Notice of Meeting

Health and Wellbeing Board

Date & time	Place	Contact
Thursday, 7 September 2017 at **1.00 pm**	The Chantries, Guildford Borough Council, Millmead House, Millmead, Guildford GU2 4BB	Andrew Baird or Joss Butler Room 122, County Hall Tel 020 8541 7609 or 020 8541 9702 andrew.baird@surreycc.gov.uk joss.butler@surreycc.gov.uk

If you would like a copy of this agenda or the attached papers in another format, eg large print or braille, or another language please either call 020 8541 7609 or 020 8541 9702, write to Democratic Services, Room 122, County Hall, Penrhyn Road, Kingston upon Thames, Surrey KT1 2DN, Minicom 020 8541 8914, fax 020 8541 9009, or email andrew.baird@surreycc.gov.uk or joss.butler@surreycc.gov.uk.

This meeting will be held in public. If you would like to attend and you have any special requirements, please contact Andrew Baird or Joss Butler on 020 8541 7609 or 020 8541 9702

Board Members

Dr Andy Brooks (Co-Chairman)	Chief Officer, Surrey Heath Clinical Commissioning Group
Mrs Helyn Clack (Co-Chairman)	Cabinet Member for Health, Surrey County Council
Dr Russell Hills	Clinical Chair, Surrey Downs CCG
Mrs Clare Curran	Cabinet Member for Children, Surrey County Council
Dr Elango Vijaykumar	Clinical Chair, East Surrey Clinical Commissioning Group
Dr Charlotte Canniff	Clinical Chair, North west Surrey Clinical Commissioning Group
Julie Fisher	Strategic Director for Children, Schools and Families, Surrey County Council
Dr Andy Whitfield	Clinical Chair, North East Hampshire and Farnham Clinical Commissioning Group
Peter Gordon	Chair, Healthwatch Surrey
Helen Atkinson	Strategic Director of Adult Social Care and Public Health, Surrey County Council
John Jory	Chief Executive, Reigate and Banstead Borough Council
David Munro	Surrey Police and Crime Commissioner
Dr David Eyre-Brook	Clinical Chair, Guildford and Waverley Clinical Commissioning Group
Mr Mel Few	Cabinet Member for Adults, Surrey County Council
Borough Councillor Paul Spooner	Leader, Guildford Borough Council
Borough Councillor Clive Smitheram	Epsom & Ewell Borough Council

PART 1
IN PUBLIC

1 APOLOGIES FOR ABSENCE

To receive any apologies for absence and substitutions.

2 MINUTES OF PREVIOUS MEETING: 1 JUNE 2017 (Pages 1 - 12)

To agree the minutes of the previous meeting.

3 DECLARATIONS OF INTEREST

All Members present are required to declare, at this point in the meeting or as soon as possible thereafter

(i) Any disclosable pecuniary interests and / or
(ii) Other interests arising under the Code of Conduct in respect of any item(s) of business being considered at this meeting

NOTES:

- Members are reminded that they must not participate in any item where they have a disclosable pecuniary interest
- As well as an interest of the Member, this includes any interest, of which the Member is aware, that relates to the Member's spouse or civil partner (or any person with whom the Member is living as a spouse or civil partner)
- Members with a significant personal interest may participate in the discussion and vote on that matter unless that interest could be reasonably regarded as prejudicial.

4 QUESTIONS AND PETITIONS

There were none.

a Members' Questions

The deadline for Members' questions is 12pm four working days before the meeting (01 September 2017).

b Public Questions

The deadline for public questions is seven days before the meeting (*31 August 2017)*.

c Petitions

The deadline for petitions was 14 days before the meeting. No petitions have been received.

5 ACTIONS REVIEW (Pages 13 - 18)

To review and agree the Board actions tracker.

6 FORWARD PLAN (Pages 19 - 24)

To review and agree the Board forward work program.

7 BOARD BUSINESS

To update the Board on any key issues relevant to its areas of work, membership and terms of reference.

8 SURREY BETTER CARE FUND 2017-19 (Pages 25 - 34)

The Surrey Better Care Fund Plan 2017-19 is being submitted to the Surrey Health & Wellbeing Board for approval before submission to NHS England in accordance with the deadline of 11 September 2017.

9 SUSTAINABILITY AND TRANSFORMATION PARTNERSHIPS AND DEVOLUTION IN SURREY (Pages 35 - 38)

To provide an update on the three Sustainability and Transformation Partnerships (STPs) covering Surrey and the devolution plans.

10 SURREY JOINT STRATEGIC NEEDS ASSESSMENT AND JOINT HEALTH AND WELLBEING STRATEGY (Pages 39 - 42)

The purpose of this report is to update the Health and Wellbeing Board (HWB) on progress made in revamping the Joint Strategic Needs Assessment (JSNA) and the prioritisation process leading to a refreshed Joint Health and Wellbeing Strategy (JHWS).

11 IMPROVING CHILDREN'S HEALTH AND WELLBEING - PRIORITY STATUS UPDATE (Pages 43 - 54)

The purpose of this report is to update the Health and Wellbeing Board on progress against the 'improving children's health and wellbeing' priority within the Joint Health and Wellbeing Strategy. An update is provided to the Board every six months with the last in March 2017. The report will also update Members on the work of the Children and Young People's Partnership Board and the actions underpinning priority areas of work for 17/18.

12 SURREY SAFEGUARDING CHILDREN BOARD ANNUAL REPORT (Pages 55 - 136)

During the period of this report the Surrey Safeguarding Children Board (SSCB) has continued to carry out its statutory functions under Regulation 5 of the Local Safeguarding Children Board to enable it to achieve its objectives under section 14 of the Children Act 2004 to:

a) to **coordinate** what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
b) to **ensure the effectiveness** of what is done by each such person or body for those purposes.

Local safeguarding children boards are required to publish an annual report detailing the effectiveness of partner agencies in working together to deliver, safeguard and promote the welfare of children in their area. This report provides a rigorous and transparent assessment of the performance and effectiveness of partners working with children in Surrey. It identifies areas of weakness as well as good practice.

This report is presented to Surrey Health and Wellbeing Board for information and action where required.

13 PUBLIC ENGAGEMENT SESSION

A chance for members of the public in attendance at the meeting to ask any questions that they may have.

14 DATE OF THE NEXT MEETING

The next meeting of the Health and Wellbeing Board will be on 7 December 2017.

David McNulty
Chief Executive
Surrey County Council
Published: Wednesday, 30 August 2017

QUESTIONS, PETITIONS AND PROCEDURAL MATTERS

The Health and Wellbeing Board will consider questions submitted by Members of the Council, members of the public who are electors of the Surrey County Council area and petitions containing 100 or more signatures relating to a matter within its terms of reference, in line with the procedures set out in Surrey County Council's Constitution.

Please note:

1. Members of the public can submit one written question to the meeting. Questions should relate to general policy and not to detail. Questions are asked and answered in public and so cannot relate to "confidential" or "exempt" matters (for example, personal or financial details of an individual – for further advice please contact the committee manager listed on the front page of this agenda).
   The Public engagement session held at the end of the meeting is made available to Members of the public wanting to ask a question relating to an Item on the current agenda. Questions not relating to items on the agenda will need to be submitted in advance of the meeting.
2. The number of public questions which can be asked at a meeting may not exceed six. Questions which are received after the first six will be held over to the following meeting or dealt with in writing at the Chairman's discretion.
3. Questions will be taken in the order in which they are received.
4. Questions will be asked and answered without discussion. The Chairman or Board Members may decline to answer a question, provide a written reply or nominate another Member to answer the question.
5. Following the initial reply, one supplementary question may be asked by the questioner. The Chairman or Board Members may decline to answer a supplementary question.

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It is requested that if you are not using your mobile device for any of the activities outlined above, it be switched off or placed in silent mode during the meeting to prevent interruptions and interference with PA and Induction Loop systems.

Thank you for your co-operation

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MINUTES of the meeting of the **HEALTH AND WELLBEING BOARD** held at 1.30 pm on 1 June 2017 at Ashcombe Suite, County Hall, Penrhyn Road, Kingston upon Thames KT1 2DN.

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 7 September 2017.

Elected Members:

* Mrs Helyn Clack (Co-Chairman)
* Dr Andy Brooks
* Dr David Eyre-Brook
* Mrs Clare Curran
  Dr Elango Vijaykumar
  Dr Charlotte Canniff
  Julie Fisher
  Dr Claire Fuller (Co-Chairman)
  Dr Andy Whitfield
  Mr Mel Few
* Peter Gordon
* Helen Atkinson
  John Jory
* David Munro

*= In attendance

Substitutes:

Ruth Hutchinson
Sue Robertson
Tom Kealey
Eileen Clark
Jane Dempster
Heidi Fahy

17/17 APOLOGIES FOR ABSENCE [Item 1]

Apologies were received from Dr Charlotte Canniff, Dr Claire Fuller, Helen Atkinson John Jory, Mel Few and Dr Elango Vijaykumar

Ruth Hutchinson acted as a substitute for Helen Atkinson
Sue Robertson acted as a substitute for Charlotte Canniff.
Tom Kealey acted as a substitute for John Jory.
Eileen Clark acted as a substitute for Claire Fuller
Heidi Fahy acted as substitute for Elango Vijaykumar

18/17 MINUTES OF PREVIOUS MEETING: 9 MARCH 2017 [Item 2]

The minutes were agreed as a true record of the meeting.

19/17 DECLARATIONS OF INTEREST [Item 3]

There were none.

20/17 QUESTIONS AND PETITIONS [Item 4]

a MEMBERS' QUESTIONS [Item 4a]

None were received.

21/17 PUBLIC QUESTIONS [Item 4b]

Four questions from Mr Mick Moriarty were received. The questions and responses were tabled at the meeting and attached as Appendix 1 to these minutes.

Two supplementary questions were asked in which Mr Moriarty sought clarity on whether the Health and Wellbeing Board had seen the final plans submitted to NHS England as part of the Surrey Heartlands Devolution Bid. Members responded by stating that these had not been seen by the Board but that the Board had reviewed the Surrey Heartlands (Strategic Transformation Partnership) STP submission which was very similar to plans contained within the Devolution bid. Mr Moriarty was advised that the County Council elections followed by the announcement of a general election had impacted on the work of the Board and had meant it had not had the opportunity to view the plans contained within the Devolution bid.

Mr Moriarty drew attention to the £115 – £125 million worth of efficiency savings committed to within the Surrey Heartlands STP plan and enquired as to where these savings would come from. Members reiterated the delays caused by the elections but stated that the Board would be reviewing all of Surrey STPs at its meeting in September. Mr Moriarty was further informed the STP plans would be subject to robust scrutiny by the Adults and Health Select Committee.

22/17 PETITIONS [Item 4c]

There were none.

23/17 CASE STUDY [Item 8]

Declarations of interest:

None

Witnesses:

Jamie Gault, CEO, Action for Carers Surrey
John Bangs, Carers Strategy & Development Manager, Surrey County Council

Key points raised during the discussion:

1. The Health & Wellbeing Board received an introduction to the case study and were given a summary of the work being undertaken by Action For Carers to identify and support young carers in Surrey Schools. It was explained that a play had been developed entitled 'People Like Us' which aimed to raise awareness amongst young people and education professionals of the challenges that come with the responsibility of being a young carer as well as to outline the support available to them. Members were made aware of a survey of young people who watched the play which demonstrated that 17% (510) considered themselves to be young carers. Following this, the Board were shown a trailer of 'People Like Us' and were informed that a recording of the play would be distributed to private and community schools around Surrey with the hope of identifying more young carers. It was further agreed that the recording would be circulated to Members of the Health & Wellbeing Board for their consideration.
2. The Board sought clarification on the format the show would be disrupted and if it would have an impact on the question and answer session originally held after the show. Officers confirmed that it would be a digital recording circulated to schools which did mean a Q&A session after the show would not be held. Members recognised that despite the benefits of exposing children to a live performance it would not be possible due to the expense.
3. Members discussed the needs of young carers highlighting that Surrey was recognised as a national exemplar by NHS England for supporting young carers. Members expressed concern that so many young carers in Surrey were unable to access the support that was available to them as they had not yet been identified.

Actions/ further information to be provided:

1. Circulate Surrey Young Carers video to Health & Wellbeing Board Members once it has been filmed **(Action Ref: A8/17)**.

RESOLVED:

Surrey Health and Wellbeing Board endorsed the proposed approach of encouraging all schools and colleges in Surrey to make use of the resources available and to work together with staff from health, social care and Action for Carers' to identify and support young carers.

24/17 ACTION REVIEW [Item 5]

Declarations of interest:

None

Witnesses:

Andy Baird, Regulatory Committee Manager, Surrey County Council

Key points raised during the discussion:

1. The Board received an introduction to the Actions Tracker and were informed that the one outstanding action on the tracker was now completed.

Actions/ further information to be provided:

None.

RESOLVED:

The Health & Wellbeing Board monitored progress on the implementation of actions from previous meetings.

25/17 FORWARD PLAN [Item 6]

Declarations of interest:

None

Witnesses:

Victoria Heald, Health and Wellbeing Programme Manager, Surrey County Council

Key points raised during the discussion:

1. Officers introduced the forward plan to the Board and highlighted that the item on the Forward Planning Workshop had been moved to the Board's meeting on 5 October 2017.
2. Officers further stated that the Surrey Safeguarding Children Board's Annual Report had not been finalised and was therefore unable to be considered until the Board's meeting on 7 September.

Actions/ further information to be provided:

None.

RESOLVED:

The Health & Wellbeing Board reviewed and agreed its forward work programme for the remainder of 2017.

26/17 BOARD BUSINESS [Item 7]

Declarations of interest:

None

Witnesses:

Victoria Heald, Health and Wellbeing Programme Manager, Surrey County Council

Key points raised during the discussion:

1. The Board was informed that following discussions at its meeting in April 2017, an expression of interest was submitted for Surrey to graduate from the current Better Care Fund (BCF) programme oversight was submitted to NHS England, after being signed off by all partners of the Health and Social Care Integration Board. A draft version was then circulated to Board members for comment and the final version was distributed also. Officers stated that they hope to hear about the success of the application after the General Election, but before the end of June. It was highlighted that if successful, Surrey would be among the first six - ten systems nationally who were able to evidence enough local maturity to deliver on the conditions of the BCF.
2. Members of the Board were informed that following a request from the Police and Crime Commissioner, the Partnership Board protocol had been amended to include the Local Criminal Justice Board. The revised protocol was formally agreed and circulated to Board members.
3. The Board were made aware that both Peter Waddell and John Kingsbury had stepped down from their roles as the Leaders of Runnymede Borough Council and Woking Borough Council respectively. It was confirmed that this would mean that the former Borough Leaders both relinquished their roles as representatives on the Health and Wellbeing Board. Two new Members would be appointed from among the Surrey Leaders' Group at the end of June and the Board would return to full Membership.
4. A resident raised concerns with the relationship between the Health & Wellbeing Board and Borough / District Councils. It was discussed that a detailed induction process was key to building strong connections with the Health and Wellbeing Board and Borough / District representatives. Their comments were noted and it was reassured that a full induction and necessary training was given to every new member of the Board.

Actions/ further information to be provided:

None.

27/17 SURREY HEALTH AND WELLBEING BOARD COMMUNICATIONS AND ENGAGEMENT UPDATE [Item 9]

Declarations of interest:

None

Witnesses:

Victoria Heald, Health and Wellbeing Programme Manager, Surrey County Council

Key points raised during the discussion:

1. The Health and Wellbeing Programme Manager provided members of the Board with an update on the work of the Health and Wellbeing Board Communication and Engagement Sub-Group. Members were given details of the successful, joined-up winter campaign that had

taken place across winter 2016/17 and which had encouraged residents to be prepared, keep warm and keep well during the winter period.

2. A discussion took place regarding residents' awareness of the Surrey Winter Communications Campaign which highlighted that, although there was room for improvement, there had been a significant increase in the number of residents who had seen the campaign compared to the previous year.
3. Members also discussed the Summer 2017 Communications Campaign which would cover a range of issues key to staying safe and well during the summer months. The summer campaign would focusing on three key areas: Hydration, Skin cancer prevention and safety during the day. It was agreed that the Summer Communications Plan would be shared with Board Members once it became available.
4. Members spoke of the different platforms used to communicate health advice to Surrey residents. It was highlighted that the 'Surrey Matters' magazine, which had previously been a printed resource, had now moved to an online only format. Removing this printed resource was both an opportunity and a challenge as new lines of communication would be needed to reach residents without access to the internet. Members agreed that in the interest of Surrey residents, other means of distribution should be evaluated to ensure campaigns reach the widest possible range of Surrey residents.

Actions/ further information to be provided:

1. Health and Wellbeing Board Summer Communications Plan to be shared with the Board Members **(Action Ref: A9/17)**.
2. Develop simple diagram to channel Health & Wellbeing Board communications to different types of audience. **(Action Ref: A10/17)**.
3. The Health & Wellbeing Board Communications and Engagement Sub-Group to evaluate the distribution of off-line materials. **(Action Ref: A11/17)**.

RESOLVED:

It was agreed that the Health and Wellbeing Board:

i. note the progress made on communications and engagement since December 2016;
ii. identify solutions to key challenges; and
iii. endorse the activity of the Communications Sub-Group for the next six months.

Clare Curran left the meeting at 3:00pm

28/17 SURREY SAFEGUARDING ADULTS BOARD - ANNUAL REPORT 2016 - 2017 EXECUTIVE SUMMARY [Item 10]

Declarations of interest:

None

Witnesses:

Simon Turpitt, Independent Chair, Surrey Safeguarding Adults Board

Key points raised during the discussion:

1. Officers introduced the annual report and provided members with a presentation outlining the key principals and priorities of the Surrey Safeguarding Adults Board's (SSAB) Annual Report. The key achievements of the SSAB were also outlined to the Board including the involvement in the establishment of the Multi-Agency Safeguarding Hub (MASH) and the Multi agency quality assurance programme. Officers highlighted the importance of sharing information with other Boards as a means of sharing lessons learned and best practise.
2. Discussions took place regarding the importance of involving the Prison Service in the work of SSAB due to having five large prisons in Surrey with the responsibility for the wellbeing of a significant number of vulnerable adults.
3. The Board enquired on the extent to which the SSAB has considered the impact that cuts in local authority funding in Surrey would impact on safeguarding adults. Members were advised that it was hard to determine what impact reduced budgets would have on safeguarding although partners recognised the significant financial challenges facing SCC and would seek to mitigate any implications that this would have on safeguarding. It was agreed that a Surrey Community Action Report on 'understanding the potential impact of Surrey's Cuts to the Voluntary, Community and Faith Sector' would be circulated to the Board.
4. Members highlighted the benefit of the SSAB engaging with outside organisations such as the Voluntary Sector and CCGs in promoting safeguarding across the County. It was agreed to recirculate a report on the potential inclusion of Surrey Community Action on the Board to Members.
5. Discussions took place highlighting the difficultly in reaching ethnic minority groups in Surrey and how to best communicate safeguarding services available. A member of the Board suggested that a report on engaging with Gypsy Roma Traveller communities be circulated for further detail on the subject.

Actions/ further information to be provided:

1. Circulate report on engaging with Gypsy Roma Traveller communities to the Independent Chair of the Surrey Safeguarding Adults Board **(Action Ref: A12/17)**.
2. It was agreed that a Surrey Community Action Report on 'understanding the potential impact of Surrey's Cuts to the Voluntary, Community and Faith Sector would be circulated to the Board **(Action Ref: A13/17)**.

RESOLVED:

The Health and Wellbeing Board:

I. considered and noted the Surrey Safeguarding Adults Board Annual Report Executive Summary; and
II. identified any opportunities for the two Boards to work jointly to achieve shared priorities.

29/17 PUBLIC ENGAGEMENT SESSION [Item 11]

No additional questions were asked under this item.

30/17 DATE OF THE NEXT MEETING [Item 12]

The Board noted that its next meeting would be held on 7 September 2017.

Meeting ended at: 3.45 pm

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Chairman

HEALTH & WELLBEING BOARD PROCEDURAL MATTERS
PROCEDURAL MATTERS

Public Questions

Question (1) from Mr Mick Moriarty:

Surrey Heartlands STP has announced that their plans for devolution are well developed and that they are hoping for national approval in May 2017. Has the Board seen the specific plans that have been forwarded for approval and, if so does the board know when the plans will be shared with the public?

Reply:

The Health and Wellbeing Board was informed of the Surrey Heartlands devolution plans at its meeting on the 8th December as part of a general update on progress of the Surrey Heartlands STP.

We understand that there will be a public announcement after the General Election in June once the Memorandum of Understanding – which outlines the devolution proposal – has been signed. At this stage, it is expected to be very high level and although this will be fully in the public domain, it is unlikely that there will be sufficiently detailed plans to share with the public. Devolution will be the mechanism by which Surrey Heartlands hopes to achieve its plans to improve health and care rather than representing the plans themselves.

Question (2) from Mr Mick Moriarty:

You may be aware that the STP submitted in October 2016 committed to £115 - £125 million of efficiencies by 2020 / 2021, what arrangements and timetable have the Health and Wellbeing Board put in place to ensure that the Surrey Heartlands STP to ensure that local health & social care services are not adversely affected by any “efficiencies”.

Reply:

The Board fully understands and signs up to the principle that in order for health and social care to remain sustainable into the future changes will have to be made and this will need to include certain levels of savings. However, the STP is also about transforming services and the Health and Wellbeing Board’s role is to ensure that any service transformation still meets the wider health and wellbeing strategy for Surrey. The Board welcome this as an opportunity to transform and improve services to make sure that local people continue to receive high quality services in the future. The Board is also aware that the STP is working in collaboration with stakeholders, staff, patients, and local residents to make sure local people are fully engaged in this programme of change.

Question (3) from Mr Mick Moriarty:

Does the board really believe that this can be achieved without damaging local health & social care services?

Reply:

The tide of rising demand represents the primary threat to the long term sustainability of both health and social care services. This is not unique to Surrey but is a challenge replicated

across the country. The question that must be answered is what measures can be taken to manage this rising demand without compromising the sustainability of either the healthcare system or the social care system in the long term. It is widely recognised that having an integrated health and social care system would contribute significantly to managing the increased demand generated by a population that is getting older and has increasingly complex needs. The integration of health and social care services will enable a more effective pooling of resources across the combined system targeting these towards areas of greatest need, it will reduce instances of duplication in service provision, create greater economies of scale and, crucially, decrease both the volume and length of non-elective hospital admissions particularly among older adults. Sustainability and Transformation Plans are the realisation of the Government's aspiration to drive ever closer integration between health and social care services and to embed a one system approach. Health and Wellbeing Boards were established in 2012 as vehicle through which to deliver health and social care integration within specific local authority areas and, as such, we welcome the introduction of STPs as a means of achieving this and feel that a closer union will lead to substantial benefits for patients. The Board recognises that the nature of STPs will necessitate some realignment of services in Surrey but is unequivocal in its belief that these will be done in the interests of creating an integrated health and social care system which provides better services and outcomes for Surrey residents while also delivering financially sustainability within the system.

Question (4) from Mr Mick Moriarty:

As a local resident who lives and works in the Surrey Heartland STP area I am concerned that these plans are being attempted at a pace and with a lack of money that will render them at best unachievable, and at worst deeply damaging to local services. Are the plans written as a way to improve the quality of care or is the need to balance the books the main motivation?

Reply:

The plans are seeking to do three things; to improve the health and wellbeing of our population – through, for example better prevention; to improve the quality of care being delivered in Surrey Heartlands and; to ensure that health and social care can be delivered in a financially sustainable way. It is not a case of either/or – all three goals are fundamental to the long term health of our population.

The overall vision is to improve local services by working in partnership both between partner organisations across the Surrey Heartlands area and with local residents, patients and other stakeholders. Within the wider plans are a number of clinical workstreams, each with a Clinical lead, who will be working with relevant staff, patients and residents on developing plans that are fit for purpose and that will ensure quality of care is both maintained and improved and at the same time, as outlined above, that these services can be delivered in a financially sustainable way. The Clinical Academy workstream in particular will be looking to reduce unwarranted clinical variation across the area to make sure that local residents, wherever they live within the Surrey Heartlands area, receive the same high levels of care. Currently the plans are still at a relatively early stage with much opportunity for wider involvement from staff, patients and residents. Furthermore, any significant service change will be subject to the legal requirement for formal public consultation and engagement with the general public. Health and Wellbeing Board members as well as local councillors will play an active role in this process.

Mrs Helyn Clack
Co-Chairman, Surrey Health and Wellbeing Board

Dr Claire Fuller
Co-Chairman, Surrey Health and Wellbeing Board,

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Health and Wellbeing Board
7 September 2017

Health & Wellbeing Board Action Review

Purpose of the report:

For Members to consider and comment on the Board's actions tracker.

Introduction:

An actions tracker recording actions and recommendations from previous meetings is attached as **Annex 1**, and the Board is asked to review progress on the items listed.

Recommendations:

The Board is asked to monitor progress on the implementation of actions from previous meetings (Annex 1).

Report contact: Andrew Baird, Regulatory Committee Manager

Contact details: 020 8541 7609, andrew.baird@surreycc.gov.uk

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Surrey Health and Wellbeing Board
Actions and Recommendations Tracker 1 June 2017

The recommendations tracker allows Board Members to monitor responses, actions and outcomes against their recommendations or requests for further actions. The tracker is updated following each Board meeting. Once an action has been completed and reported to the Board, it will be removed from the tracker.

Actions

Reference	Date of Meeting	Recommendations/ Actions	Responsible Officer/ Member	Response	Status
A7/17	1 June 2017	Circulate Surrey Young Carers video to Health & Wellbeing Board Members once it has been filmed.	Regulatory Committee Manager		ongoing
A10/17	1 June 2017	Develop simple diagram to channel Health & Wellbeing Board communications to different types of audience.	Health & Wellbeing Board Programme Manager	Responsibility for devising this diagram has been delegated to the Health and Wellbeing Board Communications and Engagement Sub-Group who will report back to the Board once a suitable diagram has been created. **(Updated: 12 June 2017)**	ongoing
A11/17	1 June 2017	The Health & Wellbeing Board Communications and Engagement Sub-Group to evaluate the distribution of off-line materials.	Health & Wellbeing Board Programme Manager		ongoing

Completed

Reference	Date of Meeting	Recommendations/ Actions	Responsible Officer/ Member	Response	Status
A1/17	9 March 2017	To forward the recommendation from the Wellbeing and Health Scrutiny Board to the Director of Quality and Safeguarding for Guildford and Waverley CCG for advice. The recommendation is as follows: *'That the Health and Wellbeing Board explore options to identify a named GP for Safeguarding Adults.'*	Regulatory Committee Manager	A response was received from the Director of Quality & Safeguarding who indicated that NHSE did not support the introduction of a named GP for Safeguarding and so the requisite funds would not be made available to GPs in order to deliver this. Options were currently being considered for the use of non-recurrent funding for safeguarding and whether this could be used to fund a named GP for safeguarding. A response to this effect was sent to the Chairman of the Social Care Services Board. **(Updated: 29 May 2017)**	completed
A8/17	1 June 2017	Partnership Board protocol to be updated to reflect current chairmanship of the Health & Wellbeing Board prior to the protocol being finalised	Health & Wellbeing Programme Manager	The Partnership Board protocol has been to reflect the current chairmanship of the Health & Wellbeing Board in accordance and the protocol has now been finalised. **(Updated: 12 June 2017)**	completed
A9/17	1 June 2017	Health and Wellbeing Board Summer Communications Plan to be shared with the Board Members.	Health & Wellbeing Board Programme Manager	The HWB Summer Communications Plan was circulated to the Board on 10 July 2017 **(Updated: 10 July 2017)**	completed

A12/17	1 June 2017	Circulate report on engaging with Gypsy Roma Traveller communities to the Independent Chair of the Surrey Safeguarding Adults Board	Regulatory Committee Manager	This report was sent to the Independent Chair of the Surrey Safeguarding Adults Board on 11 July 2017. **(Updated: 12 July 2017)**	Completed
A13/17	1 June 2017	It was agreed that a Surrey Community Action Report on 'understanding the potential impact of Surrey's Cuts to the Voluntary, Community and Faith Sector would be circulated to the Board	Health & Wellbeing Board Programme Manager	This report was circulated to Members on 30 June 2017 **(Updated: 30 June 2017)**	

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Health and Wellbeing Board
7 September 2017

Health & Wellbeing Board Forward Plan

Purpose of the report:

For Members to consider and comment on the Board's Forward Plan.

Introduction:

A Forward Plan recording agenda items for consideration at future Health & Wellbeing Board meetings is attached as **Annex 1**, and the Board is asked to review progress on the items listed.

Recommendations:

The Board is asked to review and agree the forward work programme (Annex 1) for the Health and Wellbeing Board.

Report contact: Andrew Baird, Regulatory Committee Manager

Contact details: 020 8541 7609, andrew.baird@surreycc.gov.uk

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Forward Work Plan

Health and Wellbeing Surrey

5 October 2017 – Informal Meeting

Case study Title	**Domestic Homicide Reviews**
Author	**Richard Carpenter**

Item title:	**Transforming Justice**
H&W Board champion(s):	**David Munro, Surrey Police & Crime Commissioner** **Superintendent Lynette Shanks, Surrey Police**
H&W will be asked to:	**To receive an update on the transforming justice initiative; and** **To consider how the health and social care community can become involved in the project.**

Item title:	**Safeguarding the Population – Domestic Abuse**
H&W Board champion(s):	**David Munro**
H&W will be asked to:	**TBC**

Item title:	**Forward Planning Workshop**
H&W Board champion(s):	**Helyn Clack and Claire Fuller**
H&W will be asked to:	**For the Board to develop and agree its Forward Work Programme for 2018.**

Item title:	**Referrals to Prevent from the Health Sector**
H&W Board champion(s):	**David Munro**
H&W will be asked to:	**To ensure that the effective processes are in place throughout agencies to support referrals into the Prevent deradicalisation programme**

2 November 2017 - Informal Meeting

Case study Title	**The Cost of Crime**
Author	**Jane Anderson**

Item title:	**Technology Enabled Care**
H&W Board champion(s):	**TBC**
H&W will be asked to:	**TBC**

Item title:	**Self Care**
H&W Board champion(s):	**Claire Fuller**
H&W will be asked to:	**To consider in depth what is being done to promote self-care; and** **Discuss what the Board can do differently in relation to self care.**

Item title:	**Update on the Workforce Enabler: National Living Wage one year on.**
H&W Board champion(s):	**Mel Few, Helen Atkinson**
H&W will be asked to:	**Note the progress made with the Workforce enabler, in particular the National Living Wage Implications**

Item title:	**Children and Families Healthy Weight Strategy**
H&W Board champion(s):	**TBC**
H&W will be asked to:	**Endorse the Children and Families Healthy Weight Strategy under the prevention and children's priorities of the Surrey Joint Health and Wellbeing Strategy**

7 December 2017 - Formal meeting in public

Case study Title	**Integrated Models of Care**
Author	**Andy Cross, Public Health, Surrey County Council**

Item title:	**Joint Health and Wellbeing Strategy priority update: Developing a preventative approach (including air quality)**
H&W Board champion(s):	**Helyn Clack, Helen Atkinson**
H&W will be asked to:	**Note / discuss progress on the prevention plan;** **and** **Endorse the next steps.**

Item title:	**Health and Wellbeing Board Communications Update**
H&W Board champion(s):	**Helyn Clack, Andy Brooks**
H&W will be asked to:	**Note / discuss progress on Health and Wellbeing Board communications;** **and** **Endorse the next steps.**

Item title:	**Emotional Wellbeing and Mental Health Priority Round Up**
H&W Board champion(s):	**Andy Whitfield, Helen Atkinson, Mel Few**
H&W will be asked to:	**Receive the final outcomes from the Emotional Wellbeing and Mental Health Priority.**

Item title:	**Joint Health and Wellbeing Strategy priority update: Improving older adults health and wellbeing**
H&W Board champion(s):	**Helen Atkinson, Charlotte Canniff, Mel Few**
H&W will be asked to:	**Note / discuss progress on the improving older adults priority, including the Better Care Fund;**

	and **Endorse the next steps.**

Item title:	**Commissioning Intentions**
H&W Board champion(s):	**Helyn Clack, David Eyre-Brook**
H&W will be asked to:	**Discuss commissioning intentions and cycles;** **Identify opportunities and challenges; and** **Assure itself of alignment of all commissioning intentions with Surrey's Joint H&W Strategy.**

Item title:	**Update on Police Attendance at Acute Trust Sites in Surrey**
H&W Board champion(s):	**David Munro, Helen Atkinson**
H&W will be asked to:	**For the Board to receive an update on whether actions to reduce the number of call outs to police originating from Acute Trust Sites in Surrey**

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Surrey Health and Wellbeing Board

Date of meeting	7 September 2017
Report author and contact details	Andre Lotz 02085 417 571
Sponsoring Surrey Health and Wellbeing Board Member	Helen Atkinson Cllr Mel Few

Item / paper title:

Purpose of item / paper	The Surrey Better Care Fund plan 2017-19 is being submitted to the Surrey Health & Wellbeing Board for final approval, before submission to NHS England on the deadline of 11 September 2017. The Better Care Fund (BCF) is a national programme announced by the Government in the June 2013 spending round. The aim of the programme is to incentivise the NHS and local government to work more closely together around people, placing their wellbeing as the focus of health and care services. Local Health & Wellbeing Boards have the responsibility to sign off BCF plans.
Surrey Health and Wellbeing priority(ies) supported by this item / paper	The Surrey Better Care Fund plan 2017/18-2018/19 maintains the same focus on older adults as the two previous plans. The Surrey BCF plan does however also support other H&WB prorities: • the promotion of mental and emotional wellbeing • development of preventative approaches.
How does the report contribute to the Health and Wellbeing Board's strategic priorities in the following areas?	**1. Centred on the person, their families and carers** The BCF narrative plans at the countywide and local level highlight the principle of person centred care, especially in the various forms of integrated care teams, where staff from different organisations and skills arrange themselves around the person to assess needs and plan care together. This approach supports the National Voices "I statement" vision of: "I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me." **2. Early intervention**

	The focus of the BCF plan is on adults, and older adults in particular. Prevention and early intervention is a key part of the work being undertaken in each locality. Plans promote health equity by focusing on areas of greater need and approaches to manage demand and improve health outcomes are preventative in nature. **3. Opportunities for integration** The BCF is viewed by NHS England as being the primary driver to support its ambition ever closer integration of health and care by 2020. In Surrey, the Better Care Fund over the past two years has provided the health and care system in Surrey with significant opportunities and challenges – as a system, we have learnt a huge amount from our experience in developing plans, negotiating and agreeing governance arrangements, and through the implementation of our plans. Our governance and accountability arrangements in the Surrey system are now well matured, and have served well in the building of our STPs and will drive the delivery of integration across Surrey in the coming years. **4. Reducing health inequalities** The BCF and wider integration work is targeted to the needs of the Surrey population, with focus on reducing health inequalities highlighted in the Joint Strategic Needs Assessment. By shifting the focus for planning away from organisational boundaries to a whole population approach, the BCF affords the opportunity to better address health inequalities **5. Evidence based** The Surrey Joint Strategic Needs Assessment, local area profiles and resources like Commissioning for Value have been used as the shared evidence base to develop the draft Surrey BCF plan. The draft plan itself includes a section on the 'Case for Change' which summarises the case for the key actions. **6. Improved outcome** Delivery of the Surrey BCF plan will support the achievement of the outcomes for older adults set out in the Surrey Health and Wellbeing Strategy.
Financial implications - confirmation that any financial implications have been included within the paper	The 2017-19 returns include financial reporting on the following areas: • The amount released into the pooled fund • The usage of unreleased funds • Total income and expenditure of the fund. • Progress on the financial plan The Better Care Fund plan 2017-19 includes the financial

	contributions to the fund and agreed expenditure plans.
Consultation / public involvement – activity taken or planned	The Better Care Fund plans are informed by feedback received through specific engagement in local areas, and regular feedback received throughout the year through established mechanisms such as patient forums or through patient representative organisations such as Healthwatch Surrey. Aspects of the plans underwent provider engagement, for instance at Local A&E Delivery Boards
Equality and diversity - confirmation that any equality and diversity implications have been included within the paper	Equality Impact Assessments (EIAs) will form an important part of any planning for changes to services across health and social care to assess the impact upon residents, people who use services, carers and staff with protected characteristics. Where they represent a service, or policy change, individual schemes and programmes that are part of the BCF will have EIAs completed and included as part of the local plans.
Actions requested / Recommendations	**The Surrey Health and Wellbeing Board is asked to:** 1. Agree the final 2017-19 Surrey Better Care Fund Plan, to allow for submission to NHS England by 11 September 2017.

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Health and Wellbeing Surrey

Health and Wellbeing Board
7 September 2017

Surrey Better Care Fund 2017-19

Purpose of the report:

The Surrey Better Care Fund Plan 2017-19 is being submitted to the Surrey Health & Wellbeing Board for approval before submission to NHS England in accordance with the deadline of 11 September 2017.

Recommendations:

That the Health & Wellbeing Board approve the Surrey Better Care Fund Plan 2017-19, enabling its submission to NHS England (NHSE) and the Department of Communities and Local Government (DCLG). The Plan includes:

a. Surrey BCF Narrative plan
b. Surrey BCF Plan Template Annex 1
c. Surrey BCF Delayed Transfers of Care trajectory plan Annex 2
d. Surrey BCF Local narrative plans Annex 3
e. Surrey BCF Local High Impact Change model action plans Annex 4
f. Surrey BCF Risk Log Annex 5
g. Surrey BCF South East Association of Directors of Adult Social Services (ADASS) Summary for assurance process

Introduction:

2. The Better Care Fund (BCF) is a national programme announced by the Government in the June 2013 spending round. The aim of the programme is to incentivise the NHS and local government to work more closely together around people, placing their wellbeing as the focus of health and care services. 2017/18 & 2018/19 will be the third and fourth years of the BCF programme. Local health & wellbeing boards have the responsibility to sign off BCF plans.

3. A new addition to the BCF, called the Improved Better Care Fund (or IBCF) includes an original amount announced in 2015 and an additional allocation announced in the 2017 Spring Budget. The source of this funding is from the DCLG, for the purposes of '*meeting adult social care*

needs; reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and ensuring that the local social care provider market is supported.' Beyond these conditions, there is also a requirement to pool the fund as part of the Better Care Fund.

Better Care Fund Plan 2017-19 requirements

4. The Better Care Fund guidance and templates for 2017-19 were published on 4 July 2017 with a deadline to submit a final plan, signed off by local health & wellbeing boards by 11 September 2017.

5. Feedback will be received through a regional assurance process led by NHSE which includes moderation involving the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS). There will only be one stage to the assurance process this year and BCF plans will be either:
   a. Approved
   b. Approved with Conditions
   c. Not approved

6. Before submission of this final version to Surrey Health & Wellbeing Board, this Plan has been agreed at the following multiagency forums:
   a. Surrey Health & Social Care Integration Board
   b. Local Joint Commissioning Groups
   c. Clinical Commissioning Group (CCG) governing bodies
   d. Local A&E Delivery Boards (for High Impact Change models)

7. Surrey's BCF plan (2017-19) creates a pooled fund for health and care integration from the various funding sources.

   a. The total pooled fund, including funding sources are:

	2017/18 Gross Contribution	**2018/19 Gross Contribution**
Total Local Authority Contribution exc iBCF	£8,031,076	£8,713,132
Total iBCF Contribution	£7,542,801	£7,894,843
Sub total LA contribution	£15,573,877	£16,607,975
Total Minimum CCG Contribution	£67,359,827	£68,639,664
Total Additional CCG Contribution	£144,959	£140,442
Sub total CCG contribution	£67,504,786	£68,780,106
Total BCF pooled budget	**£83,078,663**	**£85,388,081**

b. As mentioned above, the grant conditions for the new IBCF are: '*meeting adult social care needs; reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and ensuring that the local social care provider market is supported.'* The countywide approach to meet these conditions was an agreement to use it as a contribution to a ring-fenced fund for supporting hospital discharge with social care packages of care which will also support the local provider market.

c. The use of all BCF funds will be formalised by Section 75 agreements between Surrey County Council and the CCGs. There is an NHSE requirement that these are signed off by 30 November 2017. Though the plan is not yet signed off, submitted or approved; planning is already underway with partners to achieve this ambition.

8. NHSE have set out four national conditions, which the countywide and local narrative plans and the expenditure plan in the BCF template have been built around:

   a. Plans to be jointly agreed
   b. NHS contribution to adult social care is maintained in line with inflation
   c. Agreement to invest in NHS commissioned out of hospital services
   d. Managing transfers of care

9. NHSE have set out four National metrics, which are included in the BCF template:

   a. Non Elective Admissions (targets from CCG operating plans)
   b. Care Home Admissions (targets agreed locally)
   c. Reablement 91 day Review (targets agreed locally)
   d. Delayed Transfers of Care (targets now set by NHSE)

10. There will again be a requirement for reporting of the BCF and iBCF funds on a quarterly basis. The approach taken in Surrey will be the same as in previous years which is to compile the report with support from performance colleagues across the local authority and CCGs, and sign off through members of the Health & Social Care Integration Board, acting on delegated authority from the Health and Wellbeing Board with final submission to be shared with the Health and Wellbeing Board for information.

Better Care Fund Plan 2017-19 approach

11. The BCF plan for 2017-19 builds on the progress made in 2015/16 and 2016/17, under the leadership of the Health & Wellbeing Board. The Board has been a primary means to establish relationships based on mutual trust and respect.

12. The BCF will continue to be planned and delivered in partnership across Surrey's health and care system. Over the past two years the BCF has provided Surrey with significant opportunities and challenges – as a

system, a huge amount has been learnt from the experience in developing plans, negotiating and agreeing governance arrangements, as well as through the implementation of plans. Governance and accountability arrangements in the Surrey system are now well matured and have served well in the building of STPs and will drive the delivery of integration across Surrey in the coming years.

13. Surrey's Joint Strategic Needs Assessment (JSNA) and local health profiles provide evidence of rising demand from an aging population and increased numbers of people living with complex needs and long term conditions.

14. The Surrey BCF Plan 2017/18-2018/19 maintains the same focus on older adults as previous plans though also addresses priorities within the Health & Wellbeing Strategy to promote mental and emotional wellbeing as well as the development of preventative approaches.

15. To achieve the vision three strategic aims for the BCF have been agreed:
    a. Enabling people to stay well - maximising independence and wellbeing through prevention and early intervention for people at risk of being unable to manage their physical health, mental health and social care needs.
    b. Enabling people to stay at home - integrated care delivered seven days a week through enhanced primary and community services which are safe, effective and increase public confidence to remain out of hospital or residential/nursing care.
    c. Enabling people to return home sooner from hospital - excellent hospital care and post-hospital support for people with acute, specialist or complex needs supported by a proactive discharge system which enables a prompt return home.

16. Surrey's single Health and Wellbeing Strategy has been aligned to local BCF plans. Commissioning and planning continues at local (through Local Joint Commissioning Groups - LJCGs), STP and Surrey level, using a principal of subsidiarity, which depends on the consistency in need, appropriate levels for intervention and the provider market. Local plans are shown in the Local Narrative plans, Local High Impact Change models and the BCF planning template.

17. There are a number of examples in each area's local BCF plans which support the vision of ever closer integration between health and social care. One example is that BCF funds hospital-based social care teams and reablement, both which are key in supporting early hospital discharge and support in a community setting. The BCF also supports local integrated services, where multiple professionals are coming together to support individuals, with care planned around the individual, across organisational boundaries.

    a. In East Surrey, continue to build on the multidisciplinary team (MDT) approach to patient management, ensuring that relevant patient health information is shared across the appropriate agencies. The aim of this service is to facilitate a consistent and

coordinated approach to care, preventing unnecessary conveyances, and emergency admissions into secondary care, with care being delivered in the most appropriate setting.

b. In Guildford & Waverley, progress against the priority of supporting frail older people in the community, will continue to be delivered through the local Proactive Care Service hubs established in the two local geographies of Guildford and Waverley. Trusted assessment of frail patients takes place within this service between health and social care, with weekly MDT meetings to discuss management of patients with GP Frailty leads. This results in more intensive management of the frail older over time with more resources focused on supporting this group of patients in the community and preventing acute hospital admission.

c. In the North East Hampshire & Farnham Vanguard model of care, the vision is to: (1) strengthen focus on self-care and prevention (2) enhance primary care and multi-disciplinary locality teams (3) improve local access to specialist expertise and care and (4) create a shared care record.

d. In North West Surrey, continue the implementation of the Model of Care under the fundamental design principles of: people-centred integration of health and care services; whole system care navigation; sustainability of our Acute Trust; mental health equality; provide care at the most appropriate place; age-appropriate care; transition of Children and Young People into adult services

e. In Surrey Downs, its three localities' will continue to develop around (1) Community Medical Teams (CMTs) run by local GP networks, (2) Community Hubs including statutory (health and social care) and voluntary services to manage a case load of high risk individuals identified through acute exacerbations and risk stratification and (3) Provision of enhanced multi-disciplinary support to prevent admission to hospital and provide early supported discharge.

f. In Surrey Heath's Integrated Care teams (1) they will use a risk stratification approach, (2) individuals on the caseload to have a named care co-ordinator, (3) social care referrals from professionals to be included in the Single Point of Access, (4) rapid response and reablement to work more closely together, (5) fully integrating dementia navigators within the dementia pathway and (6) sharing of information and care plans across providers where appropriate.

Conclusions:

18. It is judged that the attached full BCF plan meets the requirements set by NHSE and DCLG, and following agreement from Surrey's Health and Wellbeing Board, will be ready for submission on 11 September 2017.

8

Next steps:

19. If the BCF Plan 2017-19 is agreed by Surrey's Health & Wellbeing Board it will be submitted to NHSE and DCLG for approval by 11 September 2017.

20. Following plan submission and approval, Section 75 agreements between Surrey County Council and CCGs can be signed to achieve the NHSE ambition of having these signed by 30 November.

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Annexes:

a. Surrey BCF Narrative plan
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Surrey Better Care Fund Plan 2017/18 & 2018/19

September 2017

SURREY BCF 2017-19 NARRATIVE PLAN

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INTRODUCTION

The Surrey Better Care Fund plan 2017/18 + 2018/19 builds on the progress made over the previous two years of the Better Care Fund and, in consultation with a range of partners across Surrey, has been jointly produced and signed off by:

- NHS East Surrey Clinical Commissioning Group
- NHS Guildford & Waverley Clinical Commissioning Group
- NHS North East Hampshire & Farnham Clinical Commissioning Group
- NHS North West Surrey Clinical Commissioning Group
- NHS Surrey Downs Clinical Commissioning Group
- NHS Surrey Heath Clinical Commissioning Group
- NHS Windsor, Ascot & Maidenhead Clinical Commissioning Group
- Surrey County Council

Surrey is one of, if not the most, complex health and care systems in the country. Surrey has 1 county council, 7 CCGs, 11 district and borough councils, 5 acute hospital trusts, 1 mental health Trust, 3 community care providers and 130 GP surgeries – not to mention the wide range of other providers, voluntary and community organisations that deliver essential health and care services to Surrey residents. Adding to the complexity, though also supporting the development of a richly layered systems leadership, Surrey also has three STP footprints within its borders:

- Frimley Health and Care – covering the geographic areas of Surrey Heath and North East Hampshire and Farnham CCGs (also covering areas outside of the county)
- Sussex and East Surrey – covering the geographic area of East Surrey CCG (also covering areas outside of the county)
- Surrey Heartlands – covering the geographical areas of Guildford and Waverley, North West Surrey and Surrey Downs Clinical Commissioning Groups (CCGs)

Partnership within Surrey Heartlands STP have matured to the point to sign a Devolution Agreement with NHS England and NHS Improvement with the intention to:

- *Accelerate the integration of health and social care through much closer working between partners*
- *Increase public engagement and the involvement of the people of Surrey Heartlands around the transformation of health and social care*
- *Increase local decision-making and flexibilities to achieve the best possible outcomes for the local population*

The next five years will be exceptionally challenging – an ageing population, increasing demands on services and our collective financial pressures necessitate a continued radical shift in the way services are delivered. But we are committed to ever closer integration in our health and care system and our BCF and STP plans to date demonstrate how we will work together to deliver better outcomes for the residents of Surrey whilst meeting those challenges.

Better Care Fund is a national programme announced by the Government in the June 2013 spending round. The aim of the programme is to incentivise the NHS and local government to work more closely together around people, placing their wellbeing as the focus of health and care services. 2017/18 + 2018/19 will be the third and fourth years of the Better Care Fund programme.

Surrey Better Care Fund Plan should be read in conjunction with:

- Surrey Better Care Fund Plan 2015/16 + 2016/17
- Clinical Commissioning Group Operating plans 2017/19
- Surrey County Council Corporate Strategy 2017-2022
- Surrey County Council Medium Term Financial Plan 2017-2020
- North East Hampshire & Farnham Vanguard documentation
- CCG Operational Resilience and Capacity Plans
- Epsom Health and Care Integrated Business Case 2016/17 and 2017/18
- Surrey BCF Graduation Expression of Interest

This plan has been developed alongside the Sustainability and Transformation Plans (STP) covering Surrey,and their respecitve digital rodmaps. Surrey Heartlands + digital roadmap, Frimley Health and Care + digital roadmap, Sussex and East Surrey + digital rodmap.

NATIONAL CONDITION 1 – A JOINTLY AGREED PLAN

ALL PARTIES SIGNED UP TO THE PLAN

This plan has been jointly produced and signed off by Surrey County Council and the Surrey CCGs. The plan was signed off by the Surrey Health and Wellbeing Board on 7 September 2017. In the lead to this, local plans and expenditure were agreed at Local Joint Commissioning Groups, and the countywide Health and Social Care Integration Board

The BCF Planning Return sets out clearly the contributions to the Surrey BCF – this is in line with the mandatory minimum contributions as per the guidance on national conditions.

In developing the local plans that this BCF plan is built upon, local providers have been engaged by each of the Local Joint Commissioning Groups. Engagement is not seen in Surrey as a one-off event – it is a crucial ongoing activity that informs planning and decision making throughout the year. And within STP governance, planning and project delivery, local providers are equal partners and a key part of the delivery of integration and place-based solutions.

The important role district and borough councils play in the provision of local preventative services, engagement within local communities and as the local housing authority, is fully recognised in Surrey – engagement takes places at a LJCG level and there are three district and borough representatives on the Surrey Health and Wellbeing Board. The Disabled Facilities Grant for 2016/17 will be pooled and cascaded to the 11 district and borough councils in line with the national guidance with discussions in each locality to agree the use of the funds.

LEARNING FROM THE PAST TWO YEARS

The use of the Better Care Fund, Improved Better Care Fund and Disabled Facilities Grant will continue to build on the progress made in 2015/16 and 2016/17, and will continue to be planned and delivered by a wide-ranging partnership, across Surrey's health and care system.

The Better Care Fund over the past two years has provided the health and care system in Surrey with significant opportunities and challenges – as a system, we have learnt a huge amount from our experience in developing plans, negotiating and agreeing governance arrangements, and through the implementation of our plans. Our governance and accountability arrangements in the Surrey system are now well matured, and have served well in the building of our STPs and will drive the delivery of integration across Surrey in the coming years.

Our local joint commissioning arrangements have enabled us to share and use our learning to inform local plans and actions throughout the previous two years, giving local flexibility to adapt to changes in need, performance or circumstances. At a Surrey-

wide level we have actively sought feedback to shape our approach – for example, BCF progress forms the basis for Health & Wellbeing Strategy priority of "Improving older adults' health and wellbeing" presented every six months to the Health & Wellbeing Board. At local and Surrey-wide levels, Healthwatch Surrey has continued to provide challenge and support to ensure that patient and service user experience is included as a key factor in determining progress and shaping plans. Surrey County Council Internal Audit team have also conducted an audit of the BCF process each of the two years it has existed, with recommendations being implemented. Surrey has also applied to Graduate from the BCF process, and this has provided the system an opportunity to review and reflect on its challenges and progress towards integration by 2020.

Surrey has also supported sector led improvement, for instance by sharing best practice at BCF network events, being a test area for the LGA integration self-assessment tool at a Health and Wellbeing Board session in 2016, and have volunteered to support QORU's system-level evaluation of the BCF.

In reviewing BCF over the previous two years, we have identified a range of examples where we have made significant steps forward including:

- The establishment of integrated care teams in various forms across the county – these are already delivering better, joined up care and we have been able to learn from pilots to shape and adapt our plans to maximise the impact of changes we are making. For example the Epsom Health & Care Alliance arrangement in Surrey Downs CCG have built an integrated service to support older people and are already delivering improvements in accident and emergency waiting times, length of stay for unplanned hospital admissions and fewer delays in discharge from hospital.
- Relationships between partners and joined up working across Surrey have grown stronger through 2015/16 and 2016/17, supported by the maturing local governance arrangements, the alignment of Adult Social Care with each of the CCGs and a shared commitment to accelerate and scale integration plans. These relationships provided the sound base upon which our STPs have been built. By way of example, the Chair of the Transformation Board in Surrey Heartlands is SCC's Chief Executive.
- The investment of significant time and effort to accelerate our plans around data sharing and digital transformation – this investment is paying off and the work that is developing around digital roadmaps will play a key enabling role in the delivery of our integration plans. For instance, the Sustainability and Transformation Plans (STPs) and their respective Digital Roadmaps are hoping to implement integrated digital care records over the next two years.

We've also identified areas where we'll need to maintain or place added focus in 2017/18 + 2018/19 – these reflect the areas that we know will present challenges. These include:

- recognition that the pace of change and integration across Surrey needs to increase to meet rising demands, financial challenges and our ambitions for improving people's health outcomes;
- the need to keep developing a more coherent and joined up approach to 'market management' as an important area of focus – this will help to ensure we have the right capacity to meet local needs and support the delivery of our sustainability goals;
- the acceleration of our integration plans places greater importance on the engagement and involvement of patients and service users, and staff in shaping the changes that are being made; and.
- focus on local delivery of HIC models in coordination with respective A&E Delivery Boards, to deliver improvements in helping individuals home from hospital
- continue to coordinate Surrey-based integration plans and vision, across our complex system, and taking advantage of the opportunities in collaboration and shared system learning.

Overall, we have made good progress in a number of areas, both in terms of aligning and integrating services and in building stronger relationships between partners, but there are still significant opportunities to bring services closer together and maximise the benefits for people in Surrey.

SURREY'S CASE FOR CHANGE AND VISION FOR HEALTH AND CARE INTEGRATION BY 2020

Surrey's Joint Strategic Needs Assessment (JSNA) and local health profiles tell us that Surrey has an ageing and growing population. In 2017 the population of Surrey was an estimated 1.19 million people, projected to rise to 1.27 million people by 2025 with the largest rise anticipated in people aged over 65 years.

An increased and ageing population inevitably results in an increase in the number of people living with complex needs such as long term conditions, dementia, falls, depression and loneliness. For example the projected rise in the number of older people living with dementia in Surrey is 28% from 2017 to 2025.

These increasing needs in the population put additional demand on health and social care services in Surrey. There are increases in emergency admissions and emergency readmissions; and in spite of recent improvements in permanent admissions to residential and nursing care homes, there is a shortage of extra care housing available.

Patients and service users have expressed wanting their needs and circumstances to be considered as a whole and highlighted the importance of moving smoothly from hospital to onward community support (in recent Healthwatch England research). This can only be done if health and social care services are integrated, which has proven to improve patients experience of care by reducing duplication and improving access (based upon a recent evaluation of the Inner NW London Integrated Care Pilot).

The Surrey health and social care system also faces significant financial challenges. Despite some funding sources like a council tax precept for Adult Social Care, increased demands and requirements around the use of funds mean that the County Council and each CCG will need to deliver significant efficiency savings (CCGs through through their Quality, Innovation, Productivity and Prevention plans) to achieve balanced budgets. Full financial plans are set out in the Surrey County Council Medium Term Financial Plan, and in CCG and provider operational plans.

Surrey's Health and Wellbeing Strategy sets out a vision for meeting these challenges, which is captured in plans throughout the system, as: ***Through mutual trust, strong leadership and shared values we will improve the health and wellbeing of Surrey people.***

To achieve our vision we have agreed three strategic aims for the BCF:

Enabling people to stay well – *maximising independence and wellbeing through prevention and early intervention for people at risk of being unable to manage their physical health, mental health and social care needs*

Enabling people to stay at home – *integrated care delivered seven days a week through enhanced primary and community services which are safe and effective and increase public confidence to remain out of hospital or residential/nursing care*

Enabling people to return home sooner from hospital – *excellent hospital care and post-hospital support for people with acute, specialist or complex needs supported by a proactive discharge system which enables a prompt return home*

The Surrey Better Care Fund plan 2017/18-2018/19 maintains the same focus on older adults as previous plans, and is rooted in the Surrey Health and Wellbeing Strategy, which has identified 5 outcomes that our work is intended to achieve:

- older adults will stay healthier and independent for longer
- older adults will have a good experience of care and support
- more older adults with dementia will have access to care and support
- older adults will experience hospital admissions only when needed and will be supported to return home as soon as possible

- older carers will be supported to live a fulfilling life outside caring

Our shared vision, values, strategic aims and the outcomes we seek to achieve align with the national requirements and conditions for the Better Care Fund. Each of our localities use this overarching framework to guide local approaches and action plans – tailoring local solutions to meet local needs and system characteristics.

Surrey's approach to the BCF was developed in the context of the three STPs, and delivery of the vision and actions of the BCF are important steps for the successful delivery of the longer term transformation being developed as part of STPs and crucially in closing the 3 gaps identified in the Five Year Forward View:

- the health and wellbeing gap
- the care and quality gap
- the finance and efficiency gap

In respect of different sovereignties within the Surrey footprints, the health and care system has managed to create complementary visions with significant overlap, and built from shared principles.

This overlap in vision is also evidenced in the objectives of the Surrey Heartlands Devolution Agreement:

- Improve health and social care outcomes;
- Drive integration of services and functions that improve quality and reduce health inequalities;
- Demonstrate public value;
- Increase public engagement in decision-making;
- Standardise best practice in health and social care through commissioning and provision, in order to secure improved outcomes, efficiencies and effectiveness;
- Achieve sustainable financial balance.

GOVERNANCE AND ACCOUNTABILITY

As detailed above, governance and accountability arrangements in the Surrey system are now well matured, and have served well in the building of our STPs and will drive the delivery of integration across Surrey in the coming years. The governance and accountability arrangements of Surrey's approach to the BCF was independently audited in 2017, with the report shared across the system, and recommendations being fed to the Health and Social Care Integration Board for implementation.

Surrey's approach is based upon a principal of subsidiarity – taking decisions at a local level whenever appropriate, through the Local Joint Commissioning Groups (LJCG) established in each of the CCG

areas with membership made up of the relevant CCG, the County Council (which restructured in 2015 to better align adult social care with CCG geographies) and other local stakeholders.

It is at this local level where the development, management and oversight of delivery of local plans takes place, including detailed monitoring of pooled budgets and tracking delivery against BCF metrics. In support of this, monthly Finance reports are prepared, shared and presented at all Local Joint Commissioning group meetings. And once/quarter, the countywide BCF metrics group meets to review and compare performance against key BCF metrics, share learning, and pass this on to LJCGs. These metrics are currently being expanded on as efforts are being made to develop local measures.

In addition to this, this local level is the principal level for engagement with key partners – with providers, district and borough councils, the voluntary and community sector and with patients, service users and the public. These local partnerships form a basis for integration up into a Surrey and STP level.

At a Surrey-wide level, the partnership of the Health and Wellbeing Board is well established and brings together system leaders – local political, clinical, commissioner and community leaders such as the representatives from the District and Borough Councils, the Police and Crime Commissioner and Healthwatch Surrey. It provides oversight and direction to our ever closer integration, with challenge and support from the Council's Wellbeing and Health Scrutiny Board.

And working on behalf of the H&WB, the Surrey Health and Social Care Integration Board (previously the Better Care Board, which changed its name from an ambition to integrate beyond the BCF) provides strategic oversight and leadership at a county level. Specific joint working groups have been established as integration enablers, including workforce, data sharing/digital transformation, equipment and adaptations, integrated commissioning and also a metrics group.

Surrey's three STPs have their own respective boards that determine their direction, but these are supported locally by LJCGs and are also linked to the Surrey-wide H&WB and H&SCIB in membership overlap, and also through regular updates. STPs also have significant representation (and in some cases leadership) in their workstreams from Local Authority officers, but also the Chair of the Transformation Board in Surrey Heartlands is SCC's Chief Executive.

ADDRESSING HEALTH INEQUALITIES AND EQUALITIES

There is a large body of evidence in support of integrating health and social care services for improved and more equitable outcomes for individuals. Alongside the nationally provided evidence and

policy, Surrey has developed local evidence which forms the basis for all strategic decision making. These sources include:

- The Joint Strategic Needs Assessment (JSNA)
- Local population, health and wellbeing profiles
- Local dashboards and priority snapshots
- CCG commissioning profiles
- Surrey PAD

This shared evidence base has been built in partnership, and presents data at various geographies to help all Surrey partners understand their local population health needs and focus services around people, rather than around the structures and organisations that deliver the care. This data includes ward and LSOA level data of health outcomes, indices of deprivation, workforce diversity data and other data and analysis for prevention plans, and to support approaches to tackle health inequalities and inequalities for people with protected charactersitics

Local CCG-level plans evidence the approach to tackling health inequalities and supporting protected equalities groups. As described above, the principles which inform planning flows from the Health and Wellbeing Strategy. All plans which need agreement from the Health and Wellbeing Board need to address health inequalities, as this is a key principle of our system leadership. And outcomes within the strategy, including the priority of "Improving older adults' health and wellbeing", which is the core focus of Surrey's BCF plan, is built from identified health inequalities, and supporting protected equalities groups. For example, the outcome to support older carers to live a fulfilling life outside of their caring responsbilities.

This focus is relfected in Surrey STP plans, as inequalities feature in the cases for change for each and in workstreams on prevention, cancer or mental health, or as in the Frimley Health and Care STP plan, as Priority Five: *Reducing variation and health inequalities across pathways to improve outcomes and maximise value for citizens across the population, supported by evidence*.

AN INTEGRATED PLAN OF ACTION

Surrey's Better Care Fund plan 2017/18+ 2018/19 has been built on the foundations set in 2015/16 and 2016/17 – many of the schemes that were established last year will continue into the new plan. As mentioned earlier, we have learnt a great deal during year one and two of the Better Care Fund and partners have committed to accelerating and scaling up our work around integration – this plan, alongside the emerging STPs in Surrey, reflects that heightened ambition.

Surrey's approach is based upon local plans to meet specific local needs and system characteristics – it embraces a focus on people and place based solutions. Annexed to this plan are the local summary narrative plans – these, together with the CCG Operating Plans and the three Sustainability and Transformation Plans, set out the actions that each area will take to deliver integrated health and care services.

The BCF template also evidences local agreements, with detail in the expenditure plan. These have been agreed according to local guidance and using the governance process detailed above.

In Surrey we have created a single strategy through our Health and Wellbeing Strategy which has been aligned into each of the STP plans at a local level. Commissioning and planning continues at local, STP and Surrey level, using a principal of subsidiarity, which depends on the consistency in need, appropriate levels for intervention and the provider market. And we have agreed principles to ensure sustainability and equality when we make decisions locally at LJCGs.

An example is the H&WB prevention plan, which was built at the Surrey level and adapted to focus on local priorities at borough/district and CCG level, and later updated to reflect the Five Year Forward view and adapted by the three STPs for those footprints. We also have single strategies for Mental Health, Children and Young People and also Older People, which have been adapted into our three STPs.

Surrey level examples: Carers services continue to be commissioned at a countywide level, supported by years of established (and award-winning) joint commissioning, a committed Surrey-wide multi-partnership group, Surrey-wide providers and the desire for a consistent approach across the geography.

Local CCG level examples: the Epsom Health & Care Alliance arrangement in Surrey Downs CCG have built an integrated service to support older people and are already delivering improvements in accident and emergency waiting times, length of stay for unplanned hospital admissions and fewer delays in discharge from hospital. And in East Surrey, work is underway to set up a Multispecialty Community Provider (MCP) with broad buy-in from the local system to prototype solutions to locally identified priorities, like social isolation and diabetes.

STP level examples: the Surrey Heartlands partnership has evolved enough that the area has appointed a single Accountable Officer for all three CCGs, and to sign the Devolution Agreement highlighted above. This is only the second example of this nationally, following Greater Manchester, and devolution is viewed by us as an essential component to unlocking broader changes and accelerating our integration. It will allow for more effective collaboration in the Heartlands area, and the proposal to integrate health and social

care commissioning into a single function and budget will create new opportunities and strengthen partnership arrangements more than ever.

And in June it was announced that Frimley Health and Care STP (along with Heartlands), were included within the Accountable Care System (ACS) development programme, which involves all NHS organisations in a local area working together, and in partnership with local authorities to take collective responsibility for resources and population health.

At whichever footprint planning happens, plans are based on evidence (using resources like those highlighted above), monitored and evaluated, and they are jointly agreed.

Going beyond minimum contributions – Building on the integration success of the BCF and STP to date, there is a real appetite from system leaders to look for opportunities to integrate further and consolidate integration through frameworks beyond the BCF. These include Community Equipment, which is pooled in a separate arrangement, contributions to the MH Community Connections beyond the value funded through the BCF or the joint Surrey-wide approach to Safeguarding.

In 2016, system leaders attended a workshop event which produced an agreed set of 16 budget pooling principles, which has supported conversations in NW Surrey to pool all health and care budgets for older people, and will support this to be rolled out across Surrey. And funding commitments for Surrey Heath's Integrated Care Team (mentioned above) has gone well beyond BCF requirements, formalising the key role of social care in this integrated team, within a separate S75 agreement.

RISK MANAGEMENT AND RISK SHARING

Risk sharing for the Better Care Fund 2016/17 was clearly set out in the S75s between SCC and each of the CCGs. Within those agreements, partners acknowledge that there are two main risk types: shared partnership risks; and partner organisational risks associated with the move towards integrated working that are specific to each partner.

Each LJCG has developed and agreed its own local risk management arrangements associated with the delivery of local plans with each partner ensuring their own organisation's risk registers take full account of any organisation specific risks (financial and operational). In the example of any CCG being subject to financial directions, as has happened in the Surrey system, our risk sharing agreements allow reasonable decisions to be taken locally to manage anomalies. Our partnerships were proven strong enough to adjust our arrangements to best support the CCG and system.

We will build upon the existing risk sharing arrangements and progress the wider budget pooling principles that have been agreed

by the H&SCIB. In North West Surrey CCG and Surrey Heath CCG, progress regarding their shadow pools includes data sharing to identify where the risks (and savings) will materialise.

In line with the BCF national conditions and a local assessment of risk contingency allocations have been identified and agreed in some local agreements. These are set out in the BCF planning return template and are based upon an analysis of previous activity and local trends/forecasts. However there will be no decrease to the protection of out of hospital services.

Attached as an appendix to this plan is a Surrey wide risk plan, agreed by partners, which is monitored quarterly.

Risks are to some extent also mitigated through regular finance and performance monitoring at local level, and also at a countywide level, through groups like the BCF Metrics group.

PREVIOUS NATIONAL CONDITIONS

National condition: Delivery of seven-day services

Our CCG Operating Plans for 2017/18 + 2018/19 set out the overall approach to delivery of seven day services designed to prevent unnecessary non-elective admissions and timely discharge of patients from acute settings. Social care and community health services already work across the system seven days a week, coordinating services to keep people out of hospital and to return them home as quickly as possible following an acute admission. Where seven day working is relevant to the High Impact Change Model, for supporting delayed discharges from hospital, this will be reflected in those local plans.

National condition: Better data sharing between health and social care, based on the NHS number

In 2015, a Commitment Statement to the secure, lawful and appropriate sharing of data to support better care, was signed by the Leaders of Surrey's acute hospitals, community providers, CCGs and local authorities at both tiers.

In support of this ambition, and in part fuelled by digital roadmap workstreams, significant work has been underway in Surrey over the past year, including imbedding the Surrey Information Governance Group (SIGG), and the current forming of a Strategic Information Governance Group, both key enablers for data sharing arrangements. Also underway is the development of integrated digital care records to support care joint planning further, and an integrated data platform using pseudonimised data to create new systems intelligence. Both would rely on the use of the NHS number as the common unique factor.

National condition: Joint approach to assessments and care planning

All areas are progressing their development against this previous national condition using local approaches, based on identified priorities and opportunities. These are detailed in local narrative plans. This will continue in East Surrey through the development of their MCP model, in Guildford & Waverley through the Proactive Care Service hubs, in North East Hampshire & Farnham through the Vanguard programme, in North West Surrey through the Model of Care, in Surrey Downs through the Surrey Downs Localities and in Surrey Heath through Integrated Care Teams

National condition: Consequential impact on providers

The current STP programmes in Surrey provide a much more structured and coherent set of forums for commissioners and providers to come together and discuss impacts, shape the market and build joint models. Of course this is in large part made possible due to the requirement for local provider engagement built into the BCF process, but the expectation will be that impacts on providers through integration planning can be more effectively managed than ever before.

NATIONAL CONDITION 2: NHS CONTRIBUTION TO SOCIAL CARE IS MAINTAINED IN LINE WITH INFLATION

The BCF planning Return sets out clearly the amounts of funding allocated to maintain provision of social care services and for the NHS contribution to adult social care at a local level to be increased by 1.79% and 1.9% in 2017/18 and in 2018/19 respectively. Agreements have been taken by LJCGs as part of their planning process, and the detail can be seen in the local narrative. The total invested in social care across Surrey is approximately £57m in the first year, and £58m in the second year

Even before the BCF policy framework confirmed the inflationary uplift to the contribution to maintain social care, discussions have already been underway at LJCG level to plan how this condition can be met. All partners are committed to continue this and are convinced of its value in securing stability for Surrey's health and social care system. The system has in fact responded by exceeding this commitment in a number of areas, as our system moves to ever closer integration.

Examples of schemes which Local Joint Commissioning Groups have agreed to fund in their areas, as part of the maintenance of social care, include carers voluntary sector grants and respite, community equipment, mental health Community Connections,

reablement teams, and also hospital social care teams (including seven day working). These services support the whole system; the hospital social care teams for instance have a huge role to play in ensuring people can return home from hospital as soon as possible. And a recent evaluation of the preventative Mental Health Community Connections has evidenced the positive impacts for individuals, but also for whole system demand. This service has now been brought entirely within the Better Care Fund, thereby increasing the budget amount, beyond minimum contributions, that is pooled for social care commissioned community services.

