involved 5.2 The appropriate accounting standards of each organisation will apply in relation to any joint arrangements that are put in place. 5.3 Each of the CCGs and the Local Authority will recognise its share of the pooled budget in it individual accounts and memorandum accounts will be maintained.

Section 3 - National Conditions

Plans Jointly Agreed Does the BCF Plan cover a minimum of the pooled Fund specified in the Spending Review, and potentially extending to the totality of the health and care spend in the HWB area, and is it signed off by the HWB itself, and by the constituent Councils and CCGs? Explain how, in agreeing the plan, have you engaged with health and social care providers likely to be affected by the use of the Fund in order to achieve the best outcomes for local people. Please illustrate: • There is joint agreement across commissioners and providers as to how the BCF will contribute to a longer term strategic plan • This includes an assessment of future capacity and workforce requirements across the system • The implications for local providers have been set out clearly for HWBs so that their agreement for the deployment of the Fund includes recognition of the service change consequences? As the Disabled Facilities Grant (DFG) will again be allocated through the BCF, please confirm that local housing authority representatives have been involved in developing and agreeing the plan, in order to ensure a joined-up approach to improving outcomes across health, social care and housing.	Our Better Care Fund projects have been developed and rolled out over a series of meetings and the West Berkshire locality board involving acute trust, community health providers, social care and primary care. These meetings have acted as a local catalyst to co-develop new programmes, drawing on provider views about local pressures and opportunities to work differently to achieve better outcomes. Going forward with our Phase II Better Care Fund plans, we expect that the Berkshire Healthcare Foundation Trust, the Royal Berkshire Hospitals Trust, local GPs and the Adult Social Care Service will all continue to be part of the integration implementation teams.
Maintaining the Provision of Social Care Please specify the total amount from the Better Care Fund that has been	As set out in the BCF planning submission, contribution to adult social care this year has been increased from 4.021m in 15/16 to 4.367m in 2016/17. This represents a real terms increase on last year and fulfils the requirement of this

allocated for supporting of adult social care services and confirm: • That at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified • The amount of funding that will be dedicated to carer-specific support from within the BCF pool? Please describe how the local adult social care services will continue to be supported in a manner consistent with 2015-16. Has this support been agreed locally and, as a minimum, does the funding and services maintain in real terms the level of protection as provided through the mandated minimum element of local BCF agreements of 2015-16? In setting the level of protection for social care in your local area, please describe how you have ensured that any change does not destabilise the local social and health care system as a whole? Please include a comparison to the approach and figures set out in 2015-16 plans and confirm this approach is consistent with the 2012 Department of Health guidance to NHS England on the funding transfer from the NHS to social care in 2013-14.	national condition. This real terms increase should help ensure some stability for ASC. However it should be remembered that the overall gross commissioning budgets for ASC are £35m.
7-Day Services Please detail your plans to deliver 7-day services (throughout the week, including weekends) across community, primary, mental health, and social care, and how your approach to 7-day services will: • prevent unnecessary non-elective admissions (physical and mental health) through provision of an agreed level of infrastructure across out of hospital services 7 days a week • support the timely discharge of patients, from acute physical and mental health settings, on every day of the week, where it is clinically appropriate to do so, avoiding unnecessary delayed discharges of care	The Berkshire West CCGs have made significant progress on achieving 7 day services access across a range of primary, community and acute services in line with the 10 clinical standards. This is underpinned and driven through several different work programmes including the delivery of the Systems Resilience High Impact Actions, the development of an integrated community care model supported through the Better Care Fund and in line with the BCF national conditions, and the development of relevant CQUINs and Service Development Improvement plans (SDIP) in both Provider contracts for 15/16 (a core part of the 15/16 planning guidance). To date we have invested in an Enhanced Access CES for Primary Care, Better Care Fund schemes which have increased same day access to social workers in hospital, an integrated discharge team, rapid access and treatment teams for care homes, and increased reablement and rehabilitation capacity, and in a 24/7 Psychological Medicine Service, all of which have enabled patients to not only

