Notice of Meeting

Committees-in-Common Sub-Committee

Date & time	Place	Contact	Chief Executive
Wednesday, 25 September 2019 at 9.30 am	Mandolay Hotel, 36-40 London Road, Guildford, GU1 2AE	Ben Cullimore Room 122, County Hall, Penryhn Road, Kingston upon Thames, KT1 2DN 020 8213 2782 ben.cullimore@surreycc.gov.uk	Joanna Killian

If you would like a copy of this agenda or the attached papers in another format, e.g. large print or braille, or another language, please either call 020 8541 9122, 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 ben.cullimore@surreycc.gov.uk.

This meeting will be held in public. If you would like to attend and you have any special requirements, please contact Ben Cullimore on 020 8213 2782.

Elected Members

Mrs Mary Lewis (Cabinet Member for Children, Young People & Families), Mrs Sinead Mooney (Cabinet Member for Adults and Public Health) and Mr Tim Oliver (Leader of the Council)

AGENDA

1 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 interest 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

2 PROCEDURAL MATTERS

a Members' Questions

The deadline for Members' questions is 12pm four working days before the meeting (19 September 2019).

b Public Questions

The deadline for public questions is seven days before the meeting (18 September 2019).

c Petitions

The deadline for petitions was 14 days before the meeting and none have been received.

3 2019/20 BETTER CARE FUND PLAN (Pages 5 - 64)

The Better Care Fund is a local single pooled budget that facilitates integrated working between health, social care, and wider partners. The plan, attached as Annex 1, sets out the areas of spend for Surrey's Better Care Fund.

4 APPROVE THE ENTERING OF A CO-OPERATION AGREEMENT BETWEEN SURREY COUNTY COUNCIL AND SURREY AND BORDERS PARTNERSHIP TRUST FOR THE DELIVERY OF AN INTEGRATED SUBSTANCE MISUSE TREATMENT SERVICE FOR ADULTS (Pages 65 - 110)

Surrey County Council Public Health holds a contract with Surrey and Borders Partnership (SaBP) Foundation Trust for the provision of adult substance misuse services. This contract is due to expire on 31 March

2020. Since 1 April 2018, SaBP, Catalyst and Public Health have piloted an adult substance misuse treatment programme board as a vehicle through which this 'vertically' commissioned contract has been managed.

Surrey County Council Public Health are proposing to enter in to a 'horizontal' co-operative agreement in compliance with Regulation 12(7) of the Public Contract Regulations 2015 (PCR 2015) from 1 April 2020. The agreement would include the provision for adult's substance misuse treatment to be delivered by SaBP in partnership with Surrey County Council.

5 IMPLEMENTING A STRATEGIC COMMISSIONING APPROACH TO SUPPORTED LIVING FOR ADULTS WITH A MENTAL HEALTH AND/OR SUBSTANCE MISUSE PROBLEM (Pages 111 - 146)

Adult Social Care supports a range of people with a mental health and/or substance misuse problem. Some of these individuals can be helped to recover through the provision of supported living services. This paper outlines Adult Social Care's new strategic approach to working with the providers of supported living in Surrey. It also provides details on how the Council wishes to engage with the market to make sure that people who need this level of support experience good quality care that the Council can afford.

Joanna Killian
Chief Executive
Published: Tuesday, 17 September 2019

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SURREY

NHS

Agenda item: 3
Paper no: 1

Title of Report:	**2019/20 Better Care Fund Plan**	
Status:	**TO APPROVE**	
Committee:	**Surrey-wide Commissioning Committees-in-Common**	**Date:** 25/09/19
Venue:	Mandolay Hotel, 36-40 London Rd, Guildford, GU1 2AE	
Presented By:	Simon White, Interim Executive Director for Adult Social Care, Surrey County Council	
Author(s)/ Lead Officer(s):	Chris Tune, Policy and Programme Manager (Health and Social Care Integration), Surrey County Council	

Executive Summary:

The Better Care Fund is a local single pooled budget that facilitates integrated working between health, social care, and wider partners. The plan, attached as Annex 1, sets out the areas of spend for Surrey's Better Care Fund.

Governance:

Conflict of Interest:	None identified	✓
Previous Reporting:	Committee name: Surrey Strategic Health and Care Commissioning Collaborative Meeting date: 20/09/19	
Freedom of Information:	Open – no exemption applies. Part I paper suitable for publication.	✓

Decision Applicable to:

Decision applicable to the following partners of the Committees in Common:	NHS East Surrey CCG	✓
	NHS Guildford and Waverley CCG	✓
	NHS North West Surrey CCG	✓
	NHS North East Hants and Farnham CCG	✓
	NHS Surrey Downs CCG	✓
	NHS Surrey Heath CCG	✓
	Surrey County Council	✓

Recommendation(s):

The Surrey-wide Commissioning Committees are asked to:

1. Agree that the finalised 2019/20 Better Care Fund Plan be presented to the Surrey Health and Wellbeing Board for final approval on 3 October 2019.

2. Note that the national planning conditions have been met, including the minimum CCG funding contribution, the minimum funding allocation to NHS Commissioned Out of Hospital Spend, and minimum funding allocation to Adult Social Care services.

Reason for recommendation(s):

The 2019/20 Better Care Fund plan for Surrey has been agreed following local discussions with a wide range of stakeholders, including strategic leaders, finance colleagues, and commissioners. The areas of spend set out in the plan will support joint working to deliver integrated, holistic services that put Surrey residents at the centre of their health and social care services. A specific requirement of the Better Care Fund planning process is to secure approval of plans from the Council, the relevant CCGs and the Health and Wellbeing Board.