Comments on approach taken in setting ambitions for reablement and care home admissions metrics are included in the BCF planning template – Appendix 1

NATIONAL CONDITION 3: AGREEMENT TO INVEST IN NHS-COMMISSIONED OUT-OF-HOSPITAL SERVICES

The BCF planning template sets out clearly the amounts of funding invested in NHS commissioned out-of-hospital services. The total invested in NHS out-of-hospital services across Surrey is approximately £26m in the first year and £28m in the second year.

As with the protection of social care funding, partners in Surrey's health and care system are committed to continue to meet this condition or exceed it, as it's a key driver for our integration. For example virtual wards or various forms of integrated care teams funded through the BCF have brought together multidisciplinary practitioners around the person. And NHS rapid response services, which quickly respond to support need at home and prevent hospital admissions, is supported by social care reablement and night services. Local detail can be found in the local narrative.

There have not been additional targets set for Non Elective Admissions beyond those which the system is already working towards, and none of the funds required to meet this national condition of NHS commissioned out-of-hospital services have been held aside as contingency.

NATIONAL CONDITION 4 IMPLEMENTATION OF THE HIGH IMPACT CHANGE MODEL FOR MANAGING TRANSFERS OF CARE.

Surrey on a whole has better than average performance on Delayed Transfers of Care (DTOC), and despite increasing demands we have achieved a level of stability over recent years through the actions we have taken. This is evidenced if one looks at DTOC data over the full seven years that this data has been available. Between 2010/11 – 2011/12 Surrey's performance was behind the England average. However, action taken since then, including embedding social care teams at hospital sites and implementing 8am to 8pm working seven days a week, has enabled Surrey to outperform the England average.

Surrey is committed to continuous improvement in managing transfers of care, and can confirm that we are currently implementing many of the changes highlighted in the HIC model and have built local plans to address areas for development. To further this, Surrey has supported SE ADASS in measuring regional compliance against the HIC model, as part of its Regional Programme to improve ASC.

Supporting people home from hospital has however been a key feature of Surrey's BCF plan since before the HIC model was introduced, and has been a feature of integrated working in Surrey since before the introduction of the Better Care Fund. It is a corporate measure for the local authority as well as CCG partners, and is reflected in the Heath & Wellbeing Board Strategy, as well as STP plans. Surrey is also one of the south east region's first contributors of weekly data for a regional real time DTOC recording system, and is supporting regional analysis.

We have also collectively agreed to make use of the additional social care funding from the IBCF to best support our ambitions on supporting DTOC. As detailed in the BCF template and the IBCF Q1 reporting return, it has been jointly agreed to allocate the IBCF to funding new social care packages of care that support hospital discharge. This will also meet social care needs and help to stabilise the care market. The IBCF will represent a contribution to the estimated spend for these packages of care, but funding for the entire amount will be ringfenced. This approach allows the system to put the funding to use immediately and protects this vital area of spend against any potential in year savings requirements.

IBCF spend will be tracked against these intentions each quarter, and shared as part of the quarterly reporting to DCLG, NHSE and also to local A&E Delivery Boards.

Regarding the HIC model, it was felt that the picture will differ at local level, and that HIC plans will be implemented at that level, by LJCGs with local A&E Delivery Boards. However to support that, Surrey's H&SCIB held a discussion to compare the Surrey system, as a whole, against the model.

High Impact Change	Surrey-wide system comparison
1. Early Discharge Plan	Established – eg have Hospital Discharge Coordinators in place
2. Systems to Monitor Patient Flow	Mature – there are times and location where bottlenecks still occur, but this is the exception
3. Multi-Disciplinary/Multi-Agency Discharge Teams	This is not the same in each Acute system, so it was felt that three acute systems were Mature, and two were Established
4. Home First/Discharge to Access	Established – there is a particular challenge on timely care home assessments across the system. There is a project being initiated with providers to target this
5. Seven-Day Service	Established – though with very mature examples, like Epsom Health & Care Alliance. Key issues are seven day access to homecare, and access to the same level of decision making as during the week.
6. Trusted Assessors	Plans in place – there are trusted assessments between partners, but not trusted assessors yet. Work being undertaken to enable community providers to deliver assessments.
7. Focus on Choice	Mature – it was felt that this is consistent across the system
8. Enhancing Health in Care Homes	Established – admissions into hospital from care homes isn't managed equally across the system, but some areas, like East Surrey for example, are very mature

Please see the appendix for local HIC action plans and see the planning template for the agreed expenditure plan for the IBCF.

In an effort to achieve our ambitions on delayed transfers of care, we are satisfied that our IBCF joint expenditure agreement and local plans against the HIC model are giving Surrey the best possible opportunity to achieve that.

END – Surrey Better Care Fund plan 2017/18 + 2018/19

Planning Template v.14.6b for BCF: due on 11/09/2017

Better Care Fund 2017-19 Planning Template

Sheet: Guidance

Overview

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

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

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

Note on entering information into this template

1. Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:
Yellow: Data needs inputting in the cell
Blue: Pre-populated cell
2. All cells in this template requiring a numerical input are restricted to values between 0 and 1,000,000,000
3. This template captures data for two years 2017-19

Data needs inputting in the cell

Pre-populated cell

Note on viewing the sheets optimally

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

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

Checklist (click to go to tab)

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

Summary (click to go to tab)

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

1. Cover (click to go to tab)

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

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

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

2. This sheet captures the various funding sources that contribute to the total BCF pool for the Local Area. The DFG, iBCF and CCG minimum funding streams are pre-populated and do not need re-entering.
Please enter the following information on this sheet:
- Additional contributions from Local Authorities or CCGs: as applicable are to be entered on this tab on the appropriate sections highlighted in “yellow”.
- Additional Local Authority contributions: Please detail any additional Local Authority funding contributions by selecting the relevant authorities within the HWB and then entering the values of the contributions. Please use the comment boxes alongside to add any specific detail around this additional contribution.
- Additional CCG contributions: Please detail any additional CCG funding contributions by selecting the relevant CCGs. Please note, only contributions assigned to a CCG will be included in the 'Total Additional CCG Contribution' figure.
- Funding contributions narrative: Please enter any comments in the “Funding Contributions Narrative” field to offer any information that could be useful to further clarify or elaborate on the funding sources allocations entered including any assumptions that may have been made.
- Specific funding requirements: This section requests confirmation on the specific funding requirements for 2017-19. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for further details. These are mandatory conditions and will need to be confirmed through the planning assurance process. Please select “Yes” where the funding requirement can be confirmed as having been met, or “No” to indicate that the requirement is unconfirmed. Where “No” is selected as the status, please provide further detail in the comments box alongside to indicate the actions being taken or considered towards confirming the requirement.

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

This sheet should be used to set out the schemes that constitute the BCF plan for the HWB including the planned expenditure and the attributes to describe the scheme. This information is then aggregated and utilised to analyse the BCF plans nationally and sets the basis for future reporting and to demonstrate how the national policy framework is being achieved.
The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme. In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.
On this tab please enter the following information:
1. Scheme ID:
- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple lines.
2. Scheme Name:
- This is a free field. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.
3. Scheme Type and Sub Type:
- Please select the Scheme Type from the drop down list that best represents the type of scheme being planned. A description of each scheme is available at the end of the table (follow the link to the description section at the top of the main expenditure table).
- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.
- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.
- If the scheme is not adequately described by the available options, please choose ‘Other’ and add a free field description for the scheme type in the column alongside.
4. Area of Spend:
- Please select the area of spend from the drop down list by considering the area of the health and social system which is most supported by investing in the scheme.
- If the scheme is not adequately described by the available options, please choose ‘Other’ and add a free field description for the scheme type in the column alongside.
5. Commissioner:
- Identify the commissioning entity for the scheme based on who commissions the scheme to the provider. If there is a single commissioner please select the option from the drop down list.
- If the scheme is commissioned jointly, please select ‘Joint’. Please estimate the proportion of the scheme being commissioned by the local authority and CCG/NHS and enter the respective percentages on the two columns alongside.
6. Provider:
- Please select the ‘Provider’ commissioned to provide the scheme from the drop down list.
- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.
7. Source of Funding:
- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list.
- If the scheme is funding across multiple sources of funding, please split the scheme across multiple lines.
8. Scheme Duration:
- Please select the timeframe for which the scheme is planned for from the drop down list: whether 2017-18, 2018-19 or Both Years.
9. Expenditure (£) 2017-19:
- Please enter the planned spend for the scheme (Based on the duration of the scheme, please enter this information for 2017-18, 2018-19 or both)

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

4. HWB Metrics (click to go to tab)

This sheet should be used to set out the Health and Wellbeing Board's performance plans for each of the Better Care Fund metrics in 2017-19. The BCF requires plans to be set for 4 nationally defined metrics.
This should build on planned and actual performance on these metrics in 2016-17.

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

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

2. Residential Admissions (RES) planning:

• This section requires inputting the information for the numerator of the measure.
• Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care) for the Residential Admissions numerator measure.
• The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from ONS 2014 based subnational population projections.
• The annual rate is then calculated and populated based on the entered information.
• Please add a commentary in the column alongside to provide any useful information in relation to how you have agreed this figure.

3. Reablement (REA) planning:

• This section requires inputting the information for the numerator and denominator of the measure.
• Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).
• Please then enter the planned numerator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.
• The annual proportion (%) Reablement measure will then be calculated and populated based on this information.
• Please add a commentary in the column alongside to provide any useful information in relation to how you have agreed this figure.

4. Delayed Transfers of Care (DToC) planning:

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

5. National Conditions (click to go to tab)

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

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

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

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

CCG - HWB Mapping (click to go to tab)

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

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Planning Template v.14.6b for BCF: due on 11/09/2017

Better Care Fund 2017-19 Planning Template

Sheet: Checklist

<< Link to the Guidance tab

Incomplete Template

1. Cover

	Cell Reference	Checker
Health and Well Being Board	C10	Yes
Completed by:	C13	Yes
E-mail:	C15	Yes
Contact number:	C17	Yes
Who has signed off the report on behalf of the Health and Well Being Board:	C19	Yes
Area Assurance Contact Details	C22 : G31	No

Sheet Completed:	No

2. HWB Funding Sources

	Cell Reference	Checker
Are any additional LA Contributions being made on 2017/18? If yes please detail below	C35	Yes
Are any additional LA Contributions being made on 2018/19? If yes please detail below	D35	Yes
Local authority additional contribution:	B38 : B40	Yes
Gross Contribution (2017/18)	C41	Yes
Gross Contribution (2018/19)	D41	Yes
Comments (if required)	F38	N/A
Are any additional CCG Contributions being made on 2017/18? If yes please detail below;	C62	Yes
Are any additional CCG Contributions being made on 2018/19? If yes please detail below;	D62	Yes
Additional CCG Contribution:	B65	Yes
Gross Contribution (2017/18)	C65	No
Gross Contribution (2018/19)	D65	No
Comments (if required)	F65	N/A
Funding Sources Narrative	B83	N/A
1. Is there agreement about the use of the Disabled Facilities Grant and are arrangements in place for the transfer of DFG funds to the local housing authority? (2017/18)	C91	Yes
2. i) In areas with two tiers of local government, can you confirm that the full amount of Disabled Facilities Grant will be passed to local housing authorities? (2017/18)	C93	Yes
2. ii) In areas with two tiers of local government, can you confirm that relevant district councils have agreed how Disabled Facilities Grant will be spent in line with ambitions in the BCF to support integrated approaches to health, social care and housing? (2017/18)	C94	Yes
3. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified? (2017/18)	C95	Yes
4. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool? (2017/18)	C96	Yes
5. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used? (2017/18)	C97	Yes
6. Is the iBCF grant included in the pooled BCF fund? (2017/18)	C98	Yes
1. Is there agreement about the use of the Disabled Facilities Grant and are arrangements in place for the transfer of DFG funds to the local housing authority? (2018/19)	D91	Yes
2. i) In areas with two tiers of local government, can you confirm that the full amount of Disabled Facilities Grant will be passed to local housing authorities? (2018/19)	D93	Yes
2. ii) In areas with two tiers of local government, can you confirm that relevant district councils have agreed how Disabled Facilities Grant will be spent in line with ambitions in the BCF to support integrated approaches to health, social care and housing? (2018/19)	D94	Yes
3. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified? (2018/19)	D95	Yes
4. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool? (2018/19)	D96	Yes
5. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used? (2018/19)	D97	Yes
6. Is the iBCF grant included in the pooled BCF fund? (2018/19)	D98	Yes
1. Is there agreement about the use of the Disabled Facilities Grant and are arrangements in place for the transfer of DFG funds to the local housing authority? Comments	E91	Yes
2. i) In areas with two tiers of local government, can you confirm that the full amount of Disabled Facilities Grant will be passed to local housing authorities? Comments	E93	Yes
2. ii) In areas with two tiers of local government, can you confirm that relevant district councils have agreed how Disabled Facilities Grant will be spent in line with ambitions in the BCF to support integrated approaches to health, social care and housing? Comments	E94	Yes
3. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified? Comments	E95	Yes
4. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool? Comments	E96	Yes
5. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used? Comments	E97	Yes
6. Is the iBCF grant included in the pooled BCF fund? Comments	E98	Yes

Sheet Completed:	No

3. HWB Expenditure Plan

	Cell Reference	Checker
Scheme ID	B18 : B267	Yes
Scheme Name	C18 : C267	Yes
Scheme Type (see table below for descriptions)	D18 : D267	Yes
Sub Types	E18 : E267	Yes
Please specify if 'Scheme Type' or 'Sub Type' is 'other'	F18 : F267	Yes
Area of Spend	G18 : G267	Yes
Please specify if 'Area of Spend' is 'other'	H18 : H267	Yes
Commissioner	I18 : I267	Yes
if Joint Commissioner % NHS	J18 : J267	Yes
if Joint Commissioner % LA	K18 : K267	Yes
Provider	L18 : L267	Yes
Source of Funding	M18 : M267	Yes
Scheme Duration	N18 : N267	Yes
2017/18 Expenditure (£000's)	O18 : O267	Yes
2018/19 Expenditure (£000's)	P18 : P267	Yes
New or Existing Scheme	Q18 : Q267	No

Sheet Completed:	No

4. HWB Metrics

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

Sheet Completed:	Yes

5. National Conditions

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

Sheet Completed:	Yes

Planning Template v.14.6b for BCF: due on 11/09/2017

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

Selected Health and Well

Surrey

Data Submission Period:

2017-19

Summary

<< Link to the Guidance tab

2. HWB Funding Sources

	2017/18 Gross Contribution	2018/19 Gross Contribution
Total Local Authority Contribution exc iBCF	£8,031,076	£8,713,132
Total iBCF Contribution	£7,542,801	£7,894,843
Total Minimum CCG Contribution	£67,359,827	£68,639,664
Total Additional CCG Contribution	£144,959	£140,442
Total BCF pooled budget	**£83,078,663**	**£85,388,081**

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

3. HWB Expenditure Plan

Summary of BCF Expenditure (*)	2017/18 Expenditure	2018/19 Expenditure
Acute	£2,248,000	£2,248,000
Mental Health	£1,903,291	£1,903,291
Community Health	£21,178,096	£22,409,015
Continuing Care	£37,000	£37,000
Primary Care	£931,000	£931,000
Social Care	£56,585,530	£57,664,029
Other	£195,746	£195,746
Total	**£83,078,663**	**£85,388,081**

Summary of BCF Expenditure from Minimum CCG Contribution (***)	2017/18 Expenditure	2018/19 Expenditure
Acute	£2,248,000	£2,248,000
Mental Health	£1,903,291	£1,903,291
Community Health	£21,154,612	£22,286,015
Continuing Care	£37,000	£37,000
Primary Care	£931,000	£931,000
Social Care	£40,890,178	£41,038,612
Other	£195,746	£195,746
Total	**£67,359,827**	**£68,639,664**

Summary of NHS Commissioned Out of Hospital Services Spend from MINIMUM BCF Pool (**)	2017/18 Expenditure	2018/19 Expenditure
Mental Health	£1,567,000	£1,567,000
Community Health	£21,038,612	£22,170,015
Continuing Care	£37,000	£37,000
Primary Care	£931,000	£931,000
Social Care	£2,901,288	£3,049,721
Other	£19,000	£19,000
Total	**£26,493,900**	**£27,773,736**
NHS Commissioned OOH Ringfence	£19,141,753	£19,505,446

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

BCF Expenditure on Social Care from Minimum CCG Contribution	2016/17	2017/18	2018/19	
Minimum Mandated Expenditure on Social Care from the CCG minimum		£39,682,832	£40,436,805	
Planned Social Care expenditure from the CCG minimum	£38,985,000	£40,890,178	£41,038,612	
Annual % Uplift Planned		**4.9%**	**0.4%**	*Below minimum mandated uplift*
Minimum mandated uplift % (Based on inflation)		**1.79%**	**1.90%**	

4. HWB Metrics

4.1 HWB NEA Activity Plan

	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Total 17/18	Total 18/19
Total HWB Planned Non-Elective Admissions	25,810	25,803	26,160	25,997	25,884	25,889	26,240	26,090	**103,770**	**104,103**
HWB Quarterly Additional Reduction Figure	0	0	0	0	0	0	0	0	**0**	**0**
HWB NEA Plan (after reduction)	25,810	25,803	26,160	25,997	25,884	25,889	26,240	26,090	**103,770**	**104,103**
Additional NEA reduction delivered through the BCF									**£0**	**£0**

4.2 Residential Admissions

		Planned 17/18	Planned 18/19
Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	**Annual rate**	514	536

4.3 Reablement

		Planned 17/18	Planned 18/19
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	**Annual %**	75.0%	75.1%

4.4 Delayed Transfers of Care

		Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)	**Quarterly rate**	872	740	680	659	667	674	674	655

5. National Conditions

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

Footnotes

* **Summary of BCF Expenditure** is the sum of the self-reported HWB amounts allocated to the 7 different 'areas of spend' that have been provided by HWBs in their plans (from the 4. HWB Expenditure Plan tab), where:
Area of Spend = Acute, Mental Health, Community Health, Continuing Care, Primary Care, Social Care & Other

** **Summary of NHS Commissioned out of hospital services spend from MINIMUM BCF Pool** is the sum of the amounts allocated to the 6 individual out of hospital 'areas of spend' that have been provided in tab 4. HWB Expenditure Plan, where;
Area of Spend = Mental Health, Community Health, Continuing Care, Primary Care, Social Care & Other (everything other than Acute)
Commissioner = CCG, NHS England or Joint (if joint we use the NHS% of the value)
Source of Funding = CCG Minimum Contribution

***Summary of BCF Expenditure from Minimum CCG contribution** is the sum of the self-reported HWB amounts allocated to the 7 different 'areas of spend' form the minimum CCG contribution that have been provided by HWBs in their plans (from the 4. HWB Expenditure Plan tab), where:
Area of Spend = Acute, Mental Health, Community Health, Continuing Care, Primary Care, Social Care & Other
Source of Funding = CCG Minimum Contribution

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Planning Template v.14.6b for BCF: due on 11/09/2017

Better Care Fund 2017-19 Planning Template

Sheet: 1. Cover Sheet

<< Link to the Guidance tab

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Health and Well Being Board	**Surrey**
Completed by:	Andre Lotz
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Contact Number:	02085 417571
Who signed off the report on behalf of the Health and Well Being Board:	Surrey Health & Wellbeing Board are signing off the final version of this report before submission

	Role:	Title and Name:	E-mail:
Area Assurance Contact Details*	Health and Wellbeing Board Chair	Cllr Helyn Clack Dr Andy Brooks	helyn.clack@surreycc.gov.uk a.brooks1@nhs.net
	Clinical Commissioning Group Accountable Officer (Lead)	Matthew Tait	m.tait@nhs.net
	Additional Clinical Commissioning Group(s) Accountable Officers		
	Local Authority Chief Executive	David McNulty	david.mcnulty@surreycc.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)	Helen Atkinson	helen.atkinson@surreycc.gov.uk
	Better Care Fund Lead Official	Andre Lotz	andre.lotz@surreycc.gov.uk
	LA Section 151 officer	Sheila Little	sheila.little@surreycc.gov.uk
Please add further area contacts that you would wish to be included in official correspondence -->			

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

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

Incomplete Template

	No. of questions answered
1. Cover	5
2. HWB Funding Sources	29
3. HWB Expenditure Plan	15
4. HWB Metrics	31
5. National Conditions	12

Please go to the Checklist for further details on incomplete questions - Link here

Planning Template v.14.6b for BCF: due on 11/09/2017

Sheet: 2. Health and Well-Being Board Funding Sources

Selected Health and Well Being Board:

Surrey

Data Submission Period:

2017-19

2. HWB Funding Sources

<< Link to the Guidance tab

Local Authority Contributions exc iBCF		
Disabled Facilities Grant (DFG)	2017/18 Gross Contribution	2018/19 Gross Contribution
Surrey	£7,612,771	£8,294,827
Lower Tier DFG Breakdown (for applicable two tier authorities)		
Elmbridge	£732,503	£797,966
Epsom and Ewell	£588,304	£641,382
Guildford	£605,145	£658,223
Mole Valley	£665,263	£724,313
Reigate and Banstead	£964,659	£1,050,911
Runnymede	£654,297	£714,010
Spelthorne	£707,366	£770,396
Surrey Heath	£661,430	£722,028
Tandridge	£393,482	£426,656
Waverley	£640,637	£696,369
Woking	£999,687	£1,092,574
Total Minimum LA Contribution exc iBCF	**£7,612,771**	**£8,294,827**

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

Local Authority Additional Contribution	2017/18 Gross Contribution	2018/19 Gross Contribution
Surrey	£418,305	£418,305
Total Local Authority Contribution	**£8,031,076**	**£8,713,132**

Comments - please use this box clarify any specific uses or sources of funding
Additional LA funds to contribute to increased budget pooling for integrated, social care-

iBCF Contribution	2017/18 Gross Contribution	2018/19 Gross Contribution
Surrey	£7,542,801	£7,894,843
Total iBCF Contribution	**£7,542,801**	**£7,894,843**

CCG Minimum Contribution	2017/18 Gross Contribution	2018/19 Gross Contribution
NHS East Surrey CCG	£10,215,000	£10,409,085
NHS Guildford and Waverley CCG	£11,698,190	£11,920,456
NHS North West Surrey CCG	£20,076,188	£20,457,636
NHS Surrey Heath CCG	£5,475,452	£5,579,486
NHS Windsor, Ascot and Maidenhead CCG	£671,411	£684,168
NHS Surrey Downs CCG	£16,693,071	£17,010,239
NHS North East Hampshire and Farnham CCG	£2,530,515	£2,578,595
Total Minimum CCG Contribution	**£67,359,827**	**£68,639,664**

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

Additional CCG Contribution	2017/18 Gross Contribution	2018/19 Gross Contribution	Comments - please use this box clarify any specific uses or sources of funding
NHS East Surrey CCG		£123,000	Additional CCG funds to contribute to increased budget pooling for integrated, social
NHS North West Surrey CCG	£23,484		Additional CCG funds to contribute to increased budget pooling for integrated, CCG-
NHS Surrey Heath CCG	£121,475	£17,442	Additional CCG funds to contribute to increased budget pooling for integrated care
Total Additional CCG Contribution	**£144,959**	**£140,442**	

	2017/18	2018/19
Total BCF pooled budget	**£83,078,663**	**£85,388,081**

Funding Contributions Narrative
All partners have increased funind by amounts previously in each organisations budgets for mental health and supported employment services. The funding brought into the Better Care fund pool has been used to fund integrated community connections and supported employment schemes

Specific funding requirements for 2017-19	2017/18	2018/19	If the selected response for either year is 'No', please detail in the comments box
1. Is there agreement about the use of the Disabled Facilities Grant and are arrangements in place for the transfer of DFG funds to the local housing authority?	Yes	Yes	
2. In areas with two tiers of local government:			
i) Are there plans to pass down the full amount of Disabled Facilities Grant from the county to each of the district authorities?	Yes	Yes	
ii) If a portion of the DFG funding has been retained by the county, have the relevant district councils agreed to this approach? If applicable, please detail in the comments box how the retained portion of DFG will be spent to support integrated approaches to health, social care and housing.			
3. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified?	Yes	Yes	
4. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool?	Yes	Yes	
5. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used?	Yes	Yes	
6. Is the iBCF grant included in the pooled BCF fund?	Yes	Yes	

Planning Template v.14.6b for BCF: due on 11/09/2017

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

Selected Health and Well Being Board:

Surrey

Data Submission Period:

2017-19

3. HWB Expenditure Plan

<< Link to Guidance tab

Link to Summary sheet

Running Balances	**2017/18**	**2018/19**
BCF Pooled Total balance	£0	£0
Local Authority Contribution balance exc iBCF	£0	£0
CCG Minimum Contribution balance	£0	£0
Additional CCG Contribution balance	£0	£0
iBCF	£0	£0
Running Totals	**2017/18**	**2018/19**
Planned Social Care spend from the CCG minimum	£40,890,178	£41,038,612
Ringfenced NHS Commissioned OOH spend	£26,493,900	£27,773,736

				Expenditure										
		Scheme Descriptions Link >>												
Scheme ID	Scheme Name	Scheme Type (see table below for descriptions)	Sub Types	Please specify if 'Scheme Type' is 'other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Scheme Duration	2017/18 Expenditure (£)	2018/19 Expenditure (£)	New/ Existing Scheme
1	ES1.1 Integrated Multi-Disciplinary Team - Social Care	9. High Impact Change Model for Managing Transfer of Care	3. Multi-Disciplinary/Multi-Agency Discharge Teams		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£516,935	£516,935	Existing
2	ES1.2 Integrated Multi-Disciplinary Team - Mental Health	9. High Impact Change Model for Managing Transfer of Care	3. Multi-Disciplinary/Multi-Agency Discharge Teams		Mental Health		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£49,413	£49,413	Existing
3	ES1.3 Integrated Multi-Disciplinary Team - Community Health	13. Primary prevention / Early Intervention	3. Other - Physical health/wellbeing		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£2,997,000	£2,997,000	Existing
4	ES1.18 Prescription Scheme	12. Personalised healthcare at home	3. Other - Physical health/wellbeing		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£111,000	£111,000	New
5	ES1.4 Capacity for Integration	7. Enablers for integration	4. Research and evaluation		Other	Governance and Administration	Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£75,000	£75,000	New
6	ES1.5 Prescription Scheme	12. Personalised healthcare at home	2. Other - Physical health / wellbeing		Social Care		CCG			CCG	CCG Minimum Contribution	Both 2017/18 and 2018/19	£172,000	£381,400	New
7	ES1.6 Community Navigators	2. Care navigation / coordination	1. Care coordination		Community Health		CCG			CCG	CCG Minimum Contribution	Both 2017/18 and 2018/19	£87,250	£139,027	New
8	ES1.7 Supported Employment	13. Primary prevention / Early Intervention	2. Other - Mental health /wellbeing		Social Care		CCG			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£133,712	£133,712	New
9	ES1.8 Telehealth	1. Assistive Technologies	4. Other	Telehealth	Community Health		CCG			Private Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£25,000	£25,000	Existing
10	ES1.9 Reablement at home	11. Intermediate care services	4. Reablement/Rehabilitation services		Social Care		Local Authority			Private Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£88,000	£88,000	Existing
11	ES1.10 Stroke Support	13. Primary prevention / Early Intervention	3. Other - Physical health/wellbeing		Community Health		Local Authority			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£17,000	£17,000	Existing
12	ES1.11 TECs	1. Assistive Technologies	1. Telecare		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£120,000	£120,000	Existing
13	ES1.12 Information and Advice	2. Care navigation / coordination	1. Care coordination		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£27,899	£27,899	Existing
14	ES1.13 Community Connections	13. Primary prevention / Early Intervention	2. Other - Mental health /wellbeing		Social Care		Local Authority			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£158,055	£158,055	Existing
15	ES1.14 Revenue Adaptations	5. DFG - Other Housing			Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£41,046	£41,046	New
16	ES1.15 Community Equipment	11. Intermediate care services	4. Reablement/Rehabilitation services		Social Care		Joint	50.0%	50.0%	Private Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£307,000	£307,000	Existing

Selected Health and Well Being Board:

Surrey

Data Submission Period:

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3. HWB Expenditure Plan

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Running Balances	**2017/18**	**2018/19**
BCF Pooled Total balance	£0	£0
Local Authority Contribution balance exc iBCF	£0	£0
CCG Minimum Contribution balance	£0	£0
Additional CCG Contribution balance	£0	£0
iBCF	£0	£0
Running Totals	**2017/18**	**2018/19**
Planned Social Care spend from the CCG minimum	£40,890,178	£41,038,612
Ringfenced NHS Commissioned OOH spend	£26,493,900	£27,773,736

			Scheme Descriptions Link >>		**Expenditure**										
Scheme ID	Scheme Name	Scheme Type (see table below for descriptions)	Sub Types	Please specify if 'Scheme Type' is 'other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Scheme Duration	2017/18 Expenditure (£)	2018/19 Expenditure (£)	New/ Existing Scheme
17	ES1.16 BCF Administration	7. Enablers for integration	1. Data Integration		Other	Governance and Administration	Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£6,652	£6,652	Existing
18	ES1.17 Hospital Discharge to Social Care	9. High Impact Change Model for Managing Transfer of Care	1. Early Discharge Planning		Social Care		Local Authority			Private Sector	Improved Better Care Fund	Both 2017/18 and 2018/19	£1,143,799	£1,197,183	New
19	ES3.1 Community Stroke Service	13. Primary prevention / Early Intervention	3. Other - Physical health/wellbeing		Community Health		CCG			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£308,000	£308,000	Existing
20	ES4.1 Protection of Adult Social Care	16. Other		Multiple: Carers, Early intervention, Reablement, Hospital Based	Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£3,791,000	£3,791,000	Existing
21	ES5.1 Protected Carers Funding	3. Carers services	1. Carer advice and support		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£380,000	£380,000	Existing
22	ES6.1 New Responsibilities under the Care Act (revenue)	6. Domiciliary care at home	1. Dom care packages		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£396,000	£396,000	Existing
23	ES7.1 DFG	4. DFG - Adaptations			Social Care		Local Authority			Local Authority	Local Authority Contribution	Both 2017/18 and 2018/19	£952,665	£1,035,837	Existing
24	FA1.1 Discharge to Assess	9. High Impact Change Model for Managing Transfer of Care	3. Multi-Disciplinary/Multi-Agency Discharge Teams		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£90,880	£90,880	Existing
25	FA1.2 Hospital discharges to Social Care	9. High Impact Change Model for Managing Transfer of Care	1. Early Discharge Planning		Social Care		Local Authority			Private Sector	Improved Better Care Fund	Both 2017/18 and 2018/19	£283,358	£296,583	New
26	FA2.1 Supported Employment	13. Primary prevention / Early Intervention	2. Other - Mental health /wellbeing		Social Care		CCG			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£34,884	£34,884	New
27	FA2.2 Rehabilitation and Reablement	11. Intermediate care services	4. Reablement/Rehabilitation services		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£34,080	£34,080	Existing
28	FA2.3 Stroke Support	13. Primary prevention / Early Intervention	3. Other - Physical health/wellbeing		Community Health		Local Authority			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£5,000	£5,000	Existing
29	FA3.1 TECS	1. Assistive Technologies	1. Telecare		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£24,000	£24,000	Existing
30	FA4.1 Information and Advice	2. Care navigation / coordination	1. Care coordination		Social Care		Local Authority			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£7,236	£7,236	Existing
31	FA4.2 Community Connections	13. Primary prevention / Early Intervention	2. Other - Mental health /wellbeing		Social Care		Local Authority			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£47,368	£47,368	Existing
32	FA4.3 Revenue Adaptations	5. DFG - Other Housing			Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£11,039	£11,039	New
33	FA4.4 Community Equipment	11. Intermediate care services	4. Reablement/Rehabilitation services		Social Care		Joint	50.0%	50.0%	Private Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£84,000	£84,000	Existing
34	FA4.5 Whole Systems Administration and Support	7. Enablers for integration	1. Data Integration		Other	Governance and Administration	Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£1,893	£1,893	Existing
35	FA4.6 Whole Systems Information Governance	7. Enablers for integration	1. Data Integration		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£2,840	£2,840	Existing
36	FA4.7 Mental Health Dementia	9. High Impact Change Model for Managing Transfer of Care	3. Multi-Disciplinary/Multi-Agency Discharge Teams		Mental Health		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£12,307	£12,307	Existing
37	FA5.1 Integrated Provider Delivery Model	13. Primary prevention / Early Intervention	3. Other - Physical health/wellbeing		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£893,005	£941,085	Existing
38	FA5.2 Reablement at home	11. Intermediate care services	4. Reablement/Rehabilitation services		Social Care		Local Authority			Private Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£11,000	£11,000	Existing
39	FA6.1 Co-commisisoning	12. Personalised healthcare at home	2. Other - Physical health / wellbeing		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£50,000	£50,000	Existing
40	FA6.2 Co-commissioning Care at Home	13. Primary prevention / Early Intervention	3. Other - Physical health/wellbeing		Social Care		Joint	50.0%	50.0%	Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£60,000	£60,000	Existing
41	FA6.3 Integration Funds	7. Enablers for integration	3. Programme management		Social Care		Joint	50.0%	50.0%	CCG	CCG Minimum Contribution	Both 2017/18 and 2018/19	£23,357	£23,357	New
42	FA7.1 Protection of Adult Social Care	16. Other		Multiple: Carers, Early intervention, Reablement, Hospital Based	Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£939,000	£939,000	Existing

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Running Balances	**2017/18**	**2018/19**
BCF Pooled Total balance	£0	£0
Local Authority Contribution balance exc iBCF	£0	£0
CCG Minimum Contribution balance	£0	£0
Additional CCG Contribution balance	£0	£0
iBCF	£0	£0
Running Totals	**2017/18**	**2018/19**
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			Expenditure											
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Scheme ID	Scheme Name	Scheme Type (see table below for descriptions)	Sub Types	Please specify if 'Scheme Type' is 'other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Scheme Duration	2017/18 Expenditure (£)	2018/19 Expenditure (£)	New/ Existing Scheme
43	FA8.1 DFG	4. DFG - Adaptations			Social Care		Local Authority			Local Authority	Local Authority Contribution	Both 2017/18 and 2018/19	£212,618	£231,116	Existing
44	FA8.1 Protected Carers Funding	3. Carers services	1. Carer advice and support		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£94,000	£94,000	Existing
45	FA9.1 New Responsibilities under the Care Act (revenue)	6. Domiciliary care at home	1. Dom care packages		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£98,000	£98,000	Existing
46	GW1.1 Out of Hospital Services	13. Primary prevention / Early Intervention	3. Other - Physical health/wellbeing		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£3,281,045	£3,503,311	Existing
47	GW1.2 Hospital Staffing	9. High Impact Change Model for Managing Transfer of Care	3. Multi-Disciplinary/Multi-Agency Discharge Teams		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£354,403	£354,403	Existing
48	GW1.3 Information Governance and Data Sharing	7. Enablers for integration	1. Data Integration		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£13,302	£13,302	Existing
49	GW1.4 Integration Funds	7. Enablers for integration	3. Programme management		Social Care		Joint	50.0%	50.0%	CCG	CCG Minimum Contribution	Both 2017/18 and 2018/19	£119,555	£119,556	New
50	GW1.5 Hospital Discharge to Social Care	9. High Impact Change Model for Managing Transfer of Care	1. Early Discharge Planning		Social Care		Local Authority			Private Sector	Improved Better Care Fund	Both 2017/18 and 2018/19	£1,309,869	£1,371,004	New
51	GW2.1 Telehealth	1. Assistive Technologies	4. Other	Telehealth	Community Health		CCG			Private Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£40,000	£40,000	Existing
52	GW2.2 TECs	1. Assistive Technologies	1. Telecare		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£107,000	£107,000	Existing
53	GW3.1 RSCH Geriatritians and Community Matrons	12. Personalised healthcare at home	2. Other - Physical health / wellbeing		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£565,000	£565,000	Existing
54	GW4.1 Carers Funding	3. Carers services	1. Carer advice and support		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£435,000	£435,000	Existing
55	GW4.2 End of Life	12. Personalised healthcare at home	2. Other - Physical health / wellbeing		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£169,000	£169,000	Existing
56	GW4.4 Reablement at home	11. Intermediate care services	4. Reablement/Rehabilitation services		Social Care		Local Authority			Private Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£49,000	£49,000	Existing
57	GW4.3 Supported Employment	13. Primary prevention / Early Intervention	2. Other - Mental health /wellbeing		Social Care		CCG			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£157,697	£157,697	New
58	GW4.5 Stroke Support	13. Primary prevention / Early Intervention	3. Other - Physical health/wellbeing		Community Health		Local Authority			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£20,000	£20,000	Existing
59	GW4.6 Information and Advice	2. Care navigation / coordination	1. Care coordination		Social Care		Local Authority			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£32,664	£32,664	Existing
60	GW4.7 Community Connections	13. Primary prevention / Early Intervention	2. Other - Mental health /wellbeing		Social Care		Local Authority			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£218,594	£218,594	Existing
61	GW4.8 Revenue adaptations	5. DFG - Other Housing			Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£44,186	£44,186	New
62	GW4.9 Community Equipment	11. Intermediate care services	4. Reablement/Rehabilitation services		Social Care		Joint	50.0%	50.0%	Private Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£363,000	£363,000	Existing
63	GW4.10 Reablement Staffing	11. Intermediate care services	4. Reablement/Rehabilitation services		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£168,175	£168,175	Existing
64	GW4.11 Occupational Therapists	9. High Impact Change Model for Managing Transfer of Care	3. Multi-Disciplinary/Multi-Agency Discharge Teams		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£63,660	£63,660	Existing
65	GW5.1 Phychiatric Liaison Services	13. Primary prevention / Early Intervention	2. Other - Mental health /wellbeing		Mental Health		CCG			NHS Mental Health Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£296,000	£296,000	Existing
66	GW5.2 Mental Health Recovery Services	9. High Impact Change Model for Managing Transfer of Care	3. Multi-Disciplinary/Multi-Agency Discharge Teams		Mental Health		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£59,859	£59,859	Existing
67	GW6.1 Risk Stratification	16. Other		Risk Stratification	Other	Risk Stratification	CCG			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£19,000	£19,000	Existing
68	GW6.2 Administration and Support	7. Enablers for integration	1. Data Integration		Other	Governance and Administration	Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£66,601	£66,601	Existing

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69	GW6.3 Acute Contributions	16. Other		Funding for NEA levels	Acute		CCG			CCG	CCG Minimum Contribution	Both 2017/18 and 2018/19	£227,000	£227,000	Existing
70	GW7.1 Protection of Adult Social Care	16. Other		Multiple: Carers, Early intervention, Reablement, Hospital Based	Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£4,342,000	£4,342,000	Existing
71	GW8.1 DFG	4. DFG - Adaptations			Social Care		Local Authority			Local Authority	Local Authority Contribution	Both 2017/18 and 2018/19	£941,486	£1,023,758	Existing
72	GW8.1 New Responsibilities under the Care Act (revenue)	6. Domiciliary care at home	1. Dom care packages		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£453,000	£453,000	Existing
73	NW1.1 Integrated Health and Social Care (Primary Care "Locality Hubs")	13. Primary prevention / Early Intervention	3. Other - Physical health/wellbeing		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£5,754,516	£6,135,964	Existing
74	NW1.2 Integrated Health and Social Care (Primary Care "Virtual Wards")	13. Primary prevention / Early Intervention	3. Other - Physical health/wellbeing		Primary Care		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£865,000	£865,000	Existing
75	NW2.1 Acute Contributions	16. Other		Funding for NEA levels	Acute		CCG			CCG	CCG Minimum Contribution	Both 2017/18 and 2018/19	£1,687,000	£1,687,000	Existing
76	NW4.1 Reablement at Home	11. Intermediate care services	4. Reablement/Rehabilitation services		Social Care		Local Authority			Private Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£82,000	£82,000	Existing
77	NW4.2 Stroke Support	13. Primary prevention / Early Intervention	3. Other - Physical health/wellbeing		Community Health		Local Authority			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£33,000	£33,000	Existing
78	NW4.3 TECs	1. Assistive Technologies	1. Telecare		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£210,000	£210,000	Existing
79	NW4.4 Information and Advice	2. Care navigation / coordination	1. Care coordination		Social Care		Local Authority			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£53,787	£53,787	Existing
80	NW4.5 Community Connections	13. Primary prevention / Early Intervention	2. Other - Mental health /wellbeing		Social Care		Local Authority			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£251,157	£251,157	Existing
81	NW4.6 Revenue Adaptations	5. DFG - Other Housing			Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£90,056	£90,056	Existing
82	NW4.7 Community Equipment	11. Intermediate care services	4. Reablement/Rehabilitation services		Social Care		Joint	50.0%	50.0%	Private Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£451,000	£451,000	Existing
83	NW4.8 Urgent Care Social Care Staffing	9. High Impact Change Model for Managing Transfer of Care	3. Multi-Disciplinary/Multi-Agency Discharge Teams		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£1,138,684	£1,138,684	Existing
84	NW4.9 Urgent Care Admin Staffing	7. Enablers for integration	1. Data Integration		Other	Governance and Administration	Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£12,346	£12,346	Existing
85	NW4.10 Urgent Care Mental Health Staffing	9. High Impact Change Model for Managing Transfer of Care	3. Multi-Disciplinary/Multi-Agency Discharge Teams		Mental Health		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£94,970	£94,970	Existing
86	NW4.11 Hospital Discharges to Social Care	9. High Impact Change Model for Managing Transfer of Care	1. Early Discharge Planning		Social Care		Local Authority			Private Sector	Improved Better Care Fund	Both 2017/18 and 2018/19	£2,248,158	£2,353,085	New
87	NW5.1 Supported Employment	13. Primary prevention / Early Intervention	2. Other - Mental health /wellbeing		Social Care		CCG			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£263,498	£263,498	New
88	NW6.1 Protecton of Adult Social Care	16. Other		Multiple: Carers, Early intervention, Reablement, Hospital Based	Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£7,452,000	£7,452,000	Existing
89	NW7.1 Protected Carers Funding	3. Carers services	1. Carer advice and support		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£747,000	£747,000	Existing
90	NW8.1 New Responsibilities under the Care Act (revenue)	6. Domiciliary care at home	1. Dom care packages		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£778,000	£778,000	Existing
91	NW9.1 DFG	4. DFG - Adaptations			Social Care		Local Authority			Local Authority	Local Authority Contribution	Both 2017/18 and 2018/19	£2,711,865	£2,958,912	Existing
92	SD1.1 End of Life Care	12. Personalised healthcare at home	2. Other - Physical health / wellbeing		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£305,000	£305,000	Existing
93	SD1.2 Dementia and Psychiatric Liaison	13. Primary prevention / Early Intervention	2. Other - Mental health /wellbeing		Mental Health		CCG			NHS Mental Health Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£404,000	£404,000	Existing
94	SD1.3 Night Sitting Service	6. Domiciliary care at home	1. Dom care packages		Community Health		CCG			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£106,000	£106,000	Existing

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95	SD3.1 NHS Commissioned Out of Hospital Services	13. Primary prevention / Early Intervention	3. Other - Physical health/wellbeing		Community Health		CCG			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£4,723,556	£5,040,724	Existing
96	SD3.2 Telehealth	1. Assistive Technologies	4. Other	Telehealth	Community Health		CCG			Private Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£54,000	£54,000	Existing
97	SD3.3 TECs	1. Assistive Technologies	1. Telecare		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£225,000	£225,000	Existing
98	SD3.4 Community Equipment	11. Intermediate care services	4. Reablement/Rehabilitation services		Social Care		Joint	50.0%	50.0%	Private Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£499,000	£499,000	Existing
99	SD3.5 Hospital Discharges to Social Care	9. High Impact Change Model for Managing Transfer of Care	1. Early Discharge Planning		Social Care		Local Authority			Private Sector	Improved Better Care Fund	Both 2017/18 and 2018/19	£1,869,286	£1,956,530	New
100	SD4.1 Risk Stratification	16. Other		Risk Stratification	Primary Care		CCG			CCG	CCG Minimum Contribution	Both 2017/18 and 2018/19	£66,000	£66,000	Existing
101	SD4.2 Integrated Teams	9. High Impact Change Model for Managing Transfer of Care	3. Multi-Disciplinary/Multi-Agency Discharge Teams		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£530,000	£530,000	Existing
102	SD4.3 Personal Budget Implementation	10. Integrated care planning	1. Care planning		Continuing Care		CCG			CCG	CCG Minimum Contribution	Both 2017/18 and 2018/19	£37,000	£37,000	Existing
103	SD4.4 Supported Employment	13. Primary prevention / Early Intervention	2. Other - Mental health /wellbeing		Social Care		CCG			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£193,017	£193,017	New
104	SD4.5 Acute Contributions	16. Other		Funding for NEA levels	Acute		CCG			CCG	CCG Minimum Contribution	Both 2017/18 and 2018/19	£334,000	£334,000	Existing
105	SD4.6 Reablement at Home	11. Intermediate care services	4. Reablement/Rehabilitation services		Social Care		Local Authority			Private Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£82,000	£82,000	Existing
106	SD4.7 Stroke Support	13. Primary prevention / Early Intervention	3. Other - Physical health/wellbeing		Community Health		Local Authority			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£31,000	£31,000	Existing
107	SD4.8 Information and Advice	2. Care navigation / coordination	1. Care coordination		Social Care		Local Authority			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£47,927	£47,927	Existing
108	SD4.9 Community Connections	13. Primary prevention / Early Intervention	2. Other - Mental health /wellbeing		Social Care		Local Authority			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£302,020	£302,020	New
109	SD4.10 Revenue Adaptations	5. DFG - Other Housing			Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£66,178	£66,178	New
110	SD4.11 Reablement and Hospital Teams	9. High Impact Change Model for Managing Transfer of Care	3. Multi-Disciplinary/Multi-Agency Discharge Teams		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£820,838	£820,838	Existing
111	SD4.12 Administration	7. Enablers for integration	1. Data Integration		Other	Governance and Administration	Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£10,450	£10,450	Existing
112	SD4.13 Information governance	7. Enablers for integration	1. Data Integration		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£17,101	£17,101	Existing
113	SD4.14 Mental Health Dementia	9. High Impact Change Model for Managing Transfer of Care	3. Multi-Disciplinary/Multi-Agency Discharge Teams		Mental Health		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£90,254	£90,254	Existing
114	SD4.15 Occupational Therapists	9. High Impact Change Model for Managing Transfer of Care	3. Multi-Disciplinary/Multi-Agency Discharge Teams		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£145,357	£145,357	Existing
115	SD4.16 Integration funds	7. Enablers for integration	3. Programme management		Social Care		Joint	50.0%	50.0%	CCG	CCG Minimum Contribution	Both 2017/18 and 2018/19	£103,875	£103,875	Existing
116	SD5.1 Protection of Adult Social Care	16. Other		Multiple: Carers, Early intervention, Reablement, Hospital Based	Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£6,195,000	£6,195,000	Existing
117	SD6.1 Protected Carers Funding	3. Carers services	1. Carer advice and support		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£621,000	£621,000	Existing
118	SD7.1 New Responsibilities under the Care Act (revenue)	6. Domiciliary care at home	1. Dom care packages		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£647,000	£647,000	Existing
119	SD8.1 DFG	4. DFG - Adaptations			Social Care		Local Authority			Local Authority	Local Authority Contribution	Both 2017/18 and 2018/19	£2,071,938	£2,257,220	Existing
120	SH1.1 Admissions Avoidance Community	13. Primary prevention / Early Intervention	3. Other - Physical health/wellbeing		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£643,000	£643,000	Existing

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121	SH1.2 Admissions Avoidance Mental Health	13. Primary prevention / Early Intervention	2. Other - Mental health /wellbeing		Mental Health		CCG			NHS Mental Health Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£669,000	£669,000	Existing
122	SH1.3 Admissions Avoidance Social Care	13. Primary prevention / Early Intervention	3. Other - Physical health/wellbeing		Social Care		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£594,225	£594,225	Existing
123	SH1.4 Supported Employment	13. Primary prevention / Early Intervention	2. Other - Mental health /wellbeing		Social Care		CCG			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£61,286	£61,286	New
124	SH3.1 Reablement at Home	11. Intermediate care services	4. Reablement/Rehabilitation services		Social Care		Local Authority			Private Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£23,000	£23,000	Existing
125	SH3.2 Stroke Support	13. Primary prevention / Early Intervention	3. Other - Physical health/wellbeing		Community Health		Local Authority			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£9,000	£9,000	Existing
126	SH3.3 TECs	1. Assistive Technologies	1. Telecare		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£55,000	£55,000	Existing
127	SH3.4 Community Connections	13. Primary prevention / Early Intervention	2. Other - Mental health /wellbeing		Social Care		Local Authority			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£103,427	£103,427	Existing
128	SH3.5 Revenue Adaptations	5. DFG - Other Housing			Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£29,348	£29,348	New
129	SH3.6 Community Equipment	11. Intermediate care services	4. Reablement/Rehabilitation services		Social Care		Joint	50.0%	50.0%	Private Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£180,000	£180,000	Existing
130	SH3.7 Reablement Staffing	11. Intermediate care services	4. Reablement/Rehabilitation services		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£90,345	£90,345	Existing
131	SH4.1 Hospital Staffing	9. High Impact Change Model for Managing Transfer of Care	3. Multi-Disciplinary/Multi-Agency Discharge Teams		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£250,114	£250,114	Existing
132	SH4.2 Occupational Therapists	9. High Impact Change Model for Managing Transfer of Care	3. Multi-Disciplinary/Multi-Agency Discharge Teams		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£47,550	£47,550	Existing
133	SH4.3 Hospital Discharges to Social Care	9. High Impact Change Model for Managing Transfer of Care	1. Early Discharge Planning		Social Care		Local Authority			Private Sector	Improved Better Care Fund	Both 2017/18 and 2018/19	£613,104	£641,719	New
134	SH5.1 Dementia Diagnosis and ongoing support	9. High Impact Change Model for Managing Transfer of Care	3. Multi-Disciplinary/Multi-Agency Discharge Teams		Mental Health		CCG			CCG	CCG Minimum Contribution	Both 2017/18 and 2018/19	£198,000	£198,000	Existing
135	SH5.2 Dementia Diagnosis and ongoing Support	13. Primary prevention / Early Intervention	2. Other - Mental health /wellbeing		Mental Health		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£28,530	£28,530	Existing
136	SH6.1 Administration	7. Enablers for integration	1. Data Integration		Other	Governance and Administration	Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£3,804	£3,804	Existing
137	SH6.2 Information Gvernance	7. Enablers for integration	1. Data Integration		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£6,657	£6,657	Existing
138	SH7.1 Protection of Adult Social Care	16. Other		Multiple: Carers, Early intervention, Reablement, Hospital Based	Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£2,032,000	£2,032,000	Existing
139	SH8.1 Protected Carers Funding	3. Carers services	1. Carer advice and support		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£204,000	£204,000	Existing
140	SH9.1 New Responsibilities under the Care Act (revenue)	6. Domiciliary care at home	1. Dom care packages		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£212,000	£212,000	Existing
141	SH10.1 DFG	4. DFG - Adaptations			Social Care		Local Authority			Local Authority	Local Authority Contribution	Both 2017/18 and 2018/19	£660,611	£720,776	Existing
142	WA1.1 Stroke Support	13. Primary prevention / Early Intervention	3. Other - Physical health/wellbeing		Community Health		Local Authority			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£1,000	£1,000	Existing
143	WA1.2 TECs	1. Assistive Technologies	1. Telecare		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£8,000	£8,000	Existing
144	WA1.3 Information and Advice	2. Care navigation / coordination	1. Care coordination		Social Care		Local Authority			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£1,581	£1,581	Existing
145	WA1.4 Community Connections	13. Primary prevention / Early Intervention	2. Other - Mental health /wellbeing		Social Care		Local Authority			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£13,964	£13,964	Existing
146	WA1.5 Revenue Adaptations	5. DFG - Other Housing			Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£4,355	£4,355	New

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Running Balances	**2017/18**	**2018/19**
BCF Pooled Total balance	£0	£0
Local Authority Contribution balance exc iBCF	£0	£0
CCG Minimum Contribution balance	£0	£0
Additional CCG Contribution balance	£0	£0
iBCF	£0	£0
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Planned Social Care spend from the CCG minimum	£40,890,178	£41,038,612
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			Expenditure											
		Scheme Descriptions Link >>												
Scheme ID	Scheme Name	Scheme Type (see table below for descriptions)	Sub Types	Please specify if 'Scheme Type' is 'other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Scheme Duration	2017/18 Expenditure (£)	2018/19 Expenditure (£)	New/ Existing Scheme
147	WA1.6 Community Equipment	11. Intermediate care services	4. Reablement/Rehabilitation services		Social Care		Joint	50.0%	50.0%	Private Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£13,000	£13,000	Existing
148	WA1.7 Social Care Staffing	9. High Impact Change Model for Managing Transfer of Care	3. Multi-Disciplinary/Multi-Agency Discharge Teams		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£22,042	£22,042	Existing
149	WA1.8 Mental Health Staffing	9. High Impact Change Model for Managing Transfer of Care	3. Multi-Disciplinary/Multi-Agency Discharge Teams		Mental Health		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£958	£958	Existing
150	WA1.9 Integration funds	7. Enablers for integration	3. Programme management		Social Care		Joint	50.0%	50.0%	CCG	CCG Minimum Contribution	Both 2017/18 and 2018/19	£1,100	£1,100	New
151	WA1.10 Hospital Discharge to Social Care	9. High Impact Change Model for Managing Transfer of Care	1. Early Discharge Planning		Social Care		Local Authority			Private Sector	Improved Better Care Fund	Both 2017/18 and 2018/19	£75,227	£78,739	New
152	WA2.1 Out of Hospital Services	13. Primary prevention / Early Intervention	3. Other - Physical health/wellbeing		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£198,411	£211,168	Existing
153	WA2.2 Integration funds	7. Enablers for integration	3. Programme management		Community Health		CCG			CCG	CCG Minimum Contribution	Both 2017/18 and 2018/19	£107,000	£107,000	Existing
154	WA3.1 Protection of Adult Social Care	16. Other		Multiple: Carers, Early intervention, Reablement, Hospital Based	Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£249,000	£249,000	Existing
155	WA4.1 Protected Carers Funding	3. Carers services	1. Carer advice and support		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£25,000	£25,000	Existing
156	WA5.1 New Responsibilities under the Care Act (revenue)	6. Domiciliary care at home	1. Dom care packages		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£26,000	£26,000	Existing
157	WA6.1 DFG	4. DFG - Adaptations			Social Care		Local Authority			Local Authority	Local Authority Contribution	Both 2017/18 and 2018/19	£61,588	£67,208	Existing
14	ES1.13 Community Connections	13. Primary prevention / Early Intervention	2. Other - Mental health /wellbeing		Social Care		Local Authority			Charity / Voluntary Sector	Local Authority Contribution	Both 2017/18 and 2018/19	£71,957	£71,957	New
31	FA4.2 Community Connections	13. Primary prevention / Early Intervention	2. Other - Mental health /wellbeing		Social Care		Local Authority			Charity / Voluntary Sector	Local Authority Contribution	Both 2017/18 and 2018/19	£8,780	£8,780	New
60	GW4.7 Community Connections	13. Primary prevention / Early Intervention	2. Other - Mental health /wellbeing		Social Care		Local Authority			Charity / Voluntary Sector	Local Authority Contribution	Both 2017/18 and 2018/19	£56,043	£56,043	New
80	NW4.5 Community Connections	13. Primary prevention / Early Intervention	2. Other - Mental health /wellbeing		Social Care		Local Authority			Charity / Voluntary Sector	Local Authority Contribution	Both 2017/18 and 2018/19	£163,238	£163,238	New
108	SD4.9 Community Connections	13. Primary prevention / Early Intervention	2. Other - Mental health /wellbeing		Social Care		Local Authority			Charity / Voluntary Sector	Local Authority Contribution	Both 2017/18 and 2018/19	£81,440	£81,440	New
127	SH3.4 Community Connections	13. Primary prevention / Early Intervention	2. Other - Mental health /wellbeing		Social Care		Local Authority			Charity / Voluntary Sector	Local Authority Contribution	Both 2017/18 and 2018/19	£30,295	£30,295	New
145	WA1.4 Community Connections	13. Primary prevention / Early Intervention	2. Other - Mental health /wellbeing		Social Care		Local Authority			Charity / Voluntary Sector	Local Authority Contribution	Both 2017/18 and 2018/19	£6,552	£6,552	New
14	ES1.13 Community Connections	13. Primary prevention / Early Intervention	2. Other - Mental health /wellbeing		Social Care		Local Authority			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£40,209	£40,209	New
31	FA4.2 Community Connections	13. Primary prevention / Early Intervention	2. Other - Mental health /wellbeing		Social Care		Local Authority			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£6,626	£6,626	New
60	GW4.7 Community Connections	13. Primary prevention / Early Intervention	2. Other - Mental health /wellbeing		Social Care		Local Authority			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£33,449	£33,449	New
80	NW4.5 Community Connections	13. Primary prevention / Early Intervention	2. Other - Mental health /wellbeing		Social Care		Local Authority			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£112,174	£112,174	New
108	SD4.9 Community Connections	13. Primary prevention / Early Intervention	2. Other - Mental health /wellbeing		Social Care		Local Authority			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£36,498	£36,498	New
127	SH3.4 Community Connections	13. Primary prevention / Early Intervention	2. Other - Mental health /wellbeing		Social Care		Local Authority			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£11,641	£11,641	New
171	SH1.5 Admissions Avoidance Integrated Care Team	9. High Impact Change Model for Managing Transfer of Care	3. Multi-Disciplinary/Multi-Agency Discharge Teams		Social Care		CCG			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£23,525	£127,558	New
172	ES1.19 Community Grants	13. Primary prevention / Early Intervention	3. Other - Physical health/wellbeing		Community Health		CCG			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£102,135	£102,135	New

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Scheme ID	Scheme Name	Scheme Type (see table below for descriptions)	Sub Types	Please specify if 'Scheme Type' is 'other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Scheme Duration	2017/18 Expenditure (£)	2018/19 Expenditure (£)	New/ Existing Scheme
173	ES1.20 Primary Care Network Management	13. Primary prevention / Early Intervention	3. Other - Physical health/wellbeing		Community Health		CCG			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£99,694	£197,601	New
174	ES1.6 Community Navigators	2. Care navigation / coordination	1. Care coordination		Community Health		CCG			CCG	Additional CCG Contribution	2018/19 Only		£123,000	New
171	SH1.5 Admissions Avoidance Integrated Care Team	9. High Impact Change Model for Managing Transfer of Care	3. Multi-Disciplinary/Multi-Agency Discharge Teams		Social Care		CCG			Local Authority	Additional CCG Contribution	Both 2017/18 and 2018/19	£121,475	£17,442	New
73	NW1.1 Integrated Health and Social Care (Primary Care "Locality Hubs")	13. Primary prevention / Early Intervention	3. Other - Physical health/wellbeing		Community Health		CCG			NHS Community Provider	Additional CCG Contribution	2017/18 Only	£23,484		Existing
175	ES1.21 Altogether Better	12. Personalised healthcare at home	2. Other - Physical health / wellbeing		Social Care		CCG			Local Authority	CCG Minimum Contribution	2017/18 Only	£165,000		

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Scheme Type	Description	Sub type
1. Assistive Technologies	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Digital participation services).	1. Telecare 2. Wellness services 3. Digital participation services 4. Other
2. Care navigation / coordination	A service to help people find their way to appropriate services and support and thus also support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. This is often as part of a multi-agency team which can be on line or use face to face care navigators for frail elderly, or dementia navigators etc. . This includes approaches like Single Point of Access (SPoA) and linking people to community assets.	1. Care coordination 2. Single Point of Access 3. Other
3. Carers services	Supporting people to sustain their role as carers and reduce the likelihood of crisis. Advice, advocacy, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence. This also includes the implementation of the Care Act as a sub-type.	1. Carer advice and support 2. Implementation of Care Act 3. Respite services 4. Other
4. DFG - Adaptations	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes.	
5. DFG - Other Housing	This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.	
6. Domiciliary care at home	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.	1. Dom care packages 2. Dom care workforce development 3. Other
7. Enablers for integration	Schemes that build and develop the enabling foundations of health and social care integration encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commisisioning infrastructure includes any personnel or teams that enable joint commissioning.	1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. Community asset mapping 7. New governance arrangements 8. Voluntary Sector Business Development 9. Employment services 10. Joint commissioning infrastructure 11. Other
8. Healthcare services to Care Homes	Improve the availability and quality of primary and community health services delivered to care home residents. Support the Care Home workers to improve the delivery of non-essential healthcare skills. This includes provider led interventions in care homes and commissioning activities eg. joint commissioning/quality assurance for residential and nursing homes.	1. Other - Mental health / wellbeing 2. Other - Physical health / wellbeing 3. Other
9. High Impact Change Model for Managing Transfer of Care	The 8 changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system.	1. Early Discharge Planning 2. Systems to Monitor Patient Flow 3. Multi-Disciplinary/Multi-Agency Discharge Teams 4. Home First/Discharge to Access 5. Seven-Day Services 6. Trusted Assessors 7. Focus on Choice 8. Enhancing Health in Care Homes 9. Other
10. Integrated care planning	A co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams. For Multi-Disciplinary Discharge Teams and the HICM for managing discharges, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.	1. Care planning 2. Integrated care packages 3. Review teams (reviewing placements/packages) 4. Other
11. Intermediate care services	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and delivered by a combination of professional groups. Services could include Step up/down, Reablement (restorative of self-care), Rapid response or crisis response including that for falls.	1. Step down 2. Step up 3. Rapid/Crisis Response 4. Reablement/Rehabilitation services 5. Other
12. Personalised healthcare at home	Schemes specifically designed to ensure that a person can continue to live at home through the provision of health related support at home. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term and end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in the Personalised Healthcare at Home scheme type.	1. Other - Mental health /wellbeing 2. Other - Physical health/wellbeing 3. Other
13. Primary prevention / Early Intervention	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.	1. Social Prescribing 2. Other - Mental health /wellbeing 3. Other - Physical health/wellbeing 4. Other
14. Residential placements	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.	1. Supported living 2. Learning disability 3. Extra care 4. Care home 5. Nursing home 6. Other
15. Wellbeing centres	Wellbeing centres provide a space to offer a range of support and activities that promote holistic wellbeing or to help people to access them elsewhere in the community or local area. They can typically be commissioned jointly and provided by the third sector.	
16. Other	Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.	

Planning Template v.14.6b for BCF: due on 11/09/2017

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

Selected Health and Well Being Board:
Surrey

Data Submission Period:
2017-19

4. HWB Metrics

<< Link to the Guidance tab

4.1 HWB NEA Activity Plan

	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	**Total 17/18**	**Total 18/19**
HWB Non-Elective Admission Plan* Totals	**25,810**	**25,803**	**26,160**	**25,997**	**25,884**	**25,889**	**26,240**	**26,090**	**103,770**	**104,103**

Are you planning on any additional quarterly reductions?	No

Please only record reductions where these are over and above existing or future CCG plans. HWBs are not required to attempt to align to changing CCG plans by recording reductions.

If yes, please complete HWB Quarterly Additional Reduction Figures

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

Are you putting in place a local contingency fund agreement on NEA?	No

	2017/18	2018/19
BCF revenue funding from CCGs ring-fenced for NHS out of hospital commissioned services/contingency fund **	£19,141,753	£19,505,446

Cost of NEA as used during 16/17***	£1,490	Please add the reason, for any adjustments to the cost of NEA for 17/18 or 18/19 in the cells below
Cost of NEA for 17/18 ***		
Cost of NEA for 18/19 ***		

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

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

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

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

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

4.2 Residential Admissions

		15/16 Actual	16/17 Plan	17/18 Plan	18/19 Plan	Comments
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual rate	632.1	561.7	514.2	536.2	Trajectory based on 2016/17 actuals which takes forward demand trajectories into consideration, and still equals more ambitious targets for the next two years than in previous BCF submissions.
	Numerator	1,370	1,240	1153	1222	
	Denominator	216,731	220,746	224,215	227,903	

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2014 based Sub-National Population Projections for Local Authorities in England;
https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1
Population figures for Cornwall and Isles of Scilly and Bournemouth and Poole has been combined to form Cornwall & Scilly and Bournemouth & Poole respectively to create a Residential Admissions rate for these two Health and Well-Being Boards.

4.3 Reablement

		15/16 Actual	16/17 Plan	17/18 Plan	18/19 Plan	Comments
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual %	77.8%	71.2%	75.0%	75.1%	Surrey reablement/rehabilitation services are mostly directed at older individuals with complex health and social care needs and it is judged locally that two year targets of 75% are both reasonable and ambitious in that context.
	Numerator	404	370	391	392	
	Denominator	519	520	521	522	

4.4 Delayed Transfers of Care

		16-17 Actuals				17-18 plans				18-19 plans				Comments
		Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	
Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)	Quarterly rate	698.7	770.7	1006.4	967.3	871.9	740.1	680.3	659.4	666.7	674.0	674.0	654.6	These are the sum of the trajectories set out in the DTOC template, first submitted to NHSE on 21 July '17.
	Numerator (total)	6,444	7,108	9,282	8,996	8,109	6,883	6,327	6,179	6,248	6,316	6,316	6,179	
	Denominator	922,312	922,312	922,312	930,052	930,052	930,052	930,052	937,125	937,125	937,125	937,125	943,907	

Delayed Transfers Of Care (delayed days) from hospital per 100,000 population (aged 18+) population projections are based on a calendar year using the 2014 based Sub-National Population Projections for Local Authorities in England;
https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1
Population figures for Cornwall and Isles of Scilly and Bournemouth and Poole has been combined to form Cornwall & Scilly and Bournemouth & Poole respectively to create a DTOC rate for these two Health and Well-Being Boards.