• is underpinned by a delivery plan for the move to seven-day services, which includes key milestones and priority actions for 2016-17	receive appropriate levels of care in a timely way and as close to home as possible without the need to be admitted to hospital, but also to enable patients who are medically stable to be discharged to their normal place of residence without delay. Access to our community services is facilitated 24/7 via a Health Hub which is used by all discharging Acute Trusts as the single phone number for any health or social care referral. During 2015/16 we increased service provision within our GP practices to provide routine care in the evenings and on Saturday mornings. In addition pre-bookable resilience appointments are available at peak times over the winter period to support the reduction in A & E attendees. Further consideration will be given in 16/17 to provide enhanced access cover and to extend to Sundays. It is likely this will be addressed as part of our primary care strategy which focuses on further collaboration between practices and/or alternative commissioning arrangements to achieve full coverage. Additionally West Berkshire Council offers a 7 day week service within the hospital setting. There is Social worker availability to work closely with the clinical discharge liaison staff within the acute hospital setting to ensure there is timely assessment and assistance to support discharge as soon as possible. This service will also work alongside the admission avoidance team which liaises with the A&E team to return people home from Hospital rather than admit. There is also an OT service working within the community 7 days per week who are available to follow up Hospital discharges with care and to work with the local Reablement service to provide guidance on care provision, moving and positioning and specialist equipment provision.
Data Sharing on the NHS Number Please use this section to demonstrate that the right cultures, behaviours and leadership exists locally, fostering a culture of secure, lawful and appropriate sharing of data to support better care. In your response please confirm if: • you are using the NHS Number as the consistent identifier for health and care services, and if not, your plan to do so	1. The NHS number is used as the consistent identifier and currently applies to 95% of cases engaging with the Council. The Council has a system in place for maintaining this system but acknowledges that there will always be a small percentage of people to whom the NHS number will not be readily available when making contact with the Council. 2. The technical solution for enabling systems in Berkshire to share information is the Grafnet solution. West Berkshire Council is in the process of changing it's Client record system from RAISE to Care Director

	and it working on the interface development between Care Director and Grafnet. 3. To satisfy the necessary Information Governance controls the Council has a project to meet with the Level 2 requirements of the Health and Social Care Information Centre. The Toolkit supplied by HSCIC is expected to be completed by September 2016. Following HSCIC approval the Council will be able to proceed with the installation of an N3 Connection. 4. All clients will be asked to consent to the sharing of their information, and will have the right to withhold their consent. Public information is being developed through the BW10 Connected care Board which oversees the interoperability development.
• you are pursuing interoperable Application Programming Interfaces (APIs) (i.e. systems that speak to each other) with the necessary security and controls	As part of the procurement there were a number of technical requirement s which the preferred bidder has signed up to in relation to Open APIs. The benefit to the use of APIs. The APIs will define what data is shared between the various systems and is what will support the real time access to data. Open APIs will then future proof going forward data exchanges between the multiple systems any changes in technology and legislation.
• you have the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott principles and guidance made available by the Information Governance Alliance (IGA), and if not, when you plan for it to be in place	The Connected Care Implementation team consists of an Information Governance Group across Berkshire made up of the Caldicott Guardians, business representatives and technical people to ensure that the appropriate controls are put in place in the new solution. The guiding principles and development of the group were defined around the principles developed by Dame Fiona Caldicott, the Information Governance Oversight Panel and Information Governance Alliance. Copies of the ToR and the Principles have been attached for reference.  IG Principles  Terms of Reference