Next Steps:

1. Following approval by the Surrey-wide Commissioning Committees in Common, the report will be brought before the Surrey Health and Wellbeing Board on 3 October 2019 for approval.

2. Once agreed by the Surrey Health and Wellbeing Board, the Better Care Fund plan will be submitted to NHS England for regional and national assurance.

3. Section 75 partnership agreements will be developed and agreed between Surrey County Council and CCGs to enable the establishment of pooled funds for 2019/20.

1. Details:

1.1 Key issues

1.1.1 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.

1.1.2 The 2019/20 plan set outs the planned schemes to be funded through the BCF, rationale behind it through the strategic narrative, and benchmarking for metric reporting.

1.1.3 Pending recommendation from the Surrey-wide Commissioning Committees-in-Common, the paper will go before the Surrey Health and Wellbeing Board for final sign-off, before submission to NHS England.

1.2 Planning requirements

1.2.1 The Better Care Fund planned guidance and submission template for 2019/20 were published on 18 July 2019. A deadline of 27 September 2019 was set for the return of the BCF submission template, although the template allows for Health and Wellbeing Board sign-off to take place after 27 September.

1.2.2 The Better Care Fund brings together ring-fenced budgets from Clinical Commissioning Group (CCG) allocations, and funding paid directly to local government, including the Disabled Facilities Grant (DFG), the improved Better Care Fund (iBCF) and, included in the BCF for the first time, the Winter Pressures grant.

1.2.3 The Better Care Fund Policy Framework for 2019-20 provides continuity from the previous round of the programme. The four national conditions set by the government in the Policy Framework that local areas will need to meet through the planning process in order to access the funding are:

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

1.2.4 The national expectation is for the 2019/20 plan to build on the Better Care Fund plan approved for 2017-19, with three strategic aims continuing to guide the approach in 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; and
- **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.

1.2.5 Once the Surrey Better Care Fund plan has been agreed for 2019/20, 'section 75' partnership agreements will be developed and agreed with CCGs to enable the establishment of pooled funds.

1.3 Benefits to Surrey residents of proposed action

1.3.1 Centred on the person, their families and carers

- The BCF narrative plans will 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.

1.3.2 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.

1.3.3 Opportunities for integration

- 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 learned 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 Integrated Care Systems (ICSs) and will drive the delivery of integration across Surrey in the coming years.

1.3.4 Reducing health inequalities

- The BCF and wider integration work is targeted to the needs of the Surrey population, with a 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.

1.3.5 Evidence based

- The Surrey Joint Strategic Needs Assessment, and local area profiles, have been used as the shared evidence base to develop the draft Surrey BCF plan.

1.3.6 Improved outcomes

- Delivery of the Surrey BCF plan will support the achievement of outcomes for older adults set out in the Surrey Health and Wellbeing Strategy.

1.3.7 Within Priority 1, ‘helping people in Surrey to lead healthy lives’, it supports the specific focus areas around ‘promoting prevention to decrease incidence of serious conditions and diseases’, and ‘helping people to live independently for as long as possible and to die well’.

1.3.8 Within Priority 2, ‘supporting the emotional wellbeing of people in Surrey’, it supports the specific focus areas around ‘enabling…adults and elderly with mental health issues to access the right help and resources’, and ‘preventing isolation and enabling support for those who do feel isolated’.

2. Consultation:

2.1.1 The Better Care Fund Plan is Surrey-wide – however, local delivery is tailored in each area through the commissioning of different schemes to suit the local population. 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 (LJCGs). Especially around the development of High Impact Change action plans to manage transfers of care from hospital, which were developed with (and will continue to evolve with) Local A&E Delivery Boards. 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 ICS governance, planning and project delivery, local providers are equal partners and a key part of the delivery of integration and place-based solutions.

2.1.2 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 five district and borough representatives on the Surrey Health and Wellbeing Board. The Disabled Facilities Grant (DFG) for 2019/20 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.

3. Risk Management and Implications:

3.1.1 The section 75 agreements are an essential part of the governance arrangements for the BCF and will set out the range of mechanisms that will be in place to manage the BCF pooled fund and the associated risks. The BCF plan itself will include information relating to risk sharing and contingency arrangements.

4. Financial and ‘Value For Money’ Implications:

4.1.1 The BCF submission in Annex 1 sets out the plan for how £94m of funding across Surrey’s health and social care system will be spent. This includes the £73m minimum contributions from CCGs to the BCF, £11m of iBCF and Winter Pressures grant funding paid directly to SCC and £9m of DFG monies paid to D&B Councils.

4.1.2 The minimum amount Surrey's CCGs are required to add into the BCF as stipulated by NHSE is increasing in 2019/20 by £4.3m (6.2%). Of this increase, £2.4m will be allocated to Adult Social Care. Annex 1 confirms how this increased funding will be spent in line with agreements reached between SCC and CCG partners.

5. Section 151 Officer Commentary:

5.1.1 The S151 officer supports the Better Care Fund Plan, which enables Surrey County Council to deliver its responsibilities as part of the Health and Social Care system. The Better Care Fund Plan includes increases to the CCG and ASC minimum funding levels that enable additional activity to be funded through the BCF in 2019/20. The plan will be developed in to s75 agreements.

6. Legal Implications – Monitoring Officer:

6.1.1 The Care Act 2014 places a duty on local authorities to exercise their functions under the Care Act with a view to ensuring the integration of health and social care provision. Similarly, the National Health Service Act 2006 places a duty on CCGs to do the same in the exercise of their functions. Furthermore, under the Health and Social Care Act 2012, the Surrey Health and Wellbeing Board must, for the purpose of advancing the health and wellbeing of the people in its area, encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner. The BCF and Section 75 agreements that underpin it are intended to enable compliance with these duties.