Planning Template v.14.6b for BCF: due on 11/09/2017

Sheet: 5. National Conditions

Selected Health and Well Being Board:

Surrey

Data Submission Period:

2017-19

5. National Conditions

<< Link to the Guidance tab

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

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

HWB Code	LA Name	CCG Code	CCG Name	% CCG in HWB	% HWB in CCG
E09000002	Barking and Dagenham	07L	NHS Barking and Dagenham CCG	90.2%	87.9%
E09000002	Barking and Dagenham	08F	NHS Havering CCG	7.0%	8.5%
E09000002	Barking and Dagenham	08M	NHS Newham CCG	0.3%	0.5%
E09000002	Barking and Dagenham	08N	NHS Redbridge CCG	2.2%	3.0%
E09000002	Barking and Dagenham	08W	NHS Waltham Forest CCG	0.0%	0.1%
E09000003	Barnet	07M	NHS Barnet CCG	91.0%	92.5%
E09000003	Barnet	07P	NHS Brent CCG	1.9%	1.7%
E09000003	Barnet	07R	NHS Camden CCG	0.9%	0.6%
E09000003	Barnet	09A	NHS Central London (Westminster) CCG	0.2%	0.1%
E09000003	Barnet	07X	NHS Enfield CCG	2.9%	2.4%
E09000003	Barnet	08D	NHS Haringey CCG	2.1%	1.6%
E09000003	Barnet	08E	NHS Harrow CCG	1.2%	0.8%
E09000003	Barnet	06N	NHS Herts Valleys CCG	0.0%	0.1%
E09000003	Barnet	08H	NHS Islington CCG	0.2%	0.1%
E09000003	Barnet	08Y	NHS West London (K&C & QPP) CCG	0.2%	0.1%
E08000016	Barnsley	02P	NHS Barnsley CCG	94.5%	98.2%
E08000016	Barnsley	02X	NHS Doncaster CCG	0.3%	0.4%
E08000016	Barnsley	03A	NHS Greater Huddersfield CCG	0.2%	0.2%
E08000016	Barnsley	03L	NHS Rotherham CCG	0.3%	0.3%
E08000016	Barnsley	03N	NHS Sheffield CCG	0.2%	0.4%
E08000016	Barnsley	03R	NHS Wakefield CCG	0.4%	0.6%
E06000022	Bath and North East Somerset	11E	NHS Bath and North East Somerset CCG	93.7%	98.3%
E06000022	Bath and North East Somerset	11H	NHS Bristol CCG	0.3%	0.8%
E06000022	Bath and North East Somerset	11X	NHS Somerset CCG	0.2%	0.5%
E06000022	Bath and North East Somerset	12A	NHS South Gloucestershire CCG	0.0%	0.1%
E06000022	Bath and North East Somerset	99N	NHS Wiltshire CCG	0.1%	0.3%
E06000055	Bedford	06F	NHS Bedfordshire CCG	37.5%	97.4%
E06000055	Bedford	06H	NHS Cambridgeshire and Peterborough CCG	0.4%	1.9%
E06000055	Bedford	04G	NHS Nene CCG	0.2%	0.6%
E09000004	Bexley	07N	NHS Bexley CCG	93.5%	89.4%
E09000004	Bexley	07Q	NHS Bromley CCG	0.0%	0.1%
E09000004	Bexley	09J	NHS Dartford, Gravesham and Swanley CCG	1.4%	1.5%
E09000004	Bexley	08A	NHS Greenwich CCG	7.6%	8.8%
E09000004	Bexley	08L	NHS Lewisham CCG	0.1%	0.1%
E08000025	Birmingham	13P	NHS Birmingham Crosscity CCG	91.9%	53.3%
E08000025	Birmingham	04X	NHS Birmingham South and Central CCG	96.8%	24.3%
E08000025	Birmingham	05C	NHS Dudley CCG	0.2%	0.0%
E08000025	Birmingham	05J	NHS Redditch and Bromsgrove CCG	3.0%	0.4%
E08000025	Birmingham	05L	NHS Sandwell and West Birmingham CCG	40.4%	18.8%
E08000025	Birmingham	05P	NHS Solihull CCG	15.2%	3.0%
E08000025	Birmingham	05Y	NHS Walsall CCG	0.5%	0.1%
E06000008	Blackburn with Darwen	00Q	NHS Blackburn with Darwen CCG	89.0%	95.8%
E06000008	Blackburn with Darwen	00T	NHS Bolton CCG	1.2%	2.3%
E06000008	Blackburn with Darwen	00V	NHS Bury CCG	0.2%	0.2%
E06000008	Blackburn with Darwen	01A	NHS East Lancashire CCG	0.7%	1.6%
E06000009	Blackpool	00R	NHS Blackpool CCG	86.7%	97.5%
E06000009	Blackpool	02M	NHS Fylde & Wyre CCG	2.5%	2.5%
E08000001	Bolton	00T	NHS Bolton CCG	97.3%	97.6%
E08000001	Bolton	00V	NHS Bury CCG	1.4%	0.9%
E08000001	Bolton	00X	NHS Chorley and South Ribble CCG	0.2%	0.1%
E08000001	Bolton	01G	NHS Salford CCG	0.6%	0.5%
E08000001	Bolton	02H	NHS Wigan Borough CCG	0.8%	0.9%
E06000028 & E06000029	Bournemouth & Poole	11J	NHS Dorset CCG	45.9%	100.0%
E06000036	Bracknell Forest	10G	NHS Bracknell and Ascot CCG	82.1%	94.6%
E06000036	Bracknell Forest	99M	NHS North East Hampshire and Farnham CCG	0.6%	1.1%
E06000036	Bracknell Forest	10C	NHS Surrey Heath CCG	0.1%	0.1%
E06000036	Bracknell Forest	11C	NHS Windsor, Ascot and Maidenhead CCG	1.8%	2.3%
E06000036	Bracknell Forest	11D	NHS Wokingham CCG	1.4%	1.9%

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

E06000050	Cheshire West and Chester	01C	NHS Eastern Cheshire CCG	1.1%	0.7%
E06000050	Cheshire West and Chester	01F	NHS Halton CCG	0.2%	0.0%
E06000050	Cheshire West and Chester	01R	NHS South Cheshire CCG	0.5%	0.2%
E06000050	Cheshire West and Chester	02D	NHS Vale Royal CCG	99.3%	29.3%
E06000050	Cheshire West and Chester	02E	NHS Warrington CCG	0.4%	0.3%
E06000050	Cheshire West and Chester	02F	NHS West Cheshire CCG	96.9%	69.3%
E06000050	Cheshire West and Chester	12F	NHS Wirral CCG	0.3%	0.3%
E09000001	City of London	07R	NHS Camden CCG	0.2%	6.4%
E09000001	City of London	09A	NHS Central London (Westminster) CCG	0.0%	1.8%
E09000001	City of London	07T	NHS City and Hackney CCG	1.8%	72.7%
E09000001	City of London	08H	NHS Islington CCG	0.1%	3.0%
E09000001	City of London	08V	NHS Tower Hamlets CCG	0.4%	15.9%
E09000001	City of London	08Y	NHS West London (K&C & QPP) CCG	0.0%	0.1%
E06000052	Cornwall & Scilly	11N	NHS Kernow CCG	99.7%	99.4%
E06000052	Cornwall & Scilly	99P	NHS North, East, West Devon CCG	0.4%	0.6%
E06000047	County Durham	00D	NHS Durham Dales, Easington and Sedgefield CCG	97.2%	52.6%
E06000047	County Durham	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.1%	0.0%
E06000047	County Durham	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.1%	0.0%
E06000047	County Durham	13T	NHS Newcastle Gateshead CCG	0.7%	0.7%
E06000047	County Durham	00J	NHS North Durham CCG	96.6%	46.1%
E06000047	County Durham	00P	NHS Sunderland CCG	1.2%	0.6%
E08000026	Coventry	05A	NHS Coventry and Rugby CCG	74.4%	99.9%
E08000026	Coventry	05H	NHS Warwickshire North CCG	0.3%	0.1%
E09000008	Croydon	07Q	NHS Bromley CCG	1.6%	1.3%
E09000008	Croydon	07V	NHS Croydon CCG	95.4%	93.3%
E09000008	Croydon	09L	NHS East Surrey CCG	3.0%	1.3%
E09000008	Croydon	08K	NHS Lambeth CCG	2.9%	2.8%
E09000008	Croydon	08R	NHS Merton CCG	0.8%	0.4%
E09000008	Croydon	08T	NHS Sutton CCG	0.8%	0.4%
E09000008	Croydon	08X	NHS Wandsworth CCG	0.5%	0.4%
E10000006	Cumbria	01H	NHS Cumbria CCG	97.4%	100.0%
E10000006	Cumbria	01K	NHS Morecambe Bay CCG	0.2%	0.0%
E06000005	Darlington	00C	NHS Darlington CCG	98.2%	96.2%
E06000005	Darlington	00D	NHS Durham Dales, Easington and 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	50.0%	100.0%
E10000007	Derbyshire	02Q	NHS Bassetlaw CCG	0.2%	0.0%
E10000007	Derbyshire	05D	NHS East Staffordshire CCG	8.0%	1.4%
E10000007	Derbyshire	01C	NHS Eastern Cheshire CCG	0.3%	0.0%
E10000007	Derbyshire	03X	NHS Erewash CCG	92.4%	11.3%
E10000007	Derbyshire	03Y	NHS Hardwick CCG	94.6%	12.3%
E10000007	Derbyshire	04E	NHS Mansfield and Ashfield CCG	2.0%	0.5%
E10000007	Derbyshire	04J	NHS North Derbyshire CCG	98.2%	35.9%
E10000007	Derbyshire	04L	NHS Nottingham North and East CCG	0.3%	0.0%
E10000007	Derbyshire	04M	NHS Nottingham West CCG	5.2%	0.6%
E10000007	Derbyshire	03N	NHS Sheffield CCG	0.5%	0.4%
E10000007	Derbyshire	04R	NHS Southern Derbyshire CCG	48.2%	33.1%
E10000007	Derbyshire	01W	NHS Stockport CCG	0.1%	0.0%
E10000007	Derbyshire	01Y	NHS Tameside and Glossop CCG	14.0%	4.3%
E10000007	Derbyshire	04V	NHS West Leicestershire CCG	0.5%	0.2%
E10000008	Devon	11J	NHS Dorset CCG	0.3%	0.3%
E10000008	Devon	11N	NHS Kernow CCG	0.3%	0.2%
E10000008	Devon	99P	NHS North, East, West Devon CCG	70.1%	80.6%
E10000008	Devon	11X	NHS Somerset CCG	0.4%	0.3%
E10000008	Devon	99Q	NHS South Devon and Torbay CCG	51.1%	18.5%
E08000017	Doncaster	02P	NHS Barnsley CCG	0.3%	0.3%
E08000017	Doncaster	02Q	NHS Bassetlaw CCG	1.4%	0.5%
E08000017	Doncaster	02X	NHS Doncaster CCG	96.7%	97.8%
E08000017	Doncaster	03L	NHS Rotherham CCG	1.5%	1.2%
E08000017	Doncaster	03R	NHS Wakefield CCG	0.1%	0.2%

E10000009	Dorset	11J	NHS Dorset CCG	52.5%	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	0.3%	0.6%
E08000027	Dudley	05C	NHS Dudley CCG	93.2%	90.8%
E08000027	Dudley	05L	NHS Sandwell and West Birmingham CCG	3.9%	6.9%
E08000027	Dudley	06A	NHS Wolverhampton CCG	1.8%	1.5%
E08000027	Dudley	06D	NHS Wyre Forest CCG	0.7%	0.2%
E09000009	Ealing	07P	NHS Brent CCG	1.7%	1.5%
E09000009	Ealing	09A	NHS Central London (Westminster) CCG	0.2%	0.1%
E09000009	Ealing	07W	NHS Ealing CCG	86.8%	90.7%
E09000009	Ealing	08C	NHS Hammersmith and Fulham CCG	5.8%	3.0%
E09000009	Ealing	08E	NHS Harrow CCG	0.4%	0.3%
E09000009	Ealing	08G	NHS Hillingdon CCG	0.7%	0.5%
E09000009	Ealing	07Y	NHS Hounslow CCG	4.8%	3.6%
E09000009	Ealing	08Y	NHS West London (K&C & QPP) CCG	0.7%	0.4%
E06000011	East Riding of Yorkshire	02Y	NHS East Riding of Yorkshire CCG	97.4%	85.0%
E06000011	East Riding of Yorkshire	03F	NHS Hull CCG	9.5%	8.1%
E06000011	East Riding of Yorkshire	03M	NHS Scarborough and Ryedale CCG	0.7%	0.2%
E06000011	East Riding of Yorkshire	03Q	NHS Vale of York CCG	6.5%	6.6%
E10000011	East Sussex	09D	NHS Brighton and Hove CCG	1.1%	0.6%
E10000011	East Sussex	09F	NHS Eastbourne, Hailsham and Seaford CCG	100.0%	34.7%
E10000011	East Sussex	09P	NHS Hastings and Rother CCG	99.7%	33.3%
E10000011	East Sussex	99K	NHS High Weald Lewes Havens CCG	98.1%	29.6%
E10000011	East Sussex	09X	NHS Horsham and Mid Sussex CCG	2.8%	1.2%
E10000011	East Sussex	99J	NHS West Kent CCG	0.8%	0.7%
E09000010	Enfield	07M	NHS Barnet CCG	1.1%	1.3%
E09000010	Enfield	07T	NHS City and Hackney CCG	0.1%	0.1%
E09000010	Enfield	06K	NHS East and North Hertfordshire CCG	0.3%	0.5%
E09000010	Enfield	07X	NHS Enfield CCG	95.4%	90.8%
E09000010	Enfield	08D	NHS Haringey CCG	7.7%	6.9%
E09000010	Enfield	06N	NHS Herts Valleys CCG	0.1%	0.2%
E09000010	Enfield	08H	NHS Islington CCG	0.2%	0.1%
E10000012	Essex	07L	NHS Barking and Dagenham CCG	0.1%	0.0%
E10000012	Essex	99E	NHS Basildon and Brentwood CCG	99.8%	18.2%
E10000012	Essex	06H	NHS Cambridgeshire and Peterborough CCG	0.1%	0.0%
E10000012	Essex	99F	NHS Castle Point and Rochford CCG	95.3%	11.6%
E10000012	Essex	06K	NHS East and North Hertfordshire CCG	1.7%	0.7%
E10000012	Essex	08F	NHS Havering CCG	0.3%	0.0%
E10000012	Essex	06L	NHS Ipswich and East Suffolk CCG	0.2%	0.0%
E10000012	Essex	06Q	NHS Mid Essex CCG	100.0%	25.6%
E10000012	Essex	06T	NHS North East Essex CCG	98.6%	22.6%
E10000012	Essex	08N	NHS Redbridge CCG	3.0%	0.6%
E10000012	Essex	99G	NHS Southend CCG	3.3%	0.4%
E10000012	Essex	07G	NHS Thurrock CCG	1.4%	0.2%
E10000012	Essex	08W	NHS Waltham Forest CCG	0.5%	0.1%
E10000012	Essex	07H	NHS West Essex CCG	97.1%	19.7%
E10000012	Essex	07K	NHS West Suffolk CCG	2.3%	0.4%
E08000037	Gateshead	13T	NHS Newcastle Gateshead CCG	38.9%	97.9%
E08000037	Gateshead	00J	NHS North Durham CCG	0.9%	1.1%
E08000037	Gateshead	00L	NHS Northumberland CCG	0.5%	0.8%
E08000037	Gateshead	00N	NHS South Tyneside CCG	0.3%	0.2%
E10000013	Gloucestershire	11M	NHS Gloucestershire CCG	97.6%	98.6%
E10000013	Gloucestershire	05F	NHS Herefordshire CCG	0.5%	0.1%
E10000013	Gloucestershire	10Q	NHS Oxfordshire CCG	0.2%	0.2%
E10000013	Gloucestershire	12A	NHS South Gloucestershire CCG	0.3%	0.1%
E10000013	Gloucestershire	05R	NHS South Warwickshire CCG	0.5%	0.2%
E10000013	Gloucestershire	05T	NHS South Worcestershire CCG	1.1%	0.5%
E10000013	Gloucestershire	99N	NHS Wiltshire CCG	0.2%	0.2%
E09000011	Greenwich	07N	NHS Bexley CCG	5.1%	4.2%
E09000011	Greenwich	07Q	NHS Bromley CCG	1.1%	1.3%
E09000011	Greenwich	08A	NHS Greenwich CCG	88.7%	89.7%
E09000011	Greenwich	08L	NHS Lewisham CCG	4.2%	4.7%
E09000012	Hackney	07R	NHS Camden CCG	0.8%	0.7%
E09000012	Hackney	09A	NHS Central London (Westminster) CCG	0.2%	0.1%
E09000012	Hackney	07T	NHS City and Hackney CCG	90.4%	94.4%
E09000012	Hackney	08D	NHS Haringey CCG	0.6%	0.6%
E09000012	Hackney	08H	NHS Islington CCG	4.4%	3.6%
E09000012	Hackney	08V	NHS Tower Hamlets CCG	0.5%	0.5%
E06000006	Halton	01F	NHS Halton CCG	98.2%	96.6%
E06000006	Halton	01J	NHS Knowsley CCG	0.2%	0.2%
E06000006	Halton	99A	NHS Liverpool CCG	0.3%	1.1%
E06000006	Halton	02E	NHS Warrington CCG	0.6%	1.0%
E06000006	Halton	02F	NHS West Cheshire CCG	0.6%	1.2%

E09000013	Hammersmith and Fulham	07P	NHS Brent CCG	0.3%	0.5%
E09000013	Hammersmith and Fulham	07R	NHS Camden CCG	0.1%	0.1%
E09000013	Hammersmith and Fulham	09A	NHS Central London (Westminster) CCG	2.4%	2.4%
E09000013	Hammersmith and Fulham	07W	NHS Ealing CCG	0.6%	1.2%
E09000013	Hammersmith and Fulham	08C	NHS Hammersmith and Fulham CCG	90.4%	87.7%
E09000013	Hammersmith and Fulham	07Y	NHS Hounslow CCG	0.5%	0.7%
E09000013	Hammersmith and Fulham	08X	NHS Wandsworth CCG	0.1%	0.2%
E09000013	Hammersmith and Fulham	08Y	NHS West London (K&C & QPP) CCG	6.4%	7.2%
E10000014	Hampshire	10G	NHS Bracknell and Ascot CCG	0.7%	0.0%
E10000014	Hampshire	09G	NHS Coastal West Sussex CCG	0.2%	0.0%
E10000014	Hampshire	11J	NHS Dorset CCG	0.5%	0.3%
E10000014	Hampshire	10K	NHS Fareham and Gosport CCG	98.6%	14.5%
E10000014	Hampshire	09N	NHS Guildford and Waverley CCG	2.9%	0.5%
E10000014	Hampshire	10M	NHS Newbury and District CCG	5.9%	0.5%
E10000014	Hampshire	10N	NHS North & West Reading CCG	0.9%	0.0%
E10000014	Hampshire	99M	NHS North East Hampshire and Farnham CCG	76.4%	12.4%
E10000014	Hampshire	10J	NHS North Hampshire CCG	99.2%	16.0%
E10000014	Hampshire	10R	NHS Portsmouth CCG	4.4%	0.7%
E10000014	Hampshire	10V	NHS South Eastern Hampshire CCG	95.5%	14.6%
E10000014	Hampshire	10X	NHS Southampton CCG	5.3%	1.1%
E10000014	Hampshire	10C	NHS Surrey Heath CCG	0.8%	0.0%
E10000014	Hampshire	11A	NHS West Hampshire CCG	97.7%	39.1%
E10000014	Hampshire	99N	NHS Wiltshire CCG	1.3%	0.4%
E10000014	Hampshire	11D	NHS Wokingham CCG	0.6%	0.0%
E09000014	Haringey	07M	NHS Barnet CCG	1.1%	1.5%
E09000014	Haringey	07R	NHS Camden CCG	0.6%	0.5%
E09000014	Haringey	09A	NHS Central London (Westminster) CCG	0.1%	0.0%
E09000014	Haringey	07T	NHS City and Hackney CCG	3.0%	3.1%
E09000014	Haringey	07X	NHS Enfield CCG	1.3%	1.4%
E09000014	Haringey	08D	NHS Haringey CCG	87.8%	91.5%
E09000014	Haringey	08H	NHS Islington CCG	2.4%	2.0%
E09000015	Harrow	07M	NHS Barnet CCG	4.3%	6.3%
E09000015	Harrow	07P	NHS Brent CCG	3.6%	4.8%
E09000015	Harrow	07W	NHS Ealing CCG	1.2%	1.9%
E09000015	Harrow	08E	NHS Harrow CCG	89.7%	84.4%
E09000015	Harrow	06N	NHS Herts Valleys CCG	0.2%	0.5%
E09000015	Harrow	08G	NHS Hillingdon CCG	1.8%	2.0%
E09000015	Harrow	08Y	NHS West London (K&C & QPP) CCG	0.1%	0.1%
E06000001	Hartlepool	00D	NHS Durham Dales, Easington and Sedgefield CCG	0.2%	0.5%
E06000001	Hartlepool	00K	NHS Hartlepool and Stockton-On-Tees CCG	32.5%	99.5%
E09000016	Havering	07L	NHS Barking and Dagenham CCG	3.3%	2.8%
E09000016	Havering	08F	NHS Havering CCG	91.7%	96.4%
E09000016	Havering	08M	NHS Newham CCG	0.1%	0.1%
E09000016	Havering	08N	NHS Redbridge CCG	0.6%	0.7%
E09000016	Havering	07G	NHS Thurrock CCG	0.1%	0.0%
E06000019	Herefordshire, County of	11M	NHS Gloucestershire CCG	0.3%	0.9%
E06000019	Herefordshire, County of	05F	NHS Herefordshire CCG	98.1%	97.3%
E06000019	Herefordshire, County of	05N	NHS Shropshire CCG	0.3%	0.5%
E06000019	Herefordshire, County of	05T	NHS South Worcestershire CCG	0.8%	1.3%
E10000015	Hertfordshire	10Y	NHS Aylesbury Vale CCG	0.4%	0.0%
E10000015	Hertfordshire	07M	NHS Barnet CCG	0.2%	0.0%
E10000015	Hertfordshire	06F	NHS Bedfordshire CCG	0.1%	0.0%
E10000015	Hertfordshire	06H	NHS Cambridgeshire and Peterborough CCG	2.1%	1.6%
E10000015	Hertfordshire	10H	NHS Chiltern CCG	0.1%	0.0%
E10000015	Hertfordshire	06K	NHS East and North Hertfordshire CCG	96.9%	46.6%
E10000015	Hertfordshire	07X	NHS Enfield CCG	0.4%	0.1%
E10000015	Hertfordshire	08E	NHS Harrow CCG	0.6%	0.1%
E10000015	Hertfordshire	06N	NHS Herts Valleys CCG	98.1%	50.8%
E10000015	Hertfordshire	08G	NHS Hillingdon CCG	2.3%	0.6%
E10000015	Hertfordshire	06P	NHS Luton CCG	0.4%	0.0%
E10000015	Hertfordshire	07H	NHS West Essex CCG	0.8%	0.2%
E09000017	Hillingdon	10H	NHS Chiltern CCG	0.1%	0.1%
E09000017	Hillingdon	07W	NHS Ealing CCG	5.2%	6.9%
E09000017	Hillingdon	08C	NHS Hammersmith and Fulham CCG	0.5%	0.3%
E09000017	Hillingdon	08E	NHS Harrow CCG	2.3%	1.9%
E09000017	Hillingdon	08G	NHS Hillingdon CCG	94.3%	89.9%
E09000017	Hillingdon	07Y	NHS Hounslow CCG	1.0%	0.9%

E09000018	Hounslow	07W	NHS Ealing CCG	5.7%	7.8%
E09000018	Hounslow	08C	NHS Hammersmith and Fulham CCG	1.0%	0.7%
E09000018	Hounslow	08G	NHS Hillingdon CCG	0.2%	0.2%
E09000018	Hounslow	07Y	NHS Hounslow CCG	88.2%	86.8%
E09000018	Hounslow	09Y	NHS North West Surrey CCG	0.3%	0.4%
E09000018	Hounslow	08P	NHS Richmond CCG	5.6%	3.9%
E09000018	Hounslow	08Y	NHS West London (K&C & QPP) CCG	0.2%	0.1%
E06000046	Isle of Wight	10L	NHS Isle of Wight CCG	100.0%	100.0%
E09000019	Islington	07R	NHS Camden CCG	4.6%	5.2%
E09000019	Islington	09A	NHS Central London (Westminster) CCG	0.5%	0.4%
E09000019	Islington	07T	NHS City and Hackney CCG	3.3%	4.1%
E09000019	Islington	08D	NHS Haringey CCG	1.3%	1.6%
E09000019	Islington	08H	NHS Islington CCG	89.4%	88.7%
E09000020	Kensington and Chelsea	07P	NHS Brent CCG	0.0%	0.1%
E09000020	Kensington and Chelsea	07R	NHS Camden CCG	0.2%	0.4%
E09000020	Kensington and Chelsea	09A	NHS Central London (Westminster) CCG	4.0%	5.2%
E09000020	Kensington and Chelsea	08C	NHS Hammersmith and Fulham CCG	1.0%	1.2%
E09000020	Kensington and Chelsea	08Y	NHS West London (K&C & QPP) CCG	63.8%	93.1%
E10000016	Kent	09C	NHS Ashford CCG	100.0%	8.3%
E10000016	Kent	07N	NHS Bexley CCG	1.2%	0.2%
E10000016	Kent	07Q	NHS Bromley CCG	0.9%	0.2%
E10000016	Kent	09E	NHS Canterbury and Coastal CCG	100.0%	14.2%
E10000016	Kent	09J	NHS Dartford, Gravesham and Swanley CCG	98.3%	16.5%
E10000016	Kent	09L	NHS East Surrey CCG	0.1%	0.0%
E10000016	Kent	08A	NHS Greenwich CCG	0.1%	0.0%
E10000016	Kent	09P	NHS Hastings and Rother CCG	0.3%	0.0%
E10000016	Kent	99K	NHS High Weald Lewes Havens CCG	0.6%	0.0%
E10000016	Kent	09W	NHS Medway CCG	6.0%	1.1%
E10000016	Kent	10A	NHS South Kent Coast CCG	100.0%	12.9%
E10000016	Kent	10D	NHS Swale CCG	99.9%	7.1%
E10000016	Kent	10E	NHS Thanet CCG	100.0%	9.2%
E10000016	Kent	99J	NHS West Kent CCG	98.7%	30.3%
E06000010	Kingston upon Hull, City of	02Y	NHS East Riding of Yorkshire CCG	1.3%	1.4%
E06000010	Kingston upon Hull, City of	03F	NHS Hull CCG	90.5%	98.6%
E09000021	Kingston upon Thames	08J	NHS Kingston CCG	87.1%	95.6%
E09000021	Kingston upon Thames	08R	NHS Merton CCG	1.1%	1.3%
E09000021	Kingston upon Thames	08P	NHS Richmond CCG	0.7%	0.8%
E09000021	Kingston upon Thames	99H	NHS Surrey Downs CCG	0.9%	1.5%
E09000021	Kingston upon Thames	08T	NHS Sutton CCG	0.1%	0.1%
E09000021	Kingston upon Thames	08X	NHS Wandsworth CCG	0.3%	0.6%
E08000034	Kirklees	02P	NHS Barnsley CCG	0.1%	0.0%
E08000034	Kirklees	02R	NHS Bradford Districts CCG	1.0%	0.7%
E08000034	Kirklees	02T	NHS Calderdale CCG	1.3%	0.7%
E08000034	Kirklees	03A	NHS Greater Huddersfield CCG	99.5%	54.7%
E08000034	Kirklees	03C	NHS Leeds West CCG	0.3%	0.2%
E08000034	Kirklees	03J	NHS North Kirklees CCG	98.9%	42.4%
E08000034	Kirklees	03R	NHS Wakefield CCG	1.5%	1.2%
E08000011	Knowsley	01F	NHS Halton CCG	1.0%	0.8%
E08000011	Knowsley	01J	NHS Knowsley CCG	86.8%	88.2%
E08000011	Knowsley	99A	NHS Liverpool CCG	2.5%	8.0%
E08000011	Knowsley	01T	NHS South Sefton CCG	0.2%	0.1%
E08000011	Knowsley	01X	NHS St Helens CCG	2.3%	2.8%
E09000022	Lambeth	07R	NHS Camden CCG	0.1%	0.1%
E09000022	Lambeth	09A	NHS Central London (Westminster) CCG	0.8%	0.5%
E09000022	Lambeth	07V	NHS Croydon CCG	0.7%	0.8%
E09000022	Lambeth	08K	NHS Lambeth CCG	85.9%	92.6%
E09000022	Lambeth	08R	NHS Merton CCG	1.1%	0.6%
E09000022	Lambeth	08Q	NHS Southwark CCG	1.8%	1.6%
E09000022	Lambeth	08X	NHS Wandsworth CCG	3.6%	3.8%

E10000017	Lancashire	02N	NHS Airedale, 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	13.3%	1.8%
E10000017	Lancashire	00T	NHS Bolton CCG	0.3%	0.0%
E10000017	Lancashire	00V	NHS Bury CCG	1.4%	0.2%
E10000017	Lancashire	00X	NHS Chorley and South Ribble CCG	99.8%	14.5%
E10000017	Lancashire	01H	NHS Cumbria CCG	1.4%	0.6%
E10000017	Lancashire	01A	NHS East Lancashire CCG	99.0%	30.0%
E10000017	Lancashire	02M	NHS Fylde & Wyre CCG	97.5%	11.8%
E10000017	Lancashire	01E	NHS Greater Preston CCG	100.0%	17.1%
E10000017	Lancashire	01D	NHS Heywood, Middleton and Rochdale CCG	0.9%	0.2%
E10000017	Lancashire	01J	NHS Knowsley CCG	0.1%	0.0%
E10000017	Lancashire	01K	NHS Morecambe Bay CCG	99.8%	12.9%
E10000017	Lancashire	01T	NHS South Sefton CCG	0.5%	0.0%
E10000017	Lancashire	01V	NHS Southport and Formby CCG	3.1%	0.3%
E10000017	Lancashire	01X	NHS St Helens CCG	0.5%	0.0%
E10000017	Lancashire	02G	NHS West Lancashire CCG	97.0%	8.8%
E10000017	Lancashire	02H	NHS Wigan Borough CCG	0.8%	0.2%
E08000035	Leeds	02W	NHS Bradford City CCG	0.6%	0.0%
E08000035	Leeds	02R	NHS Bradford Districts CCG	0.7%	0.3%
E08000035	Leeds	02V	NHS Leeds North CCG	96.4%	24.2%
E08000035	Leeds	03G	NHS Leeds South and East CCG	98.4%	31.7%
E08000035	Leeds	03C	NHS Leeds West CCG	97.9%	43.0%
E08000035	Leeds	03J	NHS North Kirklees CCG	0.3%	0.0%
E08000035	Leeds	03Q	NHS Vale of York CCG	0.6%	0.2%
E08000035	Leeds	03R	NHS Wakefield CCG	1.4%	0.6%
E06000016	Leicester	03W	NHS East Leicestershire and Rutland CCG	2.3%	2.0%
E06000016	Leicester	04C	NHS Leicester City CCG	92.5%	95.3%
E06000016	Leicester	04V	NHS West Leicestershire CCG	2.7%	2.7%
E10000018	Leicestershire	03V	NHS Corby CCG	0.6%	0.0%
E10000018	Leicestershire	03W	NHS East Leicestershire and Rutland CCG	85.4%	39.9%
E10000018	Leicestershire	04C	NHS Leicester City CCG	7.5%	4.2%
E10000018	Leicestershire	04N	NHS Rushcliffe CCG	5.4%	1.0%
E10000018	Leicestershire	04Q	NHS South West Lincolnshire CCG	5.6%	1.1%
E10000018	Leicestershire	04R	NHS Southern Derbyshire CCG	0.7%	0.5%
E10000018	Leicestershire	05H	NHS Warwickshire North CCG	1.6%	0.4%
E10000018	Leicestershire	04V	NHS West Leicestershire CCG	96.2%	52.9%
E09000023	Lewisham	07Q	NHS Bromley CCG	1.4%	1.5%
E09000023	Lewisham	09A	NHS Central London (Westminster) CCG	0.2%	0.1%
E09000023	Lewisham	08A	NHS Greenwich CCG	2.1%	1.9%
E09000023	Lewisham	08K	NHS Lambeth CCG	0.3%	0.3%
E09000023	Lewisham	08L	NHS Lewisham CCG	91.8%	92.4%
E09000023	Lewisham	08Q	NHS Southwark CCG	3.8%	3.8%
E10000019	Lincolnshire	06H	NHS Cambridgeshire and Peterborough CCG	0.2%	0.3%
E10000019	Lincolnshire	03W	NHS East Leicestershire and Rutland CCG	0.2%	0.0%
E10000019	Lincolnshire	03T	NHS Lincolnshire East CCG	99.2%	32.0%
E10000019	Lincolnshire	04D	NHS Lincolnshire West CCG	98.5%	30.5%
E10000019	Lincolnshire	04H	NHS Newark & Sherwood CCG	2.4%	0.4%
E10000019	Lincolnshire	03H	NHS North East Lincolnshire CCG	2.7%	0.6%
E10000019	Lincolnshire	03K	NHS North Lincolnshire CCG	2.6%	0.6%
E10000019	Lincolnshire	99D	NHS South Lincolnshire CCG	90.8%	19.6%
E10000019	Lincolnshire	04Q	NHS South West Lincolnshire CCG	93.3%	16.2%
E08000012	Liverpool	01J	NHS Knowsley CCG	8.5%	2.7%
E08000012	Liverpool	99A	NHS Liverpool CCG	94.4%	96.3%
E08000012	Liverpool	01T	NHS South Sefton CCG	3.3%	1.0%
E06000032	Luton	06F	NHS Bedfordshire CCG	2.2%	4.4%
E06000032	Luton	06P	NHS Luton CCG	97.3%	95.6%
E08000003	Manchester	00V	NHS Bury CCG	0.3%	0.1%
E08000003	Manchester	01D	NHS Heywood, Middleton and Rochdale CCG	0.5%	0.2%
E08000003	Manchester	14L	NHS Manchester CCG	90.9%	95.5%
E08000003	Manchester	00Y	NHS Oldham CCG	0.9%	0.4%
E08000003	Manchester	01G	NHS Salford CCG	2.5%	1.1%
E08000003	Manchester	01W	NHS Stockport CCG	1.6%	0.8%
E08000003	Manchester	01Y	NHS Tameside and Glossop CCG	0.4%	0.2%
E08000003	Manchester	02A	NHS Trafford CCG	4.1%	1.6%
E06000035	Medway	09J	NHS Dartford, Gravesham and Swanley CCG	0.2%	0.2%
E06000035	Medway	09W	NHS Medway CCG	94.0%	99.5%
E06000035	Medway	10D	NHS Swale CCG	0.1%	0.0%
E06000035	Medway	99J	NHS West Kent CCG	0.2%	0.3%

E09000024	Merton	07V	NHS Croydon CCG	0.5%	0.9%
E09000024	Merton	08J	NHS Kingston CCG	3.5%	3.0%
E09000024	Merton	08K	NHS Lambeth CCG	1.0%	1.6%
E09000024	Merton	08R	NHS Merton CCG	87.5%	81.1%
E09000024	Merton	08T	NHS Sutton CCG	3.4%	2.7%
E09000024	Merton	08X	NHS Wandsworth CCG	6.6%	10.8%
E06000002	Middlesbrough	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.2%	0.2%
E06000002	Middlesbrough	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.3%
E06000002	Middlesbrough	00M	NHS South Tees CCG	52.2%	99.5%
E06000042	Milton Keynes	06F	NHS Bedfordshire CCG	1.5%	2.5%
E06000042	Milton Keynes	04F	NHS Milton Keynes CCG	95.5%	96.1%
E06000042	Milton Keynes	04G	NHS Nene CCG	0.6%	1.3%
E08000021	Newcastle upon Tyne	13T	NHS Newcastle Gateshead CCG	58.6%	95.1%
E08000021	Newcastle upon Tyne	99C	NHS North Tyneside CCG	6.0%	4.1%
E08000021	Newcastle upon Tyne	00L	NHS Northumberland CCG	0.8%	0.8%
E09000025	Newham	07L	NHS Barking and Dagenham CCG	0.5%	0.3%
E09000025	Newham	09A	NHS Central London (Westminster) CCG	0.5%	0.3%
E09000025	Newham	07T	NHS City and Hackney CCG	0.1%	0.0%
E09000025	Newham	08M	NHS Newham CCG	96.6%	97.7%
E09000025	Newham	08N	NHS Redbridge CCG	0.3%	0.2%
E09000025	Newham	08V	NHS Tower Hamlets CCG	0.2%	0.2%
E09000025	Newham	08W	NHS Waltham Forest CCG	1.7%	1.4%
E10000020	Norfolk	06H	NHS Cambridgeshire and Peterborough CCG	0.7%	0.7%
E10000020	Norfolk	06M	NHS Great Yarmouth and Waveney CCG	47.7%	12.3%
E10000020	Norfolk	06L	NHS Ipswich and East Suffolk CCG	0.2%	0.0%
E10000020	Norfolk	06V	NHS North Norfolk CCG	100.0%	18.7%
E10000020	Norfolk	06W	NHS Norwich CCG	100.0%	23.8%
E10000020	Norfolk	99D	NHS South Lincolnshire CCG	0.2%	0.0%
E10000020	Norfolk	06Y	NHS South Norfolk CCG	98.9%	25.4%
E10000020	Norfolk	07J	NHS West Norfolk CCG	98.5%	18.5%
E10000020	Norfolk	07K	NHS West Suffolk CCG	2.6%	0.7%
E06000012	North East Lincolnshire	03T	NHS Lincolnshire East CCG	0.8%	1.2%
E06000012	North East Lincolnshire	03H	NHS North East Lincolnshire CCG	95.9%	98.6%
E06000012	North East Lincolnshire	03K	NHS North Lincolnshire CCG	0.2%	0.2%
E06000013	North Lincolnshire	02Q	NHS Bassetlaw CCG	0.2%	0.2%
E06000013	North Lincolnshire	02X	NHS Doncaster CCG	0.0%	0.1%
E06000013	North Lincolnshire	02Y	NHS East Riding of Yorkshire CCG	0.0%	0.1%
E06000013	North Lincolnshire	04D	NHS Lincolnshire West CCG	1.1%	1.4%
E06000013	North Lincolnshire	03H	NHS North East Lincolnshire CCG	1.4%	1.4%
E06000013	North Lincolnshire	03K	NHS North Lincolnshire CCG	97.2%	96.8%
E06000024	North Somerset	11E	NHS Bath and North East Somerset CCG	1.6%	1.5%
E06000024	North Somerset	11H	NHS Bristol CCG	0.3%	0.6%
E06000024	North Somerset	11T	NHS North Somerset CCG	99.1%	97.7%
E06000024	North Somerset	11X	NHS Somerset CCG	0.0%	0.2%
E08000022	North Tyneside	13T	NHS Newcastle Gateshead CCG	1.0%	2.5%
E08000022	North Tyneside	99C	NHS North Tyneside CCG	93.0%	96.3%
E08000022	North Tyneside	00L	NHS Northumberland CCG	0.7%	1.1%
E10000023	North Yorkshire	02N	NHS Airedale, 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	1.4%	0.7%
E10000023	North Yorkshire	03D	NHS Hambleton, Richmondshire and Whitby CCG	98.5%	22.9%
E10000023	North Yorkshire	03E	NHS Harrogate and Rural District CCG	99.9%	26.2%
E10000023	North Yorkshire	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.0%
E10000023	North Yorkshire	02V	NHS Leeds North CCG	3.0%	1.0%
E10000023	North Yorkshire	03G	NHS Leeds South and East CCG	0.5%	0.2%
E10000023	North Yorkshire	03M	NHS Scarborough and Ryedale CCG	99.3%	19.2%
E10000023	North Yorkshire	03Q	NHS Vale of York CCG	32.7%	18.7%
E10000023	North Yorkshire	03R	NHS Wakefield CCG	2.0%	1.2%

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

E09000027	Richmond upon Thames	08C	NHS Hammersmith and Fulham CCG	0.4%	0.4%
E09000027	Richmond upon Thames	07Y	NHS Hounslow CCG	4.9%	7.0%
E09000027	Richmond upon Thames	08J	NHS Kingston CCG	1.5%	1.4%
E09000027	Richmond upon Thames	08P	NHS Richmond CCG	91.7%	90.5%
E09000027	Richmond upon Thames	99H	NHS Surrey Downs CCG	0.0%	0.1%
E09000027	Richmond upon Thames	08X	NHS Wandsworth CCG	0.3%	0.6%
E08000005	Rochdale	00V	NHS Bury CCG	0.6%	0.6%
E08000005	Rochdale	01A	NHS East Lancashire CCG	0.2%	0.3%
E08000005	Rochdale	01D	NHS Heywood, Middleton and Rochdale CCG	96.5%	96.6%
E08000005	Rochdale	14L	NHS Manchester CCG	0.6%	1.6%
E08000005	Rochdale	00Y	NHS Oldham CCG	0.9%	1.0%
E08000018	Rotherham	02P	NHS Barnsley CCG	3.4%	3.2%
E08000018	Rotherham	02Q	NHS Bassetlaw CCG	1.0%	0.4%
E08000018	Rotherham	02X	NHS Doncaster CCG	1.1%	1.3%
E08000018	Rotherham	03L	NHS Rotherham CCG	97.9%	93.5%
E08000018	Rotherham	03N	NHS Sheffield CCG	0.8%	1.6%
E06000017	Rutland	06H	NHS Cambridgeshire and Peterborough CCG	0.0%	0.4%
E06000017	Rutland	03V	NHS Corby CCG	0.3%	0.6%
E06000017	Rutland	03W	NHS East Leicestershire and Rutland CCG	9.8%	85.7%
E06000017	Rutland	99D	NHS South Lincolnshire CCG	2.7%	11.9%
E06000017	Rutland	04Q	NHS South West Lincolnshire CCG	0.4%	1.5%
E08000006	Salford	00T	NHS Bolton CCG	0.3%	0.3%
E08000006	Salford	00V	NHS Bury CCG	1.9%	1.4%
E08000006	Salford	14L	NHS Manchester CCG	0.9%	2.2%
E08000006	Salford	01G	NHS Salford CCG	94.0%	94.8%
E08000006	Salford	02A	NHS Trafford CCG	0.2%	0.2%
E08000006	Salford	02H	NHS Wigan Borough CCG	0.9%	1.1%
E08000028	Sandwell	13P	NHS Birmingham Crosscity CCG	3.0%	6.2%
E08000028	Sandwell	04X	NHS Birmingham South and Central CCG	0.2%	0.2%
E08000028	Sandwell	05C	NHS Dudley CCG	3.0%	2.7%
E08000028	Sandwell	05L	NHS Sandwell and West Birmingham CCG	54.0%	89.2%
E08000028	Sandwell	05Y	NHS Walsall CCG	1.7%	1.3%
E08000028	Sandwell	06A	NHS Wolverhampton CCG	0.3%	0.3%
E08000014	Sefton	01J	NHS Knowsley CCG	1.8%	1.0%
E08000014	Sefton	99A	NHS Liverpool CCG	2.9%	5.3%
E08000014	Sefton	01T	NHS South Sefton CCG	96.1%	51.8%
E08000014	Sefton	01V	NHS Southport and Formby CCG	96.9%	41.8%
E08000014	Sefton	02G	NHS West Lancashire CCG	0.3%	0.1%
E08000019	Sheffield	02P	NHS Barnsley CCG	0.8%	0.4%
E08000019	Sheffield	03Y	NHS Hardwick CCG	0.4%	0.0%
E08000019	Sheffield	04J	NHS North Derbyshire CCG	0.7%	0.3%
E08000019	Sheffield	03L	NHS Rotherham CCG	0.3%	0.1%
E08000019	Sheffield	03N	NHS Sheffield CCG	98.6%	99.2%
E06000051	Shropshire	05F	NHS Herefordshire CCG	0.4%	0.3%
E06000051	Shropshire	05G	NHS North Staffordshire CCG	0.4%	0.3%
E06000051	Shropshire	05N	NHS Shropshire CCG	96.6%	95.4%
E06000051	Shropshire	01R	NHS South Cheshire CCG	0.5%	0.3%
E06000051	Shropshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	1.2%	0.9%
E06000051	Shropshire	05T	NHS South Worcestershire CCG	1.0%	1.0%
E06000051	Shropshire	05X	NHS Telford and Wrekin CCG	2.3%	1.4%
E06000051	Shropshire	02F	NHS West Cheshire CCG	0.1%	0.1%
E06000051	Shropshire	06D	NHS Wyre Forest CCG	0.8%	0.3%
E06000039	Slough	10H	NHS Chiltern CCG	3.1%	6.5%
E06000039	Slough	09Y	NHS North West Surrey CCG	0.0%	0.1%
E06000039	Slough	10T	NHS Slough CCG	96.6%	93.1%
E06000039	Slough	11C	NHS Windsor, Ascot and Maidenhead CCG	0.4%	0.4%
E08000029	Solihull	13P	NHS Birmingham Crosscity CCG	1.9%	6.2%
E08000029	Solihull	04X	NHS Birmingham South and Central CCG	0.4%	0.6%
E08000029	Solihull	05A	NHS Coventry and Rugby CCG	0.0%	0.1%
E08000029	Solihull	05J	NHS Redditch and Bromsgrove CCG	0.4%	0.3%
E08000029	Solihull	05L	NHS Sandwell and West Birmingham CCG	0.0%	0.1%
E08000029	Solihull	05P	NHS Solihull CCG	83.6%	92.1%
E08000029	Solihull	05R	NHS South Warwickshire CCG	0.3%	0.4%
E08000029	Solihull	05H	NHS Warwickshire North CCG	0.2%	0.2%
E10000027	Somerset	11E	NHS Bath and North East Somerset CCG	3.1%	1.1%
E10000027	Somerset	11J	NHS Dorset CCG	0.5%	0.7%
E10000027	Somerset	11T	NHS North Somerset CCG	0.9%	0.3%
E10000027	Somerset	99P	NHS North, East, West Devon CCG	0.3%	0.5%
E10000027	Somerset	11X	NHS Somerset CCG	98.5%	97.3%
E10000027	Somerset	99N	NHS Wiltshire CCG	0.1%	0.0%

E06000025	South Gloucestershire	11E	NHS Bath and North East Somerset CCG	0.6%	0.5%
E06000025	South Gloucestershire	11H	NHS Bristol CCG	5.0%	8.9%
E06000025	South Gloucestershire	11M	NHS Gloucestershire CCG	0.8%	1.8%
E06000025	South Gloucestershire	12A	NHS South Gloucestershire CCG	95.1%	88.7%
E06000025	South Gloucestershire	99N	NHS Wiltshire CCG	0.0%	0.1%
E08000023	South Tyneside	13T	NHS Newcastle Gateshead CCG	0.0%	0.2%
E08000023	South Tyneside	00N	NHS South Tyneside CCG	99.2%	99.2%
E08000023	South Tyneside	00P	NHS Sunderland CCG	0.3%	0.6%
E06000045	Southampton	10X	NHS Southampton CCG	94.7%	99.5%
E06000045	Southampton	11A	NHS West Hampshire CCG	0.2%	0.5%
E06000033	Southend-on-Sea	99F	NHS Castle Point and Rochford CCG	4.7%	4.6%
E06000033	Southend-on-Sea	99G	NHS Southend CCG	96.7%	95.4%
E09000028	Southwark	07R	NHS Camden CCG	0.4%	0.3%
E09000028	Southwark	09A	NHS Central London (Westminster) CCG	2.2%	1.4%
E09000028	Southwark	08K	NHS Lambeth CCG	6.6%	7.7%
E09000028	Southwark	08L	NHS Lewisham CCG	2.0%	1.8%
E09000028	Southwark	08Q	NHS Southwark CCG	94.4%	88.7%
E09000028	Southwark	08X	NHS Wandsworth CCG	0.1%	0.1%
E08000013	St. Helens	01F	NHS Halton CCG	0.2%	0.1%
E08000013	St. Helens	01J	NHS Knowsley CCG	2.6%	2.3%
E08000013	St. Helens	01X	NHS St Helens CCG	91.1%	96.3%
E08000013	St. Helens	02E	NHS Warrington CCG	0.0%	0.1%
E08000013	St. Helens	02H	NHS Wigan Borough CCG	0.7%	1.2%
E10000028	Staffordshire	13P	NHS Birmingham Crosscity CCG	0.5%	0.4%
E10000028	Staffordshire	04Y	NHS Cannock Chase CCG	99.3%	14.9%
E10000028	Staffordshire	05C	NHS Dudley CCG	1.4%	0.5%
E10000028	Staffordshire	05D	NHS East Staffordshire CCG	92.0%	14.6%
E10000028	Staffordshire	01C	NHS Eastern Cheshire CCG	0.6%	0.1%
E10000028	Staffordshire	04J	NHS North Derbyshire CCG	0.7%	0.2%
E10000028	Staffordshire	05G	NHS North Staffordshire CCG	95.1%	23.5%
E10000028	Staffordshire	05N	NHS Shropshire CCG	1.0%	0.4%
E10000028	Staffordshire	01R	NHS South Cheshire CCG	0.5%	0.1%
E10000028	Staffordshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	96.1%	23.7%
E10000028	Staffordshire	04R	NHS Southern Derbyshire CCG	0.5%	0.3%
E10000028	Staffordshire	05V	NHS Stafford and Surrounds CCG	99.5%	16.6%
E10000028	Staffordshire	05W	NHS Stoke on Trent CCG	8.9%	2.9%
E10000028	Staffordshire	05X	NHS Telford and Wrekin CCG	1.0%	0.2%
E10000028	Staffordshire	05Y	NHS Walsall CCG	1.6%	0.5%
E10000028	Staffordshire	05H	NHS Warwickshire North CCG	1.2%	0.3%
E10000028	Staffordshire	06A	NHS Wolverhampton CCG	2.7%	0.9%
E10000028	Staffordshire	06D	NHS Wyre Forest CCG	0.2%	0.0%
E08000007	Stockport	01C	NHS Eastern Cheshire CCG	1.6%	1.1%
E08000007	Stockport	14L	NHS Manchester CCG	1.1%	2.2%
E08000007	Stockport	01W	NHS Stockport CCG	95.0%	96.5%
E08000007	Stockport	01Y	NHS Tameside and Glossop CCG	0.3%	0.2%
E06000004	Stockton-on-Tees	00C	NHS Darlington CCG	0.4%	0.2%
E06000004	Stockton-on-Tees	00D	NHS Durham Dales, Easington and Sedgefield CCG	0.4%	0.5%
E06000004	Stockton-on-Tees	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.1%	0.1%
E06000004	Stockton-on-Tees	00K	NHS Hartlepool and Stockton-On-Tees CCG	66.9%	98.6%
E06000004	Stockton-on-Tees	00M	NHS South Tees CCG	0.4%	0.6%
E06000021	Stoke-on-Trent	05G	NHS North Staffordshire CCG	3.4%	2.7%
E06000021	Stoke-on-Trent	05V	NHS Stafford and Surrounds CCG	0.5%	0.3%
E06000021	Stoke-on-Trent	05W	NHS Stoke on Trent CCG	91.1%	97.0%
E10000029	Suffolk	06H	NHS Cambridgeshire and Peterborough CCG	0.1%	0.2%
E10000029	Suffolk	06M	NHS Great Yarmouth and Waveney CCG	52.3%	16.4%
E10000029	Suffolk	06L	NHS Ipswich and East Suffolk CCG	99.6%	52.8%
E10000029	Suffolk	06T	NHS North East Essex CCG	1.4%	0.6%
E10000029	Suffolk	06Y	NHS South Norfolk CCG	1.1%	0.4%
E10000029	Suffolk	07H	NHS West Essex CCG	0.1%	0.0%
E10000029	Suffolk	07K	NHS West Suffolk CCG	91.1%	29.7%
E08000024	Sunderland	00D	NHS Durham Dales, Easington and Sedgefield CCG	0.9%	0.9%
E08000024	Sunderland	13T	NHS Newcastle Gateshead CCG	0.5%	0.8%
E08000024	Sunderland	00J	NHS North Durham CCG	2.2%	2.0%
E08000024	Sunderland	00N	NHS South Tyneside CCG	0.4%	0.2%
E08000024	Sunderland	00P	NHS Sunderland CCG	98.5%	96.1%

E10000030	Surrey	10G	NHS Bracknell and Ascot CCG	1.7%	0.2%
E10000030	Surrey	07Q	NHS Bromley CCG	0.4%	0.1%
E10000030	Surrey	09G	NHS Coastal West Sussex CCG	0.2%	0.0%
E10000030	Surrey	09H	NHS Crawley CCG	6.6%	0.7%
E10000030	Surrey	07V	NHS Croydon CCG	1.2%	0.4%
E10000030	Surrey	09L	NHS East Surrey CCG	96.6%	14.1%
E10000030	Surrey	09N	NHS Guildford and Waverley CCG	94.0%	17.0%
E10000030	Surrey	09X	NHS Horsham and Mid Sussex CCG	1.5%	0.3%
E10000030	Surrey	07Y	NHS Hounslow CCG	0.6%	0.2%
E10000030	Surrey	08J	NHS Kingston CCG	4.4%	0.7%
E10000030	Surrey	08R	NHS Merton CCG	0.3%	0.0%
E10000030	Surrey	99M	NHS North East Hampshire and Farnham CCG	23.0%	4.2%
E10000030	Surrey	10J	NHS North Hampshire CCG	0.1%	0.0%
E10000030	Surrey	09Y	NHS North West Surrey CCG	99.4%	29.4%
E10000030	Surrey	08P	NHS Richmond CCG	0.6%	0.1%
E10000030	Surrey	10V	NHS South Eastern Hampshire CCG	0.1%	0.0%
E10000030	Surrey	99H	NHS Surrey Downs CCG	97.1%	23.8%
E10000030	Surrey	10C	NHS Surrey Heath CCG	98.9%	7.6%
E10000030	Surrey	08T	NHS Sutton CCG	1.2%	0.2%
E10000030	Surrey	99J	NHS West Kent CCG	0.2%	0.0%
E10000030	Surrey	11C	NHS Windsor, Ascot and Maidenhead CCG	8.5%	1.1%
E09000029	Sutton	07V	NHS Croydon CCG	1.0%	1.9%
E09000029	Sutton	08J	NHS Kingston CCG	3.4%	3.3%
E09000029	Sutton	08K	NHS Lambeth CCG	0.1%	0.2%
E09000029	Sutton	08R	NHS Merton CCG	6.4%	6.7%
E09000029	Sutton	99H	NHS Surrey Downs CCG	1.4%	2.0%
E09000029	Sutton	08T	NHS Sutton CCG	94.5%	85.6%
E09000029	Sutton	08X	NHS Wandsworth CCG	0.2%	0.3%
E06000030	Swindon	11M	NHS Gloucestershire CCG	0.0%	0.2%
E06000030	Swindon	12D	NHS Swindon CCG	96.2%	98.3%
E06000030	Swindon	99N	NHS Wiltshire CCG	0.7%	1.4%
E08000008	Tameside	14L	NHS Manchester CCG	2.3%	5.9%
E08000008	Tameside	00Y	NHS Oldham CCG	3.6%	3.8%
E08000008	Tameside	01W	NHS Stockport CCG	1.7%	2.2%
E08000008	Tameside	01Y	NHS Tameside and Glossop CCG	85.1%	88.1%
E06000020	Telford and Wrekin	05N	NHS Shropshire CCG	1.7%	2.9%
E06000020	Telford and Wrekin	05X	NHS Telford and Wrekin CCG	96.7%	97.1%
E06000034	Thurrock	07L	NHS Barking and Dagenham CCG	0.2%	0.2%
E06000034	Thurrock	99E	NHS Basildon and Brentwood CCG	0.2%	0.3%
E06000034	Thurrock	08F	NHS Havering CCG	0.2%	0.3%
E06000034	Thurrock	07G	NHS Thurrock CCG	98.4%	99.2%
E06000027	Torbay	99Q	NHS South Devon and Torbay CCG	48.9%	100.0%
E09000030	Tower Hamlets	07R	NHS Camden CCG	1.1%	0.9%
E09000030	Tower Hamlets	09A	NHS Central London (Westminster) CCG	0.4%	0.3%
E09000030	Tower Hamlets	07T	NHS City and Hackney CCG	0.9%	0.9%
E09000030	Tower Hamlets	08H	NHS Islington CCG	0.1%	0.1%
E09000030	Tower Hamlets	08M	NHS Newham CCG	0.2%	0.3%
E09000030	Tower Hamlets	08V	NHS Tower Hamlets CCG	98.9%	97.5%
E08000009	Trafford	14L	NHS Manchester CCG	2.7%	6.9%
E08000009	Trafford	01G	NHS Salford CCG	0.1%	0.1%
E08000009	Trafford	02A	NHS Trafford CCG	95.6%	92.8%
E08000009	Trafford	02E	NHS Warrington CCG	0.1%	0.1%
E08000036	Wakefield	02P	NHS Barnsley CCG	0.9%	0.6%
E08000036	Wakefield	03G	NHS Leeds South and East CCG	1.0%	0.8%
E08000036	Wakefield	03C	NHS Leeds West CCG	0.1%	0.2%
E08000036	Wakefield	03J	NHS North Kirklees CCG	0.6%	0.3%
E08000036	Wakefield	03R	NHS Wakefield CCG	94.5%	98.1%
E08000030	Walsall	13P	NHS Birmingham Crosscity CCG	1.8%	4.6%
E08000030	Walsall	04Y	NHS Cannock Chase CCG	0.7%	0.3%
E08000030	Walsall	05L	NHS Sandwell and West Birmingham CCG	1.6%	3.2%
E08000030	Walsall	05Q	NHS South East Staffs and Seisdon Peninsular CCG	0.1%	0.0%
E08000030	Walsall	05Y	NHS Walsall CCG	92.7%	90.6%
E08000030	Walsall	06A	NHS Wolverhampton CCG	1.4%	1.3%
E09000031	Waltham Forest	07T	NHS City and Hackney CCG	0.3%	0.3%
E09000031	Waltham Forest	08M	NHS Newham CCG	1.2%	1.6%
E09000031	Waltham Forest	08N	NHS Redbridge CCG	1.4%	1.4%
E09000031	Waltham Forest	08W	NHS Waltham Forest CCG	94.3%	96.6%

E09000032	Wandsworth	09A	NHS Central London (Westminster) CCG	0.9%	0.5%
E09000032	Wandsworth	08C	NHS Hammersmith and Fulham CCG	0.5%	0.3%
E09000032	Wandsworth	08J	NHS Kingston CCG	0.1%	0.0%
E09000032	Wandsworth	08K	NHS Lambeth CCG	3.0%	3.2%
E09000032	Wandsworth	08R	NHS Merton CCG	2.9%	1.7%
E09000032	Wandsworth	08P	NHS Richmond CCG	1.3%	0.8%
E09000032	Wandsworth	08X	NHS Wandsworth CCG	88.3%	93.1%
E09000032	Wandsworth	08Y	NHS West London (K&C & QPP) CCG	0.6%	0.4%
E06000007	Warrington	01F	NHS Halton CCG	0.3%	0.2%
E06000007	Warrington	01G	NHS Salford CCG	0.5%	0.6%
E06000007	Warrington	01X	NHS St Helens CCG	2.3%	2.0%
E06000007	Warrington	02E	NHS Warrington CCG	97.8%	96.9%
E06000007	Warrington	02H	NHS Wigan Borough CCG	0.2%	0.3%
E10000031	Warwickshire	13P	NHS Birmingham Crosscity CCG	0.2%	0.2%
E10000031	Warwickshire	05A	NHS Coventry and Rugby CCG	25.2%	21.5%
E10000031	Warwickshire	11M	NHS Gloucestershire CCG	0.2%	0.2%
E10000031	Warwickshire	04G	NHS Nene CCG	0.2%	0.2%
E10000031	Warwickshire	10Q	NHS Oxfordshire CCG	0.3%	0.3%
E10000031	Warwickshire	05J	NHS Redditch and Bromsgrove CCG	0.8%	0.2%
E10000031	Warwickshire	05P	NHS Solihull CCG	0.6%	0.3%
E10000031	Warwickshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	0.8%	0.3%
E10000031	Warwickshire	05R	NHS South Warwickshire CCG	96.2%	45.5%
E10000031	Warwickshire	05H	NHS Warwickshire North CCG	96.7%	30.9%
E10000031	Warwickshire	04V	NHS West Leicestershire CCG	0.5%	0.3%
E06000037	West Berkshire	10M	NHS Newbury and District CCG	93.2%	66.4%
E06000037	West Berkshire	10N	NHS North & West Reading CCG	35.3%	23.5%
E06000037	West Berkshire	10J	NHS North Hampshire CCG	0.7%	0.9%
E06000037	West Berkshire	10Q	NHS Oxfordshire CCG	0.2%	1.1%
E06000037	West Berkshire	10W	NHS South Reading CCG	8.7%	7.5%
E06000037	West Berkshire	99N	NHS Wiltshire CCG	0.1%	0.4%
E06000037	West Berkshire	11D	NHS Wokingham CCG	0.1%	0.1%
E10000032	West Sussex	09D	NHS Brighton and Hove CCG	1.2%	0.4%
E10000032	West Sussex	09G	NHS Coastal West Sussex CCG	99.5%	57.7%
E10000032	West Sussex	09H	NHS Crawley CCG	93.4%	13.9%
E10000032	West Sussex	09L	NHS East Surrey CCG	0.3%	0.0%
E10000032	West Sussex	09N	NHS Guildford and Waverley CCG	3.1%	0.8%
E10000032	West Sussex	99K	NHS High Weald Lewes Havens CCG	1.0%	0.2%
E10000032	West Sussex	09X	NHS Horsham and Mid Sussex CCG	95.7%	25.8%
E10000032	West Sussex	10V	NHS South Eastern Hampshire CCG	4.1%	1.0%
E10000032	West Sussex	99H	NHS Surrey Downs CCG	0.6%	0.2%
E09000033	Westminster	07P	NHS Brent CCG	1.3%	1.9%
E09000033	Westminster	07R	NHS Camden CCG	3.0%	3.4%
E09000033	Westminster	09A	NHS Central London (Westminster) CCG	80.4%	71.2%
E09000033	Westminster	08C	NHS Hammersmith and Fulham CCG	0.1%	0.1%
E09000033	Westminster	08K	NHS Lambeth CCG	0.1%	0.2%
E09000033	Westminster	08Y	NHS West London (K&C & QPP) CCG	23.4%	23.2%
E08000010	Wigan	00T	NHS Bolton CCG	0.2%	0.2%
E08000010	Wigan	01G	NHS Salford CCG	0.9%	0.7%
E08000010	Wigan	01X	NHS St Helens CCG	3.8%	2.3%
E08000010	Wigan	02E	NHS Warrington CCG	0.4%	0.2%
E08000010	Wigan	02G	NHS West Lancashire CCG	2.7%	0.9%
E08000010	Wigan	02H	NHS Wigan Borough CCG	96.7%	95.6%

E06000054	Wiltshire	11E	NHS Bath and North East Somerset CCG	0.8%	0.3%
E06000054	Wiltshire	11J	NHS Dorset CCG	0.3%	0.4%
E06000054	Wiltshire	11M	NHS Gloucestershire CCG	0.4%	0.5%
E06000054	Wiltshire	10M	NHS Newbury and District CCG	0.8%	0.2%
E06000054	Wiltshire	11X	NHS Somerset CCG	0.3%	0.4%
E06000054	Wiltshire	12A	NHS South Gloucestershire CCG	0.9%	0.5%
E06000054	Wiltshire	12D	NHS Swindon CCG	1.2%	0.6%
E06000054	Wiltshire	11A	NHS West Hampshire CCG	0.1%	0.2%
E06000054	Wiltshire	99N	NHS Wiltshire CCG	96.7%	96.8%
E06000040	Windsor and Maidenhead	10G	NHS Bracknell and Ascot CCG	12.3%	10.8%
E06000040	Windsor and Maidenhead	10H	NHS Chiltern CCG	0.6%	1.2%
E06000040	Windsor and Maidenhead	09Y	NHS North West Surrey CCG	0.2%	0.5%
E06000040	Windsor and Maidenhead	10Q	NHS Oxfordshire CCG	0.0%	0.1%
E06000040	Windsor and Maidenhead	10T	NHS Slough CCG	0.6%	0.6%
E06000040	Windsor and Maidenhead	10C	NHS Surrey Heath CCG	0.1%	0.0%
E06000040	Windsor and Maidenhead	11C	NHS Windsor, Ascot and Maidenhead CCG	88.1%	85.5%
E06000040	Windsor and Maidenhead	11D	NHS Wokingham CCG	1.3%	1.3%
E08000015	Wirral	02F	NHS West Cheshire CCG	0.4%	0.3%
E08000015	Wirral	12F	NHS Wirral CCG	99.7%	99.7%
E06000041	Wokingham	10G	NHS Bracknell and Ascot CCG	3.2%	2.6%
E06000041	Wokingham	10N	NHS North & West Reading CCG	0.2%	0.1%
E06000041	Wokingham	10Q	NHS Oxfordshire CCG	0.1%	0.4%
E06000041	Wokingham	10W	NHS South Reading CCG	11.5%	9.5%
E06000041	Wokingham	11D	NHS Wokingham CCG	93.5%	87.4%
E08000031	Wolverhampton	05C	NHS Dudley CCG	1.4%	1.6%
E08000031	Wolverhampton	05L	NHS Sandwell and West Birmingham CCG	0.1%	0.3%
E08000031	Wolverhampton	05Q	NHS South East Staffs and Seisdon Peninsular CCG	1.7%	1.4%
E08000031	Wolverhampton	05Y	NHS Walsall CCG	3.5%	3.6%
E08000031	Wolverhampton	06A	NHS Wolverhampton CCG	93.8%	93.2%
E10000034	Worcestershire	13P	NHS Birmingham Crosscity CCG	0.4%	0.5%
E10000034	Worcestershire	04X	NHS Birmingham South and Central CCG	2.5%	1.3%
E10000034	Worcestershire	05C	NHS Dudley CCG	0.8%	0.4%
E10000034	Worcestershire	11M	NHS Gloucestershire CCG	0.5%	0.6%
E10000034	Worcestershire	05F	NHS Herefordshire CCG	1.0%	0.3%
E10000034	Worcestershire	05J	NHS Redditch and Bromsgrove CCG	95.9%	27.9%
E10000034	Worcestershire	05N	NHS Shropshire CCG	0.3%	0.1%
E10000034	Worcestershire	05P	NHS Solihull CCG	0.5%	0.2%
E10000034	Worcestershire	05R	NHS South Warwickshire CCG	2.3%	1.1%
E10000034	Worcestershire	05T	NHS South Worcestershire CCG	97.1%	49.0%
E10000034	Worcestershire	06D	NHS Wyre Forest CCG	98.4%	18.7%
E06000014	York	03E	NHS Harrogate and Rural District CCG	0.1%	0.1%
E06000014	York	03Q	NHS Vale of York CCG	60.2%	99.9%

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

Provisional BCF DToC Metric Plans: due on 21/07/2017

Provisional BCF DToC Metric Plans Template 2017-18

Sheet: Guidance

Context: Government Action on delayed discharges from hospital

The Government has published a Written Ministerial Statement setting out the measures that it is putting in place to address delayed discharges from hospital in advance of this winter. This can be found at:
http://www.parliament.uk/business/publications/written-questions-answers-statements/written-statement/Commons/2017-07-03/HCWS24/
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/624635/NHS_social_care_interface_dashboard.xlsx

These measures include a dashboard that reflects how local areas across England are progressing in their work to improve the interface between health and social care. This can be found at:
https://www.gov.uk/government/organisations/department-of-health

Government has published ambitions for reducing the delayed transfers of care (DToC) for each HWB in England, with expected reductions in both social care delays and NHS delays, based on levels of delays from February to April 2017.

Planning provisional metrics for reducing delayed discharges on this template

In light of the Government's emphasis on managing transfers of care and DToC, all areas are required to submit their provisional metrics for delayed days (including ambitions for reductions in both social care attributable and NHS attributable delays) on this template. The deadline for returning this completed template is **21st July 2017**.
This template complements the DToC metric planning section on the standard BCF planning template for 2017-19 which provides the opportunity to plan the trajectories for the two-year period of the BCF.

Note on entering information into this template

1. Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:
Yellow: Data needs inputting in the cell
Blue: Pre-populated cell
2. All cells in this template requiring a numerical input are restricted to values greater than or equal to 0.
3. This template captures data for the financial year 2017-18

Data needs inputting in the cell

Pre-populated cell

Note on viewing the sheets optimally

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

Cover Sheet

Please select the HWB being planned for on this sheet.
Please enter the relevant contact and sign off information on this sheet too.

DToC Metric Planning

Scope:

Total delayed days are reported as constituent delayed days attributed to NHS, Social Care and Both. In line with the DH published targets split by this attribution, this template is set up to capture these splits.
This provisional DToC metric plan collection template reflects the DToC plan for the HWB area (across LAs and CCGs).

Note on metric expectations:

This sheet shows expected levels of delayed transfer for NHs attributable DToCs (by CCG) and social care and jointly attributable DToCs for the HWB overall. Figures have been pre-populated from November to show the ambitions set by Departments and NHSE to support planning the trajectory to achieve them. These fields are editable to enter the planned numbers if LAs and CCGs in your area agree to amend these. Planned metrics must be jointly agreed by the CCG and LA. Please note that plans will be subject to assurance and the parameters within which metric expectations can be flexed have been described in the letters to the local system from NHSE/NHSI and DH/DCLG which are due to be issued shortly.

• NHS attribution:

On 30 June CCGs submitted plans agreed with Regional Teams to reduce total DTOC numbers. These plans were submitted prior to the DH metrics publication. A translation of these CCG plan numbers for the NHS attribution component have been prepopulated as metric expectations for the NHS attribution component at the HWB area level*. The translation of CCG plans at a CCG footprint to a HWB utilises a mapping table which is included on this template**. Please refer to letters (and related attachments) to the local system from NHSE/NHSI due to be issued shortly that describe the approach to setting CCG NHS attribution expectations and provide a spreadsheet with the CCG metric expectations.

• Social care attribution:

The DH published expectations on achieving levels of DToC for the delayed days are pre-populated for the Social Care attribution component.

• Joint attribution:

The DH published expectations on achieving levels of DToC for the delayed days are pre-populated for the jointly attributed 'Both' component.

* The CCG plans for Manchester were submitted as consolidated across 10 CCGs. As they cannot be disaggegated to map across to HWBs, these expectations have not been pre-populated. This would affect any HWB that is contributed to by these CCGs. When planning please confirm the CCG level NHS attribution expectations.

** The mapping table shows the relationship between the HWB of residents and the CCGs of GP registration. This has been used to calculate the NHS delayed days attributed to each CCG for the residents of the HWB. i.e. This only shows the proportion of the CCG that is in the HWB. Each CCG automatically listed on selecting an HWB in the DToC Metric Planning sheet represents an area proportion of at least 2% of the selected HWB (based on the CCG-HWB mapping table)

Please enter the planned delayed days for the below components of the metric for the months Jul 17 - Mar18:

Please enter the planned delayed days for the below components of the metric for the months Jul-17-Mar-18:

• Entering the NHS attribution component of the total delayed days by CCG:

An initial list of CCGs that contribute to the HWB are provided. Please enter the NHS attribution of the delayed days that are contributed by each individual CCG for residents of your HWB. If there are other CCGs which the plans need to include, please select the CCGs from the drop downs and enter the NHS attribution.

• Entering the Social Care attribution:

Please enter the planned delayed days per month attributed to Social Care

• Entering the jointly attributed "Both" component:

Please enter the planned delayed days per month attributed to 'Both' (attributed jointly to both NHS and Social Care)

Provisional BCF DToC Metric Plans: due on 21/07/2017

Provisional BCF DToC Metric Plans Template 2017-18

Cover Sheet

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.

Health and Well Being Board	**Surrey**
Completed by:	Andre Lotz
E-Mail:	andre.lotz@surreycc.gov.uk
Contact Number:	02085 417 571
Who signed off the report on behalf of the Health and Well Being Board:	Health and Social Care Integration Board (final check in with joint chair Helen Atkinson)

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

Provisional BCF DToC Metric Plans: due on 21/07/2017

Health and Well-Being Board Better Care Fund DToC Metric Planning

Selected Health and Well Being Board:
Surrey

Data Submission Period:
2017-18

DToC Metric Plans

<< Link to the Guidance tab

Delayed Transfers of Care

	17-18 plans											
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
NHS attributed delayed days	0.0	0.0	0.0	1560.4	1403.9	1207.1	1247.3	1207.1	1247.3	1247.3	1126.6	1247.3
NHS Crawley CCG				20.1	19.3	17.9	18.5	17.9	18.5	18.5	16.7	18.5
NHS East Surrey CCG				233.3	213.4	187.2	193.4	187.2	193.4	193.4	174.7	193.4
NHS Guildford and Waverley CCG				207.9	171.0	129.8	134.1	129.8	134.1	134.1	121.1	134.1
NHS Kingston CCG				13.5	13.3	12.7	13.1	12.7	13.1	13.1	11.9	13.1
NHS North East Hampshire and				59.5	47.2	33.8	34.9	33.8	34.9	34.9	31.6	34.9
NHS North West Surrey CCG				474.3	433.1	379.3	392.0	379.3	392.0	392.0	354.0	392.0
NHS Surrey Downs CCG				348.7	303.6	250.2	258.5	250.2	258.5	258.5	233.5	258.5
NHS Surrey Heath CCG				171.2	171.2	165.7	171.2	165.7	171.2	171.2	154.7	171.2
NHS Windsor, Ascot and Maidenhead				32.0	31.8	30.5	31.5	30.5	31.5	31.5	28.5	31.5

Select any additional CCGs (if required)												
Social Care attributed delayed days				788.2	777.4	741.8	755.7	720.8	744.8	744.8	672.7	744.8
Jointly attributed delayed days				136.2	136.2	131.8	136.2	131.8	136.2	136.2	123.0	136.2
Total Delayed Days	0.0	0.0	0.0	2484.9	2317.4	2080.7	2139.1	2059.6	2128.3	2128.3	1922.3	2128.3
Population Projection (SNPP 2014)	930,052	930,052	930,052	930,052	930,052	930,052	930,052	930,052	930,052	937,125	937,125	937,125
Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)	0.0	0.0	0.0	267.2	249.2	223.7	230.0	221.5	228.8	227.1	205.1	227.1

Delayed Transfers of Care numerator includes the delayed days attributable to the NHS, those to Social Care, and those which are jointly attributable to the NHS & Social Care.

Delayed Transfers Of Care (delayed days) from hospital per 100,000 population (aged 18+) population projections are based on a calendar year using the 2014 based Sub-National Population Projections for Local Authorities in England;
https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1
Population figures for Cornwall and Isles of Scilly and Bournemouth and Poole has been combined to form Cornwall & Scilly and Bournemouth & Poole respectively to create a DTOC rate for these two Health and Well-Being Boards.