• you have ensured that local people have clarity about how data about them is used, who may have access and how they can exercise their legal rights (In line with the recommendations from the National Data Guardian review)	All organisations are obliged to ask for consent to share and disclose information to other organisations and inform the person how and what data they will be sharing with what organisation. The Connected Care projected has an overarching Communication Work stream which is chaired through the NHS and made up of representatives from each of the organisations and members of various patient groups. Depending on the organisation there will be different points of consent models and again part of the IG work stream have developed a consent model which will be adopted by all organisations. Once the Connected Care projected is implemented all organisations who are involved will be updating their websites to direct the person to the guidance around the consent to share model and the opting out process. Attached for reference is the consent model and the communication plan.  Communication Plan  Consent Model
Please also describe how these changes will impact upon the integration of services.	Currently across Berkshire there are 17 different organisations that hold data in one or more systems relating to an individual's health, social care and wellbeing. There are different culture, systems & technology, processes and legislation which drives each of the organisations it is always difficult to get a single view of a person at a point in time. What the Connected Care solution is offering the is ability to have a single point of access to a person's health and social care records giving accurate and up to date information at the point in time of accessing the data. This supports the different integrated services in the following ways:

	• No need for multiple laptops to access health and social care data separately • Access to real time data reducing the need for phone calls to various organisations to collate pieces of information • Reduce the amount of time required to contact the relevant organisations in relation to a person. • More accurate data • The ability to streamline the integrated services better by creating true single assessments The ability to streamline the transfer of a person from one service to another by developing health and social care pathways
Joint Approach to Assessment Please identify which proportion of the local population will be receiving case management and named care coordinator and which proportion of the local population will be receiving self-management help - following the principles of person-centred care planning. Please demonstrate if you plan to identify dementia services as a particularly important priority for better integrated health and social care services, supported by care coordinators (for example dementia advisors). Please include a description of plans for health and social care teams to use a joint process to assess risk and plan care, and agreed milestones demonstrating how and when this condition will be fully complied with.	Since 2015, West Berkshire Council and the Berkshire Healthcare Foundation Trust have adopted a Joint approach to dealing with people within Hospital settings. The approach is to streamline the assessment and discharge process and to work jointly with health to get people home and support together once home. All Hospital discharges have a joint assessment approach. Within the hospital setting there is work between Social services and the Discharge liaison service (OT/PT). Once back home with care, the individual will have a clinician from either health or Social care to follow up within 48 hours of discharge as well as having access to other clinical staff from the Joint care Pathway team. Occupational Therapy, Physiotherapy, Nursing, Social Worker. The Council is reconfiguring it's services under a "New way of working scheme"; Within this the integrated functioning of services for people with dementia is being reviewed as a priority to ensure that there is a secure pathway through services provided by Primary care teams, Council Adult Social care services and the specialist dementia services provided by the Berkshire Healthcare Foundation Trust. All patients (as identified by risk stratification) on the 2% at risk register as being at the highest risk of an unplanned admission have an agreed assessment and care plan. MDT meetings are held to discuss these residents/patients, the accountable

	professional is determined at these meeting, this could be the Social worker, community nurse or GP. This will be developed further through the BCF Joint Care Provider Project. Within Primary Care the Anticipatory Care CES has been commissioned to ensure primary care focussed coordination of vulnerable patients is improved year on year promoting and providing better, more appropriate community care and admission avoidance. The enhanced service is commissioned over and above the requirements of the National DES for Avoiding Unplanned Admissions to help reduce avoidable unplanned admissions by improving services for vulnerable patients and those with complex physical or mental health needs
Agreement on the Consequential Impact of Change Please describe how the impact of local plans has been agreed with relevant health and social care providers and whether there been public and patient and service user engagement in this planning, as well as plans for political buy-in. Your response should demonstrate that these align to provider plans and the longer term vision for sustainable services. Please also articulate how mental and physical health are considered equal, and that your plans aim to ensure these are better integrated with one another, as well as with other services such as social care. You should also demonstrate clear alignment between the overarching BCF plan, CCG Operating Plans, and the provider plans.	Our Better Care Fund projects have been developed and rolled out over a series of meetings and the West Berkshire locality board involving acute trust, community health providers, social care and primary care. These meetings have acted as a local catalyst to co-develop new programmes, drawing on provider views about local pressures and opportunities to work differently to achieve better outcomes. Going forward with our Phase II Better Care Fund plans, we expect that the Berkshire Healthcare Foundation Trust, the Royal Berkshire Hospitals Trust, local GPs and the Adult Social Care Service will all continue to be part of the integration implementation teams. The CCG and Local Authority have engaged in a range of consultation activity both at individual project level, patient/service user feedback is a key part of assessing the impact, discussion with independent organisations at the local authority provider forum, Local Account consultation event, Call to action events and with Councillors and Senior Health and Social Care Leaders through the Health & Wellbeing Board. The West of Berkshire system has been working as the Berkshire West 10 (BW10) comprising of 4 CCGs, 3 local authorities, Royal Berkshire NHS Foundation Trust (RBFT), Berkshire Healthcare Foundation Trust (BHFT) and South Central Ambulance Trust (SCAS) for some time within a shared governance