6.1.2 The Section 75 agreements between Surrey County Council and the CCGs were significantly updated for the 2017-19 BCF funding period, including new provisions for the iBCF. The agreements set out in details the terms under which the pooled budgets operate and how risks of overspend and underspend are managed. The Section 75 agreements will need to be reviewed and updated accordingly for the 2019-20 funding period, including provision for the new Winter Pressures Grant. Legal Services at Surrey County Council will continue to support the development of the Section 75 Agreements with each of the CCGS.

6.1.3 Approval to sign or seal the final Section 75 Agreements (once NHS England has completed its assurance process) will be given by the Executive Director of Adult Social Care, and the Executive Director of Resources, in consultation with the Leader of the Council, the Cabinet Member for Adults and Public Health, and the Deputy Cabinet Member for Health for Surrey County Council, and by the CGGs' respective governing bodies.

7. Equalities and Diversity:

7.1.1 An EIA is not required for this paper, as it serves largely as an agreement of budget envelopes for health-commissioned services, and Adult Social Care commissioned services within the Better Care Fund. The specific schemes listed within Annex 1 are commissioned, managed and scrutinised at Local Joint Commissioning Group level, where the equality and diversity impacts are considered.

Consulted:

- Surrey Heartlands ICS Leadership

- Frimley Health ICS Leadership
- Surrey County Council Cabinet Members
- Surrey County Council Corporate Leadership Team
- Surrey County Council Adult Leadership Team
- Clinical Commissioning Groups
- Local Joint Commissioning Groups
- Local A&E Delivery Boards
- Surrey Equipment & Adaptations Group

Annexes:

Annex 1 – Surrey Better Care Fund 2019/20 plan submission

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Better Care Fund 2019/20 Template

1. Guidance

Overview

Note on entering information into this template

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

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

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

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

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

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

2. Cover (click to go to sheet)

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to england.bettercaresupport@nhs.net
3. Please note that in line with fair processing of personal data we collect email addresses to communicate with key individuals from the local areas for various purposes relating to the delivery of the BCF plans including plan development, assurance, approval and provision of support.

We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

4. Strategic Narrative (click to go to sheet)

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

1. Approach to integrating care around the person. This should set out your approach to integrating health and social care around the people, particularly those with long term health and care needs. This should highlight developments

2 i. Approach to integrating services at HWB level (including any arrangements at neighbourhood level where relevant). This should set out the agreed approach and services that will be commissioned through the BCF. Where schemes are new or approaches locally have changed, you should set out a short rationale.

2 ii. DFG and wider services. This should describe your approach to integration and joint commissioning/delivery with wider services. In all cases this should include housing, and a short narrative on use of the DFG to support people with care needs to remain independent through adaptations or other capital expenditure on their homes. This should include

3. How your BCF plan and other local plans align with the wider system and support integrated approaches. Examples may include the read across to the STP (Sustainability Transformation Partnerships) or ICS (Integrated Care Systems) plan(s) for your area and any other relevant strategies.

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

5. Income (click to go to sheet)

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

6. Expenditure (click to go to sheet)

This sheet should be used to set out the schemes that constitute the BCF plan for the HWB including the planned expenditure and the attributes to describe the scheme. This information is then aggregated and utilised to analyse the BCF plans nationally and sets the basis for future reporting and to particularly demonstrate that National Condition 2

The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and CCG minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet please enter the following information:

1. Scheme ID:

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

2. Scheme Name:

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

3. Brief Description of Scheme

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

4. Scheme Type and Sub Type:

- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available at the end of the table (follow the link to the description section at the top of the main expenditure table).
- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.
- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.
- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.

5. Planned Outputs

- The BCF Planning requirements document requires areas to set out planned outputs for certain scheme types (those which lend themselves to delivery of discrete units of delivery) to help to better understand and account for the activity funded through the BCF.
- The Planned Outputs fields will only be editable if one of the relevant scheme types is selected. Please select a relevant

6. Metric Impact

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

7. Area of Spend:

- Please select the area of spend from the drop-down list by considering the area of the health and social system which is most supported by investing in the scheme.
- Please note that where 'Social Care' is selected and the source of funding is "CCG minimum" then the planned spend would count towards National Condition 2.
- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.
- We encourage areas to try to use the standard scheme types where possible.

8. Commissioner:

- Identify the commissioning entity for the scheme based on who commissions the scheme from the provider. If there is a single commissioner, please select the option from the drop-down list.
- Please note this field is utilised in the calculations for meeting National Condition 3.
- If the scheme is commissioned jointly, please select 'Joint'. Please estimate the proportion of the scheme being commissioned by the local authority and CCG/NHS and enter the respective percentages on the two columns alongside.

9. Provider:

- Please select the 'Provider' commissioned to provide the scheme from the drop-down list.
- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.