Comments	
	>Surrey methodology for CCG targets is based on achieving the CCG indicative target by September, as sent out by the BCST in the accompanying spreadsheet with this template. We have been told that these targets are based on the targets submitted by CCGs in June, and as such have built trajectories from the Q4 baseline, to meet these targets in September '17, and to maintain this going forwards from this date. >Social Care responsible delays have been recalculated to to achieve ambitions by November, rather than September, as confirmed by BCST. >In order to maintain the correct % split by CCG for this H&WB area, we would have included the further 13 CCGs that were mapped (in the "CCG - HWB Mapping" tab), to represent this additional 1.4%, however this template was locked for editting, and an updated version that was requested was not received in time. The methodology for these would have been the same, but unlike the CCGs represented above these CCGs would not have been consulted on their DTOC trajecotories by Surrey, as the effort and confusion of doing so would not have been proportional to the benefits. >The North West Surrey CCG Cabinet, which comprises of the system wide executives have agreed to deliver the 4.5% by end of September, with the target being maintained, as a minimum, until March 2018, as advised in the joint letter sent on the 12th June by NHSI/E. The LAEDB will endeavour to over perform, however, given the baseline, the 4.5% target is

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

HWB Code	LA Name	CCG Code	CCG Name	% CCG in HWB	% HWB in CCG
E09000002	Barking and Dagenham	07L	NHS Barking and Dagenham CCG	90.2%	87.9%
E09000002	Barking and Dagenham	08F	NHS Havering CCG	7.0%	8.5%
E09000002	Barking and Dagenham	08M	NHS Newham CCG	0.3%	0.5%
E09000002	Barking and Dagenham	08N	NHS Redbridge CCG	2.2%	3.0%
E09000002	Barking and Dagenham	08W	NHS Waltham Forest CCG	0.0%	0.1%
E09000003	Barnet	07M	NHS Barnet CCG	91.0%	92.5%
E09000003	Barnet	07P	NHS Brent CCG	1.9%	1.7%
E09000003	Barnet	07R	NHS Camden CCG	0.9%	0.6%
E09000003	Barnet	09A	NHS Central London (Westminster) CCG	0.2%	0.1%
E09000003	Barnet	07X	NHS Enfield CCG	2.9%	2.4%
E09000003	Barnet	08D	NHS Haringey CCG	2.1%	1.6%
E09000003	Barnet	08E	NHS Harrow CCG	1.2%	0.8%
E09000003	Barnet	06N	NHS Herts Valleys CCG	0.0%	0.1%
E09000003	Barnet	08H	NHS Islington CCG	0.2%	0.1%
E09000003	Barnet	08Y	NHS West London (K&C & QPP) CCG	0.2%	0.1%
E08000016	Barnsley	02P	NHS Barnsley CCG	94.5%	98.2%
E08000016	Barnsley	02X	NHS Doncaster CCG	0.3%	0.4%
E08000016	Barnsley	03A	NHS Greater Huddersfield CCG	0.2%	0.2%
E08000016	Barnsley	03L	NHS Rotherham CCG	0.3%	0.3%
E08000016	Barnsley	03N	NHS Sheffield CCG	0.2%	0.4%
E08000016	Barnsley	03R	NHS Wakefield CCG	0.4%	0.6%
E06000022	Bath and North East Somerset	11E	NHS Bath and North East Somerset CCG	93.7%	98.3%
E06000022	Bath and North East Somerset	11H	NHS Bristol CCG	0.3%	0.8%
E06000022	Bath and North East Somerset	11X	NHS Somerset CCG	0.2%	0.5%
E06000022	Bath and North East Somerset	12A	NHS South Gloucestershire CCG	0.0%	0.1%
E06000022	Bath and North East Somerset	99N	NHS Wiltshire CCG	0.1%	0.3%
E06000055	Bedford	06F	NHS Bedfordshire CCG	37.5%	97.4%
E06000055	Bedford	06H	NHS Cambridgeshire and Peterborough CCG	0.4%	1.9%
E06000055	Bedford	04G	NHS Nene CCG	0.2%	0.6%
E09000004	Bexley	07N	NHS Bexley CCG	93.5%	89.4%
E09000004	Bexley	07Q	NHS Bromley CCG	0.0%	0.1%
E09000004	Bexley	09J	NHS Dartford, Gravesham and Swanley CCG	1.4%	1.5%
E09000004	Bexley	08A	NHS Greenwich CCG	7.6%	8.8%
E09000004	Bexley	08L	NHS Lewisham CCG	0.1%	0.1%
E08000025	Birmingham	13P	NHS Birmingham Crosscity CCG	91.9%	53.3%
E08000025	Birmingham	04X	NHS Birmingham South and Central CCG	96.8%	24.3%
E08000025	Birmingham	05C	NHS Dudley CCG	0.2%	0.0%
E08000025	Birmingham	05J	NHS Redditch and Bromsgrove CCG	3.0%	0.4%
E08000025	Birmingham	05L	NHS Sandwell and West Birmingham CCG	40.4%	18.8%
E08000025	Birmingham	05P	NHS Solihull CCG	15.2%	3.0%
E08000025	Birmingham	05Y	NHS Walsall CCG	0.5%	0.1%
E06000008	Blackburn with Darwen	00Q	NHS Blackburn with Darwen CCG	89.0%	95.8%
E06000008	Blackburn with Darwen	00T	NHS Bolton CCG	1.2%	2.3%
E06000008	Blackburn with Darwen	00V	NHS Bury CCG	0.2%	0.2%
E06000008	Blackburn with Darwen	01A	NHS East Lancashire CCG	0.7%	1.6%
E06000009	Blackpool	00R	NHS Blackpool CCG	86.7%	97.5%
E06000009	Blackpool	02M	NHS Fylde & Wyre CCG	2.5%	2.5%
E08000001	Bolton	00T	NHS Bolton CCG	97.3%	97.6%
E08000001	Bolton	00V	NHS Bury CCG	1.4%	0.9%
E08000001	Bolton	00X	NHS Chorley and South Ribble CCG	0.2%	0.1%
E08000001	Bolton	01G	NHS Salford CCG	0.6%	0.5%
E08000001	Bolton	02H	NHS Wigan Borough CCG	0.8%	0.9%
E06000028 & E06000029	Bournemouth & Poole	11J	NHS Dorset CCG	45.9%	100.0%
E06000036	Bracknell Forest	10G	NHS Bracknell and Ascot CCG	82.1%	94.6%
E06000036	Bracknell Forest	99M	NHS North East Hampshire and Farnham CCG	0.6%	1.1%
E06000036	Bracknell Forest	10C	NHS Surrey Heath CCG	0.1%	0.1%
E06000036	Bracknell Forest	11C	NHS Windsor, Ascot and Maidenhead CCG	1.8%	2.3%
E06000036	Bracknell Forest	11D	NHS Wokingham CCG	1.4%	1.9%
E08000032	Bradford	02N	NHS Airedale, Wharfdale and Craven CCG	67.4%	18.6%
E08000032	Bradford	02W	NHS Bradford City CCG	99.4%	22.2%
E08000032	Bradford	02R	NHS Bradford Districts CCG	97.9%	57.9%
E08000032	Bradford	02T	NHS Calderdale CCG	0.2%	0.0%
E08000032	Bradford	02V	NHS Leeds North CCG	0.6%	0.2%
E08000032	Bradford	03C	NHS Leeds West CCG	1.7%	1.1%
E08000032	Bradford	03J	NHS North Kirklees CCG	0.2%	0.0%
E09000005	Brent	07M	NHS Barnet CCG	2.2%	2.4%
E09000005	Brent	07P	NHS Brent CCG	89.9%	86.5%
E09000005	Brent	07R	NHS Camden CCG	4.0%	2.9%
E09000005	Brent	09A	NHS Central London (Westminster) CCG	1.2%	0.7%
E09000005	Brent	07W	NHS Ealing CCG	0.5%	0.6%
E09000005	Brent	08C	NHS Hammersmith and Fulham CCG	0.3%	0.2%
E09000005	Brent	08E	NHS Harrow CCG	5.8%	4.0%
E09000005	Brent	08Y	NHS West London (K&C & QPP) CCG	4.5%	2.8%
E06000043	Brighton and Hove	09D	NHS Brighton and Hove CCG	97.8%	99.7%
E06000043	Brighton and Hove	09G	NHS Coastal West Sussex CCG	0.1%	0.2%
E06000043	Brighton and Hove	99K	NHS High Weald Lewes Havens CCG	0.3%	0.1%
E06000023	Bristol, City of	11E	NHS Bath and North East Somerset CCG	0.1%	0.0%
E06000023	Bristol, City of	11H	NHS Bristol CCG	94.4%	97.9%
E06000023	Bristol, City of	12A	NHS South Gloucestershire CCG	3.7%	2.1%
E09000006	Bromley	07N	NHS Bexley CCG	0.2%	0.1%
E09000006	Bromley	07Q	NHS Bromley CCG	94.7%	95.1%

E09000006	Bromley	07V	NHS Croydon CCG	1.1%	1.3%
E09000006	Bromley	08A	NHS Greenwich CCG	1.5%	1.2%
E09000006	Bromley	08K	NHS Lambeth CCG	0.1%	0.1%
E09000006	Bromley	08L	NHS Lewisham CCG	2.0%	1.8%
E09000006	Bromley	99J	NHS West Kent CCG	0.1%	0.2%
E10000002	Buckinghamshire	10Y	NHS Aylesbury Vale CCG	91.3%	35.3%
E10000002	Buckinghamshire	06F	NHS Bedfordshire CCG	0.6%	0.5%
E10000002	Buckinghamshire	10H	NHS Chiltern CCG	96.0%	59.7%
E10000002	Buckinghamshire	06N	NHS Herts Valleys CCG	1.2%	1.4%
E10000002	Buckinghamshire	08G	NHS Hillingdon CCG	0.8%	0.4%
E10000002	Buckinghamshire	04F	NHS Milton Keynes CCG	1.3%	0.7%
E10000002	Buckinghamshire	04G	NHS Nene CCG	0.1%	0.2%
E10000002	Buckinghamshire	10Q	NHS Oxfordshire CCG	0.6%	0.7%
E10000002	Buckinghamshire	10T	NHS Slough CCG	2.8%	0.8%
E10000002	Buckinghamshire	11C	NHS Windsor, Ascot and Maidenhead CCG	1.3%	0.4%
E08000002	Bury	00T	NHS Bolton CCG	0.8%	1.2%
E08000002	Bury	00V	NHS Bury CCG	94.1%	94.3%
E08000002	Bury	01A	NHS East Lancashire CCG	0.0%	0.2%
E08000002	Bury	01D	NHS Heywood, Middleton and Rochdale CCG	0.4%	0.5%
E08000002	Bury	14L	NHS Manchester CCG	0.7%	2.1%
E08000002	Bury	01G	NHS Salford CCG	1.4%	1.9%
E08000033	Calderdale	02R	NHS Bradford Districts CCG	0.4%	0.7%
E08000033	Calderdale	02T	NHS Calderdale CCG	98.5%	98.9%
E08000033	Calderdale	03A	NHS Greater Huddersfield CCG	0.3%	0.3%
E08000033	Calderdale	01D	NHS Heywood, Middleton and Rochdale CCG	0.1%	0.1%
E10000003	Cambridgeshire	06F	NHS Bedfordshire CCG	1.1%	0.7%
E10000003	Cambridgeshire	06H	NHS Cambridgeshire and Peterborough CCG	72.0%	96.7%
E10000003	Cambridgeshire	06K	NHS East and North Hertfordshire CCG	0.8%	0.7%
E10000003	Cambridgeshire	99D	NHS South Lincolnshire CCG	0.4%	0.0%
E10000003	Cambridgeshire	07H	NHS West Essex CCG	0.2%	0.1%
E10000003	Cambridgeshire	07J	NHS West Norfolk CCG	1.5%	0.4%
E10000003	Cambridgeshire	07K	NHS West Suffolk CCG	4.0%	1.4%
E09000007	Camden	07M	NHS Barnet CCG	0.2%	0.3%
E09000007	Camden	07P	NHS Brent CCG	1.3%	1.9%
E09000007	Camden	07R	NHS Camden CCG	84.0%	89.2%
E09000007	Camden	09A	NHS Central London (Westminster) CCG	5.8%	4.8%
E09000007	Camden	08D	NHS Haringey CCG	0.5%	0.6%
E09000007	Camden	08H	NHS Islington CCG	3.3%	3.1%
E09000007	Camden	08Y	NHS West London (K&C & QPP) CCG	0.3%	0.2%
E06000056	Central Bedfordshire	10Y	NHS Aylesbury Vale CCG	2.0%	1.5%
E06000056	Central Bedfordshire	06F	NHS Bedfordshire CCG	56.8%	95.2%
E06000056	Central Bedfordshire	06K	NHS East and North Hertfordshire CCG	0.3%	0.6%
E06000056	Central Bedfordshire	06N	NHS Herts Valleys CCG	0.4%	0.8%
E06000056	Central Bedfordshire	06P	NHS Luton CCG	2.3%	1.9%
E06000049	Cheshire East	01C	NHS Eastern Cheshire CCG	96.4%	50.4%
E06000049	Cheshire East	04J	NHS North Derbyshire CCG	0.4%	0.3%
E06000049	Cheshire East	05G	NHS North Staffordshire CCG	1.1%	0.6%
E06000049	Cheshire East	05N	NHS Shropshire CCG	0.1%	0.0%
E06000049	Cheshire East	01R	NHS South Cheshire CCG	98.6%	45.5%
E06000049	Cheshire East	01W	NHS Stockport CCG	1.6%	1.3%
E06000049	Cheshire East	02A	NHS Trafford CCG	0.2%	0.1%
E06000049	Cheshire East	02D	NHS Vale Royal CCG	0.7%	0.2%
E06000049	Cheshire East	02E	NHS Warrington CCG	0.7%	0.4%
E06000049	Cheshire East	02F	NHS West Cheshire CCG	1.9%	1.2%
E06000050	Cheshire West and Chester	01C	NHS Eastern Cheshire CCG	1.1%	0.7%
E06000050	Cheshire West and Chester	01F	NHS Halton CCG	0.2%	0.0%
E06000050	Cheshire West and Chester	01R	NHS South Cheshire CCG	0.5%	0.2%
E06000050	Cheshire West and Chester	02D	NHS Vale Royal CCG	99.3%	29.3%
E06000050	Cheshire West and Chester	02E	NHS Warrington CCG	0.4%	0.3%
E06000050	Cheshire West and Chester	02F	NHS West Cheshire CCG	96.9%	69.3%
E06000050	Cheshire West and Chester	12F	NHS Wirral CCG	0.3%	0.3%
E09000001	City of London	07R	NHS Camden CCG	0.2%	6.4%
E09000001	City of London	09A	NHS Central London (Westminster) CCG	0.0%	1.8%
E09000001	City of London	07T	NHS City and Hackney CCG	1.8%	72.7%
E09000001	City of London	08H	NHS Islington CCG	0.1%	3.0%
E09000001	City of London	08V	NHS Tower Hamlets CCG	0.4%	15.9%
E09000001	City of London	08Y	NHS West London (K&C & QPP) CCG	0.0%	0.1%
E06000052	Cornwall & Scilly	11N	NHS Kernow CCG	99.7%	99.4%
E06000052	Cornwall & Scilly	99P	NHS North, East, West Devon CCG	0.4%	0.6%
E06000047	County Durham	00D	NHS Durham Dales, Easington and Sedgefield CCG	97.2%	52.6%
E06000047	County Durham	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.1%	0.0%
E06000047	County Durham	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.1%	0.0%
E06000047	County Durham	13T	NHS Newcastle Gateshead CCG	0.7%	0.7%
E06000047	County Durham	00J	NHS North Durham CCG	96.6%	46.1%
E06000047	County Durham	00P	NHS Sunderland CCG	1.2%	0.6%
E08000026	Coventry	05A	NHS Coventry and Rugby CCG	74.4%	99.9%
E08000026	Coventry	05H	NHS Warwickshire North CCG	0.3%	0.1%
E09000008	Croydon	07Q	NHS Bromley CCG	1.6%	1.3%
E09000008	Croydon	07V	NHS Croydon CCG	95.4%	93.3%
E09000008	Croydon	09L	NHS East Surrey CCG	3.0%	1.3%
E09000008	Croydon	08K	NHS Lambeth CCG	2.9%	2.8%
E09000008	Croydon	08R	NHS Merton CCG	0.8%	0.4%
E09000008	Croydon	08T	NHS Sutton CCG	0.8%	0.4%
E09000008	Croydon	08X	NHS Wandsworth CCG	0.5%	0.4%
E10000006	Cumbria	01H	NHS Cumbria CCG	97.4%	100.0%
E10000006	Cumbria	01K	NHS Morecambe Bay CCG	0.2%	0.0%

E06000005	Darlington	00C	NHS Darlington CCG	98.2%	96.2%
E06000005	Darlington	00D	NHS Durham Dales, Easington and 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	50.0%	100.0%
E10000007	Derbyshire	02Q	NHS Bassetlaw CCG	0.2%	0.0%
E10000007	Derbyshire	05D	NHS East Staffordshire CCG	8.0%	1.4%
E10000007	Derbyshire	01C	NHS Eastern Cheshire CCG	0.3%	0.0%
E10000007	Derbyshire	03X	NHS Erewash CCG	92.4%	11.3%
E10000007	Derbyshire	03Y	NHS Hardwick CCG	94.6%	12.3%
E10000007	Derbyshire	04E	NHS Mansfield and Ashfield CCG	2.0%	0.5%
E10000007	Derbyshire	04J	NHS North Derbyshire CCG	98.2%	35.9%
E10000007	Derbyshire	04L	NHS Nottingham North and East CCG	0.3%	0.0%
E10000007	Derbyshire	04M	NHS Nottingham West CCG	5.2%	0.6%
E10000007	Derbyshire	03N	NHS Sheffield CCG	0.5%	0.4%
E10000007	Derbyshire	04R	NHS Southern Derbyshire CCG	48.2%	33.1%
E10000007	Derbyshire	01W	NHS Stockport CCG	0.1%	0.0%
E10000007	Derbyshire	01Y	NHS Tameside and Glossop CCG	14.0%	4.3%
E10000007	Derbyshire	04V	NHS West Leicestershire CCG	0.5%	0.2%
E10000008	Devon	11J	NHS Dorset CCG	0.3%	0.3%
E10000008	Devon	11N	NHS Kernow CCG	0.3%	0.2%
E10000008	Devon	99P	NHS North, East, West Devon CCG	70.1%	80.6%
E10000008	Devon	11X	NHS Somerset CCG	0.4%	0.3%
E10000008	Devon	99Q	NHS South Devon and Torbay CCG	51.1%	18.5%
E08000017	Doncaster	02P	NHS Barnsley CCG	0.3%	0.3%
E08000017	Doncaster	02Q	NHS Bassetlaw CCG	1.4%	0.5%
E08000017	Doncaster	02X	NHS Doncaster CCG	96.7%	97.8%
E08000017	Doncaster	03L	NHS Rotherham CCG	1.5%	1.2%
E08000017	Doncaster	03R	NHS Wakefield CCG	0.1%	0.2%
E10000009	Dorset	11J	NHS Dorset CCG	52.5%	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	0.3%	0.6%
E08000027	Dudley	05C	NHS Dudley CCG	93.2%	90.8%
E08000027	Dudley	05L	NHS Sandwell and West Birmingham CCG	3.9%	6.9%
E08000027	Dudley	06A	NHS Wolverhampton CCG	1.8%	1.5%
E08000027	Dudley	06D	NHS Wyre Forest CCG	0.7%	0.2%
E09000009	Ealing	07P	NHS Brent CCG	1.7%	1.5%
E09000009	Ealing	09A	NHS Central London (Westminster) CCG	0.2%	0.1%
E09000009	Ealing	07W	NHS Ealing CCG	86.8%	90.7%
E09000009	Ealing	08C	NHS Hammersmith and Fulham CCG	5.8%	3.0%
E09000009	Ealing	08E	NHS Harrow CCG	0.4%	0.3%
E09000009	Ealing	08G	NHS Hillingdon CCG	0.7%	0.5%
E09000009	Ealing	07Y	NHS Hounslow CCG	4.8%	3.6%
E09000009	Ealing	08Y	NHS West London (K&C & QPP) CCG	0.7%	0.4%
E06000011	East Riding of Yorkshire	02Y	NHS East Riding of Yorkshire CCG	97.4%	85.0%
E06000011	East Riding of Yorkshire	03F	NHS Hull CCG	9.5%	8.1%
E06000011	East Riding of Yorkshire	03M	NHS Scarborough and Ryedale CCG	0.7%	0.2%
E06000011	East Riding of Yorkshire	03Q	NHS Vale of York CCG	6.5%	6.6%
E10000011	East Sussex	09D	NHS Brighton and Hove CCG	1.1%	0.6%
E10000011	East Sussex	09F	NHS Eastbourne, Hailsham and Seaford CCG	100.0%	34.7%
E10000011	East Sussex	09P	NHS Hastings and Rother CCG	99.7%	33.3%
E10000011	East Sussex	99K	NHS High Weald Lewes Havens CCG	98.1%	29.6%
E10000011	East Sussex	09X	NHS Horsham and Mid Sussex CCG	2.8%	1.2%
E10000011	East Sussex	99J	NHS West Kent CCG	0.8%	0.7%
E09000010	Enfield	07M	NHS Barnet CCG	1.1%	1.3%
E09000010	Enfield	07T	NHS City and Hackney CCG	0.1%	0.1%
E09000010	Enfield	06K	NHS East and North Hertfordshire CCG	0.3%	0.5%
E09000010	Enfield	07X	NHS Enfield CCG	95.4%	90.8%
E09000010	Enfield	08D	NHS Haringey CCG	7.7%	6.9%
E09000010	Enfield	06N	NHS Herts Valleys CCG	0.1%	0.2%
E09000010	Enfield	08H	NHS Islington CCG	0.2%	0.1%
E10000012	Essex	07L	NHS Barking and Dagenham CCG	0.1%	0.0%
E10000012	Essex	99E	NHS Basildon and Brentwood CCG	99.8%	18.2%
E10000012	Essex	06H	NHS Cambridgeshire and Peterborough CCG	0.1%	0.0%
E10000012	Essex	99F	NHS Castle Point and Rochford CCG	95.3%	11.6%
E10000012	Essex	06K	NHS East and North Hertfordshire CCG	1.7%	0.7%
E10000012	Essex	08F	NHS Havering CCG	0.3%	0.0%
E10000012	Essex	06L	NHS Ipswich and East Suffolk CCG	0.2%	0.0%
E10000012	Essex	06Q	NHS Mid Essex CCG	100.0%	25.6%
E10000012	Essex	06T	NHS North East Essex CCG	98.6%	22.6%
E10000012	Essex	08N	NHS Redbridge CCG	3.0%	0.6%
E10000012	Essex	99G	NHS Southend CCG	3.3%	0.4%
E10000012	Essex	07G	NHS Thurrock CCG	1.4%	0.2%
E10000012	Essex	08W	NHS Waltham Forest CCG	0.5%	0.1%
E10000012	Essex	07H	NHS West Essex CCG	97.1%	19.7%
E10000012	Essex	07K	NHS West Suffolk CCG	2.3%	0.4%
E08000037	Gateshead	13T	NHS Newcastle Gateshead CCG	38.9%	97.9%
E08000037	Gateshead	00J	NHS North Durham CCG	0.9%	1.1%
E08000037	Gateshead	00L	NHS Northumberland CCG	0.5%	0.8%
E08000037	Gateshead	00N	NHS South Tyneside CCG	0.3%	0.2%
E10000013	Gloucestershire	11M	NHS Gloucestershire CCG	97.6%	98.6%
E10000013	Gloucestershire	05F	NHS Herefordshire CCG	0.5%	0.1%
E10000013	Gloucestershire	10Q	NHS Oxfordshire CCG	0.2%	0.2%
E10000013	Gloucestershire	12A	NHS South Gloucestershire CCG	0.3%	0.1%

E10000013	Gloucestershire	05R	NHS South Warwickshire CCG	0.5%	0.2%
E10000013	Gloucestershire	05T	NHS South Worcestershire CCG	1.1%	0.5%
E10000013	Gloucestershire	99N	NHS Wiltshire CCG	0.2%	0.2%
E09000011	Greenwich	07N	NHS Bexley CCG	5.1%	4.2%
E09000011	Greenwich	07Q	NHS Bromley CCG	1.1%	1.3%
E09000011	Greenwich	08A	NHS Greenwich CCG	88.7%	89.7%
E09000011	Greenwich	08L	NHS Lewisham CCG	4.2%	4.7%
E09000012	Hackney	07R	NHS Camden CCG	0.8%	0.7%
E09000012	Hackney	09A	NHS Central London (Westminster) CCG	0.2%	0.1%
E09000012	Hackney	07T	NHS City and Hackney CCG	90.4%	94.4%
E09000012	Hackney	08D	NHS Haringey CCG	0.6%	0.6%
E09000012	Hackney	08H	NHS Islington CCG	4.4%	3.6%
E09000012	Hackney	08V	NHS Tower Hamlets CCG	0.5%	0.5%
E06000006	Halton	01F	NHS Halton CCG	98.2%	96.6%
E06000006	Halton	01J	NHS Knowsley CCG	0.2%	0.2%
E06000006	Halton	99A	NHS Liverpool CCG	0.3%	1.1%
E06000006	Halton	02E	NHS Warrington CCG	0.6%	1.0%
E06000006	Halton	02F	NHS West Cheshire CCG	0.6%	1.2%
E09000013	Hammersmith and Fulham	07P	NHS Brent CCG	0.3%	0.5%
E09000013	Hammersmith and Fulham	07R	NHS Camden CCG	0.1%	0.1%
E09000013	Hammersmith and Fulham	09A	NHS Central London (Westminster) CCG	2.4%	2.4%
E09000013	Hammersmith and Fulham	07W	NHS Ealing CCG	0.6%	1.2%
E09000013	Hammersmith and Fulham	08C	NHS Hammersmith and Fulham CCG	90.4%	87.7%
E09000013	Hammersmith and Fulham	07Y	NHS Hounslow CCG	0.5%	0.7%
E09000013	Hammersmith and Fulham	08X	NHS Wandsworth CCG	0.1%	0.2%
E09000013	Hammersmith and Fulham	08Y	NHS West London (K&C & QPP) CCG	6.4%	7.2%
E10000014	Hampshire	10G	NHS Bracknell and Ascot CCG	0.7%	0.0%
E10000014	Hampshire	09G	NHS Coastal West Sussex CCG	0.2%	0.0%
E10000014	Hampshire	11J	NHS Dorset CCG	0.5%	0.3%
E10000014	Hampshire	10K	NHS Fareham and Gosport CCG	98.6%	14.5%
E10000014	Hampshire	09N	NHS Guildford and Waverley CCG	2.9%	0.5%
E10000014	Hampshire	10M	NHS Newbury and District CCG	5.9%	0.5%
E10000014	Hampshire	10N	NHS North & West Reading CCG	0.9%	0.0%
E10000014	Hampshire	99M	NHS North East Hampshire and Farnham CCG	76.4%	12.4%
E10000014	Hampshire	10J	NHS North Hampshire CCG	99.2%	16.0%
E10000014	Hampshire	10R	NHS Portsmouth CCG	4.4%	0.7%
E10000014	Hampshire	10V	NHS South Eastern Hampshire CCG	95.5%	14.6%
E10000014	Hampshire	10X	NHS Southampton CCG	5.3%	1.1%
E10000014	Hampshire	10C	NHS Surrey Heath CCG	0.8%	0.0%
E10000014	Hampshire	11A	NHS West Hampshire CCG	97.7%	39.1%
E10000014	Hampshire	99N	NHS Wiltshire CCG	1.3%	0.4%
E10000014	Hampshire	11D	NHS Wokingham CCG	0.6%	0.0%
E09000014	Haringey	07M	NHS Barnet CCG	1.1%	1.5%
E09000014	Haringey	07R	NHS Camden CCG	0.6%	0.5%
E09000014	Haringey	09A	NHS Central London (Westminster) CCG	0.1%	0.0%
E09000014	Haringey	07T	NHS City and Hackney CCG	3.0%	3.1%
E09000014	Haringey	07X	NHS Enfield CCG	1.3%	1.4%
E09000014	Haringey	08D	NHS Haringey CCG	87.8%	91.5%
E09000014	Haringey	08H	NHS Islington CCG	2.4%	2.0%
E09000015	Harrow	07M	NHS Barnet CCG	4.3%	6.3%
E09000015	Harrow	07P	NHS Brent CCG	3.6%	4.8%
E09000015	Harrow	07W	NHS Ealing CCG	1.2%	1.9%
E09000015	Harrow	08E	NHS Harrow CCG	89.7%	84.4%
E09000015	Harrow	06N	NHS Herts Valleys CCG	0.2%	0.5%
E09000015	Harrow	08G	NHS Hillingdon CCG	1.8%	2.0%
E09000015	Harrow	08Y	NHS West London (K&C & QPP) CCG	0.1%	0.1%
E06000001	Hartlepool	00D	NHS Durham Dales, Easington and Sedgefield CCG	0.2%	0.5%
E06000001	Hartlepool	00K	NHS Hartlepool and Stockton-On-Tees CCG	32.5%	99.5%
E09000016	Havering	07L	NHS Barking and Dagenham CCG	3.3%	2.8%
E09000016	Havering	08F	NHS Havering CCG	91.7%	96.4%
E09000016	Havering	08M	NHS Newham CCG	0.1%	0.1%
E09000016	Havering	08N	NHS Redbridge CCG	0.6%	0.7%
E09000016	Havering	07G	NHS Thurrock CCG	0.1%	0.0%
E06000019	Herefordshire, County of	11M	NHS Gloucestershire CCG	0.3%	0.9%
E06000019	Herefordshire, County of	05F	NHS Herefordshire CCG	98.1%	97.3%
E06000019	Herefordshire, County of	05N	NHS Shropshire CCG	0.3%	0.5%
E06000019	Herefordshire, County of	05T	NHS South Worcestershire CCG	0.8%	1.3%
E10000015	Hertfordshire	10Y	NHS Aylesbury Vale CCG	0.4%	0.0%
E10000015	Hertfordshire	07M	NHS Barnet CCG	0.2%	0.0%
E10000015	Hertfordshire	06F	NHS Bedfordshire CCG	0.1%	0.0%
E10000015	Hertfordshire	06H	NHS Cambridgeshire and Peterborough CCG	2.1%	1.6%
E10000015	Hertfordshire	10H	NHS Chiltern CCG	0.1%	0.0%
E10000015	Hertfordshire	06K	NHS East and North Hertfordshire CCG	96.9%	46.6%
E10000015	Hertfordshire	07X	NHS Enfield CCG	0.4%	0.1%
E10000015	Hertfordshire	08E	NHS Harrow CCG	0.6%	0.1%
E10000015	Hertfordshire	06N	NHS Herts Valleys CCG	98.1%	50.8%
E10000015	Hertfordshire	08G	NHS Hillingdon CCG	2.3%	0.6%
E10000015	Hertfordshire	06P	NHS Luton CCG	0.4%	0.0%
E10000015	Hertfordshire	07H	NHS West Essex CCG	0.8%	0.2%
E09000017	Hillingdon	10H	NHS Chiltern CCG	0.1%	0.1%
E09000017	Hillingdon	07W	NHS Ealing CCG	5.2%	6.9%
E09000017	Hillingdon	08C	NHS Hammersmith and Fulham CCG	0.5%	0.3%
E09000017	Hillingdon	08E	NHS Harrow CCG	2.3%	1.9%
E09000017	Hillingdon	08G	NHS Hillingdon CCG	94.3%	89.9%
E09000017	Hillingdon	07Y	NHS Hounslow CCG	1.0%	0.9%
E09000018	Hounslow	07W	NHS Ealing CCG	5.7%	7.8%

E09000018	Hounslow	08C	NHS Hammersmith and Fulham CCG	1.0%	0.7%
E09000018	Hounslow	08G	NHS Hillingdon CCG	0.2%	0.2%
E09000018	Hounslow	07Y	NHS Hounslow CCG	88.2%	86.8%
E09000018	Hounslow	09Y	NHS North West Surrey CCG	0.3%	0.4%
E09000018	Hounslow	08P	NHS Richmond CCG	5.6%	3.9%
E09000018	Hounslow	08Y	NHS West London (K&C & QPP) CCG	0.2%	0.1%
E06000046	Isle of Wight	10L	NHS Isle of Wight CCG	100.0%	100.0%
E09000019	Islington	07R	NHS Camden CCG	4.6%	5.2%
E09000019	Islington	09A	NHS Central London (Westminster) CCG	0.5%	0.4%
E09000019	Islington	07T	NHS City and Hackney CCG	3.3%	4.1%
E09000019	Islington	08D	NHS Haringey CCG	1.3%	1.6%
E09000019	Islington	08H	NHS Islington CCG	89.4%	88.7%
E09000020	Kensington and Chelsea	07P	NHS Brent CCG	0.0%	0.1%
E09000020	Kensington and Chelsea	07R	NHS Camden CCG	0.2%	0.4%
E09000020	Kensington and Chelsea	09A	NHS Central London (Westminster) CCG	4.0%	5.2%
E09000020	Kensington and Chelsea	08C	NHS Hammersmith and Fulham CCG	1.0%	1.2%
E09000020	Kensington and Chelsea	08Y	NHS West London (K&C & QPP) CCG	63.8%	93.1%
E10000016	Kent	09C	NHS Ashford CCG	100.0%	8.3%
E10000016	Kent	07N	NHS Bexley CCG	1.2%	0.2%
E10000016	Kent	07Q	NHS Bromley CCG	0.9%	0.2%
E10000016	Kent	09E	NHS Canterbury and Coastal CCG	100.0%	14.2%
E10000016	Kent	09J	NHS Dartford, Gravesham and Swanley CCG	98.3%	16.5%
E10000016	Kent	09L	NHS East Surrey CCG	0.1%	0.0%
E10000016	Kent	08A	NHS Greenwich CCG	0.1%	0.0%
E10000016	Kent	09P	NHS Hastings and Rother CCG	0.3%	0.0%
E10000016	Kent	99K	NHS High Weald Lewes Havens CCG	0.6%	0.0%
E10000016	Kent	09W	NHS Medway CCG	6.0%	1.1%
E10000016	Kent	10A	NHS South Kent Coast CCG	100.0%	12.9%
E10000016	Kent	10D	NHS Swale CCG	99.9%	7.1%
E10000016	Kent	10E	NHS Thanet CCG	100.0%	9.2%
E10000016	Kent	99J	NHS West Kent CCG	98.7%	30.3%
E06000010	Kingston upon Hull, City of	02Y	NHS East Riding of Yorkshire CCG	1.3%	1.4%
E06000010	Kingston upon Hull, City of	03F	NHS Hull CCG	90.5%	98.6%
E09000021	Kingston upon Thames	08J	NHS Kingston CCG	87.1%	95.6%
E09000021	Kingston upon Thames	08R	NHS Merton CCG	1.1%	1.3%
E09000021	Kingston upon Thames	08P	NHS Richmond CCG	0.7%	0.8%
E09000021	Kingston upon Thames	99H	NHS Surrey Downs CCG	0.9%	1.5%
E09000021	Kingston upon Thames	08T	NHS Sutton CCG	0.1%	0.1%
E09000021	Kingston upon Thames	08X	NHS Wandsworth CCG	0.3%	0.6%
E08000034	Kirklees	02P	NHS Barnsley CCG	0.1%	0.0%
E08000034	Kirklees	02R	NHS Bradford Districts CCG	1.0%	0.7%
E08000034	Kirklees	02T	NHS Calderdale CCG	1.3%	0.7%
E08000034	Kirklees	03A	NHS Greater Huddersfield CCG	99.5%	54.7%
E08000034	Kirklees	03C	NHS Leeds West CCG	0.3%	0.2%
E08000034	Kirklees	03J	NHS North Kirklees CCG	98.9%	42.4%
E08000034	Kirklees	03R	NHS Wakefield CCG	1.5%	1.2%
E08000011	Knowsley	01F	NHS Halton CCG	1.0%	0.8%
E08000011	Knowsley	01J	NHS Knowsley CCG	86.8%	88.2%
E08000011	Knowsley	99A	NHS Liverpool CCG	2.5%	8.0%
E08000011	Knowsley	01T	NHS South Sefton CCG	0.2%	0.1%
E08000011	Knowsley	01X	NHS St Helens CCG	2.3%	2.8%
E09000022	Lambeth	07R	NHS Camden CCG	0.1%	0.1%
E09000022	Lambeth	09A	NHS Central London (Westminster) CCG	0.8%	0.5%
E09000022	Lambeth	07V	NHS Croydon CCG	0.7%	0.8%
E09000022	Lambeth	08K	NHS Lambeth CCG	85.9%	92.6%
E09000022	Lambeth	08R	NHS Merton CCG	1.1%	0.6%
E09000022	Lambeth	08Q	NHS Southwark CCG	1.8%	1.6%
E09000022	Lambeth	08X	NHS Wandsworth CCG	3.6%	3.8%
E10000017	Lancashire	02N	NHS Airedale, 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	13.3%	1.8%
E10000017	Lancashire	00T	NHS Bolton CCG	0.3%	0.0%
E10000017	Lancashire	00V	NHS Bury CCG	1.4%	0.2%
E10000017	Lancashire	00X	NHS Chorley and South Ribble CCG	99.8%	14.5%
E10000017	Lancashire	01H	NHS Cumbria CCG	1.4%	0.6%
E10000017	Lancashire	01A	NHS East Lancashire CCG	99.0%	30.0%
E10000017	Lancashire	02M	NHS Fylde & Wyre CCG	97.5%	11.8%
E10000017	Lancashire	01E	NHS Greater Preston CCG	100.0%	17.1%
E10000017	Lancashire	01D	NHS Heywood, Middleton and Rochdale CCG	0.9%	0.2%
E10000017	Lancashire	01J	NHS Knowsley CCG	0.1%	0.0%
E10000017	Lancashire	01K	NHS Morecambe Bay CCG	99.8%	12.9%
E10000017	Lancashire	01T	NHS South Sefton CCG	0.5%	0.0%
E10000017	Lancashire	01V	NHS Southport and Formby CCG	3.1%	0.3%
E10000017	Lancashire	01X	NHS St Helens CCG	0.5%	0.0%
E10000017	Lancashire	02G	NHS West Lancashire CCG	97.0%	8.8%
E10000017	Lancashire	02H	NHS Wigan Borough CCG	0.8%	0.2%
E08000035	Leeds	02W	NHS Bradford City CCG	0.6%	0.0%
E08000035	Leeds	02R	NHS Bradford Districts CCG	0.7%	0.3%
E08000035	Leeds	02V	NHS Leeds North CCG	96.4%	24.2%
E08000035	Leeds	03G	NHS Leeds South and East CCG	98.4%	31.7%
E08000035	Leeds	03C	NHS Leeds West CCG	97.9%	43.0%
E08000035	Leeds	03J	NHS North Kirklees CCG	0.3%	0.0%
E08000035	Leeds	03Q	NHS Vale of York CCG	0.6%	0.2%
E08000035	Leeds	03R	NHS Wakefield CCG	1.4%	0.6%
E06000016	Leicester	03W	NHS East Leicestershire and Rutland CCG	2.3%	2.0%
E06000016	Leicester	04C	NHS Leicester City CCG	92.5%	95.3%

E06000016	Leicester	04V	NHS West Leicestershire CCG	2.7%	2.7%
E10000018	Leicestershire	03V	NHS Corby CCG	0.6%	0.0%
E10000018	Leicestershire	03W	NHS East Leicestershire and Rutland CCG	85.4%	39.9%
E10000018	Leicestershire	04C	NHS Leicester City CCG	7.5%	4.2%
E10000018	Leicestershire	04N	NHS Rushcliffe CCG	5.4%	1.0%
E10000018	Leicestershire	04Q	NHS South West Lincolnshire CCG	5.6%	1.1%
E10000018	Leicestershire	04R	NHS Southern Derbyshire CCG	0.7%	0.5%
E10000018	Leicestershire	05H	NHS Warwickshire North CCG	1.6%	0.4%
E10000018	Leicestershire	04V	NHS West Leicestershire CCG	96.2%	52.9%
E09000023	Lewisham	07Q	NHS Bromley CCG	1.4%	1.5%
E09000023	Lewisham	09A	NHS Central London (Westminster) CCG	0.2%	0.1%
E09000023	Lewisham	08A	NHS Greenwich CCG	2.1%	1.9%
E09000023	Lewisham	08K	NHS Lambeth CCG	0.3%	0.3%
E09000023	Lewisham	08L	NHS Lewisham CCG	91.8%	92.4%
E09000023	Lewisham	08Q	NHS Southwark CCG	3.8%	3.8%
E10000019	Lincolnshire	06H	NHS Cambridgeshire and Peterborough CCG	0.2%	0.3%
E10000019	Lincolnshire	03W	NHS East Leicestershire and Rutland CCG	0.2%	0.0%
E10000019	Lincolnshire	03T	NHS Lincolnshire East CCG	99.2%	32.0%
E10000019	Lincolnshire	04D	NHS Lincolnshire West CCG	98.5%	30.5%
E10000019	Lincolnshire	04H	NHS Newark & Sherwood CCG	2.4%	0.4%
E10000019	Lincolnshire	03H	NHS North East Lincolnshire CCG	2.7%	0.6%
E10000019	Lincolnshire	03K	NHS North Lincolnshire CCG	2.6%	0.6%
E10000019	Lincolnshire	99D	NHS South Lincolnshire CCG	90.8%	19.6%
E10000019	Lincolnshire	04Q	NHS South West Lincolnshire CCG	93.3%	16.2%
E08000012	Liverpool	01J	NHS Knowsley CCG	8.5%	2.7%
E08000012	Liverpool	99A	NHS Liverpool CCG	94.4%	96.3%
E08000012	Liverpool	01T	NHS South Sefton CCG	3.3%	1.0%
E06000032	Luton	06F	NHS Bedfordshire CCG	2.2%	4.4%
E06000032	Luton	06P	NHS Luton CCG	97.3%	95.6%
E08000003	Manchester	00V	NHS Bury CCG	0.3%	0.1%
E08000003	Manchester	01D	NHS Heywood, Middleton and Rochdale CCG	0.5%	0.2%
E08000003	Manchester	14L	NHS Manchester CCG	90.9%	95.5%
E08000003	Manchester	00Y	NHS Oldham CCG	0.9%	0.4%
E08000003	Manchester	01G	NHS Salford CCG	2.5%	1.1%
E08000003	Manchester	01W	NHS Stockport CCG	1.6%	0.8%
E08000003	Manchester	01Y	NHS Tameside and Glossop CCG	0.4%	0.2%
E08000003	Manchester	02A	NHS Trafford CCG	4.1%	1.6%
E06000035	Medway	09J	NHS Dartford, Gravesham and Swanley CCG	0.2%	0.2%
E06000035	Medway	09W	NHS Medway CCG	94.0%	99.5%
E06000035	Medway	10D	NHS Swale CCG	0.1%	0.0%
E06000035	Medway	99J	NHS West Kent CCG	0.2%	0.3%
E09000024	Merton	07V	NHS Croydon CCG	0.5%	0.9%
E09000024	Merton	08J	NHS Kingston CCG	3.5%	3.0%
E09000024	Merton	08K	NHS Lambeth CCG	1.0%	1.6%
E09000024	Merton	08R	NHS Merton CCG	87.5%	81.1%
E09000024	Merton	08T	NHS Sutton CCG	3.4%	2.7%
E09000024	Merton	08X	NHS Wandsworth CCG	6.6%	10.8%
E06000002	Middlesbrough	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.2%	0.2%
E06000002	Middlesbrough	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.3%
E06000002	Middlesbrough	00M	NHS South Tees CCG	52.2%	99.5%
E06000042	Milton Keynes	06F	NHS Bedfordshire CCG	1.5%	2.5%
E06000042	Milton Keynes	04F	NHS Milton Keynes CCG	95.5%	96.1%
E06000042	Milton Keynes	04G	NHS Nene CCG	0.6%	1.3%
E08000021	Newcastle upon Tyne	13T	NHS Newcastle Gateshead CCG	58.6%	95.1%
E08000021	Newcastle upon Tyne	99C	NHS North Tyneside CCG	6.0%	4.1%
E08000021	Newcastle upon Tyne	00L	NHS Northumberland CCG	0.8%	0.8%
E09000025	Newham	07L	NHS Barking and Dagenham CCG	0.5%	0.3%
E09000025	Newham	09A	NHS Central London (Westminster) CCG	0.5%	0.3%
E09000025	Newham	07T	NHS City and Hackney CCG	0.1%	0.0%
E09000025	Newham	08M	NHS Newham CCG	96.6%	97.7%
E09000025	Newham	08N	NHS Redbridge CCG	0.3%	0.2%
E09000025	Newham	08V	NHS Tower Hamlets CCG	0.2%	0.2%
E09000025	Newham	08W	NHS Waltham Forest CCG	1.7%	1.4%
E10000020	Norfolk	06H	NHS Cambridgeshire and Peterborough CCG	0.7%	0.7%
E10000020	Norfolk	06M	NHS Great Yarmouth and Waveney CCG	47.7%	12.3%
E10000020	Norfolk	06L	NHS Ipswich and East Suffolk CCG	0.2%	0.0%
E10000020	Norfolk	06V	NHS North Norfolk CCG	100.0%	18.7%
E10000020	Norfolk	06W	NHS Norwich CCG	100.0%	23.8%
E10000020	Norfolk	99D	NHS South Lincolnshire CCG	0.2%	0.0%
E10000020	Norfolk	06Y	NHS South Norfolk CCG	98.9%	25.4%
E10000020	Norfolk	07J	NHS West Norfolk CCG	98.5%	18.5%
E10000020	Norfolk	07K	NHS West Suffolk CCG	2.6%	0.7%
E06000012	North East Lincolnshire	03T	NHS Lincolnshire East CCG	0.8%	1.2%
E06000012	North East Lincolnshire	03H	NHS North East Lincolnshire CCG	95.9%	98.6%
E06000012	North East Lincolnshire	03K	NHS North Lincolnshire CCG	0.2%	0.2%
E06000013	North Lincolnshire	02Q	NHS Bassetlaw CCG	0.2%	0.2%
E06000013	North Lincolnshire	02X	NHS Doncaster CCG	0.0%	0.1%
E06000013	North Lincolnshire	02Y	NHS East Riding of Yorkshire CCG	0.0%	0.1%
E06000013	North Lincolnshire	04D	NHS Lincolnshire West CCG	1.1%	1.4%
E06000013	North Lincolnshire	03H	NHS North East Lincolnshire CCG	1.4%	1.4%
E06000013	North Lincolnshire	03K	NHS North Lincolnshire CCG	97.2%	96.8%
E06000024	North Somerset	11E	NHS Bath and North East Somerset CCG	1.6%	1.5%
E06000024	North Somerset	11H	NHS Bristol CCG	0.3%	0.6%
E06000024	North Somerset	11T	NHS North Somerset CCG	99.1%	97.7%
E06000024	North Somerset	11X	NHS Somerset CCG	0.0%	0.2%
E08000022	North Tyneside	13T	NHS Newcastle Gateshead CCG	1.0%	2.5%

E08000022	North Tyneside	99C	NHS North Tyneside CCG	93.0%	96.3%
E08000022	North Tyneside	00L	NHS Northumberland CCG	0.7%	1.1%
E10000023	North Yorkshire	02N	NHS Airedale, 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	1.4%	0.7%
E10000023	North Yorkshire	03D	NHS Hambleton, Richmondshire and Whitby CCG	98.5%	22.9%
E10000023	North Yorkshire	03E	NHS Harrogate and Rural District CCG	99.9%	26.2%
E10000023	North Yorkshire	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.0%
E10000023	North Yorkshire	02V	NHS Leeds North CCG	3.0%	1.0%
E10000023	North Yorkshire	03G	NHS Leeds South and East CCG	0.5%	0.2%
E10000023	North Yorkshire	03M	NHS Scarborough and Ryedale CCG	99.3%	19.2%
E10000023	North Yorkshire	03Q	NHS Vale of York CCG	32.7%	18.7%
E10000023	North Yorkshire	03R	NHS Wakefield CCG	2.0%	1.2%
E10000021	Northamptonshire	10Y	NHS Aylesbury Vale CCG	0.1%	0.0%
E10000021	Northamptonshire	06F	NHS Bedfordshire CCG	0.1%	0.0%
E10000021	Northamptonshire	06H	NHS Cambridgeshire and Peterborough CCG	1.6%	1.9%
E10000021	Northamptonshire	03V	NHS Corby CCG	99.1%	9.7%
E10000021	Northamptonshire	05A	NHS Coventry and Rugby CCG	0.3%	0.2%
E10000021	Northamptonshire	03W	NHS East Leicestershire and Rutland CCG	1.9%	0.8%
E10000021	Northamptonshire	04F	NHS Milton Keynes CCG	3.2%	1.2%
E10000021	Northamptonshire	04G	NHS Nene CCG	98.8%	84.9%
E10000021	Northamptonshire	10Q	NHS Oxfordshire CCG	1.2%	1.1%
E10000021	Northamptonshire	99D	NHS South Lincolnshire CCG	0.9%	0.2%
E06000057	Northumberland	01H	NHS Cumbria CCG	0.0%	0.1%
E06000057	Northumberland	13T	NHS Newcastle Gateshead CCG	0.3%	0.4%
E06000057	Northumberland	00J	NHS North Durham CCG	0.2%	0.2%
E06000057	Northumberland	99C	NHS North Tyneside CCG	1.0%	0.7%
E06000057	Northumberland	00L	NHS Northumberland CCG	98.0%	98.6%
E06000018	Nottingham	04K	NHS Nottingham City CCG	89.7%	95.3%
E06000018	Nottingham	04L	NHS Nottingham North and East CCG	4.7%	2.0%
E06000018	Nottingham	04M	NHS Nottingham West CCG	4.3%	1.2%
E06000018	Nottingham	04N	NHS Rushcliffe CCG	4.3%	1.5%
E10000024	Nottinghamshire	02Q	NHS Bassetlaw CCG	97.3%	13.5%
E10000024	Nottinghamshire	02X	NHS Doncaster CCG	1.6%	0.6%
E10000024	Nottinghamshire	03W	NHS East Leicestershire and Rutland CCG	0.3%	0.1%
E10000024	Nottinghamshire	03X	NHS Erewash CCG	7.6%	0.9%
E10000024	Nottinghamshire	03Y	NHS Hardwick CCG	5.0%	0.6%
E10000024	Nottinghamshire	04D	NHS Lincolnshire West CCG	0.4%	0.1%
E10000024	Nottinghamshire	04E	NHS Mansfield and Ashfield CCG	98.0%	22.5%
E10000024	Nottinghamshire	04H	NHS Newark & Sherwood CCG	97.6%	15.6%
E10000024	Nottinghamshire	04K	NHS Nottingham City CCG	10.3%	4.6%
E10000024	Nottinghamshire	04L	NHS Nottingham North and East CCG	95.0%	17.3%
E10000024	Nottinghamshire	04M	NHS Nottingham West CCG	90.5%	10.2%
E10000024	Nottinghamshire	04N	NHS Rushcliffe CCG	90.4%	13.6%
E10000024	Nottinghamshire	04Q	NHS South West Lincolnshire CCG	0.7%	0.1%
E10000024	Nottinghamshire	04R	NHS Southern Derbyshire CCG	0.6%	0.4%
E10000024	Nottinghamshire	04V	NHS West Leicestershire CCG	0.1%	0.0%
E08000004	Oldham	01D	NHS Heywood, Middleton and Rochdale CCG	1.5%	1.4%
E08000004	Oldham	14L	NHS Manchester CCG	0.8%	2.1%
E08000004	Oldham	00Y	NHS Oldham CCG	94.6%	96.3%
E08000004	Oldham	01Y	NHS Tameside and Glossop CCG	0.2%	0.2%
E10000025	Oxfordshire	10Y	NHS Aylesbury Vale CCG	6.1%	1.8%
E10000025	Oxfordshire	10H	NHS Chiltern CCG	0.1%	0.0%
E10000025	Oxfordshire	11M	NHS Gloucestershire CCG	0.2%	0.2%
E10000025	Oxfordshire	04G	NHS Nene CCG	0.1%	0.1%
E10000025	Oxfordshire	10M	NHS Newbury and District CCG	0.1%	0.0%
E10000025	Oxfordshire	10N	NHS North & West Reading CCG	2.0%	0.3%
E10000025	Oxfordshire	10Q	NHS Oxfordshire CCG	97.3%	96.6%
E10000025	Oxfordshire	05R	NHS South Warwickshire CCG	0.6%	0.2%
E10000025	Oxfordshire	12D	NHS Swindon CCG	2.6%	0.8%
E06000031	Peterborough	06H	NHS Cambridgeshire and Peterborough CCG	22.8%	96.3%
E06000031	Peterborough	99D	NHS South Lincolnshire CCG	5.1%	3.7%
E06000026	Plymouth	99P	NHS North, East, West Devon CCG	29.2%	100.0%
E06000044	Portsmouth	10K	NHS Fareham and Gosport CCG	1.4%	1.3%
E06000044	Portsmouth	10R	NHS Portsmouth CCG	95.6%	98.4%
E06000044	Portsmouth	10V	NHS South Eastern Hampshire CCG	0.3%	0.3%
E06000038	Reading	10N	NHS North & West Reading CCG	61.6%	36.2%
E06000038	Reading	10Q	NHS Oxfordshire CCG	0.2%	0.6%
E06000038	Reading	10W	NHS South Reading CCG	79.8%	60.6%
E06000038	Reading	11D	NHS Wokingham CCG	3.1%	2.7%
E09000026	Redbridge	07L	NHS Barking and Dagenham CCG	5.6%	3.8%
E09000026	Redbridge	08F	NHS Havering CCG	0.8%	0.7%
E09000026	Redbridge	08M	NHS Newham CCG	1.5%	1.8%
E09000026	Redbridge	08N	NHS Redbridge CCG	92.6%	88.7%
E09000026	Redbridge	08W	NHS Waltham Forest CCG	3.4%	3.2%
E09000026	Redbridge	07H	NHS West Essex CCG	1.8%	1.7%
E06000003	Redcar and Cleveland	03D	NHS Hambleton, Richmondshire and Whitby CCG	1.0%	1.0%
E06000003	Redcar and Cleveland	00M	NHS South Tees CCG	47.4%	99.0%
E09000027	Richmond upon Thames	08C	NHS Hammersmith and Fulham CCG	0.4%	0.4%
E09000027	Richmond upon Thames	07Y	NHS Hounslow CCG	4.9%	7.0%
E09000027	Richmond upon Thames	08J	NHS Kingston CCG	1.5%	1.4%
E09000027	Richmond upon Thames	08P	NHS Richmond CCG	91.7%	90.5%

E09000027	Richmond upon Thames	99H	NHS Surrey Downs CCG	0.0%	0.1%
E09000027	Richmond upon Thames	08X	NHS Wandsworth CCG	0.3%	0.6%
E08000005	Rochdale	00V	NHS Bury CCG	0.6%	0.6%
E08000005	Rochdale	01A	NHS East Lancashire CCG	0.2%	0.3%
E08000005	Rochdale	01D	NHS Heywood, Middleton and Rochdale CCG	96.5%	96.6%
E08000005	Rochdale	14L	NHS Manchester CCG	0.6%	1.6%
E08000005	Rochdale	00Y	NHS Oldham CCG	0.9%	1.0%
E08000018	Rotherham	02P	NHS Barnsley CCG	3.4%	3.2%
E08000018	Rotherham	02Q	NHS Bassetlaw CCG	1.0%	0.4%
E08000018	Rotherham	02X	NHS Doncaster CCG	1.1%	1.3%
E08000018	Rotherham	03L	NHS Rotherham CCG	97.9%	93.5%
E08000018	Rotherham	03N	NHS Sheffield CCG	0.8%	1.6%
E06000017	Rutland	06H	NHS Cambridgeshire and Peterborough CCG	0.0%	0.4%
E06000017	Rutland	03V	NHS Corby CCG	0.3%	0.6%
E06000017	Rutland	03W	NHS East Leicestershire and Rutland CCG	9.8%	85.7%
E06000017	Rutland	99D	NHS South Lincolnshire CCG	2.7%	11.9%
E06000017	Rutland	04Q	NHS South West Lincolnshire CCG	0.4%	1.5%
E08000006	Salford	00T	NHS Bolton CCG	0.3%	0.3%
E08000006	Salford	00V	NHS Bury CCG	1.9%	1.4%
E08000006	Salford	14L	NHS Manchester CCG	0.9%	2.2%
E08000006	Salford	01G	NHS Salford CCG	94.0%	94.8%
E08000006	Salford	02A	NHS Trafford CCG	0.2%	0.2%
E08000006	Salford	02H	NHS Wigan Borough CCG	0.9%	1.1%
E08000028	Sandwell	13P	NHS Birmingham Crosscity CCG	3.0%	6.2%
E08000028	Sandwell	04X	NHS Birmingham South and Central CCG	0.2%	0.2%
E08000028	Sandwell	05C	NHS Dudley CCG	3.0%	2.7%
E08000028	Sandwell	05L	NHS Sandwell and West Birmingham CCG	54.0%	89.2%
E08000028	Sandwell	05Y	NHS Walsall CCG	1.7%	1.3%
E08000028	Sandwell	06A	NHS Wolverhampton CCG	0.3%	0.3%
E08000014	Sefton	01J	NHS Knowsley CCG	1.8%	1.0%
E08000014	Sefton	99A	NHS Liverpool CCG	2.9%	5.3%
E08000014	Sefton	01T	NHS South Sefton CCG	96.1%	51.8%
E08000014	Sefton	01V	NHS Southport and Formby CCG	96.9%	41.8%
E08000014	Sefton	02G	NHS West Lancashire CCG	0.3%	0.1%
E08000019	Sheffield	02P	NHS Barnsley CCG	0.8%	0.4%
E08000019	Sheffield	03Y	NHS Hardwick CCG	0.4%	0.0%
E08000019	Sheffield	04J	NHS North Derbyshire CCG	0.7%	0.3%
E08000019	Sheffield	03L	NHS Rotherham CCG	0.3%	0.1%
E08000019	Sheffield	03N	NHS Sheffield CCG	98.6%	99.2%
E06000051	Shropshire	05F	NHS Herefordshire CCG	0.4%	0.3%
E06000051	Shropshire	05G	NHS North Staffordshire CCG	0.4%	0.3%
E06000051	Shropshire	05N	NHS Shropshire CCG	96.6%	95.4%
E06000051	Shropshire	01R	NHS South Cheshire CCG	0.5%	0.3%
E06000051	Shropshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	1.2%	0.9%
E06000051	Shropshire	05T	NHS South Worcestershire CCG	1.0%	1.0%
E06000051	Shropshire	05X	NHS Telford and Wrekin CCG	2.3%	1.4%
E06000051	Shropshire	02F	NHS West Cheshire CCG	0.1%	0.1%
E06000051	Shropshire	06D	NHS Wyre Forest CCG	0.8%	0.3%
E06000039	Slough	10H	NHS Chiltern CCG	3.1%	6.5%
E06000039	Slough	09Y	NHS North West Surrey CCG	0.0%	0.1%
E06000039	Slough	10T	NHS Slough CCG	96.6%	93.1%
E06000039	Slough	11C	NHS Windsor, Ascot and Maidenhead CCG	0.4%	0.4%
E08000029	Solihull	13P	NHS Birmingham Crosscity CCG	1.9%	6.2%
E08000029	Solihull	04X	NHS Birmingham South and Central CCG	0.4%	0.6%
E08000029	Solihull	05A	NHS Coventry and Rugby CCG	0.0%	0.1%
E08000029	Solihull	05J	NHS Redditch and Bromsgrove CCG	0.4%	0.3%
E08000029	Solihull	05L	NHS Sandwell and West Birmingham CCG	0.0%	0.1%
E08000029	Solihull	05P	NHS Solihull CCG	83.6%	92.1%
E08000029	Solihull	05R	NHS South Warwickshire CCG	0.3%	0.4%
E08000029	Solihull	05H	NHS Warwickshire North CCG	0.2%	0.2%
E10000027	Somerset	11E	NHS Bath and North East Somerset CCG	3.1%	1.1%
E10000027	Somerset	11J	NHS Dorset CCG	0.5%	0.7%
E10000027	Somerset	11T	NHS North Somerset CCG	0.9%	0.3%
E10000027	Somerset	99P	NHS North, East, West Devon CCG	0.3%	0.5%
E10000027	Somerset	11X	NHS Somerset CCG	98.5%	97.3%
E10000027	Somerset	99N	NHS Wiltshire CCG	0.1%	0.0%
E06000025	South Gloucestershire	11E	NHS Bath and North East Somerset CCG	0.6%	0.5%
E06000025	South Gloucestershire	11H	NHS Bristol CCG	5.0%	8.9%
E06000025	South Gloucestershire	11M	NHS Gloucestershire CCG	0.8%	1.8%
E06000025	South Gloucestershire	12A	NHS South Gloucestershire CCG	95.1%	88.7%
E06000025	South Gloucestershire	99N	NHS Wiltshire CCG	0.0%	0.1%
E08000023	South Tyneside	13T	NHS Newcastle Gateshead CCG	0.0%	0.2%
E08000023	South Tyneside	00N	NHS South Tyneside CCG	99.2%	99.2%
E08000023	South Tyneside	00P	NHS Sunderland CCG	0.3%	0.6%
E06000045	Southampton	10X	NHS Southampton CCG	94.7%	99.5%
E06000045	Southampton	11A	NHS West Hampshire CCG	0.2%	0.5%
E06000033	Southend-on-Sea	99F	NHS Castle Point and Rochford CCG	4.7%	4.6%
E06000033	Southend-on-Sea	99G	NHS Southend CCG	96.7%	95.4%
E09000028	Southwark	07R	NHS Camden CCG	0.4%	0.3%
E09000028	Southwark	09A	NHS Central London (Westminster) CCG	2.2%	1.4%
E09000028	Southwark	08K	NHS Lambeth CCG	6.6%	7.7%
E09000028	Southwark	08L	NHS Lewisham CCG	2.0%	1.8%
E09000028	Southwark	08Q	NHS Southwark CCG	94.4%	88.7%
E09000028	Southwark	08X	NHS Wandsworth CCG	0.1%	0.1%
E08000013	St. Helens	01F	NHS Halton CCG	0.2%	0.1%
E08000013	St. Helens	01J	NHS Knowsley CCG	2.6%	2.3%

E08000013	St. Helens	01X	NHS St Helens CCG	91.1%	96.3%
E08000013	St. Helens	02E	NHS Warrington CCG	0.0%	0.1%
E08000013	St. Helens	02H	NHS Wigan Borough CCG	0.7%	1.2%
E10000028	Staffordshire	13P	NHS Birmingham Crosscity CCG	0.5%	0.4%
E10000028	Staffordshire	04Y	NHS Cannock Chase CCG	99.3%	14.9%
E10000028	Staffordshire	05C	NHS Dudley CCG	1.4%	0.5%
E10000028	Staffordshire	05D	NHS East Staffordshire CCG	92.0%	14.6%
E10000028	Staffordshire	01C	NHS Eastern Cheshire CCG	0.6%	0.1%
E10000028	Staffordshire	04J	NHS North Derbyshire CCG	0.7%	0.2%
E10000028	Staffordshire	05G	NHS North Staffordshire CCG	95.1%	23.5%
E10000028	Staffordshire	05N	NHS Shropshire CCG	1.0%	0.4%
E10000028	Staffordshire	01R	NHS South Cheshire CCG	0.5%	0.1%
E10000028	Staffordshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	96.1%	23.7%
E10000028	Staffordshire	04R	NHS Southern Derbyshire CCG	0.5%	0.3%
E10000028	Staffordshire	05V	NHS Stafford and Surrounds CCG	99.5%	16.6%
E10000028	Staffordshire	05W	NHS Stoke on Trent CCG	8.9%	2.9%
E10000028	Staffordshire	05X	NHS Telford and Wrekin CCG	1.0%	0.2%
E10000028	Staffordshire	05Y	NHS Walsall CCG	1.6%	0.5%
E10000028	Staffordshire	05H	NHS Warwickshire North CCG	1.2%	0.3%
E10000028	Staffordshire	06A	NHS Wolverhampton CCG	2.7%	0.9%
E10000028	Staffordshire	06D	NHS Wyre Forest CCG	0.2%	0.0%
E08000007	Stockport	01C	NHS Eastern Cheshire CCG	1.6%	1.1%
E08000007	Stockport	14L	NHS Manchester CCG	1.1%	2.2%
E08000007	Stockport	01W	NHS Stockport CCG	95.0%	96.5%
E08000007	Stockport	01Y	NHS Tameside and Glossop CCG	0.3%	0.2%
E06000004	Stockton-on-Tees	00C	NHS Darlington CCG	0.4%	0.2%
E06000004	Stockton-on-Tees	00D	NHS Durham Dales, Easington and Sedgefield CCG	0.4%	0.5%
E06000004	Stockton-on-Tees	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.1%	0.1%
E06000004	Stockton-on-Tees	00K	NHS Hartlepool and Stockton-On-Tees CCG	66.9%	98.6%
E06000004	Stockton-on-Tees	00M	NHS South Tees CCG	0.4%	0.6%
E06000021	Stoke-on-Trent	05G	NHS North Staffordshire CCG	3.4%	2.7%
E06000021	Stoke-on-Trent	05V	NHS Stafford and Surrounds CCG	0.5%	0.3%
E06000021	Stoke-on-Trent	05W	NHS Stoke on Trent CCG	91.1%	97.0%
E10000029	Suffolk	06H	NHS Cambridgeshire and Peterborough CCG	0.1%	0.2%
E10000029	Suffolk	06M	NHS Great Yarmouth and Waveney CCG	52.3%	16.4%
E10000029	Suffolk	06L	NHS Ipswich and East Suffolk CCG	99.6%	52.8%
E10000029	Suffolk	06T	NHS North East Essex CCG	1.4%	0.6%
E10000029	Suffolk	06Y	NHS South Norfolk CCG	1.1%	0.4%
E10000029	Suffolk	07H	NHS West Essex CCG	0.1%	0.0%
E10000029	Suffolk	07K	NHS West Suffolk CCG	91.1%	29.7%
E08000024	Sunderland	00D	NHS Durham Dales, Easington and Sedgefield CCG	0.9%	0.9%
E08000024	Sunderland	13T	NHS Newcastle Gateshead CCG	0.5%	0.8%
E08000024	Sunderland	00J	NHS North Durham CCG	2.2%	2.0%
E08000024	Sunderland	00N	NHS South Tyneside CCG	0.4%	0.2%
E08000024	Sunderland	00P	NHS Sunderland CCG	98.5%	96.1%
E10000030	Surrey	10G	NHS Bracknell and Ascot CCG	1.7%	0.2%
E10000030	Surrey	07Q	NHS Bromley CCG	0.4%	0.1%
E10000030	Surrey	09G	NHS Coastal West Sussex CCG	0.2%	0.0%
E10000030	Surrey	09H	NHS Crawley CCG	6.6%	0.7%
E10000030	Surrey	07V	NHS Croydon CCG	1.2%	0.4%
E10000030	Surrey	09L	NHS East Surrey CCG	96.6%	14.1%
E10000030	Surrey	09N	NHS Guildford and Waverley CCG	94.0%	17.0%
E10000030	Surrey	09X	NHS Horsham and Mid Sussex CCG	1.5%	0.3%
E10000030	Surrey	07Y	NHS Hounslow CCG	0.6%	0.2%
E10000030	Surrey	08J	NHS Kingston CCG	4.4%	0.7%
E10000030	Surrey	08R	NHS Merton CCG	0.3%	0.0%
E10000030	Surrey	99M	NHS North East Hampshire and Farnham CCG	23.0%	4.2%
E10000030	Surrey	10J	NHS North Hampshire CCG	0.1%	0.0%
E10000030	Surrey	09Y	NHS North West Surrey CCG	99.4%	29.4%
E10000030	Surrey	08P	NHS Richmond CCG	0.6%	0.1%
E10000030	Surrey	10V	NHS South Eastern Hampshire CCG	0.1%	0.0%
E10000030	Surrey	99H	NHS Surrey Downs CCG	97.1%	23.8%
E10000030	Surrey	10C	NHS Surrey Heath CCG	98.9%	7.6%
E10000030	Surrey	08T	NHS Sutton CCG	1.2%	0.2%
E10000030	Surrey	99J	NHS West Kent CCG	0.2%	0.0%
E10000030	Surrey	11C	NHS Windsor, Ascot and Maidenhead CCG	8.5%	1.1%
E09000029	Sutton	07V	NHS Croydon CCG	1.0%	1.9%
E09000029	Sutton	08J	NHS Kingston CCG	3.4%	3.3%
E09000029	Sutton	08K	NHS Lambeth CCG	0.1%	0.2%
E09000029	Sutton	08R	NHS Merton CCG	6.4%	6.7%
E09000029	Sutton	99H	NHS Surrey Downs CCG	1.4%	2.0%
E09000029	Sutton	08T	NHS Sutton CCG	94.5%	85.6%
E09000029	Sutton	08X	NHS Wandsworth CCG	0.2%	0.3%
E06000030	Swindon	11M	NHS Gloucestershire CCG	0.0%	0.2%
E06000030	Swindon	12D	NHS Swindon CCG	96.2%	98.3%
E06000030	Swindon	99N	NHS Wiltshire CCG	0.7%	1.4%
E08000008	Tameside	14L	NHS Manchester CCG	2.3%	5.9%
E08000008	Tameside	00Y	NHS Oldham CCG	3.6%	3.8%
E08000008	Tameside	01W	NHS Stockport CCG	1.7%	2.2%
E08000008	Tameside	01Y	NHS Tameside and Glossop CCG	85.1%	88.1%
E06000020	Telford and Wrekin	05N	NHS Shropshire CCG	1.7%	2.9%
E06000020	Telford and Wrekin	05X	NHS Telford and Wrekin CCG	96.7%	97.1%
E06000034	Thurrock	07L	NHS Barking and Dagenham CCG	0.2%	0.2%
E06000034	Thurrock	99E	NHS Basildon and Brentwood CCG	0.2%	0.3%
E06000034	Thurrock	08F	NHS Havering CCG	0.2%	0.3%
E06000034	Thurrock	07G	NHS Thurrock CCG	98.4%	99.2%

E06000027	Torbay	99Q	NHS South Devon and Torbay CCG	48.9%	100.0%
E09000030	Tower Hamlets	07R	NHS Camden CCG	1.1%	0.9%
E09000030	Tower Hamlets	09A	NHS Central London (Westminster) CCG	0.4%	0.3%
E09000030	Tower Hamlets	07T	NHS City and Hackney CCG	0.9%	0.9%
E09000030	Tower Hamlets	08H	NHS Islington CCG	0.1%	0.1%
E09000030	Tower Hamlets	08M	NHS Newham CCG	0.2%	0.3%
E09000030	Tower Hamlets	08V	NHS Tower Hamlets CCG	98.9%	97.5%
E08000009	Trafford	14L	NHS Manchester CCG	2.7%	6.9%
E08000009	Trafford	01G	NHS Salford CCG	0.1%	0.1%
E08000009	Trafford	02A	NHS Trafford CCG	95.6%	92.8%
E08000009	Trafford	02E	NHS Warrington CCG	0.1%	0.1%
E08000036	Wakefield	02P	NHS Barnsley CCG	0.9%	0.6%
E08000036	Wakefield	03G	NHS Leeds South and East CCG	1.0%	0.8%
E08000036	Wakefield	03C	NHS Leeds West CCG	0.1%	0.2%
E08000036	Wakefield	03J	NHS North Kirklees CCG	0.6%	0.3%
E08000036	Wakefield	03R	NHS Wakefield CCG	94.5%	98.1%
E08000030	Walsall	13P	NHS Birmingham Crosscity CCG	1.8%	4.6%
E08000030	Walsall	04Y	NHS Cannock Chase CCG	0.7%	0.3%
E08000030	Walsall	05L	NHS Sandwell and West Birmingham CCG	1.6%	3.2%
E08000030	Walsall	05Q	NHS South East Staffs and Seisdon Peninsular CCG	0.1%	0.0%
E08000030	Walsall	05Y	NHS Walsall CCG	92.7%	90.6%
E08000030	Walsall	06A	NHS Wolverhampton CCG	1.4%	1.3%
E09000031	Waltham Forest	07T	NHS City and Hackney CCG	0.3%	0.3%
E09000031	Waltham Forest	08M	NHS Newham CCG	1.2%	1.6%
E09000031	Waltham Forest	08N	NHS Redbridge CCG	1.4%	1.4%
E09000031	Waltham Forest	08W	NHS Waltham Forest CCG	94.3%	96.6%
E09000032	Wandsworth	09A	NHS Central London (Westminster) CCG	0.9%	0.5%
E09000032	Wandsworth	08C	NHS Hammersmith and Fulham CCG	0.5%	0.3%
E09000032	Wandsworth	08J	NHS Kingston CCG	0.1%	0.0%
E09000032	Wandsworth	08K	NHS Lambeth CCG	3.0%	3.2%
E09000032	Wandsworth	08R	NHS Merton CCG	2.9%	1.7%
E09000032	Wandsworth	08P	NHS Richmond CCG	1.3%	0.8%
E09000032	Wandsworth	08X	NHS Wandsworth CCG	88.3%	93.1%
E09000032	Wandsworth	08Y	NHS West London (K&C & QPP) CCG	0.6%	0.4%
E06000007	Warrington	01F	NHS Halton CCG	0.3%	0.2%
E06000007	Warrington	01G	NHS Salford CCG	0.5%	0.6%
E06000007	Warrington	01X	NHS St Helens CCG	2.3%	2.0%
E06000007	Warrington	02E	NHS Warrington CCG	97.8%	96.9%
E06000007	Warrington	02H	NHS Wigan Borough CCG	0.2%	0.3%
E10000031	Warwickshire	13P	NHS Birmingham Crosscity CCG	0.2%	0.2%
E10000031	Warwickshire	05A	NHS Coventry and Rugby CCG	25.2%	21.5%
E10000031	Warwickshire	11M	NHS Gloucestershire CCG	0.2%	0.2%
E10000031	Warwickshire	04G	NHS Nene CCG	0.2%	0.2%
E10000031	Warwickshire	10Q	NHS Oxfordshire CCG	0.3%	0.3%
E10000031	Warwickshire	05J	NHS Redditch and Bromsgrove CCG	0.8%	0.2%
E10000031	Warwickshire	05P	NHS Solihull CCG	0.6%	0.3%
E10000031	Warwickshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	0.8%	0.3%
E10000031	Warwickshire	05R	NHS South Warwickshire CCG	96.2%	45.5%
E10000031	Warwickshire	05H	NHS Warwickshire North CCG	96.7%	30.9%
E10000031	Warwickshire	04V	NHS West Leicestershire CCG	0.5%	0.3%
E06000037	West Berkshire	10M	NHS Newbury and District CCG	93.2%	66.4%
E06000037	West Berkshire	10N	NHS North & West Reading CCG	35.3%	23.5%
E06000037	West Berkshire	10J	NHS North Hampshire CCG	0.7%	0.9%
E06000037	West Berkshire	10Q	NHS Oxfordshire CCG	0.2%	1.1%
E06000037	West Berkshire	10W	NHS South Reading CCG	8.7%	7.5%
E06000037	West Berkshire	99N	NHS Wiltshire CCG	0.1%	0.4%
E06000037	West Berkshire	11D	NHS Wokingham CCG	0.1%	0.1%
E10000032	West Sussex	09D	NHS Brighton and Hove CCG	1.2%	0.4%
E10000032	West Sussex	09G	NHS Coastal West Sussex CCG	99.5%	57.7%
E10000032	West Sussex	09H	NHS Crawley CCG	93.4%	13.9%
E10000032	West Sussex	09L	NHS East Surrey CCG	0.3%	0.0%
E10000032	West Sussex	09N	NHS Guildford and Waverley CCG	3.1%	0.8%
E10000032	West Sussex	99K	NHS High Weald Lewes Havens CCG	1.0%	0.2%
E10000032	West Sussex	09X	NHS Horsham and Mid Sussex CCG	95.7%	25.8%
E10000032	West Sussex	10V	NHS South Eastern Hampshire CCG	4.1%	1.0%
E10000032	West Sussex	99H	NHS Surrey Downs CCG	0.6%	0.2%
E09000033	Westminster	07P	NHS Brent CCG	1.3%	1.9%
E09000033	Westminster	07R	NHS Camden CCG	3.0%	3.4%
E09000033	Westminster	09A	NHS Central London (Westminster) CCG	80.4%	71.2%
E09000033	Westminster	08C	NHS Hammersmith and Fulham CCG	0.1%	0.1%
E09000033	Westminster	08K	NHS Lambeth CCG	0.1%	0.2%
E09000033	Westminster	08Y	NHS West London (K&C & QPP) CCG	23.4%	23.2%
E08000010	Wigan	00T	NHS Bolton CCG	0.2%	0.2%
E08000010	Wigan	01G	NHS Salford CCG	0.9%	0.7%
E08000010	Wigan	01X	NHS St Helens CCG	3.8%	2.3%
E08000010	Wigan	02E	NHS Warrington CCG	0.4%	0.2%
E08000010	Wigan	02G	NHS West Lancashire CCG	2.7%	0.9%
E08000010	Wigan	02H	NHS Wigan Borough CCG	96.7%	95.6%
E06000054	Wiltshire	11E	NHS Bath and North East Somerset CCG	0.8%	0.3%
E06000054	Wiltshire	11J	NHS Dorset CCG	0.3%	0.4%
E06000054	Wiltshire	11M	NHS Gloucestershire CCG	0.4%	0.5%
E06000054	Wiltshire	10M	NHS Newbury and District CCG	0.8%	0.2%
E06000054	Wiltshire	11X	NHS Somerset CCG	0.3%	0.4%
E06000054	Wiltshire	12A	NHS South Gloucestershire CCG	0.9%	0.5%
E06000054	Wiltshire	12D	NHS Swindon CCG	1.2%	0.6%
E06000054	Wiltshire	11A	NHS West Hampshire CCG	0.1%	0.2%

E06000054	Wiltshire	99N	NHS Wiltshire CCG	96.7%	96.8%
E06000040	Windsor and Maidenhead	10G	NHS Bracknell and Ascot CCG	12.3%	10.8%
E06000040	Windsor and Maidenhead	10H	NHS Chiltern CCG	0.6%	1.2%
E06000040	Windsor and Maidenhead	09Y	NHS North West Surrey CCG	0.2%	0.5%
E06000040	Windsor and Maidenhead	10Q	NHS Oxfordshire CCG	0.0%	0.1%
E06000040	Windsor and Maidenhead	10T	NHS Slough CCG	0.6%	0.6%
E06000040	Windsor and Maidenhead	10C	NHS Surrey Heath CCG	0.1%	0.0%
E06000040	Windsor and Maidenhead	11C	NHS Windsor, Ascot and Maidenhead CCG	88.1%	85.5%
E06000040	Windsor and Maidenhead	11D	NHS Wokingham CCG	1.3%	1.3%
E08000015	Wirral	02F	NHS West Cheshire CCG	0.4%	0.3%
E08000015	Wirral	12F	NHS Wirral CCG	99.7%	99.7%
E06000041	Wokingham	10G	NHS Bracknell and Ascot CCG	3.2%	2.6%
E06000041	Wokingham	10N	NHS North & West Reading CCG	0.2%	0.1%
E06000041	Wokingham	10Q	NHS Oxfordshire CCG	0.1%	0.4%
E06000041	Wokingham	10W	NHS South Reading CCG	11.5%	9.5%
E06000041	Wokingham	11D	NHS Wokingham CCG	93.5%	87.4%
E08000031	Wolverhampton	05C	NHS Dudley CCG	1.4%	1.6%
E08000031	Wolverhampton	05L	NHS Sandwell and West Birmingham CCG	0.1%	0.3%
E08000031	Wolverhampton	05Q	NHS South East Staffs and Seisdon Peninsular CCG	1.7%	1.4%
E08000031	Wolverhampton	05Y	NHS Walsall CCG	3.5%	3.6%
E08000031	Wolverhampton	06A	NHS Wolverhampton CCG	93.8%	93.2%
E10000034	Worcestershire	13P	NHS Birmingham Crosscity CCG	0.4%	0.5%
E10000034	Worcestershire	04X	NHS Birmingham South and Central CCG	2.5%	1.3%
E10000034	Worcestershire	05C	NHS Dudley CCG	0.8%	0.4%
E10000034	Worcestershire	11M	NHS Gloucestershire CCG	0.5%	0.6%
E10000034	Worcestershire	05F	NHS Herefordshire CCG	1.0%	0.3%
E10000034	Worcestershire	05J	NHS Redditch and Bromsgrove CCG	95.9%	27.9%
E10000034	Worcestershire	05N	NHS Shropshire CCG	0.3%	0.1%
E10000034	Worcestershire	05P	NHS Solihull CCG	0.5%	0.2%
E10000034	Worcestershire	05R	NHS South Warwickshire CCG	2.3%	1.1%
E10000034	Worcestershire	05T	NHS South Worcestershire CCG	97.1%	49.0%
E10000034	Worcestershire	06D	NHS Wyre Forest CCG	98.4%	18.7%
E06000014	York	03E	NHS Harrogate and Rural District CCG	0.1%	0.1%
E06000014	York	03Q	NHS Vale of York CCG	60.2%	99.9%

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

BETTER CARE FUND LOCAL NARRATIVE PLANS 2017-19

EAST SURREY

LOCAL ACTION PLAN 2017/18

OVERVIEW

This document provides a brief summary of the key elements of the East Surrey Better Care Fund Plan. The plan locally has evolved through the developing partnership and relationships in East Surrey, and the latest iteration reflects the significant amount of collaboration and co-design that has taken place across the local health and social care economy.