	structure. The Berkshire West system first came together as an agreed footprint back in 2013 with the submission of our Integration Pioneer bid, and has continued to capitalise on this with the development of a Berkshire West Integration Programme. The Integration programme identified three priority areas of work following an initial review of demand and capacity across the health and social care system; these are Frail Elderly, Children and Young Peoples services, and Mental Health. We have subsequently further prioritised joint work on a Frail Elderly Pathway which reported back in March 2016, with the findings and actions to be used to inform further pathway redesign. To meet our challenges and overcome the barriers to change in the current system, Berkshire West CCGs along with RBFT and BHFT are proposing to establish a New Model of Care and to operate as an Accountable Care System (ACS). The ACS is a collective enterprise that will unite its members and bind them to the goals of the health system as a whole. In so doing we will hold ourselves collectively to account for delivering the necessary transformation of services and in getting the most out of each pound spent on the NHS within Berkshire West. The key characteristics of our ACS will be: • We will support our population to stay well through preventative care which considers the lives people lead, the services they use and the wider context in which they live. • We will improve patient experience and outcomes for our population through delivery of a Berkshire West Shared Strategy • We will get optimal value from the 'Berks West £' by organising ourselves around the needs of our population across organisational boundaries, working collectively for the common good of the whole system • Clinical decision-making and service developments will drive proactive management of care and provision of care in the most effective settings, underpinned by a payment system that moves resources to the optimal part of the system. • Finances will flow around the system in a controlled way that rewards providers appropriately and helps all organisations achieve long term financial balance by unlocking efficiencies in different parts of the system; incentives will be aligned and risks to individual organisations will be mitigated through the payment mechanism.

	• We will develop and use long term contracts to promote financial stability of the providers • It will be governed by a unified leadership team comprising all commissioners and providers, with delegated powers from the constituent organisations. • We will seek to gain support from the three Local authorities in Berkshire West to health colleagues fast tracking the development of a new model of care which will enable further integration with social care over the medium term. • The objectives of the ACS programme are aligned with the wider BW10 integration programme and support the delivery of Health and Well Being Strategies. • The implementation of the Five Year Forward View will see the production of Sustainability and Transformation Plan (STP) at a Thames valley footprint alongside the development of an ACS for Berkshire West. This will be our vehicle going forward for delivering the service transformation locally that will lead to wider financial sustainability. Further detail on our plans can be found in the Berkshire West CCGs Operational Plan 2016/17 (ref: Berkshire West CCGs Operational Plan 2016/17).
Agreement to invest in NHS out of hospital commissioned services Please detail your agreed plan for using your share of the £1 billion that had previously been used to create the payment for performance element of the fund, in line with the national condition guidance, linking back to the summary and expenditure plan tabs of your BCF planning return template. Please describe if you have considered whether a local risk sharing arrangement is required, supported by analysis of the likely risk of unplanned activity in the area based on their track record of performance. Please make reference to the consideration of the long term trend in admissions, and the success of schemes implemented to date. If a risk sharing arrangement has been agreed please explain how the decision was arrived at, and illustrate the conditions are appropriate and consistent with guidance. For NHS commissioned out-of-hospital services, and services that were	Our Out of Hospital vision is underpinned strategically by the development of our Accountable Care System, and more operationally for 16/17 through the work of the CCGs Long Term Conditions Programme Board, the Better care Fund and the Frail Elderly Pathway Programme. Our aim is to work collaboratively across health and social care and the voluntary sector to provide quality care for patients; minimising the risk of an individual's health deteriorating and requiring increased service intervention, and maximising the opportunities for patient self-management. Within this programme of work are a number of key work streams, supported in many cases by the Strategic Clinical network and Academic Health science network to help drive transitional change. An investment is being made for the new Enhanced Support for Care Homes project builds on the schemes funded through the 15/16 Better Care Fund Programmes across Berkshire West incorporating both the Care Homes scheme and the Redesigned Hospital at Home: Rapid Response and Treatment (RRAT) for Care homes. Both projects will be combined and expanded to include a wider perspective across health and social care which enables all those living in long term care settings to remain in their normal place of residence where ever