10. Source of Funding:
- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop-down list
- If the scheme is funding across multiple sources of funding, please split the scheme across multiple lines, reflecting the
11. Expenditure (£) 2019/20:
- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)
12. New/Existing Scheme
- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

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

7. HICM (click to go to sheet)

National condition four of the BCF requires that areas continue to make progress in implementing the High Impact Change model for managing transfers of care and continue to work towards the centrally set expectations for reducing DToC. In the planning template, you should provide:
- An assessment of your current level of implementation against each of the 8 elements of the model – from a drop-
- Your planned level of implementation by the end March 2020 – again from a drop-down list
A narrative that sets out the approach to implementing the model further. The Narrative section in the HICM tab sets out furt

8. Metrics (click to go to sheet)

This sheet should be used to set out the Health and Wellbeing Board's performance plans for each of the Better Care Fund metrics in 2019/20. The BCF requires plans to be agreed for the four metrics. This should build on planned and
1. Non-Elective Admissions (NEA) metric planning:
- BCF plans as in previous years mirror the latest CCG Operating Plans for the NEA metric. Therefore, this metric is not collected via this template.
2. Residential Admissions (RES) planning:
- This section requires inputting the information for the numerator of the measure.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care) for the Residential Admissions numerator measure.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from ONS subnational population projections.
- The annual rate is then calculated and populated based on the entered information.
- Please include a brief narrative associated with this metric plan
3. Reablement (REA) planning:
- This section requires inputting the information for the numerator and denominator of the measure.
- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).
- Please then enter the planned numerator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.
- The annual proportion (%) Reablement measure will then be calculated and populated based on this information.
- Please include a brief narrative associated with this metric plan
4. Delayed Transfers of Care (DToC) planning:
- The expectations for this metric from 2018/19 are retained for 2019/20 and these are prepopulated.
- Please include a brief narrative associated with this metric plan.
- This narrative should include details of the plan, agreed between the local authority and the CCG for using the Winter Pressures grant to manage pressures on the system over Winter.

9. Planning Requirements (click to go to sheet)

This sheet requires the Health & Wellbeing Board to confirm whether the National Conditions and other Planning Requirements detailed in the BCF Policy Framework and the BCF Requirements document are met. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2019/20 for further details.
The Key Lines of Enquiry (KLOE) underpinning the Planning Requirements are also provided for reference as they will be utilised to assure plans by the regional assurance panel.
1. For each Planning Requirement please select 'Yes' or 'No' to confirm whether the requirement is met for the BCF Plan.
2. Where the confirmation selected is 'No', please use the comments boxes to include the actions in place towards meeting the requirement and the target timeframes.

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

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

Better Care Fund 2019/20 Template

2. Cover

Version 1.2

Department of Health & Social Care | Ministry of Housing, Communities & Local Government | NHS

Please Note:

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

- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".

- Please note that national data for plans is intended for release in aggregate form once plans have been assured, agreed and baselined as per the due process outlined in the BCF Planning Requirements for 2019/20.

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

Health and Wellbeing Board:	Surrey
Completed by:	Chris Tune
E-mail:	christopher.tune@surreycc.gov.uk
Contact number:	07790836779
Who signed off the report on behalf of the Health and Wellbeing Board:	Simon White

Will the HWB sign-off the plan after the submission date?	Yes
If yes, please indicate the date when the HWB meeting is scheduled:	03/10/2019

	Role:	Professional Title (where applicable)	First-name:	Surname:	E-mail:
***Area Assurance Contact Details:**	Health and Wellbeing Board Chair	Leader of Surrey County Council	Tim	Oliver	tim.oliver@surreycc.gov.uk
	Clinical Commissioning Group Accountable Officer (Lead)	Joint Accountable	Matthew	Tait	m.tait@nhs.net
	Additional Clinical Commissioning Group(s) Accountable Officers	GP and Chief Officer Surrey	Dr Andy	Brooks	a.brooks1@nhs.net
	Local Authority Chief Executive	Chief Executive of Surrey County	Joanna	Killian	joanna.killian@surreycc.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)	Interim Executive Director for Adult	Simon	White	simon.white1@surreycc.gov.uk
	Better Care Fund Lead Official	Policy and Programme	Chris	Tune	christopher.tune@surreycc.gov.uk
	LA Section 151 Officer	Executive Director -	Leigh	Whitehouse	leigh.whitehouse@surreycc.gov.uk
Please add further area contacts that you would wish to be included in official correspondence -->	Better Care Fund Finance Lead	Senior Finance Business Partner -	Andy	Wickes	andy.wickes@surreycc.gov.uk
	Better Care Fund Finance Lead (Frimley)	Senior Finance Business Partner -	Lucinda	Derry	lucinda.derry@surreycc.gov.uk
	Strategic Finance Manager	Strategic Finance Business Partner -	Wil	House	william.house@surreycc.gov.uk

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

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

Complete

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

<< Link to the Guidance sheet

Checklist

2. Cover

^^ Link back to top

	Cell Reference	Checker
Health & Wellbeing Board	D13	Yes
Completed by:	D15	Yes
E-mail:	D17	Yes
Contact number:	D19	Yes
Who signed off the report on behalf of the Health and Wellbeing Board:	D21	Yes
Will the HWB sign-off the plan after the submission date?	D23	Yes
If yes, please indicate the date when the HWB meeting is scheduled:	D24	Yes
Area Assurance Contact Details - Role:	C27 : C36	Yes
Area Assurance Contact Details - First name:	F27 : F36	Yes
Area Assurance Contact Details - Surname:	G27 : G36	Yes
Area Assurance Contact Details - E-mail:	H27 : H36	Yes

Sheet Complete	Yes

4. Strategic Narrative

^^ Link back to top

	Cell Reference	Checker
A) Person-centred outcomes:	B20	Yes
B) (i) Your approach to integrated services at HWB level (and neighbourhood where applicable):	B31	Yes
B) (ii) Your approach to integration with wider services (e.g. Housing):	B37	Yes
C) System level alignment:	B44	Yes