Our focus continues to be on the strategic aims and programme objectives which are shared across Surrey:

- Enabling people to stay well. Maximising independence and wellbeing through prevention and early intervention for people at risk of being unable to manage their physical health, mental health and social care needs.
- Enabling people to stay at home. Integrated care delivered seven days a week through enhanced primary and community services which are safe and effective and increase public confidence to remain out of hospital or residential/nursing care.
- Enabling people to return home sooner from hospital. Excellent hospital care and post-hospital support for people with acute, specialist or complex needs supported by a proactive discharge system which enables a prompt return home.

There have been some significant developments in the local partnership arrangements since our last submission, within the context of the 2017-19 NHS planning framework and the Sussex and East Surrey Sustainability and Transformation Plan. Prevention and the integration and coordination of care for people with the most complex needs are at the heart of the Central Sussex and East Surrey Alliance (CSESA) place-based plan. The vision for East Surrey is to work towards a multi-specialty community provider model in line with the ambition set out within the place-based plan, as part of a wider accountable care system based on the SASH footprint. During 2017/18, a key priority will be to lead the collaboration of the providers of care within the community to develop the model of care. In turn this will define the investment plan to deliver the shift envisaged in the STP and PBP from an acute hospital-centric model to a community based model, focused on prevention, self-management and coordinated care. This will include reviewing our existing investment in both primary care and community services, to align it to the new model.

Key partners including the GP Federation, First Community Health and Care and Surrey County Council are working closely with the CCG and wider partners to develop the MCP model, with a jointly established programme team and governance structure. As the statutory partners, the CCG and Surrey County Council continue to meet in the Local Joint Commissioning Group to make decisions about the BCF, joint priorities and local commissioning issues.

At the time of writing, the CCG is consulting its membership about the potential to join the Surrey Heartlands STP. Within the context described above, local discussions about more formal arrangements for progressing joint commissioning have not progressed further, as we would expect this to be part of any future arrangement across the Surrey Heartlands STP. The CCG continues to participate in the joint commissioning arrangements with other Surrey CCGs for mental health and children's services, as well as the other Surrey CCG collaborative arrangements.

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Our Public Engagement Strategy 2014-18 sets out our overall approach to public engagement, including engagement in the BCF and integration plans. Our main points of reference are the ESCCG Patient Reference Group, external community and health orientated groups, patient representation and feedback used when working on disease specific pathways. We have always been proactive in seeking out views and experiences of the local community, patients and carers, and especially of those less able to speak for themselves and regularly meet with a number of local groups to achieve this. By going out to already existing groups, we can listen to our community in environments that are convenient and where people feel safe and confident to express their views and give feedback. These views and experiences are built into our commissioning intentions and plans for service changes and improvements.

The Patient Reference Group (constituted of nominated representatives from individual Practice Participation Groups, and, on occasions, extended to voluntary, community and faith sector organisations, support groups and individual representative patients) is integral to the work of the CCG and meets three times a year. The role of the Patient Reference Group (PRG) is to help the governing body of ESCCG make decisions about the services they commission and ensuring that these services meet the health needs of the local population.

REVIEW OF 2016/17

1. Enabling people to stay well. Maximising independence and wellbeing through prevention and early intervention for people at risk of being unable to manage their physical health, mental health and social care needs.

The Wellbeing Prescription (social prescribing) service continues to ensure that most practices have access to a dedicated Well Being Advisor. This scheme is funded through the BCF and involves the Wellbeing Advisor taking referrals from GPs and working with patients to identify and address their wider health and wellbeing needs.

The BCF funds a mental health Community Connections service in East Surrey. Provided by Richmond Fellowship, the service offers support and group work for people with mental health problems in the boroughs of Reigate and Banstead and Tandridge. The service aims to promote social inclusion, community participation, mental well-being and recovery by connecting people to mainstream activities in their community. Community connections services indirectly impact on emergency admissions by supporting people with mental health problems to remain well and recover. The service is also a key partner in the provision of a local safe haven for people experiencing a mental health crisis, or to prevent a mental health crisis (see below). This scheme was re-tendered during 2016/17 led by Surrey County Council with the involvement of the CCG Mental Health Collaborative, with Richmond Fellowship reappointed as the provider for East Surrey.

BCF funding also provides on-going support for voluntary sector welfare benefits advice.

The Redhill Mental Health Safe Haven, funded through Crisis Care Concordat funding, is designed to support people in mental health distress and avert crisis, preventing avoidable acute admissions. The unit opened in late March 2016 and is a collaboration between the CCG, voluntary sector, social care and secondary mental health services.

2. Enabling people to stay at home. Integrated care delivered seven days a week through enhanced primary and community services which are safe and effective and increase public confidence to remain out of hospital or residential/nursing care.

In 2016/17, the CCG focused on establishing networks of GP practices clustered geographically and covering populations of 30,000 - 50,000 delivering services together, putting primary care on an equal footing with the

other major providers and sitting at the centre of out of hospital care. The development of the networks is intended as an enabler to move funding from acute to primary and community care in line with the Five Year Forward View, placing an emphasis on prevention, self-care and community service provision. This transformation is necessary to reduce dependence on hospital-based services that can be both inappropriate and expensive while ensuring that primary care services are maintained for the future.

Systems for risk stratification in primary care and case management by Community Matrons are in place across East Surrey. Multidisciplinary team meetings were piloted and are now in established in three network areas. The plan for 2017/18 will be to embed and broaden these arrangements.

Shared electronic care plans have also been implemented across East Surrey, with access available to primary care, 111, out of hours, ambulance and community services professionals. During 2016/17, arrangements were put in place to enable the majority of practices to share patient information via EMIS with community services.

Later in 2016/17 the focus was on putting in place the development of the building blocks for the MCP model across partners.

3. Enabling people to return home sooner from hospital. Excellent hospital care and post-hospital support for people with acute, specialist or complex needs supported by a proactive discharge system which enables a prompt return home.

The Home from Hospital discharge scheme provided by British Red Cross at East Surrey Hospital is funded through the BCF. The scheme was retendered in 2016/17, and British Red Cross re-appointed for a further contract with Surrey County Council.

Life After Stroke Support is provided by the Stroke Association and funded through BCF. This service provides in-reach in to East Surrey Hospital, and follow up community support to stroke survivors, and their families, once they return home.

LOCAL ACTION PLAN FOR 2017/18

Our plan for 2016/17 builds on the planning and implementation in previous years. The key initiatives are set out below under the headings defined by our strategic aims.

1. Enabling people to stay well

Through the BCF, the CCG and adult social care continue to invest locally in prevention with Tandridge District Council and Reigate and Banstead Borough Council. This year there will be a major expansion of the successful Wellbeing Prescription service, which will enable the service to work within all practices in East Surrey. Additional support will be available for larger practices and those with more deprived populations. Both councils are working closely with the CCG and wider partners on the development of new models of care for the MCP, and agreement has been reached to focus the efforts of the service on supporting the self-management and prevention elements of the pathway. This means, for example, that the Wellbeing Advisors will provide support to people with managing long-term conditions (eg diabetes and respiratory conditions), and will support people with severe mental illness to improve their physical health, addressing one of the biggest health inequalities in our local area.

Through BCF funding, local partners are also working with Altogether Better to provide support to eight GP practices to develop a collaborative practice model of care with their patients. Altogether Better is an NHS-hosted organisation that has developed a unique and specialist offer to support general practice in a new model to help their support patients.

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As the numbers of people with long term conditions in our communities grow, the model of general practice is struggling to meet the needs of the patient population which have shifted from requiring a relatively simple medical model (diagnose and treat) to one that includes social aspects that address issues such as personal motivation and skills for self-management, low level mental health needs, social isolation and the need to build community resilience and support. General practice is not currently designed to meet these needs but is experiencing high level of demand which it cannot meet as a result.

Altogether Better will work with practices to develop Practice Health Champions offering a range of activities within and around the practice. Evidence shows a significant reduction in demand for primary care and better health outcomes from practices participating in this work. As well as building resilience in local communities, by supporting practices to reduce demand and meet needs in other ways it will also free up general practice time to provide more support for people with long term conditions and complex needs.

As well as the expanded and new schemes described above, our support for local voluntary sector prevention schemes will continue, and we plan to increase involvement of the voluntary sector in supporting our transformation, prevention and independence agenda.

Additional investment from the BCF also continues to support the Community Equipment Service, which plays a key role in ensuring that people with low level needs are able to access equipment quickly to help them to stay at home.

2 .Enabling people to stay at home

Significant investment through the BCF continues to support social care reablement services, telecare, telehealth and community health services, seven days a week. Services are working increasingly in a more coordinated way to keep people out of hospital.

As described above, during 2016/17 four geographically-based primary care networks were developed (Redhill and Merstham, North Tandridge, South Tandridge, and Reigate and Horley) to provide the building block for more integrated, coordinated care.

Further development of the model of care for people with complex needs, based on the networks, is a key focus for this year.

For the last three years the CCG has funded a Locally Commissioned Service (LCS) in primary care to supplement the national DES in the management of people with complex needs in the community. Utilising the nationally mandated £5 per head of practice population over 75 funding, the LCS has enhanced primary care in its role in coordinating complex case management, bringing together a true multidisciplinary team (MDT) approach to patient management ensuring that relevant patient health information is shared across the appropriate agencies. The aim of this service is to facilitate a consistent and coordinated approach to care, preventing unnecessary conveyances, and emergency admissions into secondary care, with care being delivered in the most appropriate setting.

Complex patients are identified through clinical assessment, supported by a risk stratification tool. Those identified patients then have a care plan developed with their GP that is accessible to the ambulance and out of hours primary care service. These patients are discussed at MDT meetings locally, within the practice, and escalated to the wider Network Complex Case Management MDT Meeting as necessary.

Within the LCS practices are also commissioned to provide care coordination to support the care planning process and the on-going coordination of the patient's care, working closely with the community provider.

During 2016/17 this LCS was revised to include an element of outcomes-based payment, to ensure focus was maintained on outcomes as well as the processes of cohort identification, care planning, and care

coordination. In 2017/18 this LCS is being further revised to consolidate the role of the primary care networks within our model of integrated care. This will include an enhancement of the care coordinator role to ensure a more consistent and equitable approach across the practices and primary care networks, providing extended access between 8am and 6pm Monday to Friday and support to network MDT meetings. This will be funded through BCF investment this year to provide a fundamental underpinning of the model for integrated care.

The network MDTs will also be bolstered by new roles working as part of a "Wellbeing Prescription Plus" service provided by Tandridge District Council. The service will work with people with multiple and complex needs to link them to voluntary and community resources. Working alongside the Community Matrons and wider network MDT arrangements, patients will be identified by the network MDTs and allocated to workers who will work closely with people to ensure their wider health and wellbeing needs are met. The programme will be managed and administered through the existing Wellbeing Prescription service to ensure a low-cost approach that benefit from the successful, local partnerships the service has developed.

As part of the development of the MCP, each of the four networks is also working on a "prototype", on areas agreed across the partners as being significant issues in East Surrey that would benefit from joint working to address. The prototypes are social isolation, falls prevention, end of life care, and the physical health of people with severe mental illness. A fifth prototype, diabetes, is being addressed by all the networks together. All local out of hospital partners are engaged in the work, which involves bringing staff together across organisational boundaries to work with patients and the public, examine evidence, and design and test new ways of working together to provide more effective, integrated services. The partners include the four main MCP partners (CCG, social care, community health and primary care), plus mental health, ambulance, public health, Tandridge District and Reigate and Banstead Borough Councils, Fire and Rescue, and St Catherine's Hospice. Plans to integrate mental and physical health services are being developed as part of this approach, with mental health engaged in many of the prototypes.

It is expected that the prototypes will develop during 2017/18 for full implementation across the patch (including any related additional commissioning) during 2018/19.

A further stream of work is developing the integration of social care reablement and community health rapid response services. Agreement has been reached to develop an integrated team with a single point of contact for both step-up and step-down elements of the pathway, responding to people in crisis in the community to prevent avoidable admissions and ensuring an effective response to those requiring discharge from an acute hospital. Integrating the service will ensure a more efficient and effective response, with the focus on ensuring the right health or social care professional responds in a timely way, and with "no wrong door" access into the service.

During 2017/18 further development of our successful nursing homes MDT will also take place. This will involve enhancing medical, pharmacy and specialist nursing support to reduce conveyances and admissions from care settings.

3. Enabling people to return home sooner from hospital

BCF investment continues to support services designed to expedite hospital discharge, including social care teams for people requiring longer term support, social care reablement services, community health services working at the interface with the acute hospital, the Red Cross "Home from Hospital" service for people who might be vulnerable to readmission without short-term practical support, and the Life After Stroke Service for stroke survivors adjusting to the impact a stroke may have on their physical, social and emotional wellbeing. Community beds at Caterham Dene and spot-purchased in local nursing homes continue to provide vital capacity to enable people who need longer-term recovery to return home, rather than be permanently placed in residential and nursing care.

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Key elements of the CCG's plan for 2017/18 include the following developments designed to prevent unnecessary non-elective admissions and support timely discharge of patients from acute settings.

The adult Psychiatric Liaison Service at East Surrey Hospital is funded by East Surrey CCG, Crawley CCG and SaSH. The current service is commissioned to provide a 24 hour service seven days a week. The day service is a core funded service with the enhanced overnight provision funded through non-recurrent funding streams. The 24 hour enhanced provision has supported a reduction in hospital attendances achieved through targeted intervention for people with a mental health condition who attend ED frequently. The main challenge is in achieving sustained investment for the enhanced hours and during 2017/18 our focus will be on developing a Wave 2 application for Core 24 development funding.

APPROACH FOR THE MANAGEMENT AND CONTROL OF BCF SCHEMES

The East Surrey Local Joint Commissioning Group (LJCG) manages and controls the schemes funded by the BCF. The LJCG meets monthly and its members include East Surrey CCG and east Surrey Adult Social Care. The LJCG reviews and evaluates reports for all the schemes and monitors performance of the schemes through the collection of appropriate data from the providers of the schemes.

The operational and performance aspects of the established hospital based integrated services are monitored through regular integrated steering groups, the Local Joint Commissioning Group (LJCG) and the Joint Executive Board (integration programmes).

The LJCG oversees the BCF grants and contracts, budget, and service delivery.

It is recognised that integration is in its early form and so benefit realisation is at its first phase. The local integration work plan will help drive forward integration and the potential benefit this can have on outcomes and system over 2017/2018 and beyond.

NATIONAL CONDITION TWO - NHS CONTRIBUTION TO SOCIAL CARE IS MAINTAINED IN LINE WITH INFLATION

East Surrey has agreed the BCF spend through the Surrey Health and Social Care Integration Board and the Local Joint Commissioning Group. The planned contributions to social care do not exceed the minimum and therefore the affordability criterion does not apply. There are no significant changes in the contribution to social care from the CCG.

The CCG is satisfied that the social care spend supports health through the provision of social care assessment, reablement and packages of care in the community that prevent avoidable hospital admissions, support discharge and keep people living independently in their local community.

NATIONAL CONDITION 3: AGREEMENT TO INVEST IN NHS-COMMISSIONED OUT-OF-HOSPITAL SERVICES

A full description of the CCG investment in NHS commissioned out of hospital services is outlined in the attached narrative plan. The amount committed is equal to the minimum allocation. No additional target has been sent for non-elective admissions beyond that set with the CCG's Operating Plan and activity planning assumptions.

NATIONAL CONDITION 4: IMPLEMENTATION OF THE HIGH IMPACT CHANGE MODEL FOR MANAGING TRANSFERS OF CARE

Please see Appendix 3

GUILDFORD & WAVERLEY

OUR LOCALITY PLAN

This section summarises the locality elements of the Surrey-wide BCF plan. It highlights:

- the links with our CCG Operation Plan for 2017/19 and the stakeholder and STP priorities for the Guildford and Waverley health and social care system;
- how we are meeting the national conditions within the local system; and
- how we will demonstrate that requirements around governance for the BCF and iBCF.

LINKS WITH OUR CCG OPERATIONAL PLAN

The Guildford and Waverley 2017-19 Operational Plan sets out the overall approach for meeting its statutory objectives for the delivery of healthcare services; meeting the needs of the local population whilst improving health outcomes and reducing health inequalities and delivering national performance standards from within its available financial resources.

The Guildford and Waverley healthcare system faces a significant and enduring financial challenge; with the background to this is set out in the Operational Plan. Our key pressures are due to demographic growth which is 4% compared with the 1.2% used for national planning assumptions and a 2% increase in our financial allocations for both 2017/18 and 2018/19.

In particular growths of 5.4%, 6.1% and 11.8% respectively in the 0-15, >65 and >85 age groups of our local population drives rising demand and costs because these groups have traditionally had the highest consumption of health and social care services. They are also at greatest risk of isolation and poor and or inadequately heated housing which can both impact on health and wellbeing. In real terms, this means the Guildford and Waverley health and social care system is likely to see an increase of over 3,000 residents aged 65 and above.

The combination of this demographic growth in the older adult population in combination with non-demographic growth in the prevalence of long term conditions such as hypertension, depression, asthma, coronary heart disease, stroke, diabetes and cancer presents a key challenge for health and social care system.

LINKS WITH STAKEHOLDER AND STP PRIORITIES

Analysis of Surrey's demographic and economic data and public services using Surrey-i and feedback from public engagement events held by the Local Authority have highlighted the importance of older peoples health locally and the health and wellbeing strategy for Surrey has identified this as a priority area for action.

The pooled commissioner funds within the 2017-19 Better Care Fund is enabling social and health care commissioners to work together, in conjunction with stakeholders, to commission integrated services which are effective in:

- preventing patients having unplanned or 'non-elective' admissions to hospital
- helping patients to remain in their normal place of residence for longer; and
- helping patients to return to their usual place of residence or to a suitable alternative place of residence, quickly after an unplanned attendance in urgent and emergency care departments or unplanned admissions to hospital.

Our Operational Plan identifies the actions we are taking locally and as part of surrey-wide sustainability and transformation partnership (STP) on prevention, health promotion, developing high quality and sustainable

primary care services in GP practices, developing consistent pathways and standards of care for those conditions which affect the most people locally and improving urgent and emergency care services.

The BCF plan is already contributing to the implementation of these strategies for example by supporting work on information governance and data sharing to support integrated planning and care deliver through shared health and care records; driving more responsive and sustainable equipment services and by supporting Telehealth and Telecare.

MEETING BCF REQUIREMENTS

In line with the four national conditions for the BCF[1] and our system priorities the main focus of our BCF plan is to provide targeted additional service capacity or capability for the urgent and emergency care system so that it is both responsive to patients and carers in crisis and supports people to stay in their usual place of residence for longer and / or to return to their home or a clinically appropriate residence in the community setting as soon as possible once clinically indicated; supported by a robust package of care.

The Guildford and Waverley CCG contribution to the Surrey BCF pool in 2017/18 is comprised of our CCG minimum contribution £11,698,190 and an additional contribution to pooled budget for integrated, social care commissioned community services. For 2018/19 the CCGs minimum contribution will be £11.92m. Growths in this investment are determined by the operational planning guidance to meet rising costs for services due to demographic growth. In addition to population growth government policies for a living wage are driving up costs across the adult social care workforce. Our social care partners have provided analysis for LJCG stakeholders to give assurance on how the BCF and iBCF can be deployed to address this.

A breakdown of our joint £13.99m investment is provided in the Better Care Fund 2017-19 planning template. All key requirements for investment in adult social care, NHS commissioned services, carers and responsibilities under the care act have been met as set out below.

- £4.342m investment to protected Adult social care covering:
    - re-ablebasement and carers services; keeping people at home for longer and avoiding non elective admissions
    - community equipment; helping people to return home and stay home by receiving the aids and adaptation they need to support independent living; and
    - hospital based Adult Social Care teams.
- £3.266m investment in NHS commissioned out of hospital or community services.
- £435K to support carers.
- £99K to support compliance with the Care Act.

The remaining joint pooled fund is being used to support local workstreams to reduce unplanned admissions and achieve local target for Delayed Transfers of Care (DTOC) using the high impact changes model.

1. Early discharge planning;
2. Monitoring patient flow;
3. Discharge to assess;
4. Trusted assessors;

[1] Condition 1: Plans to be locally agreed with plans signed off by Health and Wellbeing Boards and the constituent councils and CCGs; Condition 2: NHS contribution to adult social care to be maintained in line with inflation; Condition 3: Investment in NHS out of hospital (which can include 7 day and adult social care services and optional risk-share for excess activity) agreed; Condition 4: Managing transfers of care through implementation of the 8 high impact changes.

5. Multi-disciplinary discharge support;
6. Seven day services;
7. Focus on choice (early engagement with patients and their families/carers); and;
8. Enhancing health in care homes.

£478,000 and £1.303m from the BCF and iBCF are being used to on multidisciplinary / multi-agency discharge teams to support early assessment and intervention and enable the early planning of hospital discharges to Social Care.

Table 2 shows the relationship between the BCF plans the predominant high impact changes (2-4, 6-8).

TABLE 2

Workstreams supporting High Impact changes	Sum of 17/18 Budget£
7 day services	**£751,000**
Mental Health Community Connections	£308,000
Psychiatric Liaison Services	£296,000
Telecare	£107,000
Telehealth	£40,000
Discharge to Assess	**£354,207**
Homecare Service Provision	£354,207
Early discharge planning	**£324,000**
Community Equipment	£280,000
Handy Persons	£44,000
Enhancing health in care homes	**£169,000**
End of Life Care - Contract	£169,000
Multi disciplinary team discharge support	**£520,556**
Home from Hospital scheme	£49,000
Integration Costs	£119,556
Stroke Support	£20,000
Virgin Care Community Matrons and Nursing	£332,000
Trusted Assessors	**£233,000**
Interface Geriatricians	£233,000
Grand Total	**£2,351,763**

A summary of our plan for managing transfers of care, which is led by our Local A&E Delivery Board, is provided in the collated appendix of the Surrey wide BCF plan.

The CCG and Local Authority are members of the Local A&E Delivery Board (LAEDB) where they have been working in partnership with local providers and stakeholder members to agree this plan. This group provides the leadership and oversight for the development of the high impact changes plan.

The governance and chairing arrangements for the LAEDB have recently been revised and the group is now chaired by the Chief Executive of the local acute NHS Trust. Partners from across the health and social care system have used a range of stakeholder feedback including the findings from a series of service events to inform the priorities being taken forward to both sustain and support improvements in managing delayed transfers of care.

The Guildford and Waverley share of the additional £7.5m which will be available across Surrey from the new iBCF awarded in the spring budget which will be ring fenced to support improvements in the adult social care market supporting more people to be discharged from hospital once clinically indicated as fit for discharge.

GOVERNANCE AND SIGN OFF OF BCF PLANS

Governance and oversight of the BCF and iBCF is provided through the Joint Local Commissioning Group (JLCG); members will report on the elements of the high impact changes supported by the BCF to this group.

As a member of the JLCG the CCG supports the oversight this group provides in monitoring and evaluating the outcomes from the commissioners pooled fund and wider IBCF. The CCG plans to undertake further reviews of the health element of this investment with the BCF programme lead. We will evaluate and review how the resource can be deployed most effectively to reflect the role of the BCF as a boarder enabler of the integrated planning and delivery approach which will be developed by our STP during our shadow year of devolution.

The BCF has not identified any reductions in Non elective Admissions (NEAs) over and above those in the Guildford and Waverley Operational Plan. Therefore the local risk-sharing agreement, which has been agreed as a contingency in the event of excess activity, has been not been identified from the ring fenced CCG Hospital services spend in line with BCF guidance.

The CCG will present the local contribution to BCF plan for internal sign off by the Commissioning, Finance and Performance Committee. This committee and the governing body will review the full BCF submission for sign off prior to submission to the Surrey Health and Wellbeing Board on 7th September. This will enable us to meet condition 1; for plans to be locally agreed and signed off by Health and Wellbeing Boards and the constituent councils and CCGs, prior to submission to NHS England on 11th September.

NORTH EAST HAMPSHIRE & FARNHAM

2017/18 - 2018/19 STATEMENT

Integrated care is underpinned by our Primary and Acute Care System Vanguard – this continues to accelerate our work to introduce a new model of care, co-designed with local people, that results in better health and wellbeing for residents and better value for money for health and social care services. Building on our success in 2015/16 and 2016/17 - in which we developed our 5 integrated care teams – in 17/18 and 18/19 the focus for our new model of care will be on co-location for our 5 ICTs, increasing their caseloads by effective use of a risk stratification tool and increased clinical partnerships between primary and secondary care.

A COORDINATED AND INTEGRATED PLAN OF ACTION FOR DELIVERING THE VISION, SUPPORTED BY EVIDENCE

HAPPY, HEALTHY, AT HOME

Our Better Care Fund plans for both North East Hampshire with Hampshire County Council and Farnham with Surrey County Council are aligned with the delivery of our Vanguard model of care.

The Better Care Fund seeks to support the delivery of these existing plans with the investment aligning to priority areas of joint working in our new model of care. The Vanguard is a whole system approach, equally owned by all partner organisations and local communities. We are developing a whole population health approach considering the needs of our whole population and all of the assets that we have locally.

Expenditure plans for 2017/18 have been agreed by the Local Joint Integrated Commissioning Forum held between North East Hampshire & Farnham CCG and Surrey County Council. Over the past two years the group has agreed a number of shared commissioning decisions which following the completion of some service contracts has enabled joint investment decisions. An example of this is a new Social Care Team leader that

works as part of the Integrated Care Team in Farnham. The funding released elsewhere within the pooled budget has enabled this role to be expanded from part time to full time in 2017/18.

The North East Hampshire and Farnham Vanguard Programme was launched in March 2015 to accelerate our work to introduce a new model of care, co-designed with local people, that results in better health and wellbeing for residents and better value for money for health and social care services.

Our aim is to support local people to be happier, healthier, and where possible to receive more care at home.

Our vision of our model of care is made up of 4 core component parts:

1) Strengthening focus on self-care and prevention
2) Enhancing primary care and multi-disciplinary locality teams
3) Improve local access to specialist expertise and care
4) Creating a shared care record

During the first two years of the Vanguard programme, a number of schemes have been piloted and this year our focus is on turning good work into hard-edged delivery.

In January of 2017 we ran a process to determine where 2017/18 funding would be best placed and also looked at how we reduced infrastructure costs to support more clinical services.

This resulted in nine programmes which are being supported in 2017/18. Monthly monitoring against the impact plans by programme is in place and is overseen by the Vanguard Steering Group and shadow ACS board.

WHAT WE ARE DELIVERING: PREVENTION AND SELF-CARE

MAKING CONNECTIONS

This service is run by a voluntary organisation and offers help to people in need of non-clinical support and enables individuals to be proactive in managing their own health and wellbeing.

Examples of support offered in the service:

- Nepalese woman in her 50s living in inappropriate housing for her disability
- A 26 year old autistic man with mental health issues who has low self esteem

Early and caveated findings from evaluation of the service are showing:

- A reduction in the rate of A&E attendance of 18%
- A reduction in the rate of emergency admission of 19%

The service works closely with the integrated care teams and is represented at multi-disciplinary team meetings.

RECOVERY COLLEGE

Operating since April 2016 the College enables carers and staff to better understand mental health and supports people on their journey to recovery so they become experts in their own self-care.

On offer is a range of educational workshops and courses to help people understand their experiences and gain the knowledge they need to take control of their personal recovery journey. Courses are prepared and delivered by people who use services in partnership with staff and there are opportunities for progression from volunteering to paid trainer roles.

All students graduate with a certificate of success and they are encouraged to seek further opportunities

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WHAT WE ARE DELIVERING: NEW WAYS OF WORKING

MISSION

A series of clinics delivered in a community setting for patients with a respiratory condition. Secondary care respiratory specialists lead the clinics and educate/mentor staff within the primary care setting to identify, treat and manage patients with respiratory conditions.

Successfully piloted in September 2016 MISSION is based on a model previously proven to significantly reduce healthcare utilisation costs, recognising that the long wait that patients often endure to receive specialist care impacts on all aspects of their lives, often leads to poorer outcomes.

EMERGENCY SEVERITY INDEX

The model optimises flow through the acute provider's emergency department (ED) using a tool called the Emergency Severity Index (ESI) to support decision-making on pathways through the ED for a specific patient group (ESI3). The pilot produced early results of a reduction in breaches for ESI3 patients; demonstrated improved outcomes and had a positive knock on effect on activity in other flows.

Due to the model's success at Frimley Park it is now being rolled out to other parts of the system.

NHS 111 TRIAGE AND PRESCRIBING PHARMACIST

NHS 111 triage, an out of hours service, eases pressure at the 'front door' by dealing with pre-agreed 111 dispositions**.** The service decreases inappropriate referrals to the emergency department releasing pressure and improves patient satisfaction as the patient is treated in the most appropriate setting for them.

Another out of hours service is the prescribing pharmacist whose primary role is to speak to patients where the information from NHS111 or initial nurse triage indicates that medication information or a prescription is required. Secondary to this the Pharmacist assists with cases which are suitable for self-care advice such as colds and earache which a Pharmacist is used to handling in the Pharmacy environment. This increases the range of health care professionals available within the call center in line with proposed future models of care and eases pressure on a doctor's time

ENHANCED RECOVERY AND SUPPORT AT HOME

Enhanced Recovery and Support at Home brought together existing services which became an integral part of the vanguard programme in April 2016 enabling it to expand. Where it is possible and medically appropriate, the model supports patients with urgent, acute and/or complex care needs, enabling them to regain the confidence to be at home self-managing their condition. This service provides support to two distinct cohorts of patients:

1. Those experiencing a crisis within the community, but not requiring an admission into an acute hospital.
2. Those requiring a supported discharge from acute or post-care with identifiable rehabilitation or recovery needs.

Care is delivered through collaboration with local health and social care partners so that services are designed around patients, resulting in frail and older people living healthier, more independent lives.

WHAT WE ARE DELIVERING – CARE CLOSER TO HOME

LOCALITIES

The localities work to release GP time to help patients with complex health needs; to support patients in the community and reduce attendance at the emergency department. Examples from across the system in support of this are:

- Centres offering on-the-day GP appointments. Patients contact their GP surgery in the usual way and a triage system is in operation to allot a same-day appointment where needed.
- GP peer review of referrals. This is leading to lower utilisation of secondary care; showing a potential return on investment of redirected referrals of 97%
- Paramedic Practitioners are supporting a Rapid Home Visiting Service
- Integrated care teams operating in all five localities providing support to people with complex health and social care needs. Increasingly the teams are focussing on working with patients pro-actively to prevent them needing urgent care services.

WHAT WE ARE DELIVERING – FUNCTIONS TO SUPPORT DELIVERY

20/20 LEADERSHIP PROGRAMME

A leadership programme improving the quality of local healthcare through better identification of community needs and an inter-connected approach to solving these. Cohort 1 is nearing completion of the programme and plans for cohort 2 are underway.

INFRASTRUCTURE

This includes the resources and workstreams which support delivery of the Vanguard projects and includes IT, Estates, Communication and Engagement and the Programme Management Office function.

EVALUATION

Evaluation of our work helps us to share best practice across the system and the wider service. It also informs future commissioning. Our evaluation work is conducted by the Academic Health Science Network. We have a monthly dashboard which looks at performance of the system and the impact/benefits realised as a result.

ACCOUNTABLE CARE SYSTEM

The population of North East Hampshire and Farnham are part of the Frimley Health Accountable Care System (ACS). The ACS Board began meeting in September 2016 and their responsibilities are to:

a) Develop, agree and oversee the delivery of a strategic plan for the North East Hampshire and Farnham health and care system;
b) Take collective responsibility for the health of, and health and care services for the registered population (including mental health, primary, community and acute care, and social care);
c) Manage the available funding for the population of North East Hampshire and Farnham, committing to shared performance goals and deploying the shared workforce and facilities to meet the needs of the population.

The Frimley Health ACS is among the first eight designated ACSs in England announced in June 2017. ACSs will build on the learning from and early results of NHS England's new care model 'vanguards'.

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NHS CONTRIBUTION TO SOCIAL CARE IS MAINTAINED IN LINE WITH INFLATION

We have confidence in our planned contributions to social care spend from the BCF and this will be spent on social care services that have some health benefit and support the overall aims of the plan.

AGREEMENT TO INVEST IN NHS-COMMISSIONED OUT-OF-HOSPITAL SERVICES

System wide activity plans have been agreed as part of the Happy, Healthy, at Home Vanguard programme. The Better Care fund compliments these plans but does not look to make further reductions in non-elective admissions.

IMPLEMENTATION OF THE HIGH IMPACT CHANGE MODEL FOR MANAGING TRANSFERS OF CARE

The overall aim of the Frimley Health & Care STP is to work in partnership with our population and local partner stakeholder organisations to provide an integrated health & social care system fit for the future. This means people receiving / having access to seamless holistic services that meet their physical and mental health needs at the earliest possible opportunity – right care, right time and right place. Through focus on the individual, as opposed to structure, there is increased focus on prevention and pro-active care rather than reactive treatment.

As a Frimley system the current DTOC performance levels are only marginally off the national target of 3.5% and as an STP we have focused on agreeing a Trust wide trajectory for improvement which all partner organisations have signed up to.

Our Frimley STP Delivery Plan ambition is to meet the 3.5% DTOC target by March 18 and to continue to meet it thereafter.

The Frimley STP Urgent and Emergency Care Delivery Plan follows the seven pillars as set out in the national plan, namely:

1. NHS 111 Online
2. NHS 111 Calls
3. GP Access
4. Urgent Treatment Centre
5. Ambulance
6. Hospitals
7. Hospital to Home

The Hospital to Home action plan specifically focusses on the High Impact Changes and is attached for reference. The plan outlines the high level actions being implemented and further work continues on developing and implementing the more detailed local actions.

NORTH WEST SURREY

A COORDINATED AND INTEGRATED PLAN OF ACTION

As per usual practice, North West Surrey CCG's Operational Plan 2017-19 was signed off by Surrey's Health and Wellbeing Board to ensure alignment between local and countywide priorities and vision. The key priorities and principles from this plan around Health and Social Care integration are:

Key priorities:

- Agreement to invest in NHS commissioned out of hospital services
- Agreement of a local target for Delayed Transfers of Care (DTOC)
- Development of a local plan supporting reductions in unplanned admissions and Delayed Transfers of Care

North West Surrey system is committed to ongoing investment in social care as part of delivering the key priorities.

Principles:

- Single model of operational management and delivery; minimising duplication and improving efficiency
- Core, integrated teams focussed around clusters of GP practices
- Higher level of generalist skill across community nursing, capable of managing multiple co morbidities
- Interoperability with primary care systems and streamlined, efficient referrals and information sharing
- Use of named staff to coordinate seamless and timely access to different services
- Access to a range of specialists for advice, education and clinical support in the most complex of cases

During 2017/19, we will continue the implementation of our Model of Care which is designed to ensure that the needs of people are at the centre of decision making and service redesign. The Model sees shifts in the setting of care provided and improvements in the way in which we work as a system. Integral to the Model of Care are a number of fundamental design principles: people-centred integration of health and care services; whole system care navigation; sustainability of our Acute Trust; mental health equality; provide care at the most appropriate place; age-appropriate care; transition of Children and Young People into adult services.

Through the newly procured Adult Community Services Contract we have a range of community health services primarily for adults aged 18 years plus that delivers a proactive approach to care that identifies and supports vulnerable people in the community, prevents serious illness and provides timely coordinated care in a way that integrates the Out of Hospital care and support system. It provides the platform to embed service integration more fully into our "business as usual". Key elements include our integrated discharge pathway, around the acute hospital, our locality Hubs and primary care transformation plans.

Further information is available in North West Surrey CCG's Operational Plan 2017-19 at:
http://www.nwsurreyccg.nhs.uk/about-us/Pages/Our-plans.aspx

A BCF finance schedule has been agreed between commissioners, executives and finance leads in both organisations which will direct two years of BCF funding towards services which can have the greatest impact on the delivery of the vision within this narrative. Funded schemes fit into four categories: maintaining social care spend in areas that direct people away from hospital either before admission or upon discharge, maintaining health spend in out of hospital services, enhancing this spend in both social care and health areas through jointly commissioned services, and supporting housing services in the District and Boroughs through incorporation of DFG into BCF plans along with additional funding for Housing Services. Services which are jointly invested in include preventative services such as information and advice and mental health Community

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Connections. There is also a focus on support to return from hospital and remain at home independently through the Home from Hospital service, telecare, community equipment and handyperson services.

The Senior Operational Group (SOG) focusses on the operational delivery of service transformation and improvement. The SOG is made up of senior representatives from NW Surrey CCG, Primary Care, Adult Social Care, Surrey & Borders Partnership NHS Foundation Trust, Ashford & St Peter's Hospitals NHS Foundation Trust (ASPH) and Central Surrey Health (CSH) Surrey. The SOG will oversee and manage a number of relevant sub-groups in priority areas in order to deliver the detailed, operational design of services and enact genuine changes in practice. It will ensure timely delivery and benefits realisation against key plans, and collectively hold members to account for delivering agreed actions.

Identified key priority areas, which enable the North West Surrey system to deliver the Better Care Fund objectives, are:

1. The redesign and reconfiguration of 'front door' urgent care services
    - Plans to redevelop ASPH A&E and Urgent Care Centre
    - Review of system services which support delivery of this priority

2. The expansion and development of the Locality Hubs
    - Building on the model established in Woking and delivering at planned scale for 5000 people, including implementation of a reactive service
    - Hub services to be expanded to Thames Medical & SASSE Localities

3. The development of an Integrated Discharge Pathway across the system
    - The Integrated Care Bureau (ICB) was established in September 2016 to enable delivery of the 3 pathways which ensures:
        a. no decision about long term care is taken in an acute setting
        b. Minimise hospital length of stay whilst maximising independence
        c. Provide care at home wherever possible
        d. Improve patient outcomes at each part of the acute urgent care pathway
        e. Effectively planning and supporting safe discharge and preventing readmission
    - Continued development of the ICB including the evolution of the service model, developing strong operational processes and effective integration with locality hubs, which includes full delivery of trusted assessment across the system

The Group also has responsibility for the design of services in accordance with the strategic direction set by the NW Surrey Cabinet and key strategic developments across the North West Surrey system e.g. the development of a Provider Alliance and the mobilisation of the new community services contract. It is also responsible for evidence based development, management and oversight of implementation plans to ensure service change and transformation is practically achieved at the required pace and with the buy in of all key partners.

The locality Hubs are part of the Future Hospitals Programme, one of eight selected development sites, feeding back nationally and part of a national evaluation publication due later this year. As part of Phase 2, the North West Surrey Hubs are one of four sites that are focused on providing person-centred care across integrated healthcare services.

The Integrated Discharge Pathway will be linking into regional work led by Kent, Surrey and Sussex Academic Health Science Network across the STP footprint and wider – the Safe Discharges and Transfers project. This will enable a co-ordinated but local approach.

NATIONAL CONDITION - NHS CONTRIBUTION TO SOCIAL CARE IS MAINTAINED IN LINE WITH INFLATION

Contributions to Social Care outcomes have been increased by 7.2% through both additional funding to Adults Social Care by the CCG, and through increased BCF funding into CCG services which have primarily social care outcomes. This frontloads the 2 years' inflationary increase into the 17/18 plans, and is affordable due to part use of BCF funds from decommissioned services. The additional funding is supporting services which add to both the Health and Social Care elements of the vision for Better Care Fund and so focusing funding here will not destabilise the system as a whole.

The social care spend supports health through the provision of social care assessment, reablement and packages of care in the community that prevent avoidable hospital admissions, support discharge and keep people living independently in their local community. These also support 7 day working.

NATIONAL CONDITION - AGREEMENT TO INVEST IN NHS-COMMISSIONED OUT-OF-HOSPITAL SERVICES

The expenditure plans shows an increase in the funding from previous years in NHS out of hospital services. There is no additional target for NEAs, and no contingency linked to this.

The CCG has sourced a radically different and improved out of hospital care provision including the new community services contract with the following elements:

- Blurring the boundaries between primary care and community services building strong day to day working relationships between community teams and GP practices
- Development of core, integrated teams focussed around clusters of GP practices and working directly with primary care professionals on a day to day basis
- Robust care coordination and the use of named staff to coordinate seamless and timely access to different parts of community services, mental health services, the voluntary sector and social care
- The development of a much higher level of generalist skill, including high quality self-management support, across community nursing capable of managing multiple comorbidities rather than an overreliance on specialist teams to manage a single condition
- A single point of access for referral and telephone contact; shared IM&T systems and information governance processes and development of innovative use of technology to deliver care such as Telehealth.
- Interoperability with primary care systems and streamlined, efficient methods of referral and information sharing; particularly important is the ability to provide direct interoperability with the prevailing clinical system in North West Surrey, which for the vast majority of practices is EMIS.
- A service that responds to the needs of the patient or their carer with regards to response times and operating hours.

NATIONAL CONDITION - IMPLEMENTATION OF THE HIGH IMPACT CHANGE MODEL FOR MANAGING TRANSFERS OF CARE

Local A&E Delivery Board are engaged with the plan. The BCF plan supports the wider joint agenda to promote a seamless pathway so that people are not delayed for discharge and admission. There are established positive joint working arrangements in North West Surrey across the system. There are structures around planning for discharge for medically stable people with a daily system call.

Please see Appendix 3

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WINDSOR ASCOT & MAIDENHEAD CCG

A small part of NHS Windsor Ascot and Maidenhead CCG's footprint is in North West Surrey – the Surrey BCF expenditure plan (annex 1 to this plan) shows the agreed scheme level spending plan for this area.

NHS Windsor Ascot and Maidenhead CCG Strategic Commissioning Plan sets out the CCGs ambitions for the next five years. The realisation of these ambitions will only be possible through working with our partners to improve the overall health and wellbeing of our local population. The vision of integrated care is described in the following commitment to our patients:

"In Windsor, Ascot and Maidenhead you will be supported to be active in a safe and caring community allowing you to live a fulfilled life as independently at home for as long possible. When you need care you will only have to tell your story once. You will have access to information and services that guide you to make the right choices for you about services."

From the 2014 – 2018 five year strategic commissioning plan, WAM CCG sets out its ambition for an integrated system that is sustainable for the future with improved outcomes for local people enabled via the Better Care Fund, this will result in:

- Care led by the person and involving their family and carers - conversations should always start with 'what is important to you' and services will come to people
- Older people continuing to feel part of a community and providing them with opportunities to 'give back' their time and skills, thus promoting mental wellbeing and enabling them to live a full life
- Socially isolated people will be encouraged to become more active with a supportive community which reaches out to them
- Promoting understanding and the development of a caring community through cross-generational activities
- Promoting the use of technology to support families, carers and care professionals to work together effectively
- One person who will work with people to understand their choices
- Supporting older people to remain active, age well and remain fitter for longer through the use of a range of leisure facilities and community events and networks, developed with the needs and wishes of older people in service planning
- Having a comprehensive and responsive spectrum of care available, which does not rely solely on institutional care
- Recognising everyone desires to be as independent as possible and we will do all we can to support that wherever individuals live
- General practice is firmly placed at the heart of local services, directing a range of community and social care services

SURREY DOWNS

A COORDINATED AND INTEGRATED PLAN OF ACTION FOR DELIVERING THE VISION, SUPPORTED BY EVIDENCE

Surrey Health and Wellbeing Strategy support the following priorities of

1. Improving children's health and wellbeing
2. Developing a preventative approach
3. Promoting emotional wellbeing and mental health
4. Improving older adults' health and wellbeing
5. Safeguarding the population

Surrey Downs, aligned to the Surrey Heartland Sustainability Partnership have six clinical priorities of

1. Mental Health
2. Dementia
3. Learning disabilities
4. Maternity
5. Cancer
6. Diabetes

Surrey Downs CCG has a clear vision for the development of comprehensive health and care provision for the local population. The aspiration is to achieve provision of integrated locality based models of care wherever possible and services which support economy of scale as necessary.

Central to this vision is the development of excellent integrated and aligned community services, working in collaboration with primary care, to provide a holistic care response genuinely tailored to the needs of the individual. The realisation of this level of integrated care will develop alongside the evolution of the local care economy and changing national landscape, and the need for greater interoperability, sharing of information and a focus on overall individual outcomes.

Providers and commissioners have come together across Surrey Downs Localities to develop long-term models of care that will be implemented over the next five years – these focus on providing pro-active and preventative care to stop people becoming unwell in the first place. When deterioration is unavoidable, these models aim to create integrated, multi-disciplinary services delivered in the home and in the community to prevent hospital admissions (and get people home from hospital quickly). The following local **principles** support this vision:

- Reduced complexity of services
- Wrap multi-professional services around primary care supported by the emerging design of multi-specialist providers
- Multidisciplinary teams providing care for people with complex needs
- Supporting community teams with specialist medical input
- Create services that offer an alternative to hospital stay
- Have an infrastructure to support the clinical model, including better ways to measure outcomes and work together to enable seamless assessment
- Develop capabilities to harness the power of the wider community

Surrey Downs CCG and the Local Joint Commissioning Group, has taken a locality level approach to delivering Health & Social Care integration supported by aligned outcomes. The Surrey Downs area has three distinct localities (Epsom, East Elmbridge and Dorking) flowing into three Acute Trusts of Epsom and St Hellier Acute

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Trust, Surrey and Sussex Hospital and Kingston Hospital. Each locality is developing and maturing an integration delivery approach reflecting local challenges and priorities including:

- Community Medical Teams (CMTs) run by local GP networks, leading community based crisis response, managing local community hospital beds and acting as the fulcrum of the model of care
- Community Hubs including statutory (health and social care) and voluntary services working with CMTs to manage a case load of high risk individuals identified through acute exacerbations and risk stratification.
- Provision of enhanced multi-disciplinary support to prevent admission to hospital and provide early supported discharge.

EPSOM LOCALITY

Providers and commissioners have come together under a formal provider alliance to develop a long-term care model. Phase 1 is primarily a reactive model, focused on developing a suite of services as part of Epsom @ home and phase 2, which is currently underway, expands the model by taking a whole population approach focusing on providing pro-active, preventative care to stop people becoming unwell.

EAST ELMBRIDGE AND DORKING LOCALITIES

East Elmbridge and Dorking Localities also operate community medical teams and work together with the wider community team consisting of identified community matrons, therapy and reablement staff with provision by the locality GP federations.

BCF CONTRIBUTIONS

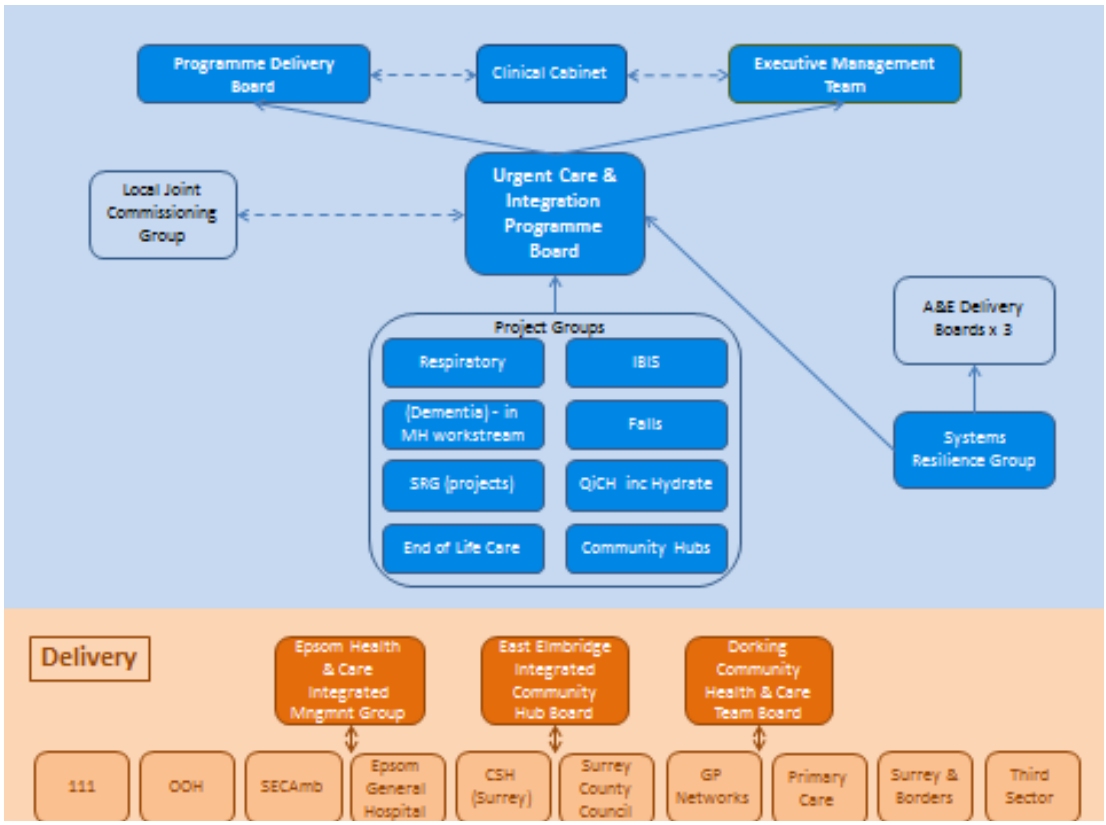
Social care contributions have increased by 7.2% supporting social care outcomes. Services that are being commissioned supporting joint principles identified in the local vision and Better Care Fund ensuring that the funding does not destabilise the system. Investment shows an increase in funding from previous years.

Surrey Downs have agreed the BCF budget through the Surrey Integration Health Board and the Local Joint Commissioning Group. Primarily schemes supported by the BCF budget will be those which support integration and align to the strategic priorities above. It has been agreed that a BCF integration contingency fund will be used to support system resilience 2017/ 2018 with a focus on supporting acute flow**.** Investment in local services also aims to support home from hospital and prevention of admission, including mental health.

The BCF also directly funds and supports the social care reablement staff and the hospital team which is key in supporting early supported discharge enabling 7 day working where appropriate.

GOVERNANCE

The Local Joint Commissioning Group is supported by the following governance structure including social care representation:



NATIONAL CONDITION TWO - NHS CONTRIBUTION TO SOCIAL CARE IS MAINTAINED IN LINE WITH INFLATION

A wide range of initiatives sit within the BCF plan and robust programme methodology and governance structures (via the Local Joint Commissioning Group and Integration Programme Board) are in place to oversee delivery, performance and benefit realisation of the BCF related plans and schemes.

An integrated care dashboard and risk log is produced and reviewed on a monthly basis to monitor performance , track schemes and project milestones and identify risks and mitigating actions.

Project groups or in the case of the local integrated care models – Integrated Delivery Boards have been established to track progress against plans and these report into the LJCG and/or Integration Programme Board. In addition regular in depth evaluations are conducted against each of the integrated models

Evidence base, review of best practice and local need and priorities are considered when identifying and considering new schemes or initiatives.

The LJCG reviews existing schemes on a regular basis and where appropriate providers are invited to the LJCG to share progress. Where schemes are not delivering the required benefits or meeting the local priorities integrated decision made me made to decommission the scheme

Surrey Downs and SCC have agreed the BCF budget through the county Integration Health Board and the Local Joint Commissioning Group. The Chief Finance Officers are part of the LJCG and involved in the decision making process and in ensuring services are affordable

It has been agreed that there is an integration contingency fund (104K) and spend against this fund will be jointly agreed and considered against criteria such as supporting the whole system/ transforming care and meeting local need and priorities.

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Examples of Investment in local services include supporting 'home from hospital' services and rolling out social prescribing models.

The BCF also directly funds and supports the social care reablement staff and the hospital team which is key in supporting early supported discharge. Both these services work 7 days a week and are integrated into the local integration models

NATIONAL CONDITION 3: AGREEMENT TO INVEST IN NHS-COMMISSIONED OUT-OF-HOSPITAL SERVICES

As with the agreed plan to meet the condition on protecting Social Care, Surrey Downs Local Joint Commissioning Group have agree to meet the full minimum contribution to protecting out of hospital services. No additional targets have been set for Non Elective Admissions, and no funds are held back from the minimum allocation as contingency against these targets.

An example of one of schemes supported through this contribution is Surrey Downs' Home from Hospital Service (currently local providers -Home Group).

This service which is designed both to help avoid unnecessary admission to hospital and facilitate discharge, offers short term, low level support to people who are medically fit for discharge (from hospital/A&E). Types of support include escort home or meet and greet, settling in, reassurance, befriending and confidence building visits, loan of small items of equipment, shopping, transport/escort to hospital appointments/GP visits, signposting, telephone support and check in.

NATIONAL CONDITION 4: IMPLEMENTATION OF THE HIGH IMPACT CHANGE MODEL FOR MANAGING TRANSFERS OF CARE

Please see Appendix 3

SURREY HEATH

LOCAL BCF PRIORITIES

Surrey Heath's Better Care Fund plan 2017/18 and 2018/19 has been built on the foundations set in 2015/16 and 2016/17 – many of the schemes that were established last year will continue into the new plan. The local plan will provide details on how the local integrated BCF will deliver the following priorities:

1. Protection of Social care
2. Protection of Out of Hospital Services
3. High Impact Change Model for Managing Transfers of Care

Our local BCF planning assumptions are based on evidence of population needs from the Surrey Joint Strategic Needs Assessment and designed to deliver the requirements of the national BCF metrics.

Social care and community health services already work across the Surrey Heath system seven days a week, coordinating services to keep people out of hospital and to return them home as quickly as possibly following an acute admission.

Key elements of the CCG's plan for 2017-19 include:

- Continuation of extended routine general practice across our community (Monday to Friday 8am to 8pm working) aligned with:

- Monday to Friday 8am to 8pm working of community nursing (physical and mental health) services and the voluntary sector within our integrated care hubs and single point of access
- Re–procurement of NHS 111 and GP OOH services to provide a functionally integrated urgent and emergency care service across 24/7.
- Review across health and social of access to home and bed based care to improve access on discharge from hospital across 7 days and reduce delayed transfer of care.
- Review rapid response and reablement services within Surrey Heath to identify potential improvements that would support admission avoidance and reduce discharge delayed over the 7 day period
- Implementation of acute centric 7 day service requirements (as per 2013/14 7 day Clinical Standards)
- Establishment of ongoing funding stream for local Safe haven to support people in mental health distress and avert crisis, preventing avoidable acute admissions.
- Review of the existing clinical model supporting people in nursing and care homes with the aim of developing a single, coordinated support service for nursing and residential care homes with enhanced medical and specialist nursing support, focus on maintaining functional ability, to reduce conveyances and admissions from care settings.
- Review of the current falls and fractures pathway to improve follow-up in the community and reduce the number of repeat falls and fractures.
- Continuing to commission 24 hour psychiatric liaison services at Frimley Park Hospital in conjunction with NEHF CCG and Bracknell and Ascot CCG

ALIGNMENT TO SYSTEM WIDE PLANS

The local Surrey Heath BCF Plan provides assurance to the Surrey Health & Wellbeing Board that the initiatives contribute towards the delivery of the aims and objectives in the Surrey Heath & Wellbeing strategy. Our BCF Plan aligns with the delivery plans associated with our Frimley Health & Care Sustainability Partnership (STP). The STP workstream priorities include the following initiatives that will strengthen integration across health and social care systems:

PREVENTION & SELF CARE:

To ensure people have the skills, confidence and support ***to take responsibility for their own health and wellbeing****.*

INTEGRATED DECISION MAKING HUBS:

To develop ***integrated decision making hubs*** *to provide single points of access to services such as rapid response and reablement, phased by 2018.*

THE SOCIAL CARE MARKET:

To transform ***the social care support market*** *including a comprehensive capacity and demand analysis and market management*.

SUPPORT WORKFORCE:

To design a ***support workforce*** *that is fit for purpose across the system*

SHARED CARE RECORD:

To implement a ***shared care record*** *that is accessible to professionals across the STP footprint.*

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GOVERNANCE ARRANGEMENTS

The governance arrangements to manage and monitor the schemes included in the local BCF Plan are managed on an operational basis by the Surrey Heath Local Joint Delivery Group (LJDG). The membership of the LJDG is made up of Senior Managers from the CCG and the Adult Social Care Locality Team. The LJDG reports progress against the schemes and budgetary position of the pooled budget to the Local Joint Commissioning Group (LJCG) on a monthly basis. This includes identification of underperforming areas and mitigation actions to rectify issues.

The LJCG membership includes Executive Directors from the CCG and Surrey County Council and provides oversight and assurance that the plan is delivering joint benefits for the population of Surrey Heath.

The LJCG reports to the Surrey Health & Social Care Integration Board (H&SCIB) which is made up of Executive level members from all Surrey CCGs and Surrey County Council. Members of the H&SCIB identify areas of good practice and share learning across local health and social care systems. It also provides oversight and assurance to the Surrey Health & Wellbeing Board that the Surrey wide BCF Plan is collectively delivering population benefits.

FINANCIAL ARRANGEMENTS

For 2017/18 the Surrey Better Care Fund totals £87.1m, of which £6.9m is allocated to the Surrey Heath LJCG. This includes the Improved BCF and Spring Funding of £0.6m. The CCG contribution is £5.627m

This investment is further broken down into areas of spend which are either solely commissioned by Surrey County Council (SCC) as the local authority or by Surrey Heath CCG, or jointly commissioned.

The areas of spend which are examined by this overview are highlighted in green in the table below:

BCF Summary Category	**17/18 Budget £000**
Protection of Adult Social Care Total	2,032
Health Commissioned Services Total	1,468
Continuing Investment in Health and Social Care - CCG managed Schemes Total	827
Continuing Investment in Health and Social Care - SCC Total	883
Care Act Revenue Total	212
Carers Total	204
BCF Plan Submission Total	**5,627**
Disabled Facilities Grant	**661**
Improved BCF and Spring Funding	**613**
Grand Total	**6,900**

PROTECTION OF SOCIAL CARE

Investment through the BCF continues to support timely discharge through building or maintaining capacity in community health services, social care and the voluntary sector. In particular, BCF local investment is supporting:

- Maintenance of social care hospital staffing.
- Maintenance of social care reablement staffing supporting discharge from hospital.

- Capacity in community health services, including spot-purchased community beds.
- Voluntary sector "Home from Hospital" service, designed to support non-complex discharges with short-term practical support for people who might otherwise be vulnerable to readmission.

PROTECTION OF OUT OF HOSPITAL SERVICES

The Integrated Care teams in Surrey Heath have been functioning since April 2015 and during 2016/17 Social Care Locality Staff have been fully integrated into the existing teams and the Single Point of Access (SPA) within Surrey Heath. The Integrated Care teams are the focal point for joint assessment and care planning for those in the population most at risk of non-elective admission or to facilitate discharge. This multi-disciplinary approach is applied to care planning and supporting self-management through the Community Teams, General Practice and Voluntary Organisations. The planned actions for this team are:

- Share a risk stratification* approach to identify those that will most benefit from integration. Work to map existing systems and processes has already been commenced. The identification of patients for joint assessment and care planning is underway and the potential for a trusted assessor model is being reviewed.
- Each individual on the Integrated Care Team caseload has a named care co-ordinator. This individual is also the point of contact for carers. As mental health is fully integrated within this team this applies to people with dementia as well as those with complex long term conditions.
- Inclusion of social care referrals from professionals into the existing SPA. This will further enable the joint approach to care planning and assessment as well as proactively identify people who could benefit from health related support.
- Comprehensive work is underway to further integrated health and social care through Rapid response services and reablement services now working together to improve the cooperation and coordination of the delivery of care, care planning and assessment. Use of standard assessment form and coordination of assessment. This will also influence the procurement of future community services.
- There is already a network of dementia navigators across Surrey and this role will be reviewed locally as part of a full assessment of dementia pathways during 2016/17. A local Dementia Strategy group with membership from across Surrey Heath is already established and chaired by the Director of Adult Social Care. A local dementia strategy will be completed in early 2016/17. The CCG has made significant investment in the older person's community locality team (nurses and additional consultants). The benefits of this will be fully realised in 2016/17.
- Sharing of information and care plans across providers, where appropriate and of benefit. Care plans to be available to the Ambulance Service, Out of Hours GPs and Acute provider in Q1.
- *Risk stratification – the EMIS IQ risk stratification tool is used in primary care having been implemented in 2014 to support the National unplanned hospital admissions enhanced service (DES) which required the top 2% of the population over 18 and at risk of admission to have a coordinated care plan.