previously paid for from funding made available as a result of achieving your non-elective ambition, please confirm if these continue in a manner consistent with 15-16 and provide evidence to support any changes to service provision from 15-16 plan.	possible should they experience a non-emergency episode of ill-health or a sudden deterioration in a chronic illness. The main aim is to prevent avoidable admissions or attendances to hospital, reduce delayed discharges of care back into care homes, reduced length of stay for care home residents during an acute illness, improve patient outcomes and support care homes in providing high quality care. For 2016/17-2020/21 an overarching programme will be developed in line with the outputs from the Frail Elderly Programme providing an opportunity for Health and Social Care to work together, to address a wider range of aims and objectives that addresses the responsibilities both have to residents within the Care homes setting and to enable those homes most in need of support to be supported. The CCG and the Local Authority have agreed on the need to include within the BCF 16/17 Plan an amount to be set aside for risk share and have established the following agreed approach to financial risk sharing in line with the national guidance. The BCF risk share fund meets the principle that “the money follows the patient” and “the same pound can’t be spent twice” on the emergency admissions that have not been avoided, and on alternative services. The value of the fund is withheld by the CCG from its BCF allocation, the remainder of which is paid into the pooled budget at the beginning of the financial year. Where admissions avoidance schemes are successful, payments will be made into the pooled fund on a quarterly basis, in arrears, which are equivalent to the value of admissions avoided, up to the maximum risk share fund. Unreleased funds are retained by the CCG to cover the cost of additional non-elective activity. If the planned levels of activity are achieved and, as such value is delivered to the NHS in that way, then this funding may be released to be spent as agreed by the partners. Otherwise it is retained to cover the cost of any additional activity which

<table>
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<td>results from BCF schemes not having the expected impact in reducing hospital demand.

The risk share fund comprises the non-elective admission reductions in 16/17 from the following schemes included in the BCF:

<table>
<tr><th>Scheme</th><th>Activity – NEL reduction</th><th>Benefit</th></tr>
<tr><td>Care Homes</td><td>88</td><td>£243k</td></tr>
</table>

The Pool Fund Manager and scheme Project Manager will be responsible for setting out a phased budget for both costs and benefits at the commencement of the financial year and for reporting actual costs and benefits year-to-date with a forecast for the full year on a monthly basis to the West Berkshire Integration Board and BW10 Finance Sub Group to monitor progress against plan targets.</td>
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<tr>
<td>Agreement on Local DToC Plan

Please provide assurance, with supporting evidence that you have established a stretching local DTOC target - agreed between the CCG, Local Authority and relevant acute and community trusts. Please describe how your plan sits within the context of an overall plan across the health and care system to improve patient flow and as a result performance, acknowledging action is required by all partners both in hospital and in the community (e.g. reducing avoidable admissions, effective in-hospital management and timely and safe discharge)?