Sheet Complete	Yes

5. Income

^^ Link back to top

	Cell Reference	Checker
Are any additional LA Contributions being made in 2019/20?	C39	Yes
Additional Local Authority	B42 : B44	Yes
Additional LA Contribution	C42 : C44	Yes
Additional LA Contribution Narrative	D42 : D44	Yes
Are any additional CCG Contributions being made in 2019/20?	C59	Yes
Additional CCGs	B62 : B71	Yes
Additional CCG Contribution	C62 : C71	Yes
Additional CCG Contribution Narrative	D62 : D71	Yes

Sheet Complete	Yes

6. Expenditure ^^ Link back to top

	Cell Reference	Checker
Scheme ID:	B22 : B271	Yes
Scheme Name:	C22 : C271	Yes
Brief Description of Scheme:	D22 : D271	Yes
Scheme Type:	E22 : E271	Yes
Sub Types:	F22 : F271	Yes
Specify if scheme type is Other:	G22 : G271	Yes
Planned Output:	H22 : H271	Yes
Planned Output Unit Estimate:	I22 : I271	Yes
Impact: Non-Elective Admissions:	J22 : J271	Yes
Impact: Delayed Transfers of Care:	K22 : K271	Yes
Impact: Residential Admissions:	L22 : L271	Yes
Impact: Reablement:	M22 : M271	Yes
Area of Spend:	N22 : N271	Yes
Specify if area of spend is Other:	O22 : O271	Yes
Commissioner:	P22 : P271	Yes
Joint Commissioner %:	Q22 : Q271	Yes
Provider:	S22 : S271	Yes
Source of Funding:	T22 : T271	Yes
Expenditure:	U22 : U271	Yes
New/Existing Scheme:	V22 : V271	Yes

Sheet Complete	Yes

7. HICM ^^ Link back to top

	Cell Reference	Checker
Priorities for embedding elements of the HCIM for Managing Transfers of Care locally:	B11	Yes
Chg 1) Early discharge planning - Current Level:	D15	Yes
Chg 2) Systems to monitor patient flow - Current Level:	D16	Yes
Chg 3) Multi-disciplinary/Multi-agency discharge teams - Current Level:	D17	Yes
Chg 4) Home first / discharge to assess - Current Level:	D18	Yes
Chg 5) Seven-day service - Current Level:	D19	Yes
Chg 6) Trusted assessors - Current Level:	D20	Yes
Chg 7) Focus on choice - Current Level:	D21	Yes
Chg 8) Enhancing health in care homes - Current Level:	D22	Yes
Chg 1) Early discharge planning - Planned Level:	E15	Yes
Chg 2) Systems to monitor patient flow - Planned Level:	E16	Yes
Chg 3) Multi-disciplinary/Multi-agency discharge teams - Planned Level:	E17	Yes
Chg 4) Home first / discharge to assess - Planned Level:	E18	Yes
Chg 5) Seven-day service - Planned Level:	E19	Yes
Chg 6) Trusted assessors - Planned Level:	E20	Yes
Chg 7) Focus on choice - Planned Level:	E21	Yes
Chg 8) Enhancing health in care homes - Planned Level:	E22	Yes
Chg 1) Early discharge planning - Reasons:	F15	Yes
Chg 2) Systems to monitor patient flow - Reasons:	F16	Yes
Chg 3) Multi-disciplinary/Multi-agency discharge teams - Reasons:	F17	Yes
Chg 4) Home first / discharge to assess - Reasons:	F18	Yes
Chg 5) Seven-day service - Reasons:	F19	Yes
Chg 6) Trusted assessors - Reasons:	F20	Yes
Chg 7) Focus on choice - Reasons:	F21	Yes
Chg 8) Enhancing health in care homes - Reasons:	F22	Yes

Sheet Complete	Yes

8. Metrics

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

Sheet Complete	Yes

9. Planning Requirements

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	Cell Reference	Checker
PR1: NC1: Jointly agreed plan - Plan to Meet	F8	Yes
PR2: NC1: Jointly agreed plan - Plan to Meet	F9	Yes
PR3: NC1: Jointly agreed plan - Plan to Meet	F10	Yes
PR4: NC2: Social Care Maintenance - Plan to Meet	F11	Yes
PR5: NC3: NHS commissioned Out of Hospital Services - Plan to Meet	F12	Yes
PR6: NC4: Implementation of the HICM for Managing Transfers of Care - Plan to Meet	F13	Yes
PR7: Agreed expenditure plan for all elements of the BCF - Plan to Meet	F14	Yes
PR8: Agreed expenditure plan for all elements of the BCF - Plan to Meet	F15	Yes
PR9: Metrics - Plan to Meet	F16	Yes
PR1: NC1: Jointly agreed plan - Actions in place if not	H8	Yes
PR2: NC1: Jointly agreed plan - Actions in place if not	H9	Yes
PR3: NC1: Jointly agreed plan - Actions in place if not	H10	Yes
PR4: NC2: Social Care Maintenance - Actions in place if not	H11	Yes
PR5: NC3: NHS commissioned Out of Hospital Services - Actions in place if not	H12	Yes
PR6: NC4: Implementation of the HICM for Managing Transfers of Care - Actions in place if not	H13	Yes
PR7: Agreed expenditure plan for all elements of the BCF - Actions in place if not	H14	Yes
PR8: Agreed expenditure plan for all elements of the BCF - Actions in place if not	H15	Yes
PR9: Metrics - Actions in place if not	H16	Yes
PR1: NC1: Jointly agreed plan - Timeframe if not met	I8	Yes
PR2: NC1: Jointly agreed plan - Timeframe if not met	I9	Yes
PR3: NC1: Jointly agreed plan - Timeframe if not met	I10	Yes
PR4: NC2: Social Care Maintenance - Timeframe if not met	I11	Yes
PR5: NC3: NHS commissioned Out of Hospital Services - Timeframe if not met	I12	Yes
PR6: NC4: Implementation of the HICM for Managing Transfers of Care - Timeframe if not met	I13	Yes
PR7: Agreed expenditure plan for all elements of the BCF - Timeframe if not met	I14	Yes
PR8: Agreed expenditure plan for all elements of the BCF - Timeframe if not met	I15	Yes
PR9: Metrics - Timeframe if not met	I16	Yes

Sheet Complete	Yes

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Better Care Fund 2019/20 Template

3. Summary

Selected Health and Wellbeing Board: Surrey

Income & Expenditure

Income >>

Funding Sources	Income	Expenditure	Difference
DFG	£8,950,616	£8,950,616	£0
Minimum CCG Contribution	£72,928,073	£72,928,073	£0
iBCF	£7,078,445	£7,078,445	£0
Winter Pressures Grant	£3,994,637	£3,994,637	£0
Additional LA Contribution	£777,983	£777,983	£0
Additional CCG Contribution	£359,678	£359,678	£0
Total	£94,089,432	£94,089,432	£0

Expenditure >>

NHS Commissioned Out of Hospital spend from the minimum CCG allocation

Minimum required spend	£20,726,480
Planned spend	£29,605,363

Adult Social Care services spend from the minimum CCG allocations

Minimum required spend	£42,963,181
Planned spend	£43,437,851

Scheme Types

Assistive Technologies and Equipment	£2,763,037
Care Act Implementation Related Duties	£2,610,000
Carers Services	£2,506,000
Community Based Schemes	£984,403
DFG Related Schemes	£8,950,616
Enablers for Integration	£563,821
HICM for Managing Transfer of Care	£13,229,384
Home Care or Domiciliary Care	£0
Housing Related Schemes	£286,208
Integrated Care Planning and Navigation	£535,638
Intermediate Care Services	£0
Personalised Budgeting and Commissioning	£37,000
Personalised Care at Home	£586,500
Prevention / Early Intervention	£27,467,510
Residential Placements	£0
Other	£33,569,315
Total	£94,089,432

HICM >>

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

Metrics >>

Non-Elective Admissions

Delayed Transfer of Care

Go to Better Care Exchange >>

Residential Admissions

		19/20 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	513.7634001

Reablement

		19/20 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	0.765804598

Planning Requirements >>

Theme	Code	Response
NC1: Jointly agreed plan	PR1	Yes
	PR2	Yes
	PR3	Yes
NC2: Social Care Maintenance	PR4	Yes
NC3: NHS commissioned Out of Hospital Services	PR5	Yes
NC4: Implementation of the High Impact Change Model for Managing Transfers of Care	PR6	Yes
Agreed expenditure plan for all elements of the BCF	PR7	Yes
	PR8	Yes
Metrics	PR9	Yes

Better Care Fund 2019/20 Template

4. Strategic Narrative

Selected Health and Wellbeing Board: Surrey

Please outline your approach towards integration of health & social care:

When providing your responses to the below sections, please highlight any learning from the previous planning round (2017-2019) and cover any priorities for reducing health inequalities under the Equality Act 2010.

Please note that there are 4 responses required below, for questions: A), B(i), B(ii) and C)

Link to B) (i)
Link to B) (ii)
Link to C)

A) Person-centred outcomes

Your approach to integrating care around the person, this may include (but is not limited to):

- Prevention and self-care

- Promoting choice and independence

Remaining Word Limit: 760

Surrey's Joint Strategic Needs Assessment (JSNA) and local health profiles tell us that Surrey has an ageing and growing population. The population of Surrey was estimated to be 1.19 million people in mid-2018, projected to rise to 1.3 million people by 2039, with the largest rise anticipated in people aged over 65 years. An increased and ageing population inevitably results in an increase in the long term conditions, dementia, falls, depression and loneliness. For example, the number of people with dementia in Surrey is predicted to rise to 21,075 by 2025.

In Surrey, we are continuing to build on early successes of working together to lead and manage change. Across the county, there has been the development of integrated services. Work is continuing to build on existing Integrated Care Teams that include community health, social care, voluntary organisations and primary care. These teams are based on the principles of people receiving care b and care coordinated around the person. Social care, community health and the wider team continue to deliver services to keep people out of hospital and to return them home as quickly as possibly following an acute admission.

Schemes that are supporting this delivery include:

• Countywide commissioned carers services, 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
• Integrated Intermediate Care between the NHS community services and Local Authority Reablement service as a component of community-based care models
• Information and advice services for residents to navigate the health and care system
• Prevention and self-management using a strength based approach
• Extended Integrated Care Teams
• Frailty programmes linked to other admission avoidance schemes, including falls prevention work
• Community Equipment Services to support people to live comfortably at home
• Personalised Care including shared decision-making and increased offer of personal budgets
• Patient transport services and wraparound community support including the VCFS and District and Borough Council services
• Social prescribing services working with people to develop tailored plans and connect them to local groups and support services
• A technology enabled offer that supports residents to live independently in their own home

All of which has supported and facilitated joint partnership working within the system and further embedded the following approaches which are embedded systematically across all areas:

- Partners are beginning to join up to tackle wider determinants of health (e.g. housing)
- Proactive case finding is more commonplace for better targeting of patients using data and intelligence to prioritise
- Proactive/anticipatory care planning is more joined up
- Primary Care Mental Health services are strengthening local clinical networks between GPs, social care professionals and Mental Health professionals
- Improved access to urgent and planned primary care, through extended hours and e-consultation
- Supported discharge from acute hospital, using in-reach, discharge to assess and step-up/down services
- Providers working together to respond with person-centred workforce planning and relevant training, supported by appropriate technology in care.

B) HWB level

(i) Your approach to integrated services at HWB level (and neighbourhood where applicable), this may include (but is not limited to):
- Joint commissioning arrangements
- Alignment with primary care services (including PCNs (Primary Care Networks))
- Alignment of services and the approach to partnership with the VCS (Voluntary and Community Sector)

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Remaining Word Limit:	299

Since the inception of the Better Care Fund policy, Surrey's vision has always been for a simple, joined-up and integrated health and social care pathway that brings together bringing together primary, community, acute, social care, mental health and voluntary sector partners. These evidence-based services with joined-up pathways aim to support people to be as independent as possible and to home; reducing the growth in emergency admissions and reducing acute hospital length of stay. This vision continues to underpin our work together and aims to address our ongoing key challenges.

Our plan supports our vision of commissioning and enabling the delivery of high quality strength based personalised health and care, that is caring, equitable, efficient, effective, innovative, safe, and, wherever possible, prevention based, contributing to improving the health and wellbeing of our residents.

Local Primary Care Networks are starting to integrate to local 'community based' delivery and management teams, including community development, VCFS, policing, housing, safeguarding, and social prescribing services. More proactive, integrated models of community support are operating through Integrated Care Teams across Surrey. Primary Care Network Leads have been identified and a Boards. Initiatives are system-wide with lead accountable officers coming from a range of organisations to ensure ownership and accountability. Commissioners are assisting individual PCNs and connecting those PCNs with onward urgent care structures to better support acute demand via preventative measures.

In places, local Health and Wellbeing Boards with wide-ranging system representation are supporting integration around place-based services, and partner organisations are consolidating functions to prevent duplication and reduce gaps in service provision.

By moving to more collaborative, networked models of care developed around local population needs, we expect more consistent high standards, a more resilient workforce, improved continuity of care, better sharing and deployment of specialist skills, and a more efficient use of resource including estate and equipment.

Across the system, there is investment in digital programmes to improve access to care underpinned by comprehensive care records that enable frictionless sharing, whilst encouraging people to use digital services as their first contact; including accessing the NHS 111 app, booking and managing appointments online, ordering repeat prescriptions and other functions. This will be enhanced in fu telephone and video consultations to improve access and provide a digital first offer at PCN level. Supported by the BCF, areas are using technology to support an evidence-based population health management approach, including risk stratification tools which support change at neighbourhood level.

The first joint Surrey Commissioning Committees-in-Common will meet in September 2019. In time, it will be the group to agree the commissioning of countywide BCF schemes (exact arrangements to be in scope are still to be finalised) on behalf of Surrey County Council Cabinet and CCG Governing Bodies. The Surrey Strategic Health and Care Commissioning Collaborative acts as a forum for di forward planning mechanism for the Committees-in-Common.

(ii) Your approach to integration with wider services (e.g. Housing), this should include:	
- Your approach to using the DFG to support the housing needs of people with disabilities or care needs. This should include any arrangements for strategic planning for the use of adaptations and technologies to support independent living in line with the	
Remaining Word Limit:	2

^^ Link back to top

In Surrey, DFG funding is pooled and cascaded to the eleven district and borough councils in line with national guidance, with discussions in each locality to agree the use of the funds. The DFG is at the heart of the housing assistance services offered by local Councils, and is the core mechanism by which most authorities are able to improve the housing conditions and promote independence of
adaptations such as level access showers to allow safer or more independent bathing, stair lifts to facilitate safe access around the home and ramps to provide easier access in and out of properties. These simple adaptations can make an enormous difference to the lives of those with disabilities or care needs, as well as their families.

In some cases, more extensive works are required, such as extending or reconfiguring a property, and funding contributions may be sought from social care partners, where the cost of works exceeds the maximum amount of DFG available. In these cases, there will be a partnership approach between occupational therapy and the local authority, plus in some cases the Home Improvement Ager
agree a scheme that best meets the clients' needs and can be delivered at appropriate cost.

Another example of the integration between housing adaptations services and social care is the Surrey-wide agreement currently in place on the Community Equipment Service (CES). The CES provides clients with items of equipment or simple adaptations such as ramps and handrails, and is free to the client. The contract is held by Surrey County Council, but it is recognised that some of the cap
delivered via the DFG. Agreement has been reached between the County and district councils that districts and boroughs will use DFG funds to support this service, on specified works that could otherwise have been provided via the DFG, but for speed and simplicity for the client, have been provided via CES. This is reimbursed on actual costs quarterly.

Across Surrey, the strategic approach to use of the DFG is coordinated via the Surrey Equipment and Adaptations Steering Group. This Group was formed in response to the Surrey Review of Aids and Adaptations, carried out by Foundations in 2016-17, as a way of considering and implementing the recommendations of that Review ('Foundations Report April 2017'). It includes representatives fr
Surrey County Council and Clinical Commissioning Groups, and meets quarterly. The Group is designed to act as a forum for agencies involved with equipment and adaptations in Surrey to discuss and plan opportunities for increased efficiencies and effectiveness of the Home Improvement Agencies and handyperson services, including their links to Health and Social Care. The Group also conside
Foundations Report April 2017, to assess and incorporate these as appropriate to local needs.

As part of its work, the Steering Group has collated information from services across the County to understand what services and policies are in place for DFG and related services, to promote best practice and greater consistency. This has supported the development of polices that promote greater discretion in the use of DFG funding, in line with the (Regulatory Reform Order 2002).

Another aspect of the Steering Group's work has been to redesign the performance monitoring forms, to ensure that the data services capture and provide back to commissioners, shows more clearly the links between the adaptations done and the BCF Outcomes. This can provide greater clarity and confidence to commissioners over the impact of BCF monies, and has also provided improved c
performance, to drive best practice.

The Steering Group has also arranged staff development training in technical areas, such as stair lifts and working with clients with conditions such as Motor Neurone Disease. This technical training, involving Occupational Therapists as well as Council grants officers, has helped to promote closer joint working and greater awareness of how adaptations may be used to assist those living with con

The wider membership of the Steering Group beyond just local authority grants services also promotes closer links and more effective partnership working with social care teams. By building and encouraging links between grants and social care teams, there is more scope for mutual understanding of service user needs and how they can be met, sometimes in innovative ways. For example, som
services which facilitate safe and timely hospital discharge, while others have undertaken joint client assessment clinics between Occupational Therapists and Council grants officers, which allow client clinical needs to be assessed, while also providing early guidance on financial eligibility for DFG or other assistance.

C) System level alignment, for example this may include (but is not limited to):

- How the BCF plan and other plans align to the wider integration landscape, such as STP/ICS plans
- A brief description of joint governance arrangements for the BCF plan

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Remaining Word Limit:	622

Surrey is one of, if not the most, complex health and care systems in the country. Surrey has one county council, seven CCGs, eleven district and borough councils, five acute hospital trusts, one mental health trust, three community care providers and well over a hundred GP surgeries – not to mention the wide range of other providers, voluntary and community organisations that deliver essent
Adding to the complexity, though also supporting the development of a richly layered systems leadership, Surrey also has two ICS 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)
• Surrey Heartlands - covering the geographical areas of East Surrey, Guildford and Waverley, North West Surrey and Surrey Downs Clinical Commissioning Groups (CCGs)

The Better Care Fund in Surrey has local commissioning arrangements. In each CCG footprint, Surrey County Council and CCG representatives meet at a Local Joint Commissioning Group to commission and maintain oversight of schemes. District and Borough Council colleagues attend these meetings on a quarterly basis, and wider partners attend meetings as required. Local BCF projects are ali
Wellbeing Strategies where they exist, local District & Borough Council strategies as far as possible, as well as CCG business plans, ASC commissioning intentions, and NHS 10 Year Plan priorities. Longer-term, in some areas, the aspiration is for the Better Care Fund plan to be part of business as usual management within emerging Integrated Care Partnerships. This could then be fed into Integrat
Integrated Care Partnership.

The Surrey Strategic Health and Care Commissioning Collaborative maintains oversight of the quarterly reporting submissions and Better Care Fund plans to NHS England, and can request deep dives into BCF performance as required, particularly with regard to countywide commissioned schemes.

The Surrey Commissioning Committee-in-Common is an emerging forum that will be responsible for overseeing the development of the Surrey-wide integrated commissioning governance between Surrey County Council and the six Surrey Clinical Commissioning Group Governing Bodies. It will also be the group that discuss proposals and make aligned decisions relating to the commissioning of S
Care Fund is within scope for this group with two functions:
• Role of further scrutinising and approving the Better Care Fund plan on behalf of CCG Governing Bodies and Surrey County Council Cabinet ahead of sign-off by the Surrey Health and Wellbeing Board.
• Role of approving commissioning of countywide BCF schemes – BCF items in scope still to be determined.

As directed, Surrey Health and Wellbeing Board will sign off the final plan.

Surrey's Health and Wellbeing Board has been refreshed, with updated membership and the publication of a new ten-year Health and Wellbeing Strategy. It is the product of unprecedented collaboration between the NHS, Surrey County Council, district and borough councils and wider partners, including the voluntary and community sector and the police. It brings in elements of ICS strategies f
wide approach. The new strategy signals an important shift to a more preventative approach, addressing the root causes of poor health and wellbeing and not simply focusing on treating the symptoms. The strategy sets out how different partners across Surrey can work together with local communities to transform services to achieve these aims, focused around three key priorities:
- Priority one: Helping people in Surrey to lead healthy lives
- Priority two: Supporting the mental health and emotional wellbeing of people in Surrey
- Priority three: Supporting people in Surrey to fulfil their potential

The Surrey Better Care Fund plan 2019/20 maintains the same focus on older adults as previous plans, and will directly support the achievement of outcomes for older adults set out in the Surrey Health and Wellbeing Strategy. Within Priority 1, 'helping people in Surrey to lead healthy lives', it supports the specific focus areas around 'promoting prevention to decrease incidence of serious condi
independently for as long as possible and to die well'. Within Priority 2, 'supporting the emotional wellbeing of people in Surrey, it supports the specific focus areas around 'enabling…adults and elderly with mental health issues to access the right help and resources', and 'preventing isolation and enabling support for those who do feel isolated'.

Better Care Fund 2019/20 Template

5. Income

Selected Health and Wellbeing Board: Surrey

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Surrey	£8,950,616
DFG breakerdown for two-tier areas only (where applicable)	
Elmbridge	£861,053
Epsom and Ewell	£692,090
Guildford	£710,262
Mole Valley	£781,577
Reigate and Banstead	£1,133,996
Runnymede	£770,460
Spelthorne	£831,303
Surrey Heath	£779,111
Tandridge	£460,387
Waverley	£751,424
Woking	£1,178,953
Total Minimum LA Contribution (exc iBCF)	**£8,950,616**

iBCF Contribution	