HIGH IMPACT CHANGE MODEL

Please see Appendix 3

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High Impact Change model Action planning template – East Surrey

Impact change	Where are you now? - Plans in place - Established - Mature	What do you need to do?	When will it be done by?	How will you know it has been successful?
1. Early Discharge Planning	Established	Build on system resilience and planning with focus on integration. Frailty unit in place.	On-going	Development of dashboard measuring key objectives. Focusing on maximising potential referrals and outputs.
		Development of a discharge to assess patient pathway with Surrey County Council and Surrey Downs CHC teams involved to be developed, effectively communicated and implemented.	August -September 2017	Timely continuity of care throughout the pathway.
		Working towards the 24/7 community care model	Oct-17	Increase community capability to take more sub-acute patients to the community.
		Community teams in reach to highlight patients earlier in their stay and proactive manage their	Oct-17	A reduction in the Delay Transfer of Care (DToC).
		Implementation of the 'Let's get you home' programme to reflect community pathways and CCG capacity plans.	Within 12 months	The implementation of the programme will help patients avoid long stays in hospitals and normalise timely and effective discharge.
2. Systems to monitor patients flow	Plans in place: Updating systems and implementation plans	Standardise and complete implementation of system overview, resilience and escalation.	On-going	Working on the development of the automated update on SHREWED – currently manually operated.
		Access to information portal 'CUBE' regarding patient information.	On-going	This will contribute to setting up processes to improve patient flow.
		A robust process has already taken place to map out system wide patient flow with the intention to support discharge from hospital and better understand when bottlenecks still occur.	Complete	CCG will have automated process for assessing patient flow.
		Working closely with partners to ensure that information on Directory of Services (DOS) is accurate and that it best supports the flow of patients to alternative community pathways where appropriate.	On-going	Local access to the DoS and a process to increase the number of services profile on the DoS. View the shift of activity through changes on patients' mapping.
3. Multi-disciplinary multi-agency discharge teams (including voluntary and community sector)	Established/Mature: Joint NHS and ASC discharge team in place. Daily MDT attended by ASC, voluntary sector and community health. Discharge to assess arrangements are in place with care sector and community health providers An increasing number of CHC and complex assessments are done outside hospital in people's homes/extra care or reablement beds	Develop IT systems for inoperability. Embed Continuing Health Care in a local system of multi-disciplinary support. Embed CHC within local pooled budget arrangements.	Within 12 months	Complex assessments routinely take place out of the hospital vis trusted assessors and single shared care record; Discharge Co-ordinators will be fully integrated, improved use of the Integrated Reablement Unit and Frailty pathways.
		IDT in place	Complete	A reduction in (DToC).
		Implementation of early supported discharge for stroke.	Nov-17	Appropriate stroke patients are discharged into the early support team in the community with all
		Enhanced Community Neuro Rehabilitation Team (CNRT) will be in place from October 2017 with	Oct-17	To support patients with MND and other complex rare neurological conditions to receive care in the
4. Home First Discharge to Assess	Established: People usually return home with reablement support for assessment. People usually only enter a care/nursing home when their needs cannot be met through care at home. Care homes assess people usually within 48 hours	Continue the integration agenda for ASC reablement and community health rehabilitation and rapid response. Secure dedicated home based care support for East Surrey Hospital Social Work Team. There is a challenge in some parts of the area to achieve timely care home assessments. There is a Countywide project being initiated with providers to target this, as it is a challenge across Surrey area.	Within 12 months Within 3 months On-going	All individuals return home for assessment; senior decision makers available and flexible to meet demands; reduction in number of patients medically fit. Models of additional capacity provided by community hospitals or care homes for (step up/Down) in place.

5. Seven Day Services	Established/Mature: Health and social care teams providing seven day working. Social Care operate an 8am – 8pm service, 7 days a week. Staff ask and expect care providers to assess at weekends. Whole system commitment usually enabling care to restart within 24 hours, seven days a week	Engaged with 7 day services – development in acute services. Improved access to a local CHC pathway offering 7 day response. Reduce delays in DST process.	Within 12 months	Continue to develop the voluntary sector response to 7 day working.
		Investing in additional community capacity and capability to deliver 7 day services to patients.	On-going	A reduction in (DToC).
6. Trusted Assessors	Plans in place: Plan for training of health and social care staff. One assessment form/system being discussed	There are trusted assessments between partners, but not trusted assessors yet. Work is being undertaken to enable community providers to deliver assessments.	Within 12 months	Integrated assessment teams, working within pooled budget arrangements, including resources for CHC. No duplication of assessment processes, and timely responses. Community providers are equipped and authorised to act as Trusted Assessors.
		Working with mental health provider to develop trusted assessors on psychiatric liaison model.	Within 12 months	A single process will be in place for mental health assessment and it will be accepted by both
7. Focus on choice	Mature: Patients and relatives aware that they need to decide about discharge quickly Choice protocol used proactively to challenge people. Voluntary sector provision integrated in discharge teams to support people home from hospital	Continue to enhance good practice in this area.	On-going	Patients and Carers are informed and empowered. They know how systems work across health and social care. They can access and understand the information and advice available to them. Voluntary sector provision has expanded and grown – offering pre and post admission support, providing continuity of care along the patient pathway.
8. Enhancing health in care homes	Mature: Community and primary care support provided to care homes on request. Dedicated intensive support to high referring homes in place. Quality and safeguarding plans in place to support care homes	Admissions into hospital from care homes are managed well in East Surrey. Continue joint education and joint quality assurance approach with local care home market.	Within 12 months	No variation in admissions from care homes at weekends; CQC ratings for care homes reflect as good quality.

High Impact Change model Action planning template – Guildford and Waverley (Summary)

High Impact Change	Tasks	Completion Date
1 - Early Discharge Planning		
	Integrated multidisciplinary discharge team with a wide knowledge of resource available to assist with ensuring safe and appropriate discharges for patient from hospital to community.	Mar-18
	Discharge will be planned from the time of admission and patients will be given the expected date of discharge within 48hrs of admission. This can be done in conjunction with any community key worker.	Mar-18
	Non elective emergency admissions requires active discharge planning with an identified realistic date of discharge and includes first contact with discharge planning.	Mar-18
	Pre operative and elective admission assessment should identify all discharge risk factors prior to admission and robustly plan for discharge with patients prior to admission.	Mar-18
	Embed a consistent approach to discharge planning across the acute and community hospitals.	Jun-18
2 - Systems to Monitor Patient Flow		
	Robust patient flow models to optimise capacity and flow to ensure quality measure including emergency readmissions into hospital 28 days following discharge and proportion of older people who are still at home 91 days after discharge after hospital into reablement and rehabilitation services. The efficiency models include average LOS, DTOC, increase occupancy levels in community hospitals and reduction in excess bed days.	Mar-18
	Electronic patient flow information systems to allow robust whole system capacity and flow and surge monitoring and planning.	Mar-18
	Complex discharges to identify high risk delayed patients who require systematic discharge planning to0 include all aspects of legal social and medical assessment.	Mar-18
	Collaborative patient pathway to be developed to allow patients to flow from acute to community services.	Mar-18

3 - Multi-Disciplinary/Multi-Agency Discharge Teams, including the voluntary and community sector		
	MDT to coordinate discharge planning with joint assessment processes and protocols.	Mar-18
	Improve utilisation of the third sector across the system.	Mar-18
	Identify Vulnerable Adults at point of admission to reduce readmissions and risk compliance	Mar-18
	CHC assessment models to be considered	Mar-18
	Agree Discharge models to be integrated across whole system to include documentation and access to records	Mar-18
	Nurse Led Discharge Models	Mar-18
4 - Home First/Discharge to Assess		
	Improve the efficiency and utilisation of the D2A models that currently exist.	Mar-18
	Scoping for the provision of non hospital bed stock for placing sub acute patients outside of the acute trust.	Mar-18
	Review of all current assessments and identify options for home based services.	Mar-18
5 - Seven Day Service		
	7DS across health and social care including community integrated teams and rapid response services.	Mar-18
	Improve communication between out of hours and crisis support.	Mar-18
	Procurement of private and independent providers	Mar-18
6 - Trusted Assessors		
	Trusted assessment from the acute hospital to care homes for early supported discharge and improve communication.	Mar-18
	Utilisation of assessment documentation across the whole system, to ensure safe communication and patient experience.	Mar-18
7 - Focus on choice		
	Early engagement with patients to ensure patient led discharge planning.	Mar-18
	Ensure Carers assessment during admission and pre assessment is optimised.	Mar-18
8 - Enhanced health in care homes		
	Enhancing services within care home to ensure the wellbeing of their residence and the reduction in unnecessary admissions.	Mar-18

High Impact Change model Action planning template – Guildford and Waverley (Detailed plan)

System Discharge Action Plan 17-18

Task & Sub-task	Task Description	Organisational Owner	Lead	Intended Outcome	Completion Date	Measures of success	Progress report to LAEDB by stream lead: Q1 June - 17	Q2 September - 17	Q3 December - 17	Q4 March - 17
High Impact Change 1: Early discharge Planning **- In elective care, planning should begin before admission. In emergency/unscheduled care, robust systems need to be in place for management and place for management and discharge and to allow an expected date of discharge to be set within 48 hours.**										
Lead: RSCH										
1.1	Integrated multidisciplinary discharge team with a wide knowledge of resource available to assist with ensuring safe and appropriate discharges for patient from hospital to community.	VCL/RSCH/ASC	Wendy Newnham/ Tina Hetherington	Review Community Matron and District Nurse involvement in MDTs at RSCH, Trial with ward TBC (Bramshott/Ewhurst/Eashing)	Mar-18	Sustained joint working as a single team by the various services				
			Wendy Hale/Brian Mayers	Increased Social Services input to Community Hospital ward MDTs including Hants and West Sussex Consider DST to navigate out of area ASC services	Mar-18	Evidence of increased social services presence to CH Ward MDTs				
1.2	Discharge will be planned from the time of admission and patients will be given the expected date of discharge within 48hrs of admission. This can be done in conjunction with any community key worker.	VCL/RSCH	Tina Hetherington / Wendy Newnham	Key worker with PCS and other community services needs to be alerted on admission of their patients	Mar-18	Increased percentage of key workers being notified of admission of their patient				
			Tina Hetherington / Helen Wilson / Nick Sands	Role out safer bundles and EDDs across the trust.	Mar-18	Weekend discharge numbers will increase Reduction in the stranded patient metric % of patients discharged before 12 midday will increase				
			Wendy Newnham/Verity Pearce	Community hospital to also implement SAFER bundles for their patients and to have an agreed EDD at point of admission to support patient flow.	Mar-18	Increased percentage of patients who have an agreed EDD set.				

	1.3	Non elective emergency admissions requires active discharge planning with an identified realistic date of discharge and includes first contact with discharge planning.	VCL/ASC	Brian Mayers/Wendy Newnham/Ben Hill	Refocus the IDT at front door In reach GP and ASC to start EDD planning and include the Involvement of PCS prior to admission	Mar-18	Increased percentage of patients who have an agreed EDD set within 48hrs				
	1.4	Pre operative and elective admission assessment should identify all discharge risk factors prior to admission and robustly plan for discharge with patients prior to admission.	RSCH	Clare Tickner/Helen Wilson/Julie Burgess	Contact Orthopaedic CNS to review pathway for pre op discharge planning for total hip replacements patients.	Mar-18	Increased % of total hip replacement patients identified pre-operatively				
				Helen Wilson/Julie Burgess	Include other Pre-operative assessments including discharge planning prior to admissions and alerting key workers in the community.	Mar-18	Increased % of patients identified and have their discharge planned for pre-operatively				
	1.5	Embed a consistent approach to discharge planning across the acute and community hospitals.	RSCH/VCL/ASC/CCG	Clare Tickner/Tina Hetherington	Advanced discharge planning from the point of admission.	Mar-18	Consistent approach to discharge planning across the acute and community hospitals.				
				Nick Sands/Alison Pirfo	Whole system complex discharge meetings (MADE)	Jun-17	MADE completed				
	High Impact Change 2: Systems to Monitor Patient Flow **- Robust patient flow models for health and social care, including electronic patient flow systems, enable teams to identify and manage problems (for example, if capacity is not available to meet demand), and to plan services around the individual.**										
	Lead: G&W CCG										
	2.1	Robust patient flow models to optimise capacity and flow to ensure quality measure including emergency readmissions into hospital 28 days following discharge and proportion of older people who are still at home 91 days after discharge after hospital into reablement and rehabilitation services. The efficiency models include average LOS, DTOC, increase occupancy levels in community hospitals and reduction in excess	RSCH/VCL/ASC/CCG	David Howell, Ben Hill, Bob Peet and Jon Cranfield.	Develop effective use of current electronic systems, common understandings of data to present an overview of the system.	Mar-18	Improved information reports in place and a consistent and presented to the LAEDB				
				Clare Tickner	Daily meetings to discuss patients need to be more focussed with clear escalation pathways Use to highlight gaps in services.	Mar-18	Daily meetings in place, evidence of using escalation DST.				
	2.2	Electronic patient flow information systems to allow robust whole system capacity and flow and surge monitoring and planning.	LAEDB	Ben Hill/ Bob Peet/LAEDB	Implementation of complete system overview e.g. SHREWD/ Alamac. In interim investigate providers presenting reports on their own services performance to LAEDB.	Mar-18	System in place to monitor whole system performance with up to date information received from all providers				
				Clare Tickner/Nick Sands/Wendy Newnham/Wendy Hale/Ben Hill	Ensure a system wide understanding of the functionality and information medworxx gives us.	Mar-18	System understanding that Medworxx gives us CUR criteria.				
	2.3	Complex discharges to identify high risk delayed patients who require systematic discharge planning to0 include all aspects of legal social and medical assessment.	RSCH/VCL/ASC/CCG	Nick Sands/Alison Pirfo	Look at completing a system Multi Agency Discharge Event (MADE)	Mar-18	MADE completed and evidence of reduction in delays week following event, issues identified	MADE Completed			
				Clare Tickner	Review purpose of Monday's Complex Discharge Meeting and focus on stranded patients.	Mar-18	Meeting will reduce length of stay and therefore stranded patients				

				Wendy Hale	Ensure plans are in place to increase demand in health and social care provision during periods of surge demand.	Mar-18	Robust plans in place				
	2.4	Collaborative patient pathway to be developed to allow patients to flow from acute to community services.	RSCH/VCL/CCG	Ben Hill/Sarah Taylor-Smith/Clare Alexander	Clear referral pathways for respiratory services to optimise access of all services.	Mar-18	Clear referral pathways for respiratory care in place				
				Wendy Newnham/Sarah Taylor-Smith	Link in with the In Reach GPs doing their work on care home patients	Mar-18	Collaborative working between community matrons and In reach GPs				
				Wendy Newnham/Nick Sands/Ben Hill/Jane Williams	To define, scope, plan, implement and deliver a community IV service for specific and establish clear clinical pathways.	Mar-18	Patients with certain conditions reviewed and actions taken to address their delayed discharges				
	High Impact Change 3: Multi-Disciplinary/Multi-Agency Discharge Teams, including the voluntary and community sector - **Co-ordinated discharge planning based on joint assessment processes and protocols and on shared and agreed responsibilities, promotes effective discharge and good outcomes for patients.**										
	Lead: ASC										
	3.1	MDT to coordinate discharge planning with joint assessment processes and protocols.	RSCH/VCL	RSCH therapist/Wendy Newnham/ John Coleman	Review Community Matron and District Nurse involvement in MDTs at RSCH	Mar-18	Increased involvement of Community Matron/District Nursing input into RSCH's MDTs				
				Brian Mayers	Follow up letter that has been sent to Sussex and Hampshire with latest figures to West Sussex explaining impact of their delays	Mar-18	Improved engagement from Sussex and Hampshire social care teams				
	3.2	Improve utilisation of the third sector across the system.	CCG	Brian Mayers/Wendy Hale	Improve involvement of Vol Orgs in process.	Mar-18	Increased involvement of voluntary organisations				
				Tina Hetherington/Clare Tickner/Ben Hill	Develop trusted assessment within Trust and with providers		Trusted Assessment process in place and reduction in care home assessment delays				
	3.3	Identify Vulnerable Adults at point of admission to reduce readmissions and risk compliance	CCG	Brian Mayers/Wendy Hale/Kim Harriott/Kathryn Fisher/Vanessa Brunning	Utilise whole system to include Mental health and LD services within Discharge planning	Mar-18	Mental Health and LD services integrated into all provider's discharge planning processes				
	3.4	CHC assessment models to be considered	CCG	Jane Williams/Ben Hill/Sara Barrington/Clare Tickner/Tina Hetherington	Explore non acute based CHC assessment model to ensure 85% of assessments are outside the acute hospital	Mar-18	Non acute based CHC assessment model piloted and long term model scoped				
	3.5	Agree Discharge models to be integrated across whole system to include documentation and access to records	RSCH/VCL/ASC/CCG	Brian Mayers	Discharge Group to explore patient held records (red bags)	Mar-18	Patient held records in place and utilised by care providers including the use of red bags				
	3.6	Nurse Led Discharge Models	RSCH	Clare Tickner/Tina Hetherington/Julie Burgess/Vicki Mumford	RSCH to explore Nurse and AHP Led discharge	Mar-18	Nurse led discharge piloted and long term model in place				
	VCL/ASC: High Impact Change 4: Home First/Discharge to Assess - **Providing short-term care and reablement in people's homes or using 'step-down' beds to bridge the gap between hospital and home that mean people no longer need to wait unnecessarily for assessment in hospital. In turn, this reduces delayed discharges and improves patient flow.**										
	Lead: VCL/ASC										

	4.1	Improve the efficiency and utilisation of the D2A models that currently exist.	RSCH/VCL	RSCH therapy lead/Wendy Newnham	Establish a working group to review the current D2A pathway then define scope, plan and implement a true D2A model	Mar-18	Increased CM/DN involvement in D2A pathway from both RSCH and CH Increased % of daily discharges before 12 midday Increased number of patients with EDD Increased number of patients discharged home for assessment				
				Wendy Newnham, Wendy Hale	To plan a launch and education events across the system to ensure understanding of the redefined service and what it delivers and to change attitudes/culture across all professions.	Mar-18	D2A working group in place and anecdotal impact of changing attitudes/cultures				
	4.2	Scoping for the provision of non hospital bed stock for placing sub acute patients outside of the acute trust.	CCG	Jane Williams/Ben Hill/Wendy Newnham	Scoping of sub acute beds within either Community hospitals or Care Home to provide sub acute care outside of the acute trust.	Mar-18	Models of additional capacity provided by community hospitals or care homes for (step up/Down) in place				
	4.3	Review of all current assessments and identify options for home based services.	CCG/VCL	Jane Williams/Wendy Newnham	Working closer together project between RR therapy and CRT scoping underway in VC	Mar-18	Improved integrated working between RR/ therapies, CRT				
	***High Impact Change 5: Seven Day Service* - Successful, joint 24/7 working improves the flow of people through the system and across the interface between health and social care means that services are more responsive to people's needs.**										
	Lead: G&W CCG										
	5.1	7DS across health and social care including community integrated teams and rapid response services.	RSCH/VCL/CCG/SECAMB	Bob Peet	To review gaps within the acute trust in 7DS To include Snr and Jnr Dr cover, Pharmacy and therapies.	Mar-18	Improved integration between services to deliver a 7ds				
				CCG	Ensure 7DS including 5YFV, 111 OOH implementation of Core 24 and access to urgent care as integrated across the system.	Mar-18	Improved integration between services to deliver a 7ds				
	5.1.1	Improve communication between out of hours and crisis support.	CCG	Dan Lorusso/Ben Hill	EMIS Access for out of hours.	Mar-18	EMIS access in place for the GP OOH service				
	5.2	Procurement of private and independent providers	ASC/CCG	Brian Mayers	Procurement and commissioning of homes based care providers to facilitate discharges across the seven days.	Mar-18	Procurement completed of home based care providers enabling 7 day discharges to these services				
	***High Impact Change 6: Trusted Assessors* - Using trusted assessors to carry out a holistic assessment of need avoids duplication and speeds up response times to that people can be discharged in a safe and timely way.**										
	Lead: RSCH										

	6.1	Trusted assessment from the acute hospital to care homes for early supported discharge and improve communication.	CCG/RSCH/VCL	Clare Tickner/CCG/Wendy Newnham	Scope implementing named Community matron for Care homes to support trusted assessment with process for re-assessing patient post discharge and support Red bag development	Mar-18	Care home trusted assessors in place who reassess patient post discharge				
	6.2	Utilisation of assessment documentation across the whole system, to ensure safe communication and patient experience.	RSCH/VCL/CCG	All	Establish the sharing of patietn records across the system (This may be part of the STP Digital Roadmap)	Mar-18	Shared care record in place				
				Wendy Newnham/ Carole Saunders/Lucy Wright/RSCH Urologist TBC	Produce and launch a G&W Catheter passport to ensure robust catheter management across the system	Mar-18	Catheter passport in place and standardised across all providers. A reduction in stranded patients having to access the wrong service to get help such as urgent care. Improved Patient Experience and outcomes.				
				Wendy Newnham/ Clare Tickner/ Abigail Groves/Jayne Holland	EoL ensure recognition referral into palliative services(SPICT). Utilisation of PACE plans and ReSPECT. Scope potential for establishing palliative beds within a nursing home with outreach support from PTH.	Mar-18	PACe plans utilised and effective EoLC in place to enable rapid 72 hour discharge and admission avoidance. Introduction of ReSPECT and SPICT tools				
	High Impact Change 7: Focus on Choice - **Early engagement with patients, families and carers is vital. A robust protocol, underpinned by a fair and transparent escalation process, is essential so that people can consider their options.**										
	Lead: RSCH/VCL/ASC										
	7.1	Early engagement with patients to ensure patient led discharge planning.	RSCH	Clare Tickner/Wendy Newnham/CCG/Liz Patroe	Draft pre admission leaflet and information being prepared need to ensure it is not specific to RSCH and can be used at all providers	Mar-18	System wide pre-admission leaflet in place and utilised across all providers				
				Wendy Hale	Increased involvement of voluntary sector across the system	Mar-18	Increased involvement of voluntary sector across the system				
				Wendy hale, Wendy Newnham, Tina Hetherington	Optimisation of the protocol of choice.	Mar-18	Protocol of choice utilised and running effectively.				
	7.2	Ensure Carers assessment during admission and pre assessment is optimised.	RSCH	Clare Tickner/ Debbie Hustings	Utilisation of carers passport during discharge planning.	Mar-18	Increased utilisation of carers passport to reduce discharge delays				

	***High Impact Change 8 Enhancing Health in Care Homes* - Offering people joined-up, coordinated health and care services, for example, by aligning community nurse teams and GP practices with care homes, can help reduce unnecessary admissions to hospital as well as improving hospital discharge.**										
	Lead: VCL										
	8.1	Enhancing services within care home to ensure the wellbeing of their residence and the reduction in unnecessary admissions.	CCG/VCL	Ben Hill/Wendy Newnham	Additional Named Care Home community matron.	Mar-18	Additional care home matron in place				
				Ben Hill	Roll out of the Hydrate project acorss all care homes.	Mar-18	Hydrate project implemented and reduction in care home admissions/attendances from those care homes				
				Ben Hill	Implementation of the Care home Line through 111 as part of the UECFYFV.	Mar-18	Care home line implemented and reduction of Care home attendances and admissions				
				CCG	Scope and explore increasing the In Reach gP service to include increasing medical support for care homes.	Mar-18	Medical input in place and reduction of care home admissions and attendances				
				CCG	Care Home forum for Peer support.	Mar-18	Sharing of best practice at care home forum and reduction in variation between admission and attendance rates between care homes				
				Tracey Rowland	Care Home Falls prevention.	Mar-18	Reduction in care home attendances and admissions as a result of falls				

High Impact Change model Action planning template – North West Surrey

Impact change	Where are you now?	What do you need to do?	When will it be done by?	How will you know it has been successful?
Early discharge planning	Established	Build on existing whole system working, strengthening the role of primary care to embed practice within the community – this will be done through SOG sub-groups (representatives from across health and social care system) and locality network boards	Developing across area – Mature for Woking within 6 months, 12 months for SASSE and Thames Medical	Evidence that discussions are underway and having an impact. GP and DN led in the community via an integrated hub health and social care team
Systems to monitor patient flow	Established	Continued use of the robust electronic systems in place across the whole system, which gives the ICB (Integrated Care Bureau) oversight of flow and system partners to proactively identify trends and surges and respond flexibly shifting capacity when required	Ongoing seeking to achieve sustainable success within 12 month	A&E performance improvement and confidence in Mature criteria including no process failings and capacity always managing demand across the whole care pathway
Multi-disciplinary, multi-agency discharge teams (including voluntary and community sector)	Established	Embed CHC and Discharge Co-ordinators within ICB; improve flexible system capacity for all pathways, building on the voluntary sector already embedded within the hub and ICB. Accelerate the pace of change within our DACs service (integrated RR and Reablement); Hub teams more fully integrated and operating across whole area	Within 6 months (12 months for community)	Complex assessments routinely take place out of the hospital vis trusted assessors and single shared care record; Discharge Co-ordinators will be fully integrated, improved use of pathway 3 beds within the system; delivery of integrated community offer across the whole area
Home First Discharge to Assess	Established	Increase capacity within DACs to be able to respond quickly and flexibly to provide wrap around care as soon as required to ensure flow through acute (workforce planning); accelerate pace of change around traditional community hospital offer; implementation of improvement plan with independent sector providers	Within 12 months	All individuals return home for assessment; senior decision makers available and flexible to meet demands; reduction in number of patients medically fit
Seven-day services	Established	Improve trusted assessor including for CHC; implementation of improvement plan with independent sector providers; embedding integrated rapid response and reablement responses. Build on existing forums across health and social care system to strengthen relationships and enhance trust	Within 4 months	Consider movement towards Mature criteria – monitoring delivery against plans through SOG sub-groups. Shifted dialogue with independent sector providers and increased responsiveness. Credibility within the acute trust that discharges happen seven days a week.
Trusted assessors	Plans in place	Embedding consistent use of trusted assessment including with independent providers. Move from transition to transformation with new community services provider.	Within 3 months	Integrated assessment teams committing joint pooled resources including CHC; improved acceptance with care providers. No duplication and timely responses.
Focus on choice	Mature	Continued use of protocol of choice which is fair and transparent, including the use of the voluntary sector within ICB to support individuals to explore their options	Ongoing Within 6 months	Informed, empowered users and carers, working in partnership with the voluntary sector and statutory agencies. All staff including in the community are confident; voluntary service provider offer is embedded within system responses (community and acute)
Enhancing health in care homes	Mature	Care Home Support team in place with health and social care oversight and joint forums. Continue education and work with care homes; further development and transformation of hubs; extending offer to 7 day a week; enhance practice of proactive work with CQC and sharing information across the system	Within 6 months	No variation in admissions from care homes at weekends; CQC ratings for care homes reflect as good quality

High Impact Change model Action planning template – North East Hampshire & Farnham

High Impact Change model Action planning template – Surrey Downs

High Impact Change	Where are you now	What do you need to do?	When will it be done?	How will you know it has been successful?
1. Early Discharge Plan	Established – Hospital Discharge Coordinators in place and Continuing Healthcare Discharge practitioners to support complex discharge. SRG	Build on whole system resilience and planning with a focus key priorities of integration and placed based care.	Mature working expected in 12 months	Evidence in minutes that plans are in place. Evidence that Community Hubs have a process supporting in reach where necessary and
2. Systems to Monitor Patient Flow	Mature – there are times and locations where bottlenecks still occur, but this is the exception. The SRG group monitors system flow and a weekly System Call takes place that enables early problem solving.	Support for IT technology to improve flow – increased communication and evaluation of SRG schemes and alignment to A&E delivery boards	On going supported by contractual levers expecting change to have been delivered in 18 months	Evidence that IT solutions are planned for and change management has occurred.
3. Multi-Disciplinary/Multi-Agency Discharge Teams	This is not the same in each Acute system, so it was felt that three acute systems were Mature, and two were Established. Epsom Hospital holds daily bed meetings and a weekly 7 day length of stay meeting and a monthly MDT frequent attenders meeting. All relevant stakeholders are invited	All three systems are mature: Embed Continuing Healthcare into the community hubs supported by social prescribing. Support community hospital flow to enable capacity	Within 12 months	Assessments are timely and occur in the right place. Integrated community care
4. Home First/Discharge to Access	Established – there is a particular challenge on timely care home assessments across the system. There is a project being initiated with providers to target this. Continuing Healthcare practitioners as part of the discharge teams established. D2A systems such as trusted assessors are being scoped out	Discharge to assess schemes live and inflight.	Within 6 months	Identified and activated stakeholders with improved patient outcomes

5. Seven-Day Service	**Established** – though with very mature examples, like Epsom Health & Care Alliance. Key issues are seven day access to homecare, and access to the same level of decision making as during the week.	Develop maturity to all aligned acute hospitals and community hubs. work with primary care and LA and community care to support consistent communication and engagement of services	Within 12 months	Communication and engagement plan activated with positive feedback. Community hubs fully aligned and integrated with acute sectors where necessary
6. Trusted Assessors	**Plans in place** – there are trusted assessments between partners, but not trusted assessors yet. Work being undertaken to enable	Independent sector (specifically care homes with nursing) to be activated and part of the discharge 'trusted assessor pathway.	Within 6 months	Timely response to complex discharge Process being utilised and evaluation planned
7. Focus on Choice	Mature – it was felt that this is consistent across the system	On going alignment and review of choice policy recognising the patient and carer experience and cascading lessons learnt.	On going reviewed in 6 months	Patient stories are used at Boards meetings, and fed into lessons learnt. Review and alignment of choice policies aligned to A&E boards
8. Enhancing Health in Care Homes	Established – admissions into hospital from care homes isn't managed equally across the system, but some areas, like East Surrey for example, are very mature. Surrey Downs have commissioned a Quality in Care resource in 16./17 which support proactive working to prevent quality decline and risk of admission	Quality in care homes team fully embedded and performance managed. Primary care and independent sector are fully engaged and informed on progress and lessons learnt.	Within 6 months	Independent sector relationship management improved with feedback. Patient / carer experience improved, increase in lower level safeguarding alerts

High Impact Change model Action planning template – Surrey Heath

The local Frimley Health & Care STP implementation of the 8 High Impact Change model for managing transfers of care is governed and monitored by the A&E Delivery Board. Local oversight and governance to monitor implementation will be the responsibility of the Local Joint Commissioning Group.

The model is based on a person-centred discharge model where patients and staff experience is regularly sought and feeds into a collaborative and integrated continuous improvement cycle. An individual and collective ownership of safe, effective discharge and onward journey which reflects "Home First" principles in all aspects of operational delivery. Information available to commissioners to inform future commissioning intentions. All aspects of the model support the End of Life Care commitment that patients die in their place of choice

1. Early Discharge Planning

- Full implementation across all wards of the SAFER bundle
- Develop a patient-centred discharge model and delivery structure that embraces all partners involved be developed, effectively communicated and implemented
- Create a team approach across all partners for effective implementation of the model
- Asset based conversations" and approach across both health and social care and voluntary sector.

2. Systems to Monitor Patient Flow

- Timely access to appropriate shared data, for example through Connected Care (see implementation plan)
- Intelligent, timely decision making by all teams to minimise barriers and delays

3. Multi-disciplinary Discharge Teams

- Ensuring appropriate teams are brought together and jointly work to operationalise the agreed discharge model
- To monitor and review the model in order to continuously improve

4. Home First / Discharge to Assess

- Based on the agreed model, ensuring sufficient range, flexibility and capacity within services to manage the needs of our patients
- Discharge to assess is implemented as agreed for more complex cohort of patients
- Strengthened joint commissioning arrangements of more flexible health and social care packages
- No delays in discharge for those who may require NHS CHC assessment
- Increased use of a range of Assistive Technology to support independent living.

5. 7 day services

- A gap analysis of all current services supporting discharge from hospital with an evaluation of what is needed and its affordability and sustainability.
- Exploring opportunities in innovative workforce deployment.

6. Trusted Assessor

- Development of an agreed trusted assessment process for one person or team to perform trusted assessment on behalf of multiple teams
- A recognised cohort of trusted assessors with a mandated remit to undertake on behalf of whole system

7. Focus on Choice

- A Choice policy which is based on best practice and is agreed system wide (including cross-organisational enforcement processes).
- Roll out and embed new policy and pathways at local level, raising awareness with both staff, patients and families.
- Matching hospital to home services with patient preferences, support needs and wishes.

8. Enhancing health in Care Homes

- A mapping of current provision and outcomes against the framework for Enhanced Health in Care Home (Sept 2016). For example:
  - A framework to address consistent shortfalls in current service delivery
  - More streamlined access to clinician via access to NHS 111 for Care Homes out of hours

Strategic success indicators

This delivery plan contributes significantly to the delivery of the joint health and wellbeing strategic goals for each of the STP partners. Maximising the opportunity for residents to receive support in their own homes and remaining as independent as possible for as long as possible. Improved performance against delivery of NHSE "Quick Guide" recommendations

Quantitative measures

- 17 out of every 20 NHS CHC assessments take place out of hospital (85%)
- Increase in out of hospital assessment where appropriate (% TBA within local delivery plan)
- 33% appropriate discharges happen before noon
- A rapid, „can do" approach, minimising avoidable delays in discharge from hospital. Safe discharge, including transport to home, within an agreed minimum period of time (TBA within local delivery plan)
- Increased % (TBA within local delivery plan) of same day and next day discharges
- Reduction in medically stable patients remaining in hospital (% reduction TBA within local delivery plan)
- Reduction in the overall number of DTOC across the System to the NHSE target of 3.5%. Localised plans to reduce 3 main areas of delays.
- Reduced LOS by an agreed target across the System (% TBA within local delivery plan)
- Improved performance against the 4 hour target as a System measure demonstrating improved patient experience and flow. 90% by Sept 17 and 95% by March 18.
- Increased numbers of patients discharged at weekends (% TBA within local delivery plan)
- Reduction in non-action wait days ("red" days) within the first 7 days of inpatient stay (% TBA within local delivery plan).
- Reduction in avoidable readmissions for the same or associated conditions within 30 days (% TBA within local delivery plan).
- Reductions in frequent attenders (% TBA in local delivery plan).

Qualitative indicators

- Services demonstrate a joined up Person Centred approach. Systems are in place to seek feedback from the person and family (as appropriate) that show evidence of inclusion in decision making about future care delivery.
- Increase participation by patients in feedback mechanisms and evidence that their views are actively followed through.
- Carers report that they have been part of decision making (as appropriate) and feel supported.
- Every appropriate member of staff in the acute environment is able to describe the simplified "Home First" pathway for discharging patients , including who to contact and when.
- Increased patient understanding of, and confidence in, their choices and the options available to them.

Key success measures

- Reduction in permanent Care Home placements (% TBA within local delivery plans)
- Increased Home First transfers of care (% TBA within local delivery plans)
- Regular reviews and responsive plans to meet the ongoing / changing needs and maintain care and support at home (including Care Home environments).

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SURREY BETTER CARE FUND
PLAN 2017-19 RISK LOG

SURREY BETTER CARE FUND STRATEGIC RISK REGISTER OWNER: SURREY HEALTH AND SOCIAL CARE INTEGRATION BOARD

Risk description	Assessment of risk			Mitigating Actions	Risk Owner (key at the bottom)	Risk Quantification (where approp)
	Likelihood	Potential impact	risk Overall factor			
1. Breakdowns in partnership working results in our inability to co-ordinate and integrate health and social care services, reducing the collective impact on improving health outcomes for vulnerable residents.	1	5	5	➢ Robust partnership governance arrangements established through H&SCIB, H&WB, STP Boards and regularly monitored. ➢ Prioritisation of resources and clear senior leadership across partners to support the development of integrated working ➢ Continued focus on building and maintaining strong relationship between partners through formal and informal means	SHSCIB	A breakdown in partnership working would not only place Surrey's Better Care Fund at risk, but it would also inhibit the ongoing work to integrate services reducing the ability to manage demand and maintain wellbeing effectively across the whole system leading to significant financial pressures for all partner organisations.
2. Scheduling of change is complex with risk of potential gaps if acute services are reduced before community capacity is in place. Implementing different models on the whole workforce at different timeframes which could have detrimental impact on all providers	3	5	15	➢ Transition planning and co-design will be critical. Close project management and contract management negotiations underpin planned emergency admissions reductions. ➢ Joined up / aligned approach to workforce development and planning.	LJCGs	N/A

3. Provider capacity in health and social care is insufficiently developed to support the future services required in the community, including voluntary sector and independent providers, to manage demand in line with forecast activity plans.	3	5	15	➢ Effective contract negotiations and ongoing contract / performance management of providers by commissioners ➢ Develop market management strategy to support local joint work programmes across Surrey ➢ Promote good engagement with market as strategic partners to support sustainability, focus on the asset base of local communities to deliver most cost effective models of care ➢ Enhanced effectiveness of commissioner and provider forums through STPs ➢ Evaluation of provider workforce capacity and contract plans to be an integral part of the planning process before a decision to implement ➢ Robust third sector commissioning (moving away from 'grant funding' to delivery of specific outcomes) ➢ Use of contingency allocation of BCF to mitigate some risk in relation to emergency admissions.	LJCGs & STP Boards	A lack of provider capacity would hinder/prevent the planned reduction in hospital admissions. In addition, a lack of capacity would mean that community based social care services may not be available to meet growing demand impinging of the County Council's strategic aim to promote people's independence in shifting from residential care to community based provision. The financial impact of this is hard to judge precisely due to the number of variables, but an illustrative example is that it could cost £10m annually if there was a 10% shortfall in capacity for community services which required residential packages to be commissioned instead.
4. Better Care Fund local plans in relation to the maintenance of social care services may not be sufficient to meet increasing demands leading to the risk of deterioration in service provision.	3	5	15	➢ Agreement at a local (LJCG) level in relation to the adult social care services funded by the BCF ➢ Regular reports to LJCGs and to the SHSCIB to enable evaluation of local and Surrey-wide trends and mitigating actions. ➢ Additional IBCF contribution to Social Care will contribute the sustainability of social care and support timely hospital discharge	LJCGs	Work undertaken as part of the 2015/16 BCF planning to review the impact of preventative social care services operating in Surrey indicated £95.8m of whole system benefits being delivered across the health and social care system.

5. Engagement: Insufficient engagement with staff, patients, service users, providers, primary care and the public, so future services do not meet the needs of the local community	2	4	8	➢ Clear communication to providers via Commissioning Intentions and contract negotiations ➢ LJCG to lead and coordinate engagement with staff, patients, service users, providers, primary care and the public ➢ Clear communications and direct engagement from the LJCG with local GPs and primary care teams ➢ Plan signed off at public H&WB meeting, which has broad membership, including Healthwatch and Voluntary Sector	LJCGs	N/A
6. Data Sharing: Sharing of patient information between providers due to insufficient IT systems or information governance will impact deliverability of project outcomes	1	5	5	➢ Joint development of digital maturity assessment underway system-wide to establish IT landscape ➢ Interoperability and open APIs key indicators and priorities for all partners ➢ Governance arrangements established, sign off at Surrey Health & Wellbeing Board ➢ Digital roadmap project being set up for strategic level IG group to support projects like the shared care record and integrated population data	SHWB	N/A
7. The actions taken to integrate services do not have the intended impact on BCF metrics and specifically: - emergency admissions; and/or - delayed transfers of care.	3	5	15	➢ Robust analysis of past performance and forecast activity levels informs plans / targets ➢ High quality, regular management information provided to LJCGs and Surreywide to enable issues to be identified and mitigating action to be taken. ➢ Planned actions based upon established good practice and learning from across and outside of Surrey	LJCGs	As in risk 3 above.

				➢ New HIC models to be implemented across system in collaboration with A&E Delivery Boards. ➢ Additional IBCF funding to contribute to ringfenced funding for social care packages of care, that support hospital discharge		
8. Inability to properly align / coordinate strategic planning (BCF, STP, operational planning etc) results in missed opportunities, duplication of effort and reduction in our collective impact on improving health outcomes for vulnerable residents.	1	5	5	➢ Plans develop in partnership and jointly signed off ➢ Governance arrangements established with clear indications of alignment with other plans / arrangements ➢ Ongoing focus on engagement across the partnership	SHSCIB STP Boards	N/A
9. The BCF budget becomes unsustainable due to: - underdeveloped or unrealistic savings plans in the BCF and/or - pressures in the BCF are greater than forecast leading to unplanned cuts to services that are not aligned to the BCF plan.	2	4	8	➢ Months of joint financial planning at Surrey and local level, with modelling and forecasting emphasising realistic assessments ➢ Continuing financial scrutiny at LJCGs and at H&SC Integration Board (latter also for escalation) ➢ Continue building relationships between Surrey financial officers. Open book accounting between partners, to keep the system abreast of the true picture, and avoiding unexpected developments	SHSCIB, LJCGs and Finance Officers	

Risk owner key:

SHWB – Surrey Health and Wellbeing Board
LJCG – Local Joint Commissioning Groups
SHSCIB – Surrey Health & Social Care Integration Board
STP Boards – Sustainability and Transformation Plan Boards

Name of Health & Wellbeing Board

Surrey Health & Wellebing Board

Better Care Fund Lead(s):

Name: Andre Lotz

email: andre.lotz@surreycc.gov.uk

Reviewing Local Authority

Names of Reviewers:

Contact Details:

Restricted Document

BETTER CARE FUND EXECUTIVE SUMMARY FOR ADULT SOCIAL CARE ONLY

The Better Care Fund has been designed to ensure collaboration between health and social care.
This template has been designed to inform local and regional discussions and national approval.
The information contained within this summary will be used by the ADASS regional chairs to support the assurance process.

The ADASS South West and South East regions have collaborated to produce this template to ensure a consistent approach to reviewing plans is adopted by local government.

Below are notes of what should be included in each question.

1 Name of Health & Wellbeing Board including information on the core membership

2 Name of the STP area including health and social care partners

3 Agreed health and social care vision (can be taken from BCF plan)

4 An overview of the demographics, plans and key activities agreed to deliver the needs of the population.
Are there significant changes in the local population, if yes, where does this occur in the demographics?
Include details about carers; prevention; managing demand, A&E delivery plans and STPs

5 Confirm funding contributions and note in the comments if there is joint agreement on indicative funding for 2018-19. Is the 2016-17 baseline agreed by all parties?

6 Please use this space to explain any variations between the years 2015-17

7 Please add any additional funding being added over and above the minimum contributions

8 Select as many options as applicable.

9 Please use this space to explain any changes that occurred in year between the years 2015-19

10 An overview of the role of adult social care in delivering the national Conditions, metrics, A&E delivery plan and digital roadmap, including any specific targets set for ASC.
How realistic is the DToC target and closing the gap by 50%, can this be achieved in the timeframe?
Are there risks in delivering the other targets such as 91 days and reablement

11 How has the High Impact Changes model been used to inform planning?
Summarise the findings of the assessment

12 Indicate the top three risks the plan presents to ASC and whether these are identified in the risk register.
Identify any risks to delivering in 2017-18 and beyond i.e. Providers accepting 7 day week, risk to 2018-19 iBCF

NB *The boxes in the template can be expanded by inserting additional rows*

Due Dates
Executive Summary: ¢ ###############
BCF Submission: 11 September 2017
South East BCF Regional Assurance Panel 21 September
South East BCF Moderation Panel 27 September 2017
Cross Regional Calibration: 2 October 2017
Approval Letters: 6 October 2017
Sc 75 agreements to be signed and in place: 30 November 2017

Links
https://www.gov.uk/government/publications/local-area-performance-metrics-and-ambitions

BETTER CARE FUND EXECUTIVE SUMMARY FOR ADULT SOCIAL CARE

Name of Health and Wellbeing Board and membership

Surrey Health and Wellbeing Board
Membership: https://www.healthysurrey.org.uk/about/board-members
The Board is in the process of ensuring representation from the VCFS and STPs on the Board

Name of STP

Frimley Health and Care - covering the geographic areas of Surrey Heath and North East Hampshire and Farnham CCGs (also covering areas outside of the county)
Sussex and East Surrey - covering the geographic area of East Surrey CCG (also covering areas outside of the county)
Surrey Heartlands - covering the geographical areas of Guildford and Waverley, North West Surrey and Surrey Downs Clinical Commissioning Groups (CCGs)

Local needs and vision

Surrey's Joint Strategic Needs Assessment (JSNA) and local health profiles provide evidence of rising demand from an aging poulation and increased numbers of people living with complex needs and long term conditions. This has informed the H&WB Strategy and its five priorities. The JSNA has been refreshed this year and is informing a review of the H&WB Strategy.

The current strategy sets out a vision for meeting these challenges, which is captured in plans throughout the system, as: *Through mutual trust, strong leadership and shared values we will improve the health and wellbeing of Surrey people* .
To achieve our vision we have agreed three strategic aims for the BCF:
>Enabling people to stay well - maximising independence and wellbeing through prevention and early intervention for people at risk of being unable to manage their physical health, mental health and social care needs
>Enabling people to stay at home - integrated care delivered seven days a week through enhanced primary and community services which are safe and effective and increase public confidence to remain out of hospital or residential/nursing care
>Enabling people to return home sooner from hospital - excellent hospital care and post-hospital support for people with acute, specialist or complex needs supported by a proactive discharge system which enables a prompt return home

The Surrey Better Care Fund plan 2017/18-2018/19 maintains the same focus on older adults (one of the five H&WB prioties)as previous plans, and the priorities are:

• older adults will stay healthier and independent for longer
• older adults will have a good experience of care and support
• more older adults with dementia will have access to care and support
• older adults will experience hospital admissions only when needed and will be supported to return home as soon as possible
• older carers will be supported to live a fulfilling life outside caring

Surrey's approach to the BCF was developed in the context of the three STPs, and delivery of the vision and actions of the BCF are important steps for the successful delivery of the longer term transformation being developed as part of STPs. This overlap in vision is also evidenced in the objectives of the Surrey Heartlands Devolution Agreement.

Surrey has also identified areas where we'll need to maintain or place added focus in 2017/18 + 2018/19 – these reflect the areas that we know will present challenges. These include:
• recognition that the pace of change and integration across Surrey needs to increase to meet rising demands, financial challenges and our ambitions for improving people's health outcomes
• the need to keep developing a more coherent and joined up approach to 'market management' as an important area of focus – this will help to ensure we have the right capacity to meet local needs and support the delivery of our sustainability goals
• the acceleration of our integration plans places greater importance on the engagement and involvement of patients and service users, and staff in shaping the changes that are being made
• focus on local delivery of HIC models in coordination with respective A&E Delivery Boards, to deliver improvements in helping individuals home from hospital
• continue to coordinate Surrey-based integration plans and vision, across our complex system, and taking advantage of the opportunities in collaboration and shared system learning

Joint plans to meet the vision and needs of the population: *Include details*

Surrey's Better Care Fund plan 2017/18 + 2018/19 has been built on the foundations set in 2015/16 and 2016/17 – many of the schemes that were established last year will continue into the new plan. We have learnt a great deal during year one and two of the Better Care Fund and partners have committed to accelerating and scaling up our work around integration – this plan, alongside the emerging STPs in Surrey, reflects that heightened ambition.

In Surrey we have created a single strategy through our Health and Wellbeing Strategy which has been aligned into each of the STP plans at a local level. Commissioning and planning continues at local (thorugh Local Joint Commissioning Groups - LJCGs), STP and Surrey level, using a principal of subsidiarity, which depends on the consistency in need, appropriate levels for intervention and the provider market. And we have agreed principles to ensure sustainability and equality when we make decisions locally at LJCGs.

For example, the H&WB prevention plan, was built at the Surrey level and adapted to focus on local priorities at borough/district and CCG level, and later updated to reflect the Five Year Forward view and adapted by the three STPs for those footprints.

Surrey level examples: Carers services continue to be commissioned at a countywide level, supported by years of established (and award-winning) joint commissioning, a committed Surrey-wide multi-partnership group, Surrey-wide providers and the desire for a consistent approach across the geography.

Local CCG level examples: the Epsom Health & Care Alliance arrangement in Surrey Downs CCG have built an integrated service to support older people, manage demand and are already delivering improvements in accident and emergency waiting times, length of stay for unplanned hospital admissions and fewer delays in discharge from hospital. Also, each LJCG has developed their own High Impact Change models, in partnership with Local A&E Delviery Boards, to tackle delayed transfers of care

STP level examples: the Surrey Heartlands partnership has evolved enough that the area has appointed a single Accountable Officer for all three CCGs, and to sign a Devolution Agreement highlighted above, proposing to integrate health and social care commissioning into a single function and budget.

And in March it was announced that Frimley Health and Care STP, will be among the first in England to be awarded status as an Accountable Care System (ACS). A Memorandum of Understanding will be agreed between parties, which will mean the STP will take on more responsibility, and in return get more control and freedom over the total operations of the system in their area.

Confirmation of funding contributions

	2015/16	2016/2017	2017/2018	2018/19	Comments
Minimum funding requirements	67522	66176	67359	68639	WAM, NEHF are not that CCG's complete contribution to BCF, is the split that goes to Surrey BCF
CCG contribution	67522	66176	67505	68780	
Disabled Facilities Grant	3723	6931	7613	8295	
Care Act 2014 monies	3509	2610	2610	2610	
Carers (assessment/break) funding	2463	2506	2506	2506	
Reablement Funding	2814	2592	2525	2525	
Protection of Adult Social Care	25000	25000	25000	25000	
	0	0	0	0	

Explain any funding variations between 2015 and 2019

2015 includes Care Act Capital, following years this was part of DFG and removed from minimum contributions. Other changes are increases in line with national conditions or additional contributions as below

Additional funding contributions

2017/18	Funding Source	Purpose
	£418k from Surrey County Council £23k from North West Surrey CCG £121k from Surrey Heath CCG	Mental Health collaborative schemes funding increased to meet the minimum contribution increase, which cost over the amount required, but incorporated into pooled fund rather than have multiple funding streams

2018/19	Funding Source	Purpose
	£17k from Surrey Heath CCG £123k from East Surrey CCG	Surrey Heath CCG- Mental Health collaborative schemes funding increased to meet the minimum contribution increase, which cost over the amount required, but incorporated into pooled fund rather than have multiple funding streams East Surrey CCG - For Community Stroke Service

Local Agreement on funding arrangements

Funding Agreement *Please tick*	Yes	No	Reason where no is response
Sc 75	x		
Sc 32	x		
Pooled budget	x		
Risk Sharing Agreement	x		
Gain sharing Agreement	x		
Other Agreement		x	

Key changes to the funding contributions between 2015/2016, 2016/2017, 2017/2018 and 2018/19

2015/16
2016/17 Care Act Capital was removed and replaced with increased DFG from DCLG, so affecting the minimum contribution values.
2017/18 Increased minimum contribution £1,183k in line with national condition 2 Increased additional CCG contribution £144k Increased LA contribution £418k Increased DFG £682k iBCF £7,543k
2018/19 Increased minimum contribution £1,280k Increased additional CCG contribution £140k Increased DFG £682k iBCF £352k

How is ASC contributing to delivering the National Conditions, metrics and A&E Delivery Plan; Local Digital *Details to drawn from the funding and activity template*

Surrey County Council Adult Social Care & Public Health supports in the following ways:

National Conditions:
1) Jointly agreed plan - secretariat support, membership and in some cases chairmanship for H&WB, Health & Social Care Integration Board (Surrey level sub group of H&WB), LJCGs, A&E Delivery Boards, STP Transformation Boards. Also coordination of the BCF plan
2) Protection of Social Care - planning and delivery of social care schemes. Some are: carers, Mental Health Community Connections, home from hospital services, staffing for integrated services and reablement
3) Protection of out of Hospital Services - for example, some integrated care teams funded through the BCF have brought together multidisciplinary practitioners around the person. And NHS rapid response services, which quickly respond to support need at home and prevent hospital admissions, is supported by social care reablement and night services

BCF metrics:
Reablement and Care Home admissions - achieved targets last year, and set ambitous targets for 2017-19
DTOC - Joint responsible delays are below NHSE targets, so we have set targets to maintain this. ASC responsbile delays are better than the England average, but there is still a committment from ASC to deliver improvements on social care responsible delays, and to plan and deliver on local HIC models. These are built through engagement with Local A&E Delivery Boards

supporting Local Digital Roadmaps: In Surrey Heartlands STP for instance, the Digital Strategy lead is on secondment from ASC & PH, and ASC are key partners in priorites for a Strategic IG Group, and "Patient Knows Best" a shared care record. Also sponsorship and project support for an integrated data platform, is from ASC & PH

List the top 3 risks to ASC in delivering the BCF plan

From our risk register, any of the nine currently identified are important to ASC, as these are system risks, and we view ourselves as mutually symbiotic. Three with the highest scores include:

>Provider capacity in health and social care is insufficiently developed to support the future services required in the community, including voluntary sector and independent providers, to manage demand in line with forecast activity plans.
>Better Care Fund local plans in relation to the maintenance of social care services may not be sufficient to meet increasing demands leading to the risk of deterioration in service provision.
>The actions taken to integrate services do not have the intended impact on BCF metrics and specifically:
- emergency admissions; and/or
- delayed transfers of care.

These are existing risks from previous BCF plans. Mitigating actions have been identified and are ongoing

How has the High Impact Change model been used to inform planning?

Surrey on a whole has better than average performance on Delayed Transfers of Care (DTOC), and despite increasing demands we have achieved a level of stability over recent years through the actions we have taken. This is evidenced if one looks at DTOC data over the full seven years that this data has been available.

Surrey is however committed to continuous improvement in managing transfers of care, and have used the HIC model at Surrey level to assess the system. DTOC has however been a key feature of Surrey's BCF plan since before the HIC model was introduced, and has been a feature of integrated working in Surrey since before the introduction of the Better Care Fund. It is a corporate measure for the local authority as well as CCG partners, and is reflected in the Heath & Wellbeing Board Strategy, as well as STP plans. Surrey is also one of the south east region's first contributors of weekly data for a regional real time DTOC recording system, and is supporting regional analysis.

The Surrey system has already implemented some of the changes recommended through the HIC model, working in partnership with and to priorities of the local A&E delivery board (LAEDBs). The Health and Social Care Integration Board has held a group discussion on the model, comparing the Surrey system as a whole, against it.

It is however at the local commissioning level, where detailed HIC plans have been developed in order to meet the IBCF grant conditions and BCF planning requirements. Each of our Local Joint Commissioning Groups are assessing themselves against the model, and implementing their respective plans. As per the HIC model template, LJCGs are identifying timelines and methods for determining success.

Any other issues? For example risks to the CCG and acute systems that will impact on ASC

One issue to mention is the national shift in approach in DTOC, which has been flagged as a concern for both CCG and Social Care partners. Both the national setting of targets and the attempt to split accountability, is judged to run counter to the progress we've made towards local self determination and joint ownership of areas for development.

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Health and Wellbeing Board
7 September 2017

Sustainability and Transformation Partnerships and devolution in Surrey

Purpose of the item:
To provide an update on the three Sustainability and Transformation Partnerships (STPs) covering Surrey and the devolution plans.

Recommendations:

a) To note the progress made on the STPs and devolution plans
b) To note the next steps

Background:

1. NHS Sustainability and Transformation Partnerships (STPs) are place-based, five-year plans built around the needs of local populations. They are intended to identify benefits to be realised in the short and longer term – helping organisations within the STPs to meet their immediate (16/17) financial challenges and ensure that the investment secured by the NHS in the Spending Review does not merely prop up individual institutions but is used to drive sustainable transformation in patient experience and health outcomes over the longer-term.

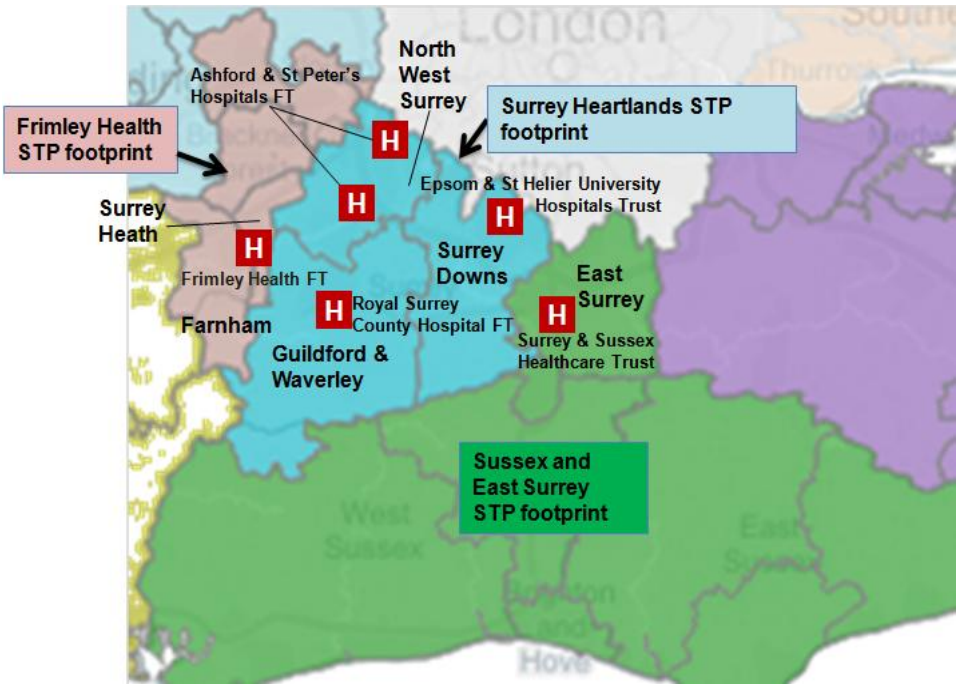
2. STPs will be the overarching strategic plan for local health and care systems covering the period October 2016 to March 2021 and represent a significant shift in NHS planning towards a place-based approach (as opposed to solely asking individual NHS organisations to produce their own plans). In addition to covering all areas of Clinical Commissioning Group (CCG) and NHS England commissioned activity, STPs will also include plans around integration with local authorities.

3. The STP guidance letter issued by the NHS in September 2016 summarises the reason for introducing STPs as follows:

   The Five Year Forward View set out our shared ambition to improve health, quality of care and efficiency within the resources given to us by Parliament. This 'triple aim' will only be achieved through local health

and social care organisations working together in partnership with the active involvement of patients, stakeholders, clinicians and staff. Sustainability and Transformation Plans are the means of delivering these objectives in each local health and care system.

4. The geographic 'footprint' for STPs is determined locally and based upon natural communities, existing working relationships and patient flows – there are three STPs covering Surrey:
   - Surrey Heartlands - covering the geographic areas of Guildford & Waverley CCG, North West Surrey CCG and Surrey Downs CCG.
   - Frimley Health & Care - covering the geographic areas of Surrey Heath CCG, North East Hampshire & Farnham CCG, Windsor, Ascot & Maidenhead CCG, Bracknell & Ascot CCG and Slough CCG.
   - Sussex and East Surrey - covering the geographic area of East Surrey CCG, Crawley CCG, Horsham & Mid Sussex CCG, Coastal West Sussex CCG, Brighton & Hove CCG, High Weald Lewes Havens CCG, Eastbourne Hailsham & Seaford CCG and Hastings & Rother CCG.



5. Each STP footprint in Surrey has published their plans online[1, 2, 3]

6. Local and national health and care organisations have signed an agreement to improve health and social care in Surrey Heartlands. The agreement sets out a roadmap towards **devolution**, outlining how partners will work together to improve the health outcomes of the 850,000 people living in Surrey Heartlands. It also means more local accountability for the spending of health and social care budgets. The

[1] Surrey Heartlands STP (November 2016) http://www.nwsurreyccg.nhs.uk/surreyheartlands/Pages/default.aspx
[2] Frimley Health and Care STP (November 2016) http://www.surreyheathccg.nhs.uk/about/frimley-health-care-stp
[3] Sussex and East Surrey STP (November 2016) http://www.brightonandhoveccg.nhs.uk/your-services/sustainability-and-transformation-plan

Trilateral Devolution Agreement and latest news from Surrey Heartlands STP are available online[4]

7. At the meeting verbal updates will be provided from all three Surrey STP areas.

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[4] http://www.nwsurreyccg.nhs.uk/surreyheartlands/Pages/News.aspx

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Health and Wellbeing Board
7 September 2017

Surrey Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy

Purpose of the report:
The purpose of this report is to update the Health and Wellbeing Board (HWB) on progress made in revamping the Joint Strategic Needs Assessment (JSNA) and the prioritisation process leading to a refreshed Joint Health and Wellbeing Strategy (JHWS).

Recommendations:

It is recommended that the Health and Wellbeing Board:

i. Agree on the areas of focus identified through the 2017 Joint Strategic Needs Assessment (JSNA) process and subsequent discussions, which will inform a refreshed Joint Health and Wellbeing Strategy (JHWS); and

ii. decides the point at which to engage with stakeholders in refreshing the Joint Health & Wellbeing Strategy.

Introduction:

2. The Health and Social Care Act (2012) sets out a statutory responsibility on the Health and Wellbeing Board to publish a Joint Strategic Needs Assessment (JSNA) and produce a Joint Health and Wellbeing Strategy (JHWS).

3. A JSNA is an assessment of the current and future health and social care needs of the local community. These are needs that could be met by the Local Authority, Clinical Commissioning Groups (CCGs), or NHS England (NHSE). The JSNA helps the HWB to consider wider factors that impact on the communities' health and wellbeing and local assets that can help to improve outcomes and reduce inequalities.

4. A Joint Health and Wellbeing Strategy (JHWS) is a strategy for meeting the needs identified in the JSNA and it is also produced by the HWB. Health and wellbeing boards must involve the local Healthwatch organisation and the local community continuously throughout the process. When involving the local community, boards should consider

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inclusive ways to involve people from different parts of the community including those with particular communication needs to ensure that differing health and social care needs are understood, reflected, and can be addressed by commissioners.

5. This paper provides an outline of progress being made updating the JSNA and refreshing the JHWS including recommendations for updating the strategy based upon the latest information from the JSNA. The process undertaken so far is outlined and approval on the next steps is required from the Board.

Background:

6. The Surrey JSNA was first published in 2013. In September 2015 the Board approved the approach to updating the JSNA systematically, and the strategic direction was set by a JSNA Strategic Development Group.

7. In 2016, the JHWS was refreshed to update membership details, data that the strategy was based upon and incorporate a monitoring framework. The content of strategic priorities remained unchanged.

8. The refreshed JSNA was launched in December 2016 and followed a life course approach as set out in the 2010 Marmot Review – 'Fair Society, Healthy Lives.

9. A progress update on the JSNA was received by the HWB in February 2017 with the majority of chapters completed and others being published online as they were completed. The Board explored completed chapters and followed this with a discussion as to how best to use the chapters to inform the strategic direction for health and wellbeing in Surrey.

Joint Strategic Needs Assessment:

10. The refreshed JSNA is available online on Surrey-I http://www.surreyi.gov.uk/grouppage.aspx?groupid=36

Joint Health and Wellbeing Strategy:

11. The refreshed JHWS is informed by issues highlighted in the current JSNA. The issues informing the JHWS were prioritised based on a set of principles agreed by the JSNA Strategic Development group in June of 2017. The following principles were applied to the JSNA to identify issues

- requiring joint action across the partnership in order to make a difference or accelerate progress;
- that present with possibilities for preventative action;
- Where there are clear gaps in services and neglected areas exist ,
- where inequalities exist in the level of need, service provision, or outcomes

12. HWB members were involved in a workshop on 6 July 2017 where they discussed the focus areas proposed for each of the five priorities in the current JHWS. Members agreed to receive a full paper on the agreed areas of focus as identified during the facilitated workshop. Some of the updated JSNA chapters are yet to be published and the intelligence was drawn from existing documents and programme leads while awaiting the publication of these chapters online.

13. Agreement was reached on the following set of priorities and focus areas as a result of the workshop and in discussion with programme leads:

Priority 1. Improving children's health and wellbeing

- Promote healthy weight;
- Develop and deliver an integrated SEND (special education needs and disability) educational offer with and for Surrey's children and families.

Priority 2 – Developing a Preventative Approach

- Reduce the inequality in outcomes between children with multiple vulnerabilities and the Surrey average, particularly for looked after children and care leavers;
- Ensure all children, young people and families get the right support at the right time; and
- Ensure the environment promotes health (including Active Travel, Air Quality, and embedding health in Planning).

Priority 3: Promoting Emotional Wellbeing and Mental Health

- Improve provision of perinatal mental health services;
- Accelerate implementation of Surrey's Suicide prevention plan; and
- Support our children, young people and families to lead healthy lifestyles and have good emotional wellbeing and mental health

Priority 4. Improving older adults' health and wellbeing

- Support communities and care homes to be more dementia friendly;
- Improve identification and support for carers; and
- Develop a Surrey-wide end of life care strategy.

Priority 5. Safeguarding

- Extend the implementation of the Safer Surrey strengths-based model of practice for children's safeguarding;
- Build and embed a multi-agency response to keep children safe from harm, with a focus on Child sexual exploitation, missing children and domestic abuse and neglect;
- Embed the MASH (Multi Agency Safeguarding Hub for Adults)

Options for public and stakeholder involvement:

14. While there is no statutory duty to consult on the JHWS, the HWB has a duty to involve third parties in its preparation, including Healthwatch Surrey and people living or working in the area. The HWB also has a duty when exercising its functions to promote the involvement of

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patients, their carers and representatives in decisions about the provision of health services to patients.

15. Healthwatch Surrey have been included in all discussions at the Board relating to the JSNA and have been a member of the JSNA Strategic Development Group ensuring the patient voice is included in its development.

16. There are two options proposed for engagement on the refreshed strategy:
    a) Option A - to undertake engagement on the updated priority areas by working with priority leads and surveying stakeholders, including the public – completed by March 2018.
    b) Option B - to update the strategy based on the above priorities with no further engagement (acknowledging the engagement with public and stakeholders that has already been undertaken as sufficient) – completed by December 2017.

17. Option A enables greater engagement with stakeholders and increases support to deliver the strategy from across the health and social care system. Whilst this requires more time and resource initially, the enhanced levels of engagement will benefit the delivery of the strategy in the long term. Option A is the preferred option

18. It is proposed that either of these options are carried out in consultation with the Health and Wellbeing Board leads for each priority.

Next steps:

a) Continued follow up of outstanding JSNA chapters and publish them online.
b) Work with JHWBS priority leads to establish the detail of the refreshed strategy.
c) Work with JHWBS priority leads to refresh the strategy in line with either option A or B dependent upon which option the Board favour.

Report contact:
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Health and Wellbeing Board
Thursday 7 September 2017

Improving Children's Health and Wellbeing – Priority Status Update

Purpose of the report: Performance Management/Policy Development

The purpose of this report is to update the Health and Wellbeing Board on progress against the 'improving children's health and wellbeing' priority within the Joint Health and Wellbeing Strategy. An update is provided to the Board every six months with the last in March 2017. The report will also update Members on the work of the Children and Young People's Partnership Board and the actions underpinning priority areas of work for 17/18.

Recommendations:

It is recommended that the Health and Wellbeing Board:

i. note that progress has been made against the 'improving children's health and wellbeing' priority within the Joint Health and Wellbeing Strategy;

ii. note the Surrey Children and Young People's Partnership actions underpinning our main priority areas of work; and

iii. receive a further update for the 'improving children's health and wellbeing' priority in six months' time.

Context

1. Surrey's Joint Health and Wellbeing Strategy (JHWS) outlines five priorities, the first of which is 'Improving children's health and wellbeing'.

2. The Surrey Children and Young People's Partnership Board and its joint commissioning strategy are the main delivery mechanisms for improving children's health and wellbeing.

3. The Children and Young People's Partnership Board (CYPPB) aims to improve outcomes for children and young people through the effective joint commissioning of services. The CYPPB is co-chaired by the Director of Children's Commissioning (NHS Guildford and Waverley CCG), the Deputy Chief Constable (Surrey Police) and the Deputy Chief Executive (Surrey County Council). The Board meets on a quarterly basis to take a strategic look at activity across the county, how partners can join up and work together better and how to implement our joint commissioning strategy. A protocol has recently been agreed which outlies how the CYPPB works with the Health and Wellbeing Board, Community Safety Board, Safeguarding Adults Board, Safeguarding Children Board and Surrey Criminal Justice Partnership.

4. This report focuses on some of the key achievements since the previous update in March 2017 including the first six months with the new Community Health Contract, and further updates around improvements in Children's Social Care, Special Educational Needs and Disabilities (SEND), Multi-agency Safeguarding Hub (MASH), Child and Adolescent Mental Health Services (CAMHS) and Early Help.

Performance Overview

5. The Children and Young People's Partnership Board has a series of strategic priorities (See Joint Commissioning Strategy in Annex A); and to deliver two of these for 2017/18 focus in being placed on Early Help, and using 'Safer Surrey' to develop a joint workforce induction.

6. A key next step for the Surrey Children and Young People's Partnership Board, through the Joint Commissioning Strategy, is to develop an outcomes framework with clear outcome measures, based on existing measures across the partnership. The Early Help Transformation Programme has its own measures of success for the Early Help priority.

7. The overview presented here is a combination of measures currently used and a more general assessment for some areas:

Safeguarding

8. Ofsted and the Department for Education (DfE) have confirmed that Surrey County Council (SCC) is making positive progress with its improvement journey. DfE noted that they could see an improvement in the areas that have been prioritised since January (signs of safety training, partnership working) and that the voice of the child is becoming clearer.

9. Key improvements over the last six months within Children's Services include:
    - The timeliness of Child and Family Assessments continues to improve. Current performance is the best since December 2016 at 79.2%
    - Child protection review visits are at a 12 month high of 83.7%.

10. There are areas for further improvement such as health assessments but a new health assessment pathway is currently being developed.
    - 55.4% of all looked after children have had a dental check within the past rolling calendar year; and
    - 68.9% of all looked after children have had a health check within the past rolling calendar year.

Special Educational Needs and Disabilities (SEND)

11. In light of the joint inspection of the local area in October 2016, Ofsted and the Care Quality Commission (CQC) requested a Written Statement of Action outlining the steps that will be taken to address the concerns identified in their report.

12. Surrey County Council and the Surrey Clinical Commissioning Groups (CCGs) Collaborative submitted a Written Statement of Action (WSoA) to Ofsted and the CQC in March 2017 addressing the five key weaknesses raised in the joint inspection of SEND services. Ofsted and CQC judged the WSoA fit for purpose and confirmed that it 'holds children and families at its heart'.

13. A background document accompanies the WSoA which sets out the learning and commitment of local area leaders.

14. Key improvements to date include:
    - 44% of final Education, Health and Care Plans (EHCP) were issued within the 20 week timescale in 12 months which is an improvement of 26 percentage points on the end of June 2016 figure; and
    - 57% of new EHCPs completed within 20 weeks in June.

Healthy Lifestyles

15. The health visiting services in Surrey maintained or improved their delivery of the five key universal health visiting checks by the end of 2016/17. The average proportion, across Surrey, of each of the five universal checks undertaken was better or similar to the national average.

Key Achievements and Outcomes

Key achievements over the last six months include the following:

Surrey Children and Young People's Partnership Board key areas of commitment

16. The Board has committed to concentrating on; 'Developing and delivering an integrated early help offer for children and families in need' and 'Extending our Safer Surrey strengths-based model of practice to enable us to continue placing children, young people and families at the heart of our practice'.

17. To achieve priority three, the Board is developing a Safer Surrey based work force induction for all staff who are in contact with children and families. This is being sponsored by the Surrey and Borders Partnership NHS Foundation Trust.

18. To achieve priority two, Early Help Advisory Boards are being established in each of Surrey's 11 districts and boroughs. These boards will oversee development of the family hub model and Early Help services in each area, guided by the strategic overview that the Children and Young People's Partnership Board (CYPPB) provides.

19. The Health and Wellbeing Board is asked to note the focus of work of the CYPPB for 2017/18.

Children's Community Health Contract Provider – Children and Family Health Surrey

20. The new provider of Children's Community Health Services (Children and Family Health Surrey), commenced on 1st April 2017. This is an alliance of Surrey providers including Central Surrey Health, First Community Health and Care as well as Surrey and Borders Partnership Trust.

21. The service underwent a complex mobilisation process that focused on the safe transfer of service delivery, data and information and staff engagement. Following mobilisation, the provider has focused on delivery and has worked on service audits to understand work force requirements, delivery and waiting times. This will inform future delivery through streamlining service pathways and, where needed, recovery plans.

22. The provider also intends to form a systematic approach to working with children, young people and families. Currently Family Voice support the contract monitoring process and have been involved in service design. The provider will continue to work with Family Voice in addition to setting up wider engagement groups in conjunction with the Rights and Participation Team at SCC.

Safeguarding improvement programme

23. In August 2017, Ofsted conducted a two day monitoring visit with a particular focus on the MASH and assessment services. Ofsted noted that they could see recent improvements and a sense of positivity with colleagues plus strengthened links between Early Help and the MASH. However, the need to improve the timeliness of children being seen and in consistency of practice were noted. A formal letter will be received detailing the outcomes of the monitoring visit in a month. The letter from Ofsted's monitoring visit letter in April 2017 which concentrated on looked after children, Public Law Outline and thresholds for entry to care can be found here: https://reports.ofsted.gov.uk/sites/default/files/documents/local_authority

_reports/surrey/057_Monitoring%20visit%20of%20LA%20children%27s%20services%20as%20pdf.pdf

24. The Department for Education (DfE) visited in July 2017 and reported that they have seen an improvement in prioritised areas. Their feedback will inform the 'year three' vision of the overall Improvement Plan which will be published in September 2017.

25. Overall, data and insight from internal reviews, and Ofsted's monitoring visits, confirm that the changes that have been implemented have led to improvements. However, there are also areas where there continues to be inconsistent practice.

26. Strengthening the quality and consistency of practice for children will remain the primary focus for the interim. This is supported by the continued embedding of the Safer Surrey approach and Signs of Safety training.

SEND Improvement Programme

27. Both the governance and challenge to steer the significant programme of change required, as well as the capacity to deliver the Written Statement of Action (WSoA), have been established. The Children's Services Improvement Board with cross-party and multi-agency representation, was designated the oversight body for SEND improvement. All the actions in the WSoA are underway and many are already complete.

28. Timeliness of assessments has increased steadily and local leaders expect it to be at or above the national average by the end of 2017. This is despite increased numbers of requests for education, health and care plans, in line with the national trend. Surrey's transfer rate from Statements to EHCPs, while slightly below the WSoA target, is on track to achieve all transfers complete by the statutory deadline of 31 March 2018. Health, education and social care have agreed a process to develop a pathway for Care, Education and Treatment Reviews (CeTRs) to ensure appropriate placements as close to home as possible.

29. There has been a visible improvement in family engagement following a co-designed new Communication and Family Engagement Strategy. Two webinars were held with families in May and June. The June webinar featured the two lead Cabinet Members as well as the Assistant Director for Schools and Learning at SCC who answered questions from 60 parents. Families now receive a monthly newsletter and the navigation and promotion of the Local Offer has been significantly improved following feedback.

Multi-agency Safeguarding Hub (MASH)

30. The MASH[1] provides a single point of contact for safeguarding concerns relating to children in Surrey. Following some initial challenges around use of systems as well as processes, technology and high demand; partners have been working hard to implement and embed the new way of working through the MASH.

31. Contacts to the MASH change on a monthly basis with 3,137 contacts a month in October 2016 to 6,030 in June 2017. An audit in May 2017 demonstrated that half of all MASH contacts could have been dealt with through the provision of advice. Work is ongoing with partner agencies to explore information sharing processes and appropriate referrals. There will also be steps taken to effect a channel shift from the MASH to Early Help.

32. The percentage of MASH contacts progressed to Children's Services within one working day was 55.5% in June 2017 (compared to 29.4% in May 2017). There have been a series of new processes that are being implemented in July as part of the MASH Development Plan which will continue to improve performance.

33. Early Help coordination staff have been relocated to the MASH to ensure that the relationship between the MASH and Early Help is as effective as possible and to continue to identify and support children and families before needs escalate.

Early Help

34. Along with its partners SCC has continued to drive Early Help transformation by holding a series of early help partnership events with District and Boroughs and within each of the 11 district and borough councils (D&B). These events have been co-facilitated by SCC and D&B leads and are bringing together partners from across the sectors in each locality.

35. These events developed Early Help Advisory Groups who know the local area and are able to identify where services and support should be located providing a tailored, place-based approach. This work is supported by the comprehensive needs assessment and demand modelling which has been undertaken across Surrey to help determine the places where Family Services are most needed.

36. At a CYPPB meeting, members of the Board discussed changing the name from 'Family Hubs' to 'Local Family Partnerships' and this will be reviewed in the future as it may better describe the approach that is being taken.

37. Early Help Commissioning is expected to be in place by 2018 to align with the operational arrangements for Family Services and all age adult

[1] The MASH has practitioners from NHS, Surrey and Borders Partnership, Police and Children's and Adult's Social Care headed up by a jointly funded post – Head of MASH.

social care with community hubs. This also allows sufficient time for a needs analysis, market analysis and outcomes framework.

Healthy Weight Strategy

38. The Healthy Weight Strategy for Children, Young People and Families is taking a whole system approach to tackling obesity. A Healthy Weight Alliance has been established and met for the first time earlier this year. The Alliance includes representation from district & borough councils, Planning, Trading Standards, Active Surrey, CCGs, Children Services, Travel Smart and Public Health, the representative from which chairs of the Alliance. An Action Plan is in development and will be presented to Health and Wellbeing Board in November 2017.

Making children's play areas smoke free

39. In 2016 the County Council's Public Health Team worked in partnership with Surrey's D & B councils to introduce voluntary smoking bans in council-managed children's play areas. Seven D & B councils have now implemented play area smoking bans – Spelthorne, Epsom & Ewell, Woking, Reigate & Banstead, Runnymede, Guildford and Mole Valley.

Children and Young People's (CYP) Mental Health

40. Children & Adolescent Mental Health Services (CAMHS) transformation monies have ensured that significant innovations have been achieved and new services including Paediatric liaison in all five acute hospitals, intensive support service for CYP with challenging behaviour who would be at risk of admission, an enhanced eating disorders service. The multi-agency CAMHS Transformation Board has strong representation from schools and learning.

41. The Guildford CYP Haven opened on 15 May 2017. This is joint project between SCC, the CCGs and Surrey and Borders Partnership Trust with considerable input from CAMHs Youth Advisors (CYA) to ensure that the service was shaped by the views of children and young people. To date over 50 children and young people have attended the CYP Haven. Initial feedback has been positive and work is underway to explore the possibility of opening a second CYP Haven in Epsom.

Child and Adolescent Mental Health Services

42. Commissioners are undertaking a joint review: "***Mindsight Surrey CAMHs, 1 year on"***, involving stakeholders, young people and their families and all associate commissioners, following the mobilisation of the new contract arrangements in 2016.

43. Commissioners are working with the provider to address specific issues around achievement of waiting time standards and other key performance indicators through a remedial action plan. Assurance is

received through reports to the monthly Clinical Quality Review Meeting and contract review meetings.

Key Challenges

44. The main challenge continues to be demand on services whilst budgets become ever more stretched and the number of children and young people with highly complex needs continues to rise.

45. Other challenges include continued implementation of SEND reforms to deliver the Written Statement of Action.

46. The national reduction in Public Health funding is likely to impact on the provision of universal services (school nursing and health visiting) and, by association, Early Help and safeguarding capacity.

47. It is more important than ever that all partners in Surrey continue to work with each other and with service users to improve outcomes for children, young people and families whilst providing value for money. The development of the priority areas of work for the CYPPB is a key way to do this and the Health and Wellbeing Board can continue to support this at a strategic level.

Conclusions:

48. There have been some notable achievements over the last six months which are and will continue to improve outcomes for children and young people. These include the development of the key areas of focus for the Board, good progress in implementing the Children's Improvement Plan, improvements in the MASH and the setup of the new mental health haven.

49. Much is still required in order to continue working together to improve outcomes for children, young people and families. This includes agencies working in partnership as well as with service users and parents to deliver the improvements in the safeguarding system and the SEND reforms in Surrey.

50. Strengths based, reflective and restorative practice is central to improving outcomes and the experience of children and families. Safer Surrey and Signs of Safety have now been rolled out across Children's Services and following this success, strengths-based practice is being reflected in other areas of the Children, Schools and Families Directorate at SCC and with a joint workforce induction.

51. Increased demand and stretched budgets mean partners must continue working together in partnership and with service users to improve outcomes and provide value for money with Early Help being a major focus over the coming months.

Next steps:

Key next steps include:

a. continue to oversee and develop an improved Early Help offer for children and families in Surrey;
b. continue working in partnership to deliver and embed improvements in the safeguarding system 'Signs of Safety' and a child focused, joint induction;
c. continue working in partnership to successfully implement the SEND Written Statement of Action and improve the experience for children, young people and their families;
d. develop and share the updated CAMHS transformation plan;
e. deliver against the actions to achieve two of the strategic priorities for 17/18 from the joint commissioning strategy; and
f. develop a Children and Young People's Partnership outcomes framework against the joint commissioning strategy, based on existing measures across the partnership.

Report contact: Flora Wilkie, Senior Commissioning Officer, Insight and Innovation, Children, Schools and Families, Surrey County Council

Contact details: 01372833163, flora.wilkie@surreycc.gov.uk

Annexes:

Annex 1 – Surrey Children and Young People's Partnership Joint Commissioning Strategy 2017 – 2022 – One page summary

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Surrey Children & Young People's PARTNERSHIP

surrey safeguarding CHILDREN BOARD

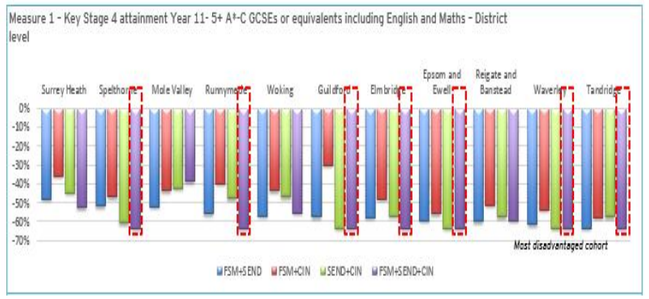
Joint Commissioning strategy 2017-2022 – Our ambition is to address the inequality in outcomes that some of our children and families experience in Surrey

Context

The majority of Surrey's c.280,000 children and young people are safe, well educated and cared for; they experience good health, low crime rates, good leisure and employment opportunities and benefit from higher than average socio-economic circumstances.

Yet whilst Surrey has one of the lowest rates of child deprivation in the UK, there remain large numbers of children who persistently experience poorer outcomes than their peers.

- **The inequality of outcome** experienced by disadvantaged and vulnerable children and families in Surrey is greater than the inequality of outcome experienced by disadvantaged children nationally. This is compounded when children and young people experience **multiple vulnerabilities**. Education outcomes are a good indicator of overall outcomes:



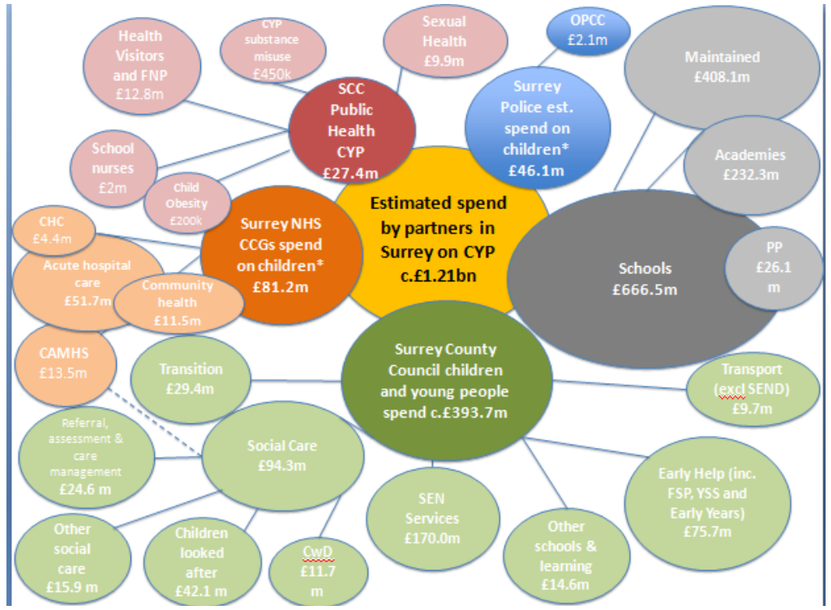
- **Increasing demand, the high cost of statutory provision and reduction in government funding** is placing financial strain on the system. We must address this together to ensure all public services are **financially sustainable**.
- **Children with SEND and their families do not have a good experience of the system in Surrey** – it is not always joined up or easy to navigate.
- Research tells us that to make the biggest difference we must approach and support the **family as a whole**, including supporting parents back to work.
- *Please see the Director of Public Health Annual report on inequalities of outcomes for more details*

Key challenges for Surrey

- **There are some geographic areas** where children and young people experience **poorer outcomes,** which can often be **hidden** within areas of affluence and better outcomes.
- **Good emotional wellbeing and mental health** is essential to having good outcomes – our children and young people tell us they need more support.
- **The current Early Help offer is fragmented**, not understood or easily accessible.
- **Surrey has a wealth and breadth of resources and assets** in the community that can be better optimised to drive and support improved outcomes.
- For some areas of support we need to **better stimulate the market** to be able to deliver improved outcomes for children and families in a financially sustainable way.

Total resource in the system 2015/16 (Estimated)

We have agreed to commission together, using the total resource in the system in the most effective way possible. This will support us to ensure maximum value together.



Principles

We have agreed to commission together, working to these principles:

- Outcomes based
- Addressing root causes of poor outcomes
- Quality provision targeted to local needs and inequalities
- Timely and preventative approach
- Integrated, strengths-based, restorative and family centred practice
- Co-produced with children and families

Approach

We will:

- build on what we already do well in Surrey.
- take a preventative approach to manage rising demand across education, health, social care, and SEND from the earliest point in a child's life
- continue to provide universal services with a focus on specific groups and geographic communities

What do we want to achieve?

We will work together to ensure that our joint commissioning activity seeks to achieve these outcomes:

- ✓ Families of children with SEND experience timely access to support, their experience improves and the needs of their children are identified early and met.
- ✓ Children and young people are safe from harm and danger
- ✓ The gap in education, health and wellbeing outcomes between children experiencing social and economic deprivation and their peers is reduced.
- ✓ Improve family resilience and promote healthy relationships.
- ✓ Children with complex individual needs have the best life chances.
- ✓ The proportion of children and families supported close to home is increased.

Our strategic shared priorities

1. Developing and delivering an integrated SEND offer with and for Surrey's children and families
2. Developing and delivering an integrated early help offer for children and families in need
3. Extending our Safer Surrey strengths-based model of practice: to enable us to continue placing children, young people and families at the heart of our practice
4. Supporting our children, young people and families to lead healthy lifestyles and have good emotional wellbeing and mental health
5. Getting to good outcomes for our vulnerable children; particularly for our looked after children and care leavers
6. Continuing to strengthen and deliver our partnership strategy and priority actions for CSE and missing children
7. Building our multi-agency response to domestic abuse and neglect
8. Embedding our Multi-Agency Safeguarding Hub (MASH) arrangements

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Surrey Health and Wellbeing Board

Date of meeting	7 September 2017
Report author and contact details	Elaine Coleridge-Smith
Sponsoring Surrey Health and Wellbeing Board Member	Julie Fisher, Strategic Director for Children Schools and Families Clare Curran, Cabinet Member for Children, Surrey County Council

Item / paper title: Surrey Safeguarding Children Board (SSCB) Annual Report 2016 - 17

Purpose of item / paper	During the period of this report the Surrey Safeguarding Children Board (SSCB) has continued to carry out its statutory functions under Regulation 5 of the Local Safeguarding Children Board to enable it to achieve its objectives under section 14 of the Children Act 2004 to: a) to **coordinate** what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and b) to **ensure the effectiveness** of what is done by each such person or body for those purposes. LSCBs are required to publish an annual report detailing the effectiveness of partner agencies in working together to deliver, safeguard and promote the welfare of children in their area. This report provides a rigorous and transparent assessment of the performance and effectiveness of partners working with children in Surrey. It identifies areas of weakness as well as good practice. This report is presented to Surrey Health and Wellbeing Board for information and action where required.
Surrey Health and Wellbeing priority(ies) supported by this item / paper	The paper supports the delivery of two Health and Wellbeing Board priorities: • Safeguarding the population • Promoting emotional wellbeing and mental health SSCB is also concerned to monitor and challenge the effectiveness of partnership working in relation to the Board's priority of Improving children's health and wellbeing.
How does the report contribute to the	Surrey Safeguarding Children Board and partners are committed to ensuring that the most vulnerable children and their families are

Health and Wellbeing Board's strategic priorities in the following areas?	supported. In order to do this SSCB has five core business objectives: • Optimise the **effectiveness of arrangements** to safeguard and protect children and young people • Ensure clear **governance arrangements** are in place for safeguarding children and young people • Oversee **serious case reviews** (SCRs) and **child death overview panel** (CDOP) processes and ensure learning and actions are implemented as a result • Ensure that single-agency and multi-agency **training** is effective and contributes to a safe workforce. • **Raise awareness** of the roles and responsibilities of the LSCB and promote agency and community roles and responsibilities in relation to safeguarding children and young people. The SSCB has agreed four additional areas of work which require greater scrutiny based on audit, partners' reports to the Board, evolving statutory guidance and inspection outcomes. • **The effectiveness of Early Help** for children, young people and families who do not meet the thresholds for statutory intervention and support by Children's Social Care. • The effectiveness of the current **child protection processes** in protecting those children identified as in need of protection and who are looked after (LAC). To include consideration of **'neglect'** • The effectiveness of the response and impact of partners work to protect children and young people at risk of **Child Sexual Exploitation (CSE).** • The effectiveness and impact of Surrey Services in reducing the incidences of **Domestic Abuse** and protecting children and young people from harm.
Financial implications - confirmation that any financial implications have been included within the paper	The activities of the Board are funded through a pooled budget contributed to by Statutory Partners. Financial contributions to the SSCB budget for the financial year 2016-2017 totalled £450,455.
Consultation / public involvement – activity taken or planned	The Annual Report was developed following consultation with the membership and members of the SSCB sub groups.
Equality and diversity - confirmation that any equality and diversity implications have	All aspects of the work of the SSCB pay due regard equality and diversity.

been included within the paper	
Report author and contact details	Elaine Coleridge Smith, Surrey Safeguarding Children Board Independent Chair, Tel 01372 833378
Sponsoring Surrey Health and Wellbeing Board Member	Julie Fisher, Strategic Director for Children, Schools and Families, Surrey County Council Clare Curran, Cabinet Member for Children, Surrey County Council
Actions requested / Recommendations	**The Surrey Health and Wellbeing Board is asked to:** 1. note the attached SSCB Annual Report and recommendations; and 2. Note the messages for CEOs and Directors on page 69 and respond as appropriate.

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Health and Wellbeing Surrey

Health and Wellbeing Board
7 September 2017

Surrey Safeguarding Children Board Annual Report 2016/17

Purpose of the report:

Local safeguarding children Boards are required to publish an annual report detailing the effectiveness of partner agencies in working together to deliver, safeguard and promote the welfare of children in their area. This report provides a rigorous and transparent assessment of the performance and effectiveness of partners working with children in Surrey. It identifies areas of weakness as well as good practice. This report is presented to Surrey Health and Wellbeing Board for information and action where required.

During the period of this report the Surrey Safeguarding Children Board (SSCB) has continued to carry out its statutory functions under Regulation 5 of the Local Safeguarding Children Board to enable it to achieve its objectives under section 14 of the Children Act 2004 to:

a) **coordinate** what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and

b) **ensure the effectiveness** of what is done by each such person or body for those purposes.

Recommendations:

It is recommended that the Health and Wellbeing Board:

1. ensure that members are aware of their safeguarding responsibilities and can access Surrey Safeguarding Children Board safeguarding training and learning events;

2. recognise that the delivery of services in partnership is a challenge. A priority for 2017 -18 must be the ability of partner agencies to work together and share information appropriately;

3. work together to re-balance capacity to best match demands;

4. recognise that the Surrey Safeguarding Children Board needs to be informed about changes to organisational structure in order to understand the impact on the capacity to safeguard children in Surrey; and

5. recognise that all partners must all ensure a culture of listening to children and their families.

Introduction:

Surrey Safeguarding Children Board (SSCB) and partners are committed to ensuring that the most vulnerable or marginalised children and their families are supported. The engagement and quality of work across the partnership has developed positively, benefiting the improvement journey being undertaken in Surrey. As with all change, the impact of these improvements will take time to establish, however, there are three areas of work where partners must be congratulated on bringing about positive improvements and changes for children in Surrey.

i. Child sexual exploitation is now nationally recognised as a significant risk to the safety of children. Surrey partners have demonstrated an impressive willingness to work together and have developed robust services to better manage this ongoing issue.

ii. Surrey partners are all in agreement that Early Help is essential in protecting and safeguarding children. Much of this work is driven through Children and Young People's Partnership and the development of a joint commissioning strategy (to take effect from April 2017)

iii. During this period the Multi-agency Safeguarding Hub (MASH) for Surrey was launched in October 2016 and was overseen by the Assistant Director for Commissioning & Prevention

iv. Supporting all of this is the Multi Agency Levels of Need document (threshold document) which was developed by SSCB to provide a framework for professionals who are working with children and their families. This document was revised and ready for the launch of the MASH in October 2016.

v. This year's annual report is in three parts detailing:

   a. Insights into the journey of the child through the safeguarding system
   b. A themed analysis against Business Plan priorities
   c. SSCB information and development

The journey of the child through the safeguarding system in Surrey

Following on from the 2014 Ofsted inspection report that judged Surrey's children's services inadequate, and the 2015 Ofsted inspection report that judged the Surrey Safeguarding Children Board (SSCB) as requires improvement, key partners have collaborated on a demanding improvement journey. Overseen by the Surrey Improvement Board, key partners have developed an extremely robust partnership that has driven a number of fundamental and positive changes to service delivery. Surrey children's services have worked to develop a whole-system vision that drives strengths-based practice across the Children, Schools and Families (CSF) directorate. Safer Surrey has been endorsed by partners who share the belief that children and families have the strengths, resources and ability to recover from adversities.

SSCB is pleased to see the partnership working together to achieve better outcomes for children and young people through the development of the Safer Surrey approach.

Early Help

1. The need to reform the Early Help offer in Surrey followed the Ofsted Safeguarding inspection and the subsequent department for education improvement notice requiring the development of a “collaborative and cohesive Early Help offer delivered by partners.

2. In 2014 – 2015 there were five ‘front doors’ allowing access to safeguarding services for children in Surrey. This led to an inconsistent response for children, as the application of thresholds varied within each area as did the overall experience and quality of information received.

3. The establishment of a co-located Multi-Agency Safeguarding Hub (MASH) and four Early Help Coordination Hubs has been challenging, however, the programme ‘went live’ as planned on 5 October.

4. Surrey has a huge range of preventative Early Help services across statutory, voluntary, community and faith sector partners. These services are not always well coordinated or effectively engaged in the Early Help partnership. Efforts are being made to build on current arrangements and maximise the choices available by the whole range of Early Help providers.

5. SSCB would like to ensure the development and implementation of a strengths based approach to practice. The roll out of Signs of Safety to accelerate practice improvement throughout Surrey Family Services and within the wider partnership is to be encouraged.

6. SSCB has been impressed by the radically improved focus, leadership and partnership work demonstrated during this period of significant change.

Child Protection Services in Surrey

7. Local authorities have an overarching responsibility for safeguarding and promoting the welfare of all children and young people in their area (1989 and 2004 Children Acts). Responsibilities include specific duties in relation to children in need and children suffering, or likely to suffer significant harm. The Director of Children’s Services and Lead Member for Children’s Services in Surrey are the key points of professional and political accountability with responsibility for the effective delivery of these functions.

8. Local agencies, including the Police and health services, also have a duty under section 11 of the Children Act 2004 to ensure that they consider the need to safeguard and promote the welfare of children when carrying out their functions

9. During the period of this report there has been growing evidence of improvement in both social work and multi agency practice. Partnership working is stronger and there is a greater sense of partners owning the necessary system wide improvement.

10. The quality of practice across Surrey remains variable and in particular there is more work to do on supervision, management oversight and information sharing across the partnership. In particular, the timeliness of Initial Child Protection Conferences continues to fluctuate and the attendance by partners at conferences remains variable.

11. SSCB would like to see partners continuing to focus on the positive shift in culture brought about through new leadership initiatives.

Looked After Children

12. A 'Looked After Child' is a child or young person under the age of 18 who is being looked after by their local authority. They might be living:

    a. with foster parents;

    b. at home with their parents under the supervision of children's services;

    c. in residential children's homes; or

    d. other residential settings like schools or secure units.

    All Members of Surrey County Council (SCC) have responsibility as corporate parents to ensure the wellbeing of children in care, supported by all partners with statutory responsibility for services for children.

13. Overall, there has been some positive progress in 2016, with evidence of improvements in the priority areas including Child Sexual Exploitation (CSE) and Unaccompanied Asylum Seeking Children (UASC).

14. Looked After Children are one of the key vulnerable groups likely to be affected by CSE. Partners have worked well together to improve procedures for responding to CSE cases and provide support and training for front line workers, multi-agency arrangements have been put in place to oversee CSE planning including disruption activity against perpetrators.

15. Despite efforts to date from staff and colleagues in partner agencies there remain too many children placed out of county.

16. The increasingly challenging context in which Looked After Children and care leavers services are delivered can't be ignored. Demands for services continues to increase and at the same time financial constraints tighten.

17. The views of younger children, unaccompanied asylum seeking young people and young people with special educational needs and disabilities (SEND) need to be considered in a more robust way.

Serious Case Reviews

18. Local safeguarding children boards are required to consider holding a Serious Case Review (SCR) when abuse or neglect is known or suspected to be a factor in a child's death or serious harm and there are concerns about how professionals may have worked together.

19. The purpose of an SCR is to establish whether there are lessons to be learnt from the case about the way in which local professionals and organisations work together to safeguard and promote the welfare of children.

20. Between April 2016 and March 2017 SCRG received 16 referrals for consideration. Five SCRs were initiated during this period plus two partnership reviews.

21. The number of cases being referred to the SCRG is gradually increasing. This could be seen as a positive move as professionals become more confident to share concerns around practice.

Addressing our priorities

Neglect

22. Working Together 2015 defines neglect as: 'The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.'

23. Surrey has a higher than normal average percentage of children subject to child protection plans for reasons of neglect, (at 31 March 2017 812 children were subject to child protection plans of which 553 were under the category of neglect) the data and other evidence from audits informs the work of the SSCB Neglect Group.

24. The problem of Neglect is recognised in Surrey and SSCB partners have begun work to develop a neglect tool kit, guidance and action plan.

25. There is an appetite across all partners to adopt a unifying approach that supports the work they do with children and families including the use of a common language. To help with this Safer Surrey is currently being embedded across Children, Schools and Families and the wider partnership.

Child Sexual Exploitation

26. Surrey has been on a long journey to improve its response to CSE since the 2014 Ofsted inspection. The SSCB has prioritised improving partnership work by focussing on developing robust multi-agency oversight structures. The Sexual Exploitation and Assault Management Board (SEAMB) is now fully operational, and is providing a tangible sense of direction and purpose. This has been recognised by Ofsted. A number of key developments in 2016 have moved the Surrey response to CSE to a position of greater direction and purpose.

27. SEAMB is undertaking work to more effectively identify, refer and assess children at risk of CSE, to provide consistently high quality support to children who reach 18 and require ongoing support as well as to focus more explicitly on children with additional vulnerabilities (including boys, children with care experience, children with additional learning needs/disabilities as well as unaccompanied asylum seeking children).

28. It is known from audits and the peer review that practice standards need to improve as do the supporting structures. The Missing and Exploited Children's Conferences (MAECC) were introduced in May 2016, and are the key vehicle for overseeing our response to CSE in Surrey. The monthly MAECC meetings are intended to bring together key agencies to agree and co-ordinate actions to support children assessed at medium or high risk the area. At the time of the report SSCB is concerned that MAECCs are not as effective as they should be.

29. At the time of the report there was no bespoke CSE training plan, which is likely to be a reason for the inconsistent practice which is seen through auditing. A partnership CSE training plan has been developed and will be rolled out within Children's Services and Youth Support Services, and then across the wider partnership – stage 1 to be developed and delivered from January to July 2017 and stage 2 from September 2017.

30. Surrey has a mixed economy of provision across the CSE pathway and further work is required to develop a comprehensive commissioning plan which will enable the partnership to direct funding in a way that complements existing service provision. The development of a joint commissioning plan could provide an opportunity to develop innovative and effective responses to children with additional vulnerabilities (including children in care or with care experience).

Missing Children

31. Whilst the majority of children who go missing will return or be located quickly, there are many others who will either be at risk of, or will suffer, harm. Their physical and emotional health may suffer as well as their general health, education and social relationships.

32. The Adult and Children Safeguarding Boards have worked together to support the development of a 'Missing' strategy. Approved in January 2017 the strategy outlines the agreed priority actions to support the implantation of robust, co-ordinated multi-agency responses. It includes children missing from children's home, care or educational settings, home and children placed here from another local authority and has been agreed by all partners.

33. The 2016 LGA peer review of CSE and Missing and the supplementary review of MAECCs, referenced the poor emphasis on missing in Surrey. Despite raising concerns over 'missing' children and young people. It is clear that SSCB has not paid sufficient attention to the work of partners on reducing the safeguarding risks and issues associated with children missing from home or care. This will be monitored and scrutinised until SSCB is satisfied that practice is effective and sustainable.

Domestic Abuse

34. Domestic abuse is the highest reported violent crime in Surrey and yet numbers show that domestic abuse is still a 'hidden' crime.

    The 2015 – 2016 data tells us:

    a. 14,498 incidents of domestic abuse were reported to Surrey Police involving 6,533 children (5,336 were involved, 448 witnessed, 335 perpetrated, and 414 were victims).

    b. 650 children on child protection plans and 2,625 children in need had DA as an identified factor. DA is also recognised as a driver for other risks such as CSE and children missing from home and school.

35. The Surrey DA Strategy (2012 – 2018) focuses on:

    a. Developing services that maximise prevention, early intervention and provide holistic responses to those affected by DA.

b. Developing services and responses that support children, and their families, impacted by DA.

c. Providing the opportunity to break the cycle of abuse and improve the health and wellbeing of future generations.

36. For the first time in Surrey all children who are identified as experiencing or having previously experienced domestic abuse will be offered support. These responses can include:

a. specialist children's DA intervention provided by the outreach services,

b. Child and Adolescent Mental Health Services (CAMHS) early intervention (jointly commissioned services which have been significantly enhanced in the last year), and

c. DA trained SCC family and youth support workers.

Additional functions of the Surrey Safeguarding Children Board

Child Death Overview Panel

The SSCB has responsibility for reviewing the deaths of all children who live in Surrey, other than still births or planned terminations that are within the law, through the arrangements of a Child Death Overview Panel (CDOP) which is a sub group of the SSCB (Working Together 2015).

Conclusions:

During this period the leadership across the partnership is significantly changed, giving rise to stronger governance and a clearer sense of direction. Significantly, there is a greater sense of cohesion and integration across the partnership, and clear evidence of a shared drive to improve practice across all services.

Whilst this report points out that the quality of practice still remains variable and in particular some partners have more work to do on supervision, management oversight and case recording, it is hoped that readers get a sense of the achievements made and the real drive to improve.

Partners should be congratulated for the way in which they have addressed problems and maintained focus and pace. The coming year will require the same high level of drive and commitment. Demand for services is unlikely to lessen and financial constraint will continue across the partnership. In addition, the 2017 Children & Social Work Bill and the Wood Review of the role and functions of local safeguarding children boards will demand considerable attention.

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Annexes

Annex 1 – Surrey Safeguarding Children Board Annual Report 2016 -17

Sources/background papers

Working Together 2015

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Children & Social Work Bill
Wood Review
SSCB Annual Report 2016 - 17

Surrey Safeguarding Children Board
Annual Report 2016 – 2017

Foreword SSCB Independent Chair

Elaine Coleridge Smith

I am delighted to present the Surrey Safeguarding Children Board (SSCB) 2016 – 2017 annual report.

During the period of this report the Surrey Safeguarding Children Board (SSCB) has continued to carry out its statutory functions under Regulation 5 of the Local Safeguarding Children Board to enable it to achieve its objectives under section 14 of the Children Act 2004 to:

a) to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
b) to ensure the effectiveness of what is done by each such person or body for those purposes.

Surrey Safeguarding Children Board and Partners are committed to ensuring that the most vulnerable children and their families are supported. The engagement and quality of work across the partnership has developed positively, and this benefits the improvement journey being undertaken in Surrey. As with all change, the impact of these improvements will take time to establish, however there are three areas of work where partners have worked together to drive positive improvements and changes for children in Surrey.

- Child sexual exploitation is now nationally recognised as a significant risk to the safety of children. Surrey partners have worked well together and have developed robust services to better manage this ongoing issue.
- Surrey partners are all in agreement that Early Help is essential in protecting and safeguarding children. Much of this work is driven through Children and Young People's Partnership and the development of a joint commissioning strategy (to take effect from April 2017)
- During this period the Multi-agency Safeguarding Hub (MASH) for Surrey was launched in October 2016 and was overseen by the MASH Executive Board.

Supporting all of this is the Multi Agency Levels of Need document (threshold document) which was developed by SSCB to provide a framework for professionals who are working with children and their families. This document was revised and ready for the launch of the MASH in October 2016.

In addition a new SSCB website was launched in May 2016. This has made a significant difference to the capacity, efficiency and effectiveness of the team, as well as improving communications with professionals and the public.

In November 2016 the SSCB held a very successful conference entitled “Beneath the Radar” to educate, empower and develop practitioners’ confidence through a range of specialist speakers and workshops.

Following on from the 2015 Ofsted inspection report that judged Surrey children’s services inadequate, and the 2015 Ofsted inspection report that judged the Surrey Safeguarding Children Board as requires improvement, key partners have collaborated on a demanding improvement journey. Overseen by the Surrey Improvement Board, key partners have developed an extremely robust partnership that has driven a number of fundamental and positive changes to service delivery. Surrey children’s services have worked to develop a whole-system vision that drives strengths-based practice across the Children, Schools and Families (CSF) directorate. Safer Surrey has been endorsed by partners who share the belief that children and families have the strengths, resources and ability to recover from adversities. SSCB is pleased to see the partnership working together to achieve better outcomes for children and young people through the development of the Safer Surrey approach.

This year’s annual report is in three parts and provides you with:

- Insights into the Journey of the child through the safeguarding system
- A themed analysis against Business Plan priorities
- SSCB information and development

I hope you enjoy reading the report and find it an informative picture of Safeguarding across Surrey. My thanks go to all the Chairs and members of the SSCB groups and to all partners and practitioners within the children’s workforce who work tirelessly to improve practice and protect the children in Surrey.

Elaine Coleridge Smith
Surrey Safeguarding Children Board

Introduction

Surrey is a large county with around 280,000 0-19 year olds. As at 31 March 2017 there were approximately 4,896 children in need, of which 886 are Looked After Children and 842 were subject to a child protection plan. There are an estimated 28,000 children who are living in poverty, yet whilst Surrey has one of the lowest rates of child deprivation in the UK, there remain large numbers of children who persistently experience poorer outcomes than their peers.

This year Surrey partners have faced the ongoing pressure of increasing demand, high cost of statutory provision and reduction in government funding. This is placing financial strain on the system and needs to be addressed together to ensure all our public services are financially sustainable.

Who we are and what we do?

The SSCB is the partnership body responsible for coordinating and ensuring the effectiveness of the work of services in Surrey to protect, safeguard and promote the welfare of children. Board members are senior representatives from all the main agencies and organisations in Surrey with responsibility for keeping children safe.

We coordinate local work by:

- Delivering a multi-agency Business Plan, which outlines how we intend to tackle priority safeguarding issues together
- Developing robust policies and procedures
- Participating in the planning and commissioning of services for children in Surrey
- Communicating the need to safeguard and promote the welfare of children and explaining how this can be done

surrey safeguarding CHILDREN BOARD

We ensure the effectiveness of local work by:

- Monitoring, challenging, scrutinising and supporting what is done by partner agencies to safeguard and promote the welfare of children
- Undertaking serious case reviews and other multi-agency case reviews, audits and qualitative reviews and sharing learning opportunities
- Collecting and analysing information about child deaths, and sharing learning from these deaths.
- Publishing an Annual Report on the effectiveness and impact of local arrangements to safeguard and promote the welfare of children in Surrey.

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Annual Report 2016 – 2017

Chapter 1

The Journey of the child through the safeguarding system in Surrey

surrey safeguarding CHILDREN BOARD

The Early Help Partnership

During 2014 Surrey Safeguarding Children Board (SSCB) partners agreed an Early Help Strategy designed to respond to the needs and demands presented by vulnerable children and families. The implementation of this strategy led to some difficulties within the partnership and the work was 're-launched' with a new team in 2016.

The need to reform the Early Help offer in Surrey followed the Ofsted Safeguarding inspection and the subsequent department for education improvement notice requiring the development of a "collaborative and cohesive early help offer delivered by partners

"Early Help means providing support as soon as a problem emerges, at any point in a child's life, from foundation years through to the teenage years. Providing Early Help is more effective in promoting the welfare of children than reacting later."
(Working Together to Safeguard Children, HM Government, March 2015)

In 2014 – 2015 there were five 'front doors' allowing access to safeguarding services for children in Surrey. This system led to an inconsistent response for children, as the application of thresholds varied within each area as did the overall experience and quality of information received.

The establishment of a co-located MASH and four Early Help Coordination Hubs has been challenging however the programme 'went live' as planned on 5 October 2016 and is being followed by a planned transition phase, anticipating the need for further support and adjustment. SSCB has been impressed by the radically improved focus, leadership and partnership work demonstrated during this period of significant change.

What's working well?

- Surrey Children's Schools and Families (CSF) have made considerable effort to engage effectively with partners. Senior leaders have communicated effectively with partners through regular updates and newsletters. The refreshed CSF leadership team has demonstrated a real willingness to work in partnership, to be challenged and to respond appropriately.
- Stakeholder events have been held in each borough and district to bring together local agencies and partners to develop the local Early Help offer
- A range of the council's own early help services have been brought together under one umbrella to be known as Surrey Family Services. The new service is to be launched on 2 May 2017

- Four Early Help Coordination Hubs have been established in order to both co-ordinate and, in a small number of cases deliver, Early Help packages of support.
- The MASH and Early Help Coordination Hubs 'went live' as planned on 5 October 2016.

What are we worried about?

- Demand has exceeded expectations within the MASH, and there has been considerable challenge within the Early Help Coordination Hubs (EHCH) in meeting these demands.
- In light of the financial pressures faced by Surrey County Council, the Early Help service is based on targeted needs only. This makes it difficult to deliver a true Early Help and preventative service.
- Confidence in the Early Help system and a shared understanding of thresholds is not yet fully developed.
- The demand for multi-agency basic and enhanced safeguarding training, including an understanding of Thresholds, is increasingly high. This is putting considerable pressure on the SSCB training team.

What do we want to see in 2017 – 2018?

- Surrey has a huge range of preventative Early Help services across statutory, voluntary, community and faith sector partners, however these are not always well coordinated or effectively engaged in the Early Help partnership. Efforts should be made to build on current arrangements and maximise the choices available by the whole range of Early Help providers.
- Plans are being discussed to develop local early help advisory groups in each borough and district and continue to work with local partners to build and oversee the local EH offer. SSCB supports this approach.
- Plans are being discussed to develop a more co-ordinated and coherent early help offer using family hubs as a single point of entry into local early help services. SSCB supports this approach.
- SSCB would like to ensure the development and implementation of a strengths based approach to practice. The roll out of Signs of Safety to accelerate practice improvement throughout Surrey Family Services and within the wider partnership is to be encouraged.

Case Story

A mother and her children had fled domestic violence becoming homeless and were living in one room with a family friend. The Early Help practitioner became involved and supported the mother - firstly by referring her to local domestic abuse services and then by supporting her to obtain a non-molestation order at court.

The worker supported mum to secure housing and to apply for benefits and funding for a nursery place for her youngest child. Further debt counselling was accessed to help mum with her finances.

A referral was made to and accepted by CAMHS for one of the children. Mum and children are now doing well, are housed, managing financially and mum is starting to look for work.

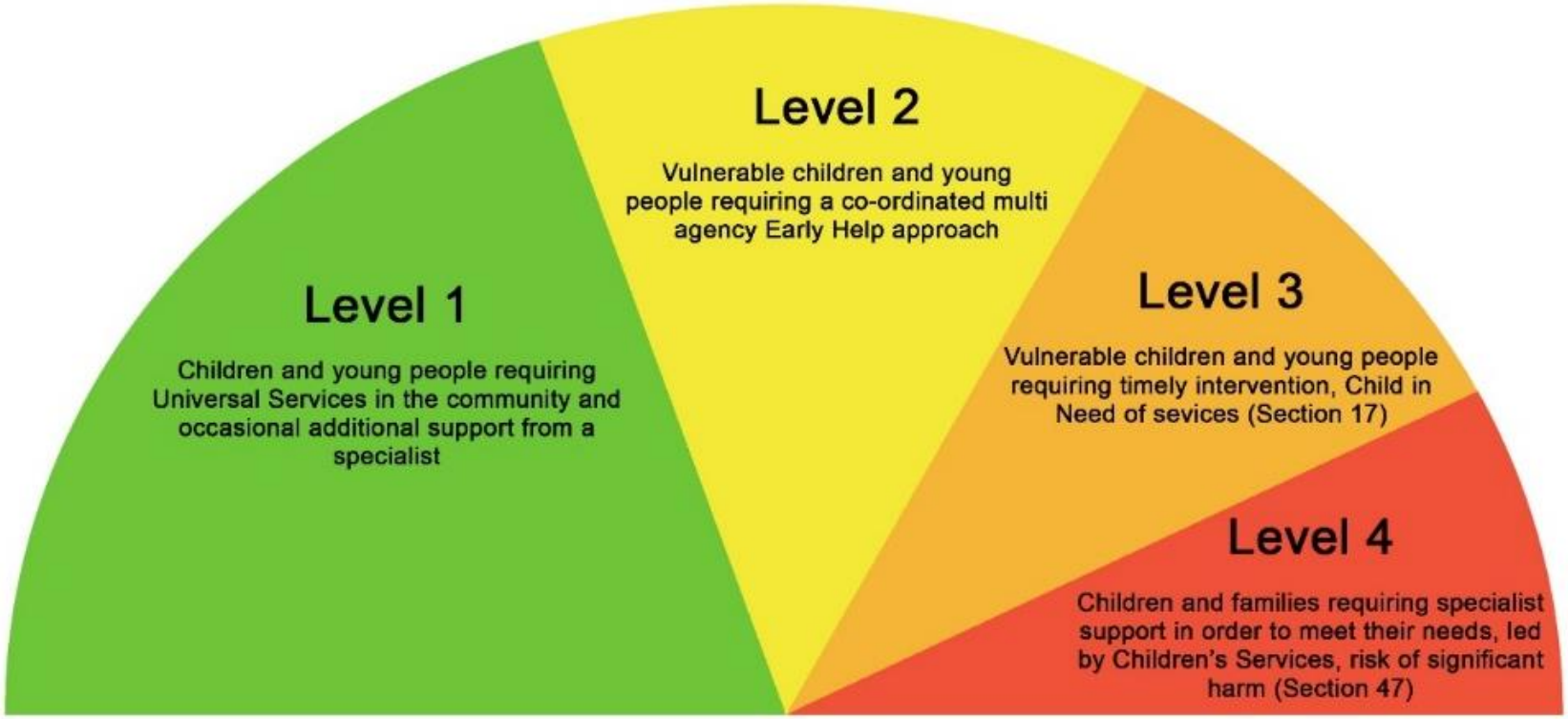
The MASH (Multi Agency Safeguarding Hub)

The MASH, is a multi-agency partnership that went live on 5 October 2016. The four key partner agencies - Children's Schools and Families, Adult Social Care, Surrey Police and Surrey wide Health services agreed and approved a programme plan required to deliver a co-located single Multi-Agency Safeguarding Hub for adults and children and an early help coordination service for children.

The MASH is intended to significantly improve the sharing of information between agencies. Co-locating colleagues with other safeguarding partners in the MASH is expected to improve the sharing of information and help to protect the most vulnerable children from harm, neglect and abuse. As the MASH develops it is expected that improved data analysis will help identify risk factors and enable better prediction of potential vulnerability, allowing support to be targeted accordingly.

What's working well?

- The MASH has achieved the centralisation of the previous four referral points.



- The MASH has achieved co-location of children's services, police, health and education. This has enabled a central team to review thresholds to ensure they are consistent and accurate across Surrey. This way of working supported and enhanced information sharing between partners and improved joint information gathering.
- The MASH is appropriately supporting vulnerable children using the 'windscreen mode', as part of the agreed Surrey Levels of Need. The Levels of Need document enables the MASH to make the most appropriate decision at the earliest opportunity and avoids a family being referred to more intensive intervention when it is unnecessary.

- The performance of the MASH has become increasingly stable and is continuing to improve. All key indicators are reporting at a safe and acceptable level.
- Performance data is overseen by single agency leadership teams as well as the Surrey Safeguarding Children Board and the Surrey Improvement Board.
- In January 2017, the first multi-agency decision-making forum was held to facilitate information sharing and disclosure decisions for the Child Sex Offender Disclosure Scheme (CSODS) and Domestic Violence Disclosure Schemes (DVDS) – Sara's Law and Clare's Law respectively. This was the first such meeting and further work will continue to embed and streamline the DVDS and CSODS processes in the MASH.

What are we worried about?

- The aim of the MASH is to significantly improve the sharing of information between agencies, improve decision-making by taking a more holistic view and therefore help to protect the most vulnerable children and adults from harm, neglect and abuse. Access to a common IT system remains a challenge. The IT system (The Early Help Module MASH case management system) does not provide a common platform for all partners to use and this impacts on referrals. This requires on-going exploration.
- There remains an inconsistent approach to data sharing and risk assessment across the partnership.
- Demand has exceeded expectations and financial agreements between the partners have yet to be established placing the MASH at risk of future funding difficulties. The Children's Services element of the MASH may not be financially sustainable in the future. The budget will need to be considered carefully in the context of the wider resourcing of the front door, through to assessment and intervention and Early Help.
- The current location of the MASH needs to be improved to accommodate the number of staff engaged in this work.
- Management oversight in Children's Services has been problematic due to changes in staffing and structure. This is being effectively addressed through the piloting of a new supervision policy and templates.

What do we want to see in 2017 – 2018?

- Whilst there are a number of areas that require further development, the SSCB is impressed by the establishment of the MASH and recognises that the teams at both operational and strategic level provide a good basis for ongoing development.

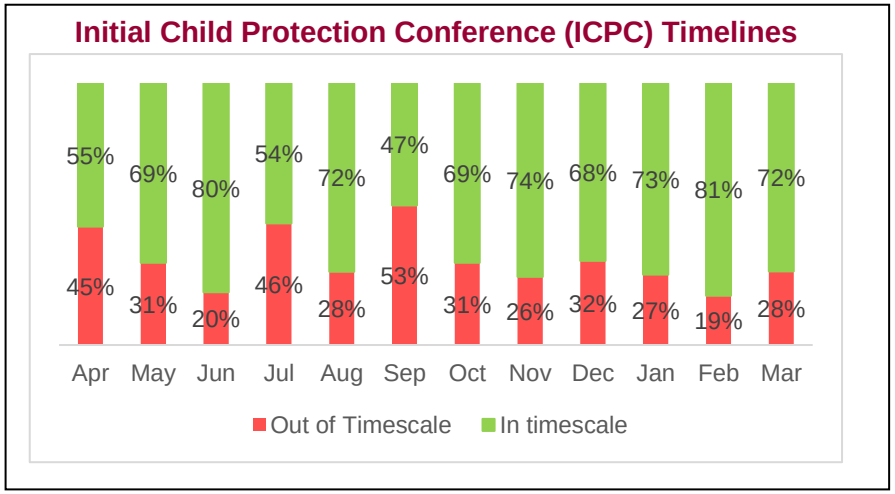
- Delivery of multi-agency projects will always be challenging due to the variations in culture, governance, prioritisation, authorisation routes and decision making processes inherent in the partnership agencies. The requirement for effective communication and stakeholder engagement cannot be overestimated.
- Multi-agency working should be further enhanced by refining information sharing processes with partners, especially schools, and broadening the range of partners who receive feedback on MASH decisions.
- Although a great deal of work has been undertaken by the partnership to agree processes for the MASH enquiry process and information sharing outside the formal mash enquiry, SSCB would like to see this further developed. In particular, there needs to be agreement regarding processes for sharing information from police reports and a process to feedback to health and school colleagues as well as the third sector on the outcome of a MASH enquiry they have contributed to.
- During the next few months the MASH Development Plan should be finalised to allow the discontinuation of the current governance arrangements. The final plan should include an agreed staffing structure and associated budget.

Child Protection Services in Surrey

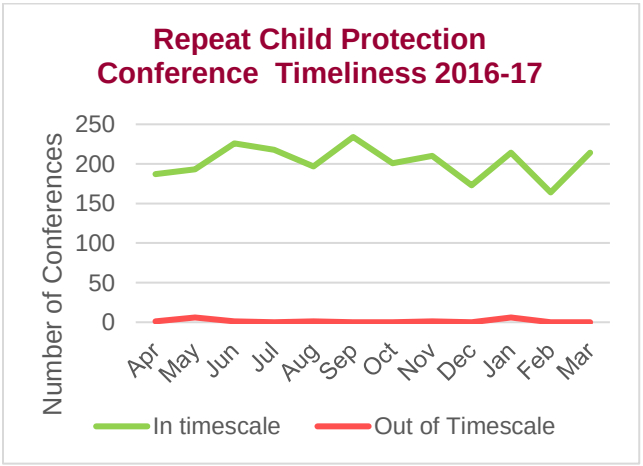
Local authorities have overarching responsibility for safeguarding and promoting the welfare of all children and young people in their area. They have a number of statutory functions under the 1989 and 2004 Children Acts which make this clear, which includes specific duties in relation to children in need and children suffering, or likely to suffer, significant harm. The Director of Children's Services and Lead Member for Children's Services in Surrey are the key points of professional and political accountability, with responsibility for the effective delivery of these functions.

Under the Children Act 1989, Surrey Children's Services are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. Local agencies, including the Police and health services, also have a duty under section 11 of the Children Act 2004 to ensure that they consider the need to safeguard and promote the welfare of children when carrying out their functions.

Category of Need	2015-16	2016-17
Emotional Abuse	231	190
Multiple	31	58
Neglect	559	553
Physical Abuse	25	11
Sexual Abuse	35	30
Grand Total	**881**	**842**



Child Protection Plan per 10,000	Statistical Neighbour	Surrey	Surrey
	2015-16	2015-16	2016-17
CPP Rate per 10,000	37	34.36	32.84



Repeat Child Protection Plans	Statistical Neighbour	Surrey	Surrey
	2015-16	2015-16	2016-17
Repeat CPP			313
Total CPP			1346
Percentage	**19.00%**	**23.10%**	**23.25%**

What's working well?

- During the period of this report there has been growing evidence of improvement in both social work and multi agency practice, There remains much more to do to raise practice quality across the county for all children. Partnership working is stronger and there is a greater sense of partners owning the necessary system wide improvement.
- Changes made by the Director of Children's Services to the senior Children's Schools and Families (CSF) leadership team were well received across the partnership and are having a positive effect. Clear leadership expectations, including a much stronger culture of performance and accountability is evident.
- Changes in CSF leadership has led to an improvement of management oversight and monitoring and this has contributed to the positive trend being observed
- In October 2016 the decision was made to strengthen practice through the implementation of the 'Safer Surrey' approach to strength based practice. The impact on services provided for children is encouraging with signs of more timely and better quality practice
- 'Safer Surrey' sets out clearly what good looks like and contributes to the delivery of a consistent approach to casework as part of the improvement journey. SSCB is supporting practitioners to achieve this standard through focused training and learning and the ongoing delivery of multi agency workshops introducing the 'Levels of Need / Safer Surrey' approach
- There is now a more robust system in place to check the variability in case-load numbers and to investigate, understand and take necessary action where specific workers are holding a high number of cases.
- There has been a gradual but significant increase in the timeliness of Initial Child Protection Conferences (ICPCs). This is an encouraging early sign that actions being taken in this area are having a positive impact.
- The Ofsted review held in January 2017 noted that 'Timeliness of Child Protection (CP) reviews has been an area of strength in Surrey, with consistently high performance'.
- During the period of this report re-referral rates have gradually reduced, as have average case-loads for Child Protection, Children Looked After and Assessment teams.
- Regular case file audits by Children's Services provide increasingly accurate performance data. This has been supported by data from health and Police colleagues, and multi-agency audits completed by the SSCB Quality Assurance team. The Ofsted inspectors were encouraged by improvements in performance management and quality assurance
- Considerable work has taken place to ensure that the voice of the child is captured in a Child Protection Conference using the Signs of Safety. Children are invited to the Child Protection (CP) Conference through the social work team from the age of 12 yrs upwards.

Children below the age of 12 are encouraged to work with their social worker in the most inclusive way in order to obtain a sense of their wishes and feelings. Where the voice of the child is not present in the social work report to the conference a challenge to the team is raised by the CP Chair.

- The Ofsted visit in January 2017 supported the SSCB's opinion that the passion and knowledge of children that staff have as a real strength. Ofsted noted clear evidence of a drive to improve across our services, good understanding of the priorities for improvement are and evidence that Children's Services understood what needed to be done to improve further.

What are we worried about?

- The quality of our practice across Surrey remains variable and in particular there is more work to do on supervision, management oversight and information sharing across the partnership. In particular the timeliness of Initial Child Protection Conferences continues to fluctuate and the attendance by partners at conferences remains variable.

- Partners ability keep pace with rising demands at the same time as managing financial pressures will be seriously tested over the next year placing increased pressure on both statutory and universal services.
- The impact of changing pressures such as the continued increase in the number of Care Proceedings and the rise in Unaccompanied Asylum Seeking Children continues to be a challenge across the partnership.
- Recruitment and retention of experienced staff continues to challenge the partnership. In particular a large number of vacant social work posts are covered by experienced locums

What do we want to see in 2017 – 2018?

- SSCB would like to see partners continuing to focus on the positive shift in culture brought about through new leadership initiatives. In particular SSCB would encourage the following:
  - The Safer Surrey implementation group (chaired by the Assistant Director, Children's Services) should build on the implementation plan for Signs of Safety as part of the wider Safer Surrey framework.

- Work should continue to ensure that the Safer Surrey model is used across the partnership, and appropriate ongoing training to help fully embed this approach into practice
- The introduction of 'Communities of Practice' should be extended to the wider partnership. This should be progressed through local areas and local Safeguarding Groups.
- The work of the successfully increased Assessed and Supported Year in Employment (ASYE) Social Work Academy should continue to support the recruitment of newly qualified social workers.

Looked After Children

A 'Looked After Child' is a child or young person under the age of 18 who is being looked after by their local authority. They might be living:

- with foster parents;
- at home with their parents under the supervision of children's services;
- in residential children's homes; or
- Other residential settings like schools or secure units.

All Members of Surrey County Council have responsibility as corporate parents to ensure the wellbeing of our children in care, supported by all partners with statutory responsibility for services for children.

What's working well?

- Overall there has been some positive progress in 2016, with evidence of improvements in the priority areas for action identified for the year including Child Sexual Exploitation (CSE) and missing children, and Unaccompanied Asylum Seeking Children (UASC).
- The Corporate Parenting Board, is effective in overseeing services for Looked After Children and Care Leavers and monitoring their impact. The Board is a multi-agency partnership, with representatives from Members, council officers and partner agencies, who meet bi-monthly to progress this work.
- More children have remained with their carer for at least two years, more care leavers are living in suitable accommodation, and more young people over 18 are being supported to "stay put" with their foster carers in stable, supportive homes.

- There has also been excellent evidence of practitioners knowing the children they support well and using the Safer Surrey practice tools to ensure their voice is heard.
- Positive efforts have been made to ensure looked after children and care leavers have a voice and opportunity to tell professionals what they think of their services
- Looked After Children are one of the key vulnerable groups likely to be affected by child sexual exploitation (CSE). Partners have worked well together to improve procedures for responding to CSE cases and provide support and training for front line workers, multi-agency arrangements have been put in place to oversee CSE planning including disruption activity against perpetrators.
- The Safer Surrey approach encourages social workers to have meaningful conversations with their young people which is starting to be reflected in the recording of their wishes and feelings in pre meeting review reports.
- Signs of Safety is being embedded across social work teams and Independent Reviewing Officers (IROs) are starting to use this within looked after review meetings.
- The views of looked after children and care leavers consistently influence the decisions made in Surrey that impact on their lives. The Children's Rights Team works with young people to ensure their voices are heard in a variety of ways.

As of December 2016 there were:

- 903 looked after children, up from 779 in 2015 and 793 in 2014
- 479 care leavers who were entitled to ongoing support until the age of 21, or 25 when in higher education.

Of the 903 children looked after, there were:

- 153 Unaccompanied Asylum Seeking Children, up from 124 in 2015 and 113 in 2014
- 122 with a Special Educational Need or Disability (13.5% of the total)

Of the 479 care leavers there were:

- 159 Unaccompanied Asylum Seeking Children

What are we worried about?

- Despite efforts to date from staff and colleagues in partner agencies there remain too many children placed out of county.
- There have been some improvements in the delivery of health care services but further actions are required, including ensuring care leavers have easier access to their full health histories.
- Audit and quality assurance activities, including Ofsted monitoring visits, show there are still inconsistencies in practice quality that need to be addressed
- The increasingly challenging context in which looked after children and care leavers services are delivered can't be ignored. Demands for services continue to increase and at the same time financial constraints tighten.

What do we want to see in 2017 – 2018?

- SSCB would like to see the wider improvement made in Children's Services and across the partnership arena through our Children's Improvement Plan embedded in practice

- Work needs to progress reduce the number of incidents where Looked After Children go missing.
- Ongoing work to gather and collate more systematically the views of the children and young people - either in preparation for or after their review meetings, is required.
- The views of younger children, unaccompanied asylum seeking young people and young people with special educational needs and disabilities (SEND) need to be considered in a more robust way.

Safeguarding across the Health Economy

Surrey Wide Clinical Commissioning Groups (CCGs)

The 6 Surrey CCGs continue to work through collaborative commissioning arrangements to ensure safeguarding remains a priority. As part of these collaborative arrangements Guildford and Waverley CCG host the County wide safeguarding team and take the lead for safeguarding on behalf of the 6 CCGs. Legislation and national guidance sets out health's safeguarding responsibilities, requiring the Governing Body to oversee a clear policy and regular reporting to ensure that the CCG meets its statutory duties. These activities help to assess if improvements are embedded through the system from the strategic level to front-line practice.

Throughout the last year there have been a number of significant developments:

What's working well?

- In support of the Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework (June 2015) for both safeguarding children and adults and to support quality improvements across the Surrey health economy, Guildford and Waverley NHS CCG has developed a clear safeguarding governance framework with a clear process for monitoring safeguarding compliance of services that are commissioned and reporting to each Surrey CCG.
- Through collaborative working between CCGs, health providers and sub groups of the Safeguarding Boards, NHS Guildford and Waverley CCG have continued to seek and test implementation of referral pathways into Multi-agency Safeguarding Hubs (MASH), Early Help, child sexual abuse exploitation process, Prevent, Mental Capacity Act, Care Act 2014 and multi-agency information sharing through single and multi-agency forums and audit programmes.
- From 1st October 2016 the County wide Safeguarding children and adults teams became fully integrated, now known as Surrey Wide CCG Safeguarding Team. The team, whilst maintaining its individual statutory obligations, work closely to identify key areas of interface between children and adult safeguarding, reflecting a "Think Family" approach.

- Throughout the last year Guildford and Waverley CCG has overseen health's contribution to the ongoing development of Surreys MASH and Early Help Programme. Interim arrangements have been made to ensure the presence of health professionals within the MASH and there has been appropriate representation at the Executive Board and the other board structures that drive the development.
- The safeguarding team continue to undertake an annual Safeguarding Deep Dive Audit across the health economy, including member practices. The 2016 deep dive demonstrated a number of areas of improvement in health's response and engagement with the LSCB priorities and the embedding into practice lessons from serious case reviews (SCRs).
- Appointment has been made to the posts of County wide Designated GP Safeguarding Children and the Named GP Safeguarding Children. These roles are hosted by Guildford and Waverley CCG and will be undertaken on behalf of the 6 Surrey CCGs. This has resulted in an increase in capacity and will allow for enhanced support for GP practices in their safeguarding work.

What are we worried about?

- Throughout the coming year change at both health provider and commissioner level will continue. With ongoing change there is the need to continually monitor safeguarding arrangements and seek assurance that these remain a priority.
- In the year 2016-2017 the re-procurement of children's community health services was undertaken. As from 1st April 2017 there will be a new children's community provider. Services will be delivered through a partnership between three existing Surrey health providers. Guildford and Waverley CCG is working closely with the current and new provider to monitor and have oversight to ensure a smooth transfer.
- In line with national requirements across Surrey the last year has seen the ongoing development of Sustainability and Transformation Plans (STPs). Every health and care system in England is now required to produce a Sustainability and Transformation Plan (STP), showing how health and care services will evolve and become sustainable over the next five years and will deliver the aims of the NHS Five Year Forward View. Such developments provides a focus for meeting the needs of the local population and driving changes to improve the quality of care, the health and wellbeing of the local population and the efficiency of services. They must also be financially sustainable. Within Surrey there are 3 STPs. The ongoing changes will require influence, scrutiny and oversight to ensure the continuation of a robust safeguarding governance arrangements.

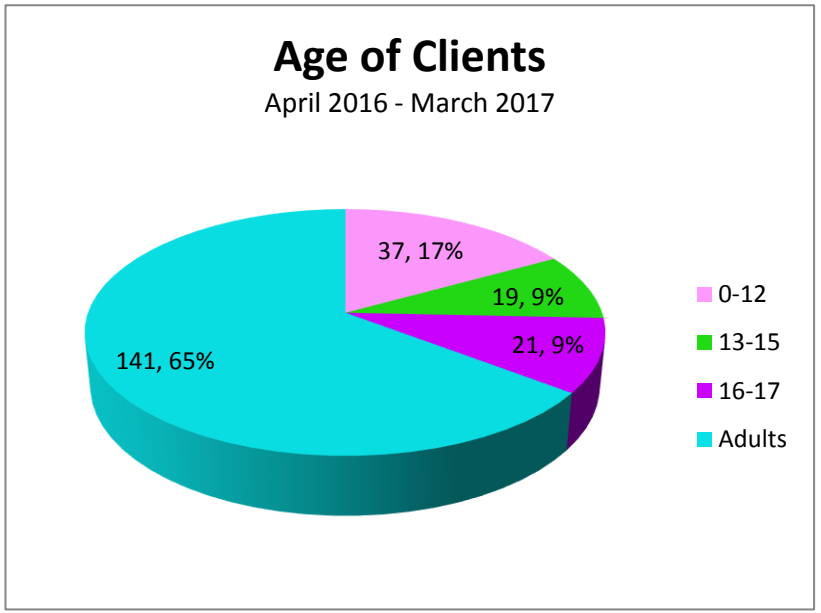
What do we want to see in 2017 – 2018?

- The last year has seen a number of changes across the health economy. As these shape and embed there is a need for clarity regarding how the safeguarding systems will operate within these changing arrangements.
- Health partners have contributed to a number of safeguarding developments through collaborative arrangements. Developments include the Surrey MASH, Early Help, child sexual abuse exploitation processes and responses to neglect. There is a need to continue to develop systems to evidence the difference such developments are making for children.
- Work with partners to develop the future multiagency structures and ways of working that demonstrate how it is safeguarding and promoting the welfare of children including ongoing scrutiny of safeguarding arrangements as arrangements across commissioners and providers take shape
- Ongoing implementation of the CCG safeguarding governance framework to provide assurance that health organisations are meeting their statutory safeguarding requirements and the SSCB priorities are embedded within their work.

Sexual Assault Referral Centre (SARC) Paediatric Service

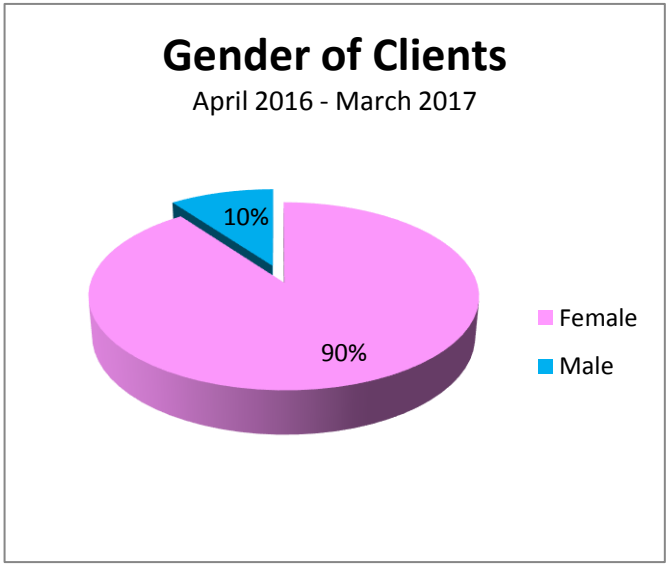
The SARC Paediatric Service is currently run by Care UK and community paediatricians provide input to the service. From 1 June 2017 Mountain Healthcare will take over the running of the service.

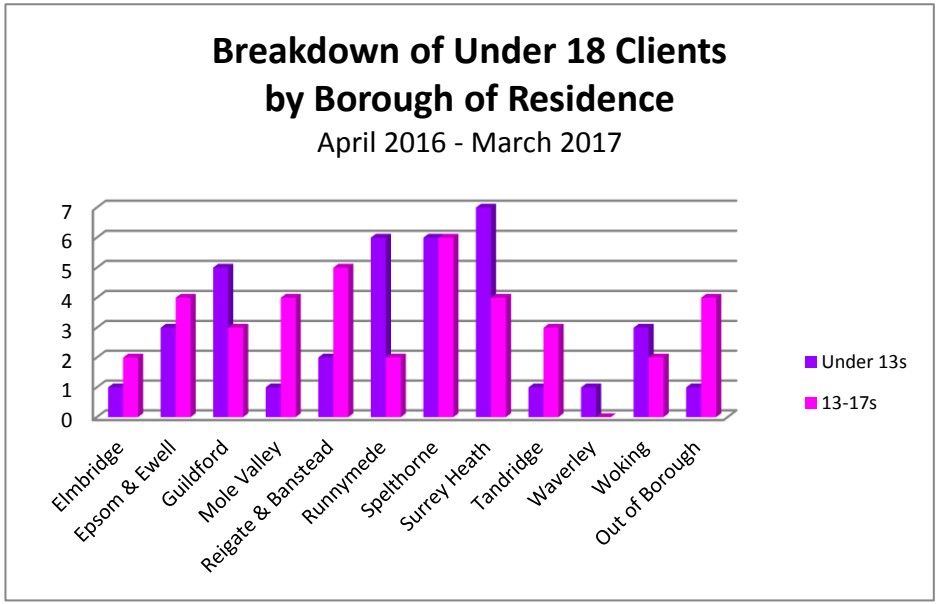
The centre will see all children who live within Surrey, or who have a Surrey GP, or if the offence occurred within the Surrey Police area, and have been the victim of a sexual assault or abuse, either as acute or non-recent (historic abuse) cases.



What's working well?

- The SARC sits under the Sexual Exploitation and Assault Management Board (SEAMB) ensuring improved links to the SSCB.
- Throughout the year there has been an active marketing campaign with all agencies to raise awareness of the Surrey SARC, and there have been many tours for colleagues from other agencies so that they are aware of the SARC's services and are comfortable referring children to the SARC.
- All children have a CSE screening tool completed and all under 18s are referred to Children Services.
- The Child ISVA (Independent Sexual Violence Adviser) post is a valuable addition to the service. The Child ISVA provides both emotional and practical support for the child and their family, and works in partnership with agencies and professionals to ensure that the needs of the child are fully met.
- All children are referred to STARS: Sexual Trauma Assessment Recovery Service, which is a specialist CAMHS team. They are able to focus on the needs and wellbeing of children who have been affected by sexual abuse, and they offer group work and if needed direct 1:1 therapeutic support. There has been recent significant recruitment to the STARS team so they now have several therapists with different specialism.
- The SARC also sees children with concerns about Female Genital Mutilation, in line with new national standards





What are we worried about:

- Over the last year, there has been significant work with Genitourinary (GU) partners to ensure that children referred by the SARC are seen in age appropriate clinics for ongoing support.

Work is ongoing with NHSE and the new provider, Central and North West London NHS Foundation Trust to ensure that this level and type of support is maintained in locations that are accessible to SARC clients.

- Previous Health Needs Assessments have highlighted the low number of child referrals to the SARC in Surrey. The number of referrals does not correlate with the number of child rapes, sexual assaults and sexual abuse reported to Surrey Police. Work is ongoing through SEAMB to address this.
- The Child ISVA post was vacant for 6 months during this period, but has now been filled with the replacement due to start in April 2017.

What do we want to see in 2017 – 2018?

- Mountain Healthcare will be the new provider for the Surrey SARC from June 17 and has a different proposed acute paediatric model. Discussions are ongoing with NHSE and the new provider to ensure that a safe paediatric service continues through the transition.
- There needs to be greater awareness of the role of the SARC with all multiagency partners: More invitations to visit the SARC will be sent to other agencies, so that tours can be organised to raise awareness of the support we can offer.
- We need to ensure we hear the child's voice fully and develop improved specific feedback for the under 13 years who attend the SARC. Feedback has been received previously from 13-18 year olds via STARS and this has been valuable when planning our services.

Emotional wellbeing and mental health support in Surrey

Promoting emotional wellbeing and good mental health is one of five priorities of Surrey's Health and Wellbeing Board, with the outcome that more children and young people will be emotionally healthy and resilient. Health and Wellbeing Board Strategy.

Following a period of extensive public engagement undertaken jointly by the Clinical Commissioning Groups and Surrey County Council, a decision was made to invest an extra £2.3 million – a 30% increase – into the mental health and wellbeing services for Surrey children and young people.

What is working well?

- Surrey has a well attended partnership CAMHS Strategy Board and has developed strong joint commissioning governance.

- As from 1st April, 2016 contracts for a new Surrey Child and Adolescent Mental Health Service (CAMHS) were awarded to Surrey & Borders Partnership NHS Foundation Trust (SABP)
- The new service is commissioned to:
  - Be available between 8am – 8pm Monday to Friday and 9 – 12pm on Saturday
  - Reduce waiting times for assessment and treatment
  - Ensure children receive the right service at the right time
  - Work closely with parents or carers so they are better informed of children's needs and progress
  - Offer support on the telephone or through face to face contact
  - Be accessible from schools, GP practices, youth clubs and voluntary, community and faith sector organisations
  - Provide a brand new Behavioural, Emotional and Neurodevelopmental (BEN) pathway for Attention Deficit Hyperactivity Disorder (ADHD), high functioning Autistic Spectrum Disorder (ASD) and other neurodevelopmental conditions for 6-18 year olds and support to parents.
- A Single Point of Access for all referrals, called CAMHS One Stop, has been operational from 1st April 2016.
- A "no wrong door" approach i.e. all children, young people and families will be supported to find the right help at the right time.
- 364 out of 393 (92%) of Surrey schools have had contact with their Primary Mental Health Worker either for one to one support or have received training improving access to emotional wellbeing and mental health and building resilience.
- CAMHS Rights and Participation Team have delivered training to schools and acute hospitals and are now due to deliver training to GP's and the Police.
- Everybody's Business training was well attended in 2016-2017 with outcomes showing better understanding of mental health and emotional wellbeing by all participants. A further 10 courses now commissioned for 2017-2018.
- The Hope Service achieved SABP Care Excellence accreditation in 2017.
- The Surrey Targeted Mental Health offer takes a whole school approach, focusing upon mental health awareness and attachment training. This continues to be well received by over 89% of Surrey schools.

What are we worried about?

- The new Surrey Child and Adolescent Mental Health Service (CAMHS) has revised the threshold criteria for acceptance into CAMHS and volumes are expected to increase significantly
- Challenges facing recruitment across Surrey has contributed to ongoing difficulties with recruitment of Band 6 Mental Health Nurses and other roles in CAMHS.
- Some young people in Tier 4 (adolescent Psychiatric Hospital) are experiencing difficulties identifying suitable placements on discharge this has led to extended bed days.
- Young people have said that during a mental health crisis requiring admission to an inpatient unit, they would prefer to be placed locally where their family can visit and support their recovery
- The arrangements for out of county tier 3 and 4 admissions have had some unintended negative consequences including increased lengths of stay, difficulties accessing care where placement is rare or complex and a higher numbers of complaints and concerns raised by families and stakeholders

What needs to happen?

- The Health and Wellbeing Board should continue to provide robust executive leadership in regard to the delivery of the Surrey Transformation Plan.
- CCG led commissioning arrangements, including evidence of operational implementation of the plan being undertaken by the 'CAMHS Joint Commissioning and Transformation Board' should continue to be overseen by the Health and Wellbeing Board.
- Work must be undertaken with partners to identify suitable placements for Tier 4 young people, both on admission and on discharge from the service

Safer Surrey

The Safer Surrey approach is a strength-based approach that works on the belief that children and their families have the strengths, resources and ability to recover from adversities. It has its roots in solution focused practice and creates a common language used by all professionals from universal services through to child protection.

Safer Surrey invests power in children and families to help themselves, and puts practitioners in the role of supporting and helping them rather than as directors of change. The approach encourages professionals to support and reinforce child and family functioning rather than focus on individual or family deficits.

What's working well?

- Safer Surrey provides the overarching framework for all strength based practice across the whole Children's, Schools and Families directorate.
- There is an appetite across the County from Children, Schools & Families, and partner agencies to adopt a unifying approach that unites professional, supports the work they do with children and families, creates a common language and focuses on improving outcomes
- The Children, Schools and Families (CSF) has decided to introduce Signs of Safety as a practice model that will strengthen the way they work with children and families. Signs of Safety will be introduced as a 2 year implementation programme.
- Investment in Practice coaches to support managers to deliver Safer Surrey on the ground is a positive move.
- In January 2017 Ofsted noted that where Signs of Safety was being used as part of Safer Surrey that there was evidence of a positive impact on practice.
- Integrated working with the SSCB training team is well developed.

What are we worried about?

- The Signs of Safety model which is part of the Safer Surrey approach is being used as a way of developing significant improvement in practice across Children's, Schools and Families directorate. Whilst this is commendable, the service is still grappling with financial and workforce issues that could impact negatively.

- CSF must continue to work closely with partners on the wider Safer Surrey approach and the specific Signs of Safety model. The full engagement of partners will help deliver the programme with the necessary pace required.
- 1,500 staff across CSF will receive training by March 2018 to help them to incorporate the Signs of Safety model into their practice. 150 practice leads within CSF will also be trained to support the embedding of Signs of Safety into practice.
- There remains the danger that the Signs of Safety practice model will be confused with the wider Safer Surrey Approach and ongoing multi agency training must be maintained.
- There is a need to be very clear that the purpose of Signs of Safety is to help practitioners to achieve the higher level aims of Safer Surrey.

What do we want to see in 2017 – 2018?

- Following positive discussions about Safer Surrey at the Children & Young People's Partnership Board and the SSCB the first stage of embedding Safer Surrey more widely is to raise and maintain awareness. This is being achieved through a series of half day briefings and training. SSCB suggests that it is important to continue with this work until the new way of working is well embedded.
- Half day briefings for partner agencies will be delivered from September 2017.
- There is clearly real enthusiasm for the approach and this must be built on. The partnership needs to determine more precisely how it can work together in order to embed Safer Surrey at scale and across the whole system.
- The draft Signs of Safety implementation plan must be finalised and ready for implementation in early 2017.
- The plan for CSF to develop a skills framework and toolkit for leadership and management is a welcome development.

Serious Case Reviews

LSCBs are required to consider holding a Serious Case Review (SCR) when abuse or neglect is known or suspected and a child has died or suffered significant harm and there are concerns about how professionals may have worked together.

The purpose of an SCR is to establish whether there are lessons to be learnt from the case about the way in which local professionals and organisations work together to safeguard and promote the welfare of children.

What's working well?

- The Surrey Strategic Case Review Group (SCRG) is a sub group of the SSCB. Membership reflects the partnership, and invitations to participate in reviews are both appropriate and relevant.
- The process of review, recommendation, and follow up training is well delivered by this group under the chair of Kerry Randle – North East Area Education Officer.
- Between April 2016 and March 2017 SCRG received 17 referrals for consideration.
- Information was also received from another LSCB about an (SCR) that involves Surrey agencies.
- Five SCR's and two partnership reviews were initiated during this period.
- One SCR was published during this period: SCR Child AA
- In addition to the SCRs initiated during the period, there were three reviews ongoing; SCR Child BB, SCR/DHR Child CC, and SCR Child FF.
- It is anticipated that SCR Child BB is going to be published by summer 2017.
- SCR/DHR Child CC is currently with the Home Office for quality assurance prior to publication in June 2017.
- SCR Child FF, is being considered by SCR National Panel following a request from the Independent chair not to publish.
- The SSCB incorporates the learning from each review into its core training modules. In addition, the training team provides regular 2-hour briefings summarising the learning from reviews and audits. Those briefings also explore barriers to learning and steps to improve practice.

What are we worried about?

- The number of cases being referred to the SCRG is gradually increasing. This could be seen as a positive move as professionals become more confident to share concerns around practice.
- During this period some reviews had links to Child Sexual Exploitation or Abuse. The Surrey Sexual Exploitation and Assault Management Board was established in part as a response and has been proactive in responding to the changes in practice required by these reviews. (see below for the CSE report)
- During this period several cases of 'Neglect' were shared with the SCRG. SSCB work on neglect is considered further in this report.

What do we want to see in 2017 – 2018?

- SSCB welcomes the referrals to the SCRG and would like to encourage staff to continue with this practice.
- SSCB would like to see the SCRG supporting local consideration of cases that do not meet the criteria for SCR. The introduction of multi agency appreciative enquiries has been suggested and would be supported.
- SSCB would like to see consideration of 'Best Practice' cases and would ask SCRG how best to develop this.

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Chapter 2

Addressing our Priorities

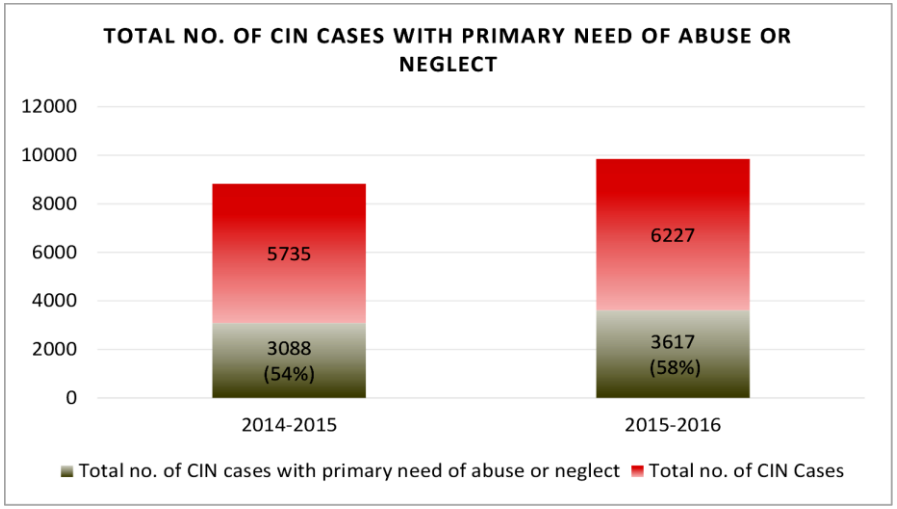
Neglect

Working Together 2015 defines neglect as:
'The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.'

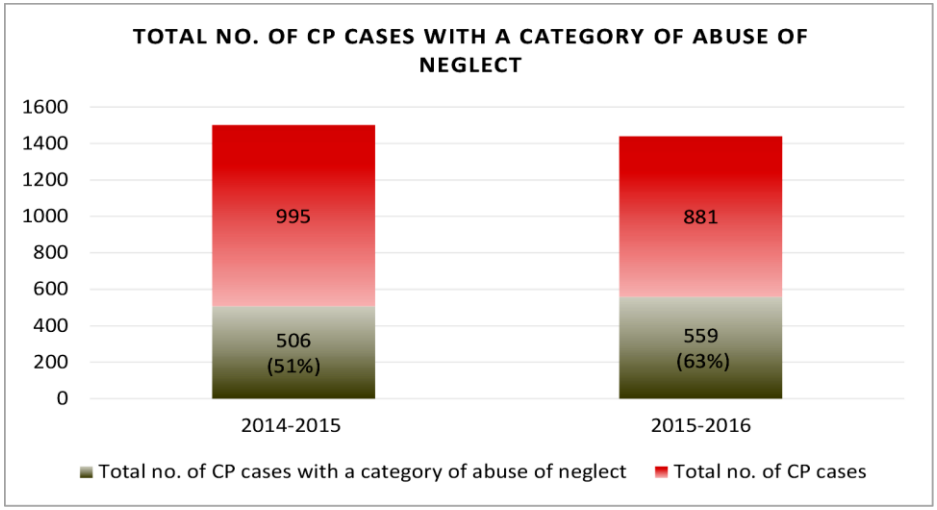
For most children and young people Surrey is a good place to grow up – the economy is doing well and many households benefit from higher than average socio-economic circumstances. Most children and young people are safe, well educated, experience good health and have good leisure and employment opportunities.

However, deprivation exists in Surrey and there are groups of children and young people who experience poorer outcomes. Around 10% of children and young people live in poverty with pockets of poverty often close to the most affluent areas.

The Department of Education 2015 – 2016 Child in Need census showed that nationally abuse or neglect are the most common primary need at assessment for children in need. As at 31st March 2016 50.6% of children in need across England had abuse or neglect as their primary need compared to a higher percentage of 58% in Surrey. Neglect is one of the four key priorities for Surrey Safeguarding Children Board (SSCB) in 2016 – 2017.



Total number of CIN cases with primary need of abuse or neglect in Surrey



Total number of CP cases with a category of abuse of neglect in Surrey

What's working well?

- There is an appetite across all partners to adopt a unifying approach that supports the work we do with children and families including the use of a common language. To help with this Safer Surrey is currently being embedded across Children, Schools and Families and the wider partnership.
- The problem of Neglect is recognised in Surrey and partners have begun work under the SSCB to develop an action plan along with a neglect tool kit and guidance.
- A SSCB multi agency audit confirmed that families received relevant support from various agencies including Children Services, schools and health. Coordinated multiagency support also appeared to result in better outcomes in some children's cases.
- Families are generally signposted consistently to relevant services where they can benefit from support including outreach providers and counselling services.
- Evidence suggests that relevant actions are taken for unborn children to ensure that the child is safe when born. Good examples of multiagency work and special considerations made to explore safer options to keep mum and child together were seen in the SSCB neglect audit.
- SSCB Quality Assurance group has been very active during this period. The group has supported work through
    - the completion of a Surrey Neglect profile
    - the completion of a Neglect Audit
    - the completion of a Multi-Agency Challenge event

What are we worried about?

- Surrey has a higher than normal average percentage of children subject to child protection plans for reasons of neglect, (at 31 March 2017 812 children were subject to child protection plans of which 553 were under the category of neglect) the data and other evidence from audits will of course inform the work of the SSCB Neglect group to better understand what can be done differently to prevent children's needs escalating.
- The children's case file review findings suggest that children tend to go through a cycle of improvement and deterioration. Some children came off the CP plan when their situation improved and then moved back to the plan when improvement was not sustained and/or new issues emerged.

- Core groups did not take place regularly in four out of sixteen children's cases and in one case, it was not recorded in LCS
- Some of the recent Serious Case Reviews highlighted the devastating consequences of delayed or appropriate actions for children in CP plan. There were five Serious Case Reviews conducted in Surrey in 2016. Out of those five, two were on a CP plan under the category of neglect. Therefore managing neglect with timely intervention and support are essential for children on a CP plan.
- The audit did not show the use of any specific tools to support practitioners' assessment and identification of neglect, although there is evidence of tools from the Safer Surrey approach being incorporated into some direct work.

Child Sexual Exploitation

Surrey has been on a long journey to improve its response to CSE since the 2014 Ofsted inspection in the period of this report. The SSCB has prioritised improving partnership work by focussing on developing robust multi-agency oversight structures. The Sexual Exploitation and Assault Management Board (SEAMB) is now fully operational, and is providing a tangible sense of direction and purpose. This has been recognised by Ofsted.

The introduction of comprehensive performance information at SEAMB's has enabled the partnership to focus on areas of practice that require the most attention. Based on the information provided, SEAMB has now asked for further work to be done to more effectively identify, refer and assess children at risk of CSE, to provide consistently high quality support to children who reach 18 and require ongoing support as well as to focus more explicitly on children with additional vulnerabilities (including boys, children with care experience, children with additional learning needs/disabilities as well as unaccompanied asylum seeking children).

However, while the strategic oversight has improved markedly, we know that the quality of responses to children at risk of/experiencing CSE still remains variable and requires further improvement. We also know that the voice of the child does not consistently inform interventions. We will therefore continue to work with our partners to ensure that the strategic improvements translate into sustainable practice improvement and demonstrable outcomes for children and their families.

What's working well?

- Governance has been reviewed with the Sexual Exploitation and Assault Management Board overseeing the partnership's CSE work and acting as the statutory SSCB sub-group.

- SSCB agreed and published a new partnership CSE strategy and action plan in Nov 2016.
- The delivery of the agreed action plan is driven effectively by the CSE Delivery Group which reports in to SEAMB. Existing multi-agency delivery structures were praised in the 2016 Ofsted monitoring visit for providing necessary focus and good senior management oversight.
- Awareness raising for professionals, parents, children and the public is ongoing. During this year the Virtual School funded 'Chelsea's choice' in a range of school with high numbers of looked-after children. In addition and as part of Operation Makesafe (led by Surrey Police), partners have been working with taxis, licensed premises and hotels. This will have tangible impacts for children looked after as they use licensed transport provision.
- The improvement work of the partnership has been accelerated by the appointment to the Partnership CSE Co-ordinator post in May 2016. This post is funded by the PCC and sits within the SSCB. It has provided a focal point to facilitate and co-ordinate CSE activity across the partnership
- Disruption of CSE perpetrators has improved significantly in 2016 with increasing numbers of successful prosecutions and issuing of child abduction warning notices.
- Surrey has a range of services available to Children and Young people which include therapeutic interventions (STARS), adolescent specific care (Youth Support Service) and CSE specific care (WISE).
- The introduction of CSE Lead Practitioner Roles in Children's Services and the Youth Support Service has increased organisational knowledge and capacity to support children at risk of/experiencing CSE effectively.
- The introduction of the Lead Practitioners Forum led by the SSCB Partnership CSE Co-ordinator contributes towards the development of a consistent approach across the county.

What are we worried about?

- We know from audits and the peer review that practice standards need to improve as do the supporting structures. The Missing and Exploited Children's Conferences (MAECC) are the key vehicle for overseeing our response to CSE in Surrey. The monthly MAECC meetings are intended to bring together key agencies to agree and co-ordinate actions to support children assessed at medium or high risk the area. Feedback from external reviewers suggests that MAECCs do not strike an appropriate balance between support and disruption, and are not an efficient way of managing CSE risks.

- The number of children on the CSE list has remained static over the last 12 months. We need to continue to assure ourselves that systems to identify and refer children who may be at risk of CSE are effective. This should include improved processes for reporting of referrals and a wider review of existing screening and assessment processes, as well as ongoing awareness raising across the partnership.
- Within the overall number of children identified on the CSE list, there are particular groups of vulnerable children who may be under-represented. These include boys (although the number of boys identified as at risk of CSE has increased to 15% of the MAECC cohort this is still lower than research suggests is appropriate), unaccompanied asylum seeking children and children looked after.
- The SSCB remains concerned about diversity. Whilst there are a range of interventions available, there is an absence of provision for boys or culturally sensitive services for children and parents/carers for black and ethnic minority backgrounds. We also know that a high number of children on the CSE list have SEN. Yet there is an absence of provision specifically tailored to this group.
- Population-wide preventative interventions are recognised as a gap and hence work has been identified to pilot enhanced Personal, Social and Health Education (PSHE) / Relationships and Sex Education (RSE) offer in schools identifying a need for this (drawing on the CSE problem profile).
- To date there has not been a bespoke CSE training plan for staff working in Children's and Family Services (who provide the lead professional roles). This may lead to inconsistent practice identified by Ofsted and our own audits.

What do we want to see in 2017 – 2018?

- Surrey has a mixed economy of provision across the CSE pathway, and further work is required to develop a comprehensive commissioning plan which will enable the partnership to direct funding in a way that complements existing service provision. The development of a commissioning plan could provide an opportunity to develop innovative and effective responses to children with additional vulnerabilities (including children in care or with care experience and SEN) as well as boys and children from black and ethnic minority backgrounds.
- The introduction of revised CSE Delivery structures (supported by revised SSCB CSE Procedures)
- A refreshed SSCB training offer which ensures training materials are up to date and the frequency of training is increased.
- A review of existing identification and screening processes – supported by tailored awareness raising across the partnership. .

Missing Children

When a child or young person goes missing they are at risk. Safeguarding children therefore includes protecting them from this risk. Whilst the majority of children who go missing will return or be located quickly, there are many others who will either be at risk of, or will suffer harm. Their physical and emotional health may suffer as well as their general health, education and social relationships.

Developing a co-ordinated, multi-agency response to support both children and adults going missing is a priority for partners in Surrey. The Adult and Children Safeguarding Boards have worked together to support the development of a new strategy. Approved in January 2017, the strategy outlines the agreed priority actions to support the implantation of robust, co-ordinated multi-agency responses. It includes children missing from children's home, care or educational settings, home and children placed here from another local authority and has been agreed by all partners.

What is going well?

- The Missing Children's Strategy clearly describes what we will do as a partnership to better protect children who go missing. This strategy has been approved by the Sexual Exploitation and Assault Management Board (SEAMB) who will oversee the work.
- A multi-agency Missing Persons Delivery Group has been established and meets on a bi-monthly basis to ensure that the Missing Children's strategy is delivered.
- A 'Missing Problem Profile' is being developed, collating data from a range of agencies, to better understand why children go missing, which children and where they go missing to.
- The Missing Children's Panel meets weekly to review the information from Return Home interviews. This is focussed on ensuring all risks are identified and information collated responded to. It is chaired by Surrey Police and attended by representatives from Police, MASH, Children's Services, YSS and Missing People.
- A new recording process in the MASH has now been implemented and improvement noted. This has been of particular benefit for children living / placed in Surrey and for those children placed within 10 miles of the Surrey border and covered by the Missing People contract).
- Contract Monitoring has been ongoing on a monthly basis with Missing People with a view to focussing their efforts on improving the timeliness of Return Home Interviews, and the number completed.

- Surrey Youth Focus is a membership organisation that aims to significantly improve the lives of young people in Surrey, by encouraging cross sector collaboration to serve young people work involved in all sectors - public, business and education members include over 70 organisations that work with children.

What are we worried about?

- The month-on-month trend for numbers of return home interviews undertaken, those offered within 48 hours and the recording of episodes and responses on the Children's Services database all show an improvement. This is despite a significant increase in the overall number of missing episodes. Analysis is being undertaken to understand if this increase is a result of changed and improved recording of missing episodes or if there are actually more children going missing,
- Despite raising concerns over 'missing' children and young people, the SSCB has not been able to sufficiently influence the work of partners to reducing the safeguarding risks associated with children missing from home or care. In particular there is concern that:
  - Partners from Children's Services, Police, Health, Education and other services are not yet working effectively together to prevent children from going missing and to act when they do go missing.
  - Data analysing children missing from home, care and education is insufficiently scrutinised within single agencies, and across the partnership.
  - Data analysing return interviews is insufficiently scrutinised and shared across the partnership.
  - SSCB does not receive regular reports from children's homes used by the local authority or within the local authority area on the effectiveness of their measures to prevent children from going missing.
- The 2016 LGA peer review of CSE and Missing and the supplementary review of MAECCs, referenced the poor emphasis on missing in Surrey.
- Ofsted inspectors expressed concerns that the Missing People contract does not provide good value for money and that the take-up of Return Home Interviews is limited, with limited information and variable quality.

What do we want to see in 2017 – 2018?

- A greater strategic focus on 'missing' agenda, underpinned by transparent sharing of data and information with strategic leaders (via SEAMB) to ensure that practice is effective and sustainable.

- Attention needs to focus on those who repeatedly go missing and links should be made with the improvement work being carried out in relation to children missing education, unaccompanied asylum seeking children and responses to children who go missing from placements outside of Surrey.
- Greater transparency about the quality of the existing contract with Missing People – including a focus on efforts to increase both the number and the timeliness of Return Home Interviews. A monthly operational meeting has been established in order for practical considerations to be addressed quickly between partners and Missing People.
- Share findings of the Missing Profile across the partnership with a view to inform strategic responses and resource allocation.
- Use the Missing Problem Profile and work of the Missing Persons Delivery Group to drive improvements in response to unaccompanied children, placed outside of Surrey.

Early Help

Please see Chapter 1.

Domestic Abuse (DA) and MARAC (Multi Agency Risk Assessment Conference)

Seven women a month are killed by a current or former partner and one in five children and young people nationally will live in a household impacted by domestic abuse (DA).

DA can leave children with serious psychological, emotional and physical consequences that may contribute to a chaotic lifestyle involving substance misuse, homelessness, offending behaviour, gang involvement, prostitution or mental health problems. Public Health research indicates that children who have had four or more adverse childhood incidents are 15 times more likely to be a perpetrator of violence, 14 times more likely to be a victim, and are more likely to visit GPs and A&Es and suffer from chronic diseases by the age of 49. Domestic abuse is the most prevalent of these adverse childhood experiences.

What's working well?

- The Surrey DA Strategy (2012 – 2018) focuses on
  - Developing services that maximise prevention, early intervention and provide holistic responses to those affected by DA.

- Developing services and responses that support children, and their families, impacted by DA
- Providing the opportunity to break the cycle of abuse and improve the health and wellbeing of our future generations.

- Work to promote healthy relationships is undertaken as part of all schools PSHE curriculum supported through the Healthy Schools Programme.
- School staff have access to a range of training and development opportunities promoted through the Safeguarding Children Board and Community Safety Board as well as Surrey Domestic Abuse Services (SDAS) Healthy Relationship training.
- The Office of the Police and Crime Commissioner (OPCC) has supported access to drama productions for schools which have focused upon domestic abuse and unhealthy relationships.
- Health commissioners ensure all providers have an identified lead for DA, and procedures to support the identification and referral of DA cases.
- GP Surgeries in East Surrey have been piloting the IRIS system to support earlier identification of patients experiencing DA.
- Surrey Police has refreshed frontline procedures emphasising the need to refer all children associated with a DA incident or family not just those present at the incident
- As part of the 'one front door' for all Children's and Adults Safeguarding concerns Surrey County Council, Surrey Police and Health Partners now refer all children affected by DA at the first incident to the Multi Agency Safeguarding Hub
- Children in care, many of whom have experienced DA, have access to bespoke CAMHS interventions which address these particular needs, through the 3C's Service.
- Surrey Police achieved White Ribbon Status in Partnership with the OPCC and Surrey DA services in December 2016 and continues to recruit White Ribbon Ambassadors across the force. Work is also being done to extend this accreditation to Surrey as a whole county by working with multi-agency partners to get involved in actions supporting the campaign. This campaign specifically supports a clear message that no violence against women or girls will be tolerated.
- HMIC (Her Majesty's Inspectorate of Constabulary) Vulnerability Inspection shows that Surrey Police have gone from inadequate to good within 2 years; with a firm commitment to continuing improvement.
- The MARAC portfolio is now encompassed into the newly formed DA Delivery Group, who will provide strategic oversight.

What are we worried about?

- Domestic abuse is the highest reported violent crime in Surrey and yet numbers show that domestic abuse is still a 'hidden' crime.

The 2015 – 2016 data tells us:

- 14,498 incidents of domestic abuse were reported to Surrey Police involving 6,533 children (5,336 were involved, 448 witnessed, 335 perpetrated, and 414 were victims)
- 650 children on child protection plans and 2,625 children in need had DA as an identified factor. DA is also recognised as a driver for other risks such as CSE and children missing from home and school.
- Surrey Domestic Abuse Services worked with 1,917 new users, who had 2,389 children of which 435 were known to be in contact with children's services
- The Surrey MARACs are risk management meetings where professionals share information on high risk cases of domestic abuse and put in place a risk management plan. The meetings aim to address the safety of the victim/children and review and co-ordinate service provision in high risk domestic abuse cases.
- Between the 13th July 2016 and the 2nd August 2016 all four of the Surrey MARACs were observed by 'SafeLives' in order to inform a thorough review and generate recommendations on where improvements could be made to enhance the effectiveness of MARAC within Surrey.
- Key themes from the review were;
    - the need for greater awareness of MARAC and referrals from agencies other than Police;
    - the consistent attendance by all agencies;
    - Monitoring the impact and effectiveness of the outcomes from a referral.

What do we want to see in 2017 – 2018?

- For the first time in Surrey all children who are identified as experiencing or having previously experienced domestic abuse will be offered support. These responses can include
    - specialist children's DA intervention provided by the outreach services,
    - CAMHS early intervention (jointly commissioned services which have been significantly enhanced in the last year), and
    - DA trained SCC family and youth support workers.
- These services will also support schools with bespoke DA responses where information has been shared by the MASH that a child has witnessed DA or where DA has become apparent through other sources.

- This is a new identification and response pathway and needs to be tested and embedded along with Surrey's other MASH and Early Help processes.
- The GP pilot of the IRIS system to support earlier identification of patients experiencing DA has been well received and would benefit from further rollout across Surrey.
- Whilst MARAC is firmly embedded across Surrey and continues to safeguard children and vulnerable victims of domestic abuse, the rolling programme of oversight and continuous inspection and assessment should continue to support continuous improvement.

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Chapter 3

Additional Functions of the Board

Child Death Overview Panel

The SSCB has responsibility for reviewing the deaths of all children who live in Surrey, other than still births or planned terminations that are within the law, through the arrangements of a Child Death Overview Panel (CDOP) which is a sub group of the SSCB (Working Together 2015).

The purpose of the child death review process is to collect and analyse information about the death of each child who normally resides in Surrey with a view to identifying any matters of concern affecting the health, safety, or welfare of children, or any wider public health concerns. The overall purpose of the child death review process is to understand why children die, put in place interventions to protect other children, prevent future deaths and to support families.

Working Together 2015 identifies two inter-related processes for reviewing child deaths. These are:

Rapid Response to the unexpected death of a child, which is carried out by a group of professionals, who come together as soon as possible after a child has died for the purpose of enquiring into and evaluating each unexpected death; and

Review of all child deaths for children up to the age of 18 years when the child who has died would normally be resident in the Surrey Safeguarding Children Board (SSCB) area. This review is undertaken by a designated multi-agency panel.

What's working well?

1. The Rapid Response process is well-embedded within Surrey and there is good engagement by agencies. The Specialist Nurse provides joint training with Surrey Police regarding the rapid response to an unexpected child death. This training has resulted in improved communication and joint working between CDOP and Surrey Police to ensure a timelier and more efficient response to unexpected deaths and the achievement of a joint visit to the family as appropriate.
2. All Professionals have easy access to CDOP information via the CDOP booklet which is updated annually and disseminated to all 5 acute hospitals, community providers, GP, Children's services, Police and the Coronial Service. Surrey CDOP information is also easily

accessible for both professionals and families via the SSCB website. This has resulted in an improvement in the early notification of child deaths, the timely initiation of the rapid response and improved information to support families.

3. Multi-agency information sharing and communication with the Coronial service is a two way process. Post Mortem reports, Regulation 28 reports and responses are shared in a timely manner with CDOP.
4. Surrey CDOP proactively contacts families via the Specialist Nurse to offer them the opportunity to contribute to the child death review process and allow their voice to be heard
5. Surrey CDOP facilitates prompt dissemination of lessons learned from child deaths both locally and nationally to improve outcomes for vulnerable children and families.
6. When a child dies from potentially modifiable factors, Surrey CDOP researches public health data and evidence of best practice around reducing these child deaths. This evidence is then used to inform practice across the County.
7. Surrey CDOP writes to heads of services and asks for assurance of changes in working practices where serious incidents have been raised.

Child Death Notifications in 2016 – 2017:

Between 1st April 2016 and 31st March 2017, Surrey CDOP was notified of 62 deaths of which 44 were children who were resident in Surrey which is a decrease in actual numbers of deaths since the previous year when 66 children were notified, of which 54 were from Surrey.

Of the 44 Surrey child deaths notified to CDOP between 1st April 2016 and 20th March 2017:

- 30 were male and 14 were female
- There were 22 Neonatal deaths (infants who die before reaching 28 days of age)
- A further 9 were aged between one month and one year of age.

There were 23 deaths classified as expected and 21 classified as unexpected (deaths that were not anticipated as a significant possibility 24 hours before death or where there was an unexpected collapse leading to or precipitating the events that led to the death). This shows no change in the number of unexpected deaths since the previous year in which 21 had also been classified unexpected deaths.

7 of the deaths notified to CDOP during this time period were referred to the SSCB Strategic Case Review Group (SCRG); 5 were referred by CDOP, 2 were referred by another organisation. 3 did not meet the criteria for a Serious Case review (SCR), 2 met the criteria for a full SCR and 2 are still awaiting a decision.

CDOP learning 2016-2017

CDOP has reviewed and closed a total of 57 child deaths between 1st April 2016 and 31st March 2017. The cases reviewed include deaths outside of this time period. Of the 57 deaths reviewed, 14 (25%) were identified as having public health modifiable factors to reduce the risk of future similar deaths.

Following each CDOP panel meeting, learning from child deaths is shared with all the multi agencies across Surrey for further dissemination to staff. Modifiable factors are highlighted and recommendations made to prevent future similar deaths. In cases where the learning is deemed necessary to share nationally this is taken to the NNCDOP for their consideration and distribution.

When modifiable factors are identified either at final review or the rapid response stage, Public Health research the national picture and produce a public health paper to increase awareness which is also shared with all the multi agencies.

To date, the CDOP Public Health Lead has created public health papers on SUPC (sudden unexpected postnatal collapse), Meningitis W and suicide; these papers have been shared through the SSCB Health Group and other multi agency representatives for dissemination within their own organisations.

What are we worried about?

The safer sleep re-audit completed in January 2017 highlighted that the Back to Sleep advice is well embedded, has resulted in a change in sleeping practice and mothers were able to recall the advice easily. The advice regarding co-sleeping and the associated risk factors appeared to be less so. Evidence has shown that many more babies' lives could be saved if all families had access to and followed safer sleep advice. Providing the mother, her partner or the main carer with the opportunity to regularly discuss infant sleeping practices can help to identify and support them and the wider family in establishing safer infant sleeping habits, and in reducing the baby's risk of sudden infant death syndrome. The re-audit highlighted that the completion of the safe sleep assessment is not yet embedded in practice on a county wide level. The re-audit report is presented to the SSCB Health and Child Safeguarding Group. Provider's actions in response to the audit will be reported back and monitored via the SSCB Health and Child Safeguarding Group.

What do we want to see in 2017 – 2018?

- Safer sleep awareness and education: Health professionals and other professionals who have contact with families are in a unique position to educate parents about safer sleep advice. It is very important that Professionals work together to ensure safer sleep messages consistently reach all families. It is only through consistent and regular discussions with parents about safer sleep that Professionals can empower parents to change behaviour and adopt safe sleep practices in order to protect children and prevent future deaths.
- Further in depth interrogation of the data collected to identify local themes/modifiable factors.
- The Rapid response audit is due to be undertaken in April 2017 to review and monitor the quality of the Rapid Response service in Surrey, to ensure the maintenance of a Rapid Response protocol with all agencies that is consistent with the Kennedy principles and in line with statutory requirements.
- Oversight of CDOP's to transfer from the Department of Education to the Department of Health. Surrey CDOP to update child death review processes in accordance with new guidance when available.
- Seek assurance that system changes in implementing the new Men ACWY vaccine mean that eligible young people attend their GP practice for the vaccine as part of the catch up programme.

Following the Wood review, oversight of CDOP's will be transferring from the Department of Education (DOE) to the Department of Health (DOH). Several stakeholder events have been undertaken in early 2017 to consult with professionals on how the child death review process will continue to evolve to allow for more regionalised sharing of learning as well as maintaining the local focus and learning. A new bill and legislation is due to go before Parliament in autumn 2017 and it is expected that supplementary guidance will be produced by the DOH. Surrey CDOP has contributed to these events and will review new legislation and guidelines once these are available.

In response to the Wood review, Surrey CDOP has approached neighbouring CDOP's (Kent, Sussex) and is arranging a CDOP learning event in November 2017 to discuss the regionalisation of CDOP learning going forward and develop a process that will enable this to take place.

SSCB Quality Assurance – April 2016 to March 2017

Introduction

The following areas were reviewed during 2016 – 2017 as part of the SSCB audit programme:

- Section 11 audit and follow up meetings.
- Domestic Abuse (May 2016) : Domestic Abuse Management Board and Community Partnership and Safety Board has overall responsibility of developing and delivering an action plan based on the findings of the audit
- Quality of Return Home Interviews (September 2016) : Children's Services Quality Assurance Team and Surrey Police carry out routine audits to monitor the effectiveness and quality of the Return Home Interview Services provided by Missing People Charity
- Family Support Programme (February 2017): The Family Support Programme has overall responsibility of developing and delivering an action plan based on the findings of the audit
- Child Protection Plan under the category of Neglect (March 2017): The SSCB Neglect Group has overall responsibility of developing and delivering an action plan based on the findings of the audit
- The Surrey Safeguarding Children Board conducts challenge events for areas of priority identified by the board. Relevant/Key members from partner agencies are invited to meet with a multi-agency panel and discuss the issues, evidence and actions around specific areas.

In 2016 – 2017, the SSCB conducted the following challenge events:

- Child Sexual Exploitation – July 2016
- Domestic Abuse – September 2016
- Neglect – November 2016
- It is proposed that a challenge event for Early Help /MASH will take place in autumn 2017.

What's working well?

- Audit activity takes place regularly based on board's priorities and findings from other reviews and audits
- Rigorous S11 scrutiny process and partners acknowledged that this has been beneficial in understanding Section 11 standards more clearly, highlighting good practice and identifying areas for improvement for their relevant agency
- Roll out of Safer Surrey/ Signs of Safety enables practitioners to engage families better through a strength based approach
- Families needing help are usually signposted to relevant services where they can benefit from including outreach providers and counselling services
- Established link between data-sets, audit activities and training development. Where relevant, audit findings are informed by available data and audit highlights any gaps in training that requires addressing

What are we worried about?

- Information sharing – this includes information sharing between agencies specifically schools, local authority and police as well as the third sector. Information governance and data protection issues often create barriers in sharing useful information between agencies but especially from mediation, counselling and other confidential services.
- Communication – communication between agencies about different services provided by different agencies is often inconsistent and inadequate. For example, partner organisations are not always clear about the scope of Family Support Programme and the services they offer. Access to relevant information is not always easy for the professionals involved with the families due to different IT systems
- Voice of the child - audits highlight the need to keep children as the focus of intervention is embedded in culture but there is still a significant gap in using their views to inform service planning
- Transition - Inconsistent joint working between Children's Services, Health and Adult Services especially services around transition and disabled parent's parenting capability. This is mainly due to the fact that many services do not exist for adults and as a result some of the support stops when a child turns 18
- Guidance and Tools – Inconsistent use of available tools and guidance across all agencies. Professionals are sometimes not aware of relevant guidance and tools available to support them in their roles.

What do we want to see in 2017 – 2018?

- The need to keep children as the focus of intervention becomes embedded in culture
- Further work needs to be carried out to explore how to provide ongoing support to families with complex mental health and learning difficulty as parental mental health and learning difficulties came up as one of the most common contributory factors in a number of audits.
- Clear and consistent risk assessment tools need to be rolled out across the partner agencies and embedded in practice.
- All agencies need to support work in reducing drift and targeting support at an earlier stage as some of the audits suggest lack of coordination between agencies and escalation in some cases led to drift.
- SSCB to engage with wider community, not just statutory partners

SSCB Annual Training Report April 2016 – March 2017

SSCB is responsible for ensuring that partner agencies have access to good quality multi-agency safeguarding training.

The training team comprises of 1.2 full time equivalent training officers and a full time administrator; Training is delivered by SSCB Business Team members, a mix of partner agency representatives and commissioned trainers.

What's working well?

- The SSCB has delivered / coordinated 174 training courses in the period April 2016 to March 2017 (Foundation and specialist training). This is an increase of 91 courses from a total of 83 courses in 2015 – 2016. This has been possible because of the slight increase in training officer hours, extra administrative support and the introduction of the new SSCB website and automated boking system.
- 3,897 delegates from a range of agencies have been trained. (Health, Education, Children's Services, Borough & District, Early Years, Independent & Voluntary sector).
    - 28% of delegates were from Surrey County Council
    - 4.5% Boroughs and Districts
    - 8.5 % Voluntary Sector

  - 13% Early Years
  - 20% Education
  - 14% Health
  - 2% Independent sector
  - 3% Police and Probation
  - 6.% Out of School and Sports Clubs
  - 1% Other

- The team is working to implement the Training Needs Analysis (2016 – 2018) and the March 2016 Training Review undertaken by an independent consultant. Many of the actions have been or are in the process of implementation.
- Quality Assurance: The SSCB have adopted the Kirkpatrick 4 stage model of evaluation to evaluate the impact of its training.
- Impact analysis outlines a range of positive outcomes. Delegates reported that following training they have made improvements in note taking, record keeping and information sharing. Delegates also reported that following training they have better understanding of safeguarding requirements, of other professionals' roles and of the child protection process.
- The team facilitated a successful SSCB Conference in November 2016 with approximately 500 practitioners in attendance. In March 2017 a further event for 500 delegates on the impact of CSE on boys took place. Feedback again has been very positive.
- Successful Train the Trainer sessions for a range of safeguarding areas and levels of training have been well attended and delivered new trainers for the SSCB.
- We have worked with partners from Surrey County Council and Surrey Community Safety Partnership amongst others to deliver workshops on serious case reviews, audits and domestic homicide reviews and Safer Surrey.
- The introduction of the new website in May 2016 has made a significant difference to the capacity, efficiency and effectiveness of the training team.

What are we worried about?

- Demand in terms of numbers of practitioners across Surrey requiring training and the team's capacity to meet this. There are currently 451 delegates on the waiting lists for training.

- The team receives inadequate data from agencies relating to the number of practitioners requiring foundation and other multiagency training such as Safer Surrey, (Signs of Safety), Learning from Serious Case Reviews, CSE level 2, Neglect etc, making it difficult to forward plan.
- It is increasingly difficult to retain internal trainers from the Partnership to support the roll out of comprehensive training programmes.
- Structural changes across the Partnership such as reduction in the Early Years training offer will impact on safeguarding training, knowledge and support.
- External training providers are commissioned by a range of agencies to train practitioners. This can result in a failure to provide a consistent Surrey message to partners.
- The forthcoming Wood Report may impact on the SSCB structure and have implications for the training function.

What do we want to see in 2017 – 2018?

- Improvement in the SSCB ability to measure the impact of all SSCB training courses. A focus group is planned for May 2017 to gather further insight into the impact of a range of training courses.
- Work will be progressed with the website contractor to enhance the functionality and effectiveness of the SSCB learning platform. A range of SSCB e-learning will be developed.
- The SSCB training team will be proactive in supporting and disseminating the Safer Surrey (Signs of Safety) cultural shift and learning.
- Ongoing planning and delivery of the 2017 SSCB conference.
- Ongoing commitment from partners to offer suitable venues, with access to IT equipment, for training.
- Ongoing commitment from partners to support staff who contribute to the training pool.

SSCB Communications Group

The Communications Group activities established as an independent group in Dec 2016. Prior to this the Communications function was delivered through the Learning and Development Group.

What's working well?

- The communications group effectively promotes the activities of the SSCB by disseminating information relating to safeguarding widely to organisations in the statutory, voluntary and independent sector.
- The group has updated publicity material and leaflets to promote the SSCB and its priorities such as Private Fostering and the work of the Child Death Overview Panel.
- The Group supported the CSE awareness month by disseminating information via the website and supporting the successful CSE (Boys) event in March at Dorking Halls.
- The group assists in developing the SSCB media response for published Serious Case Reviews.
- Key messages and updates are shared via the SSCB quarterly newsletter. The SSCB newsletter is circulated across Surrey on a quarterly basis. Feedback has been positive.
- The group uses the SSCB website as an effective platform to reach practitioners, parents and children in Surrey.
- The SSCB has increased its contacts of agencies working in Surrey including the voluntary and leisure sector.
- Surrey Youth Focus was given funding by Surrey County Council to set up a Safeguarding Young People Network for the third sector.

What are we worried about?

- Those organisations; primarily in the voluntary or independent sector who are not currently part of the SSCB network.
- The capacity of the group to disseminate messages and deliver campaigns.
- Our effectiveness in communicating with children and parents in Surrey; listening, consulting and ensuring meaningful participation.
- How the group can best promote and coordinate a wide range of safeguarding campaigns and initiatives taking place in Surrey during the next 12 months.

What do we want to see in 2017 – 2018?

- The group builds on its work to continue to disseminate the SSCB's key messages to all sectors, practitioners and volunteers working with children and families.

Chapter 4

Business Plan

Surrey Safeguarding Children Board Business Plan: 1st January 2016 to 31st March 2018

Overarching priority:

To ensure the SSCB is able to deliver its core business as identified in Working Together 2015.

(a) to **coordinate** what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and

(b) to **ensure the effectiveness** of what is done by each such person or body for those purposes.

In order to do this it has five core business objectives:

- Optimise the effectiveness of arrangements to safeguard and protect children and young people
- Ensure clear governance arrangements are in place for safeguarding children and young people
- Oversee serious case reviews (SCRs) and child death overview panel (CDOP) processes and ensure learning and actions are implemented as a result
- Ensure that single-agency and multi-agency training is effective and contributes to a safe workforce.
- Raise awareness of the roles and responsibilities of the LSCB and promote agency and community roles and responsibilities in relation to safeguarding children and young people.

SSCB aims to provide the leadership and support required to enable children to feel safe and protected within their communities. In addition to the delivery of its core business SSCB has agreed four additional areas of improvement which require greater scrutiny based on audit, partner's reports to the board, evolving statutory guidance and inspection outcomes.

The Learning and Improvement Framework published by the SSCB contains more detailed information of how partners' improvement activities inform future priorities and is a statutory responsibility in WT 2015. SSCB Strategic Documents

Summary of the SSCB key areas of scrutiny 2016 – 2017				
The effectiveness of Early Help for children, young people and families who do not meet the thresholds for statutory intervention and support by Children's Social Care.				
The effectiveness of the current **child protection processes** in protecting those children identified as in need of protection and who are looked after (LAC). To include consideration of **'neglect'**				
The effectiveness of the response and impact of partners work to protect children and young people at risk of **Child Sexual Exploitation (CSE).**				
The effectiveness and impact of Surrey Services in reducing the incidences of Domestic Abuse and protecting children and young people from harm.				
SSCB will focus on				
Strengthening accountability across partners Scrutinising how well partner agencies' safeguarding arrangements demonstrate improved processes and cultural change Ensuring that the SSCB's responsibility for strategic oversight of child protection arrangements is shared and understood by local agencies, across local partnerships and within Surrey's communities	**Training with impact and testing if learning is embedded** Reviewing safeguarding training to ensure that it is well co-ordinated across the partnership and has an impact on practitioners in the safeguarding system Testing how well learning is embedded in front line practice across Surrey Testing how well learning from case reviews is embedded in to practice across Surrey	**Auditing, scrutinising and challenging** **Maximising the use of performance data** Reviewing SSCB Quality Assurance processes to ensure that it is well co-ordinated across the partnership and has an impact on practitioners. Testing how well learning from audit is embedded in front line practice in Surrey	**Listening to children and families** Ensuring that children and young people's views are reflected within the partnership	**Engaging with local communities** Supporting the development of a co-ordinated and multi-agency response to • CSE • Early Help • Neglect • Domestic Abuse Ensure that local communities are better engaged in the work of the Board and within the partnership

Detailed Work plans 2016 – 17

Targeted priority 1 – To monitor and challenge the effectiveness of Early Help for children, young people and families who do not meet the thresholds for statutory intervention and support by Children's Social Care. To ensure that the voice of children and young people is heard.

OUTCOME		Narrative
The Early Help workforce is competent in **identifying vulnerability** based on ability to assess, plan, deliver and evaluate Early Help services for children, young people and families who do not meet the thresholds for statutory intervention and support by Children's Social Care	**Early Help sub group** **Supported by** • **SSCB QA** • **SSCB L&D** • **SSCB P&P** • **MASH & Early Help program board** • **Surrey Children & Young People partnership**	**Update on Early Help to SSCB in January 2017** • MASH is now established and is one of the busiest in the country. • The majority of staffing gaps in the Early Help Co-ordination Hubs have been filled. • There are 4 Early Help hubs in place. Initially approximately 1,000 cases were referred for Early Help each month. This dropped off during February and March and is being monitored by CSC. • Early Help partnership events were held in the Boroughs and Districts in February / March to explain the Early Help offer in each Borough or District. This will support the future development of the Early Help hubs. • An Early Help audit is planned for 2017 – 18. This will consider the impact of the MASH and Early Help arrangements. • An evaluation of the work of Family Support Programme was completed in November as part of this Early Help process. • Further significant work is required on Early Help Co-ordination processes and the EHM module.
The Early Help workforce is effective in **sharing relevant information** at a strategic and delivery level		
Workforce planning effectively **manages risk** associated with financial constraints and recruitment issues across the Early Help sector.		
Agreed multi agency **plans, policies and procedures** relating to Early Help are delivered effectively, and the impact on C&YP is positive.		
The Early Help workforce is effective in **delivering excellent services** for children, young people and families who do not meet the thresholds for statutory intervention and support by Children's Social Care		
Children and Young people receiving Early Help Services actively contribute to decisions affecting them. When appropriate, advocates ensure that the child's voice is heard.		

Targeted Priority 2 – To ensure professionals and the current child protection processes effectively protect those children identified as in need of protection and who are looked after (LAC). To ensure that the voice of children and young people is heard.

OUTCOME		Narrative

The Children's workforce is competent in **identifying vulnerability** based on ability to assess, plan, deliver and evaluate services for children, young people **i**dentified as in need of protection and who are looked after.	**Neglect sub group**
	
	Supported by
	• **SSCB QA**
	• **SSCB L&D**
	• **SSCB P&P**
	• **SSCB SCR**
	• **Surrey Children & Young People partnership**
		• Neglect was the scrutiny focus of the 23 November SSCB Board meeting and a number of partner contributions were taken forward by the Neglect Subgroup
		• A Neglect Challenge event took place on 24 November2016.
		• Actions for the SSCB arising from the event were:
		  ○ SSCB Neglect subgroup to update the SSCB Neglect Strategy and to ensure that we have clear outcomes for children – as at 31 March 2017 the work is ongoing and the strategy will be launched during summer 2017.
		  ○ SSCB to re-launch the Escalation Policy.
		  ○ SSCB Neglect subgroup to review multi-agency neglect assessment tool and guidance, ensuring that it is in line with the Safer Surrey approach and is communicated with staff across all agencies – this work will be completed in July 2017
		• As at 31 March 2017 the Neglect action plan was being finalised.

The Children's workforce is effective in **sharing relevant information** at a strategic and delivery level		
Workforce planning effectively **manages risk** associated with financial constraints and recruitment issues across all Children's services.		
Agreed multi agency **plans, policies and procedures** relating to children in need of protection and who are looked after are delivered effectively, and the impact on C&YP is positive.		
The Children's workforce is effective in **delivering excellent services** for children, young people and families who are identified as in need of protection and who are looked after.		
Children and Young people identified as in need of protection and who are looked after **actively contribute** to decisions affecting them. When appropriate, advocates ensure that the child's voice is heard.		• CP Chairs QA report to SSCB November 2016. Data for the 6 month period April 2016 – September 2016 provided to Board showed that of the 325 children invited to their CP Conference 118 attended (36%). 5 children received independent support. • A Children's Case File Audit focusing on Neglect was completed in November 2016

Targeted Priority 3 – To challenge and scrutinise the effectiveness of the response and impact of partners work to protect children and young people at risk of Child Sexual Exploitation (CSE). To ensure that the voice of children and young people is heard.

OUTCOME		Narrative
The Children's workforce is competent in **identifying vulnerability** based on ability to assess, plan, deliver and evaluate services for children, young people **i**dentified as in need of protection and who are looked after.	**CSE sub group** **Supported by** • **SSCB QA** • **SSCB L&D** • **SSCB P&P** • **SSCB SCR** • **Surrey Children & Young People partnership**	• The SSCB has overseen the development of a new CSE strategy and action plan with a clearer focus on a small number of priority actions to address CSE in Surrey. This follows the completion of a CSE peer review in May 2016. The new strategy and action plan is informed by and responds directly to findings of the peer review. • CSE work was the scrutiny focus at the 20 July 2016 and the 13 March 2017 SSCB Board meetings • There was a CSE Challenge event on 28 July 2016. 2 young people were part of the panel scrutinising agencies work in respect of CSE. • Police officers have undertaken 'Total Respect Training'. • Children's Services have ensured that the piece of work carried out by the Children's Right Team (as commissioned by Surrey Children's Services) on the issue of CSE is now taken forward and used. • The SSCB Event 'Under the Radar' on the 16 November provided a platform to launch the strategy and action plan. This was supported by co-ordinated communications activities and awareness-raising across the partnership using existing communication channels. • Drawing on the 'See me, hear me' framework, existing engagement with children was scoped and effective mechanisms to listen to and respond to children's views is being developed. Children placed outside of Surrey • Children continue to be invited to contribute as appropriate to their Looked After Children Reviews / CP Conferences / Return Home Interviews (on their return from a missing episode).
The Children's workforce is effective in **sharing relevant information** at a strategic and delivery level		
Workforce planning effectively **manages risk** associated with financial constraints and recruitment issues across all Children's' services.		
Agreed multi agency **plans, policies and procedures** required to protect children and young people at risk of Child Sexual Exploitation are delivered effectively, and the impact on C&YP is positive.		
The Children's workforce is effective in **delivering excellent services** required to protect children and young people at risk of Child Sexual Exploitation.		
Children and Young people **actively contribute** to decisions affecting them. When appropriate, advocates ensure that the child's voice is heard.		

Targeted priority 4 – To monitor and challenge the effectiveness and impact of Surrey Services in reducing the incidences of Domestic Abuse and protecting children and young people from harm. To ensure that the voice of children and young people is heard.

OUTCOME		Narrative
The Children's workforce is competent in **identifying vulnerability** based on ability to assess, plan, deliver and evaluate services for children, young people **i**dentified as in need of protection and vulnerable due to incidences of Domestic Abuse	**Domestic Abuse sub group** **Supported by** • **SAB** • **SSCB QA** • **SSCB L&D** • **SSCB P&P** • **SSCB SCR** • **Surrey Children & Young People partnership**	• Domestic Abuse was the scrutiny focus for the 19 September 2016 SSCB Board meeting. • A Domestic Abuse challenge event was organised by SSCB on 22 September 2016. • Unfortunately the young people invited to take part were not able to attend but sent their questions for the panel. • The Domestic Abuse Management Board provides a multi-agency strategic lead for work in relation to Domestic Abuse. This Board is chaired by the Police. • The Surrey DA Strategy (2012 – 2018) focuses on developing services that maximise prevention, early intervention and provide holistic responses to those affected by DA. • SSCB Policy and Procedures are being updated • Work to promote healthy relationships is undertaken as part of all schools PSHE curriculum supported through the Healthy Schools Programme. • School staff have access to a range of training and development opportunities promoted through the Safeguarding Children's Board and Community Safety Board as well as Surrey Domestic Abuse Services (SDAS) Healthy Relationship training. • The Office of the Police and Crime Commissioner has supported access to drama productions for schools which have focused upon domestic abuse and unhealthy relationships.
The Children's workforce is effective in **sharing relevant information** at a strategic and delivery level		
Workforce planning effectively **manages risk** associated with financial constraints and recruitment issues across all Children's' services.		
Agreed multi agency **plans, policies and procedures** required to protect children and young people at risk from Domestic Abuse are delivered effectively, and the impact on C&YP is positive.		
The Children's workforce is effective in **delivering excellent services** required to protect children and young people at risk from Domestic Abuse.		
Children and Young people **actively contribute** to decisions affecting them. When appropriate, advocates ensure that the child's voice is heard.		

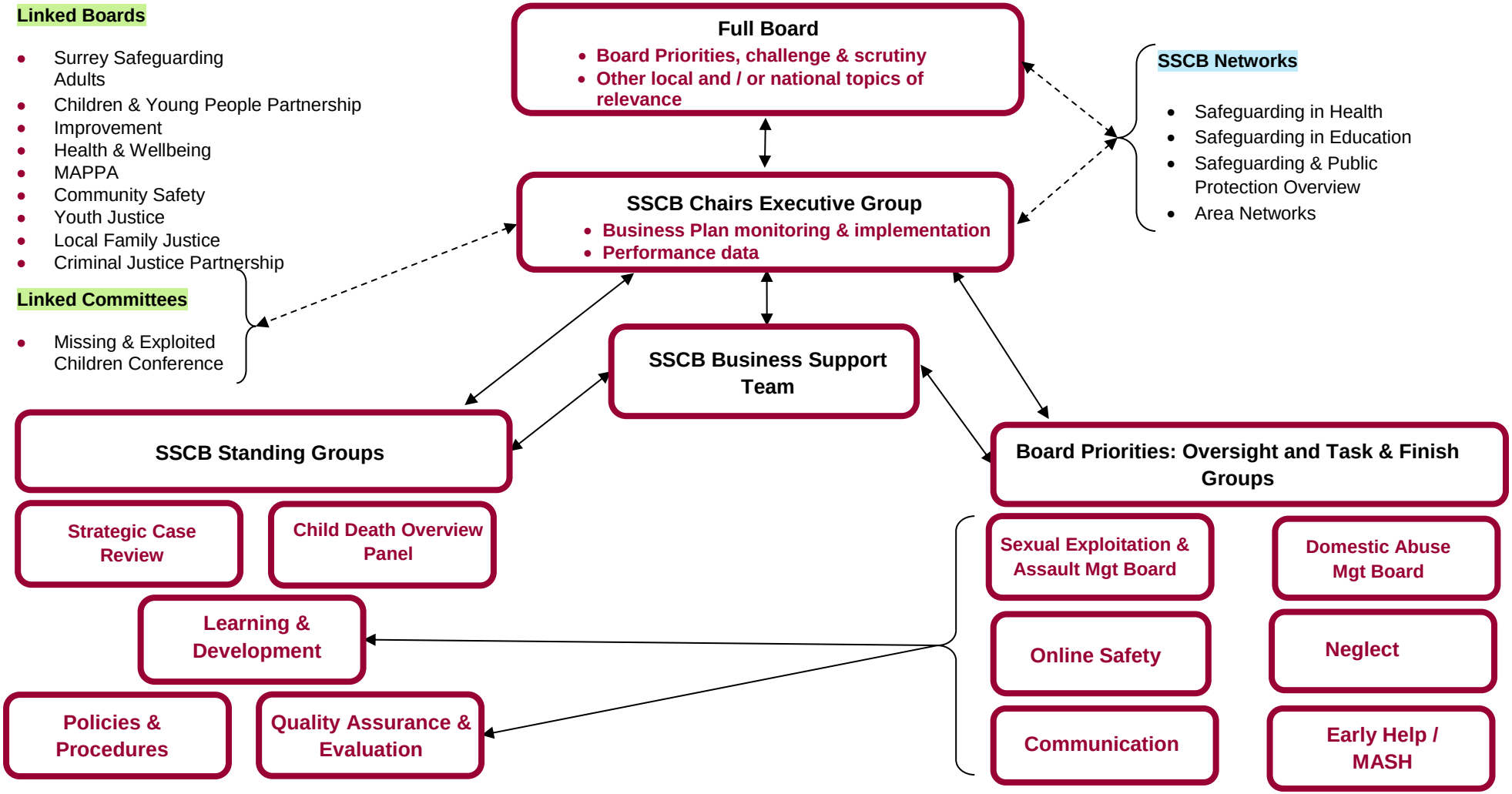
Annual Report 2016 – 2017

Chapter 5

Further information about the Surrey Safeguarding Children Board

Surrey Safeguarding Children Board Structure 2016

Role of the Surrey Safeguarding Children Board (SSCB): to coordinate and ensure the effectiveness of what is done by each person or body represented on the Board, for the purpose of safeguarding and promoting the welfare of children within Surrey.



Main Board

This Board is made up of representatives of member agencies. They are sufficiently senior to be able to sign agreements on behalf of their agency and ensure that their agency co-operates with the SSCB policies and procedures.

Chairs' Executive Group

The Chairs' Executive Group manages the operation of the SSCB, drives forward the strategic priorities and ensures the smooth running of the Business Plan. The members of the Chairs Executive Group are made up of the chairs from each of the SSCB sub group.

Sub Groups

Members of the sub groups are staff from partner agencies represented at the SSCB. The members of the sub group are selected to ensure each group has the relevant expertise and knowledge to deliver the SSCB business plan.

Independent Chair

The SSCB is led by an Independent Chair Mrs Elaine Coleridge-Smith.
The Chief Executive of Surrey County Council appoints the Chair.

Surrey County Council

Surrey County Council is responsible for establishing and maintaining the SSCB. Mrs Julie Fisher the Director of Children Services sits on the Main Board and meets regularly with the Independent Chair.

Lead Member for Children Services

This role is held by Clare Curran elected Councillor with responsibility to ensure that the local authority fulfil its legal responsibilities to safeguard children in Surrey. The Lead Member attends the main board meetings as a participating observer and is not part of the decision-making process.

Partner Agencies

All partner Agencies are committed to ensuring the smooth and effective operation of the SSCB. Designated professionals provide advice on safeguarding matters to partner agencies. There is a Designated Doctor and Nurse who take a strategic, professional lead on all aspects of the health service contribution to safeguarding children across Surrey.

Lay Members

SSCB appointed two local residents as Lay Members to support stronger public engagement and contribute to the SSCB work in the community

Third Sector

The SSCB has representatives from Surrey Youth Focus and Home Start.

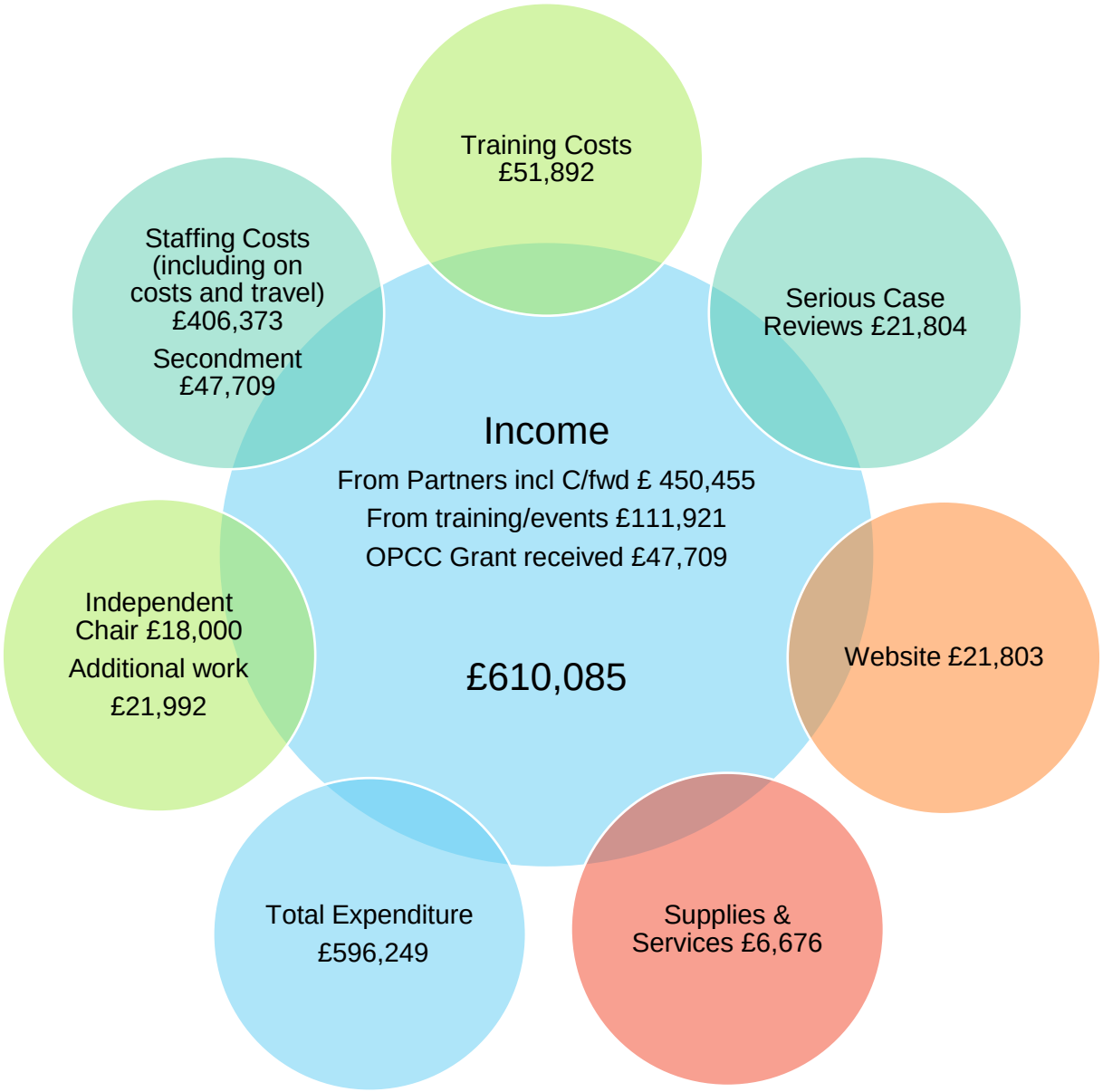
Financial Summary 2016 – 2017

SSCB was adequately funded by partner agencies during 2016 – 2017. Financial contributions from partners totalled £450,455 including the carry forward from 2015 – 2016 and a £20,000 contribution to the training function of the Board to enable partners to access training at no further cost. Surrey County Council contributes 45.52%, the CCGs contribute 36.86%, NHS Trusts 4.88%, Surrey Police 7.76%, Boroughs & Districts 3.07%, with combined probation services totalling 1.76% and CAFCASS 0.15%. In addition to contributing financially, SSCB partners contribute 'in kind' providing staff time, venues for training, trainers and hosting arrangements for the support team.

Income from training during 2016 – 2017 was £106,202. Training costs were £51,892. Venue costs accounted for £21,876, Training Consultants £27,328, and refreshment costs £2,688. This resulted in a net contribution from the training team of £54,310. The net surplus from conferences held during the year was £5,719.

Other costs relating to the statutory functions of the Board included: Serious Case Reviews independent reviewer costs £20,529, Independent Chair's costs for the chairing of the SSCB were £18,000. During 2016 – 2017 the independent Chair also supported the Improvement Board work within the partnership, the chairing of the Quality Assurance sub group and attendance at sub groups totalling £21,992

The SSCB budget showed a small surplus of £13,836 after accruals (£132,062 before accruals) which will be carried forward into the next financial year. Partner contributions will remain unchanged in 2017 – 2018.


Training Costs £51,892
Staffing Costs (including on costs and travel) £406,373
Secondment £47,709
Serious Case Reviews £21,804
Income
From Partners incl C/fwd £ 450,455
From training/events £111,921
OPCC Grant received £47,709
£610,085
Independent Chair £18,000
Additional work £21,992
Website £21,803
Total Expenditure £596,249
Supplies & Services £6,676

Chapter 6

Messages for You

Children in Surrey

- We want to hear what you have to say: If you have a worker don't be afraid to let them know how they can help you to keep safe.
- If you are worried about yourself or another child do speak to someone such as a teacher or another adult you can trust.
- Don't be afraid to speak up.

Parents and Carers

- Please remember that the agencies are there to help you and your family. Ask for support early don't wait for the situation to get worse.
- Talk to professionals working with you about what needs to be done differently to keep your family safe.
- Find out about the issues that might affect your child, it is important that they are safe in the digital world. Ask how you can help to keep them safe on line.

The staff who work with children and young people.

- Be clear about who is your representative on the SSCB and use them to ensure the voices of children and frontline practitioners are heard.
- Be familiar with and use the SSCB threshold document and safeguarding procedures to ensure appropriate response to safeguarding children.
- Ensure you take advantage of all safeguarding training required for your role.
- Do not be afraid to challenge and raise concerns about any safeguarding decisions you feel that are inappropriate.
- Foster a culture of curiosity and learning
- Your knowledge and experience of children is important – be familiar with the SSCB escalation policy.

Partner Agencies

- Support the SSCB's priority given to Child Sexual Exploitation and ensure this is reflected within your strategic planning.
- Ensure that you continue to address Domestic Abuse and support the work of the Domestic Abuse Management Board.

- Ensure that efforts are made to secure effective Early Help support for families and that those children in need of protection are quickly identified and appropriate support offered.
- Partners to ensure that the SSCB work being undertaken to tackle neglect is evaluated and the evidence use to inform both strategic planning and service delivery.
- Recognise the role of voluntary organisations and Faith groups and ensure support is made available so that they can play their part in safeguarding children in Surrey.
- Ensure that information is shared at the earliest opportunity to protect children

Chief Executives and Directors

- Ensure that the workforce is aware of their safeguarding responsibilities and can access SSCB safeguarding training and learning events.
- Continue building on strengthening supervision and management oversight
- Recognise that the delivery of services in partnership is a challenge. A priority for 2017 must be our ability to work together and share information appropriately.
- Work together to re-balance capacity to best match demands
- Recognise that the SSCB needs to be informed about changes to organisational structure in order to understand the impact on the capacity to safeguard children in Surrey.
- Recognise that we must all ensure a culture of listening to children and their families about their experiences of the support they receive.

Conclusion

Throughout the period of this report Surrey Children's Services have continued to be under scrutiny following the June 2015 Ofsted inspection report that gave an overall judgement for of inadequate. Surrey has agreed a challenging improvement plan that sets out how services will move to an embedded culture of practice where CSF, and all partner agencies, are consistently and confidently doing the right things for children and young people, in the right way at the right time. There is now clarity about what needs to improve and what needs to be done to deliver the change required.

During this period the leadership across the partnership is significantly changed, giving rise to stronger governance and a clearer sense of direction. Significantly there is a greater sense of cohesion and integration across the partnership, and clear evidence of a shared drive to improve practice across all services.

Key to future improvements in both practice and partnerships is the successful embedding of Safer Surrey. The establishment of a Signs of Safety implementation group is an important decision and should support the drive to implement and use this model.

Frequently inspections and audits have highlighted that staff demonstrate a real the passion and knowledge of children in their care. This culture of care and genuine concern is one that we want to nurture in Surrey.

It is to be expected that work remains to be done. Whilst this report points out that the quality of practice still remains variable and in particular some partners have more work to do on supervision, management oversight and case recording, I hope readers get a sense of the achievements made and the real drive to improve. Partners should be congratulated for the way in which they have addressed problems and maintained focus and pace.

The coming year will require the same high level of drive and commitment. Demand for services is unlikely to lessen and financial constraint will continue across the partnership. In addition the 2017 Children & Social Work Bill and the Wood Review of the role and functions of Local Safeguarding Children Boards will demand considerable attention.

I would like to thank everyone involved in safeguarding the children and young people in Surrey. Your professionalism, commitment and skill is highly valued and greatly appreciated by all those who have contact with you.

Elaine Coleridge Smith, Surrey Safeguarding Children Board

surrey safeguarding CHILDREN BOARD