Please confirm your target is reflected in the relevant CCG(s) operational plan, and that you have considered the use of local risk sharing agreements with respect to DToC, with clear reference to existing guidance and flexibilities and with reference to the track record of current performance

In agreeing the plan, please detail you methods of engagement with the relevant acute and community trusts and confirm that the plan has been agreed with your providers. Please also detail any engagement with the independent and voluntary sector</td>
<td>West Berkshire council works closely with the local CCG and neighbouring authorities to ensure there is a robust jointly agreed approach to DTOC figures and plans to reduce where possible. With one of the main Hospitals we use a system called Alamac which is where daily data is added. This system is both used by 3 unitaries, Berkshire Healthcare Foundation trust (Community Based health services) and the Royal Berkshire Hospital. For West Berkshire council, we gather daily data on:

<table>
<tr><td>NUMBER of PATIENTS on FIT TO GO LIST (Other) WB</td></tr>
<tr><td>NUMBER of PATIENTS on FIT TO GO LIST (Self funders) WB</td></tr>
<tr><td>Total on fit to go list – WB</td></tr>
<tr><td>Average LoS WB</td></tr>
<tr><td>- those awaiting social care service.</td></tr>
<tr><td>Number of people awaiting nursing care - WB</td></tr>
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Please demonstrate clear lines of responsibility, accountabilities, and measures of assurance and monitoring, taking into account national guidance and best practice (as set out in technical guidance)	Number of people awaiting residential care - WB Number of people awaiting an assessment at any hospital or health care setting - WB No of patients referred to WBC on a daily basis from AMU, ECU and ISU. This generates a daily report of progress which is also followed up by 3 conference calls per week. The current target is to have less than 5 cases on the fit list at any 1 time which are attributable to the council for care. **Fit lists** We have a system in place where daily fit lists are put together to ensure those cases which are ready to leave Hospital are on everyone's radar. This aids communication between the Hospital and the Local Authority. This system is used within the Royal Berkshire Hospital and the Basingstoke and North Hampshire Hospital **Local plan** A joint document has been put together by the Berkshire West 10 delivery group. This is an agreed plan for 2016/17. **Escalation plan** There is a Berkshire West escalation plan which is put into action when the system status reaches Amber status up to Black status. This has been put together by the NHS England South Central and is known as the Escalation Framework. The framework highlights the responsibilities of the Local Authority, Community Health services, Community Hospitals and the Acute Hospital site.
Scheme Level Spending Plan Please confirm if your scheme level spending plan, submitted as part of the BCF Planning Return template, accounts for the use of the full value of the budgets pooled through the BCF.	Yes, we can confirm that the spending plans submitted on the planning return account for the full value of the budgets pooled through the BCF

National Conditions If you have not already done so, please include here an explanation of how the targets against the National Conditions have been set, and your plans for how these targets will be met, and whether they represent a realistic assessment of the impact of BCF initiatives on performance in 2016-17.	I believe this is covered above. The BCF template pulls through the non-elective activity plan from the CCG operating plan template by apportioning the figures to the appropriate health and well-being board. The BCF template to be submitted on 21st March pulls through the data from the CCG submission on 2nd March. This submission used the NHSE baseline figures for the CCG that were pre-populated in the template. The CCG then applied a factor of growth to this plan based on a national tool called the Indicative Hospital Activity Model which gives the CCGs a guide of what growth levels should be expected. This equated to 2.2% across the 4 CCGs in Berkshire West. It is expected that this level of base growth is likely to change for future submissions of the plan based on review of the 2015/16 trend and also based on the outcome of contractual negotiations with the acute providers. The CCG also needs to apply the transformational change projects (QIPPs) that are expected to deliver reductions in non-elective admissions and this was not ready at an appropriate level of detail for the 2nd March submission. The reductions that will be applied to the NEL expected plan are made up of the following: i) CCG QIPP schemes outside of the BCF; ii) savings from CCG hosted BCF schemes and iii) savings from Local Authority hosted BCF schemes. In this way the NEL net increase/decrease shown in both the CCG operating plans and the BCF plans will be aligned. Therefore the non-elective activity plan that can be seen in the BCF submission template for 21st March is not the final version of the plan and is likely to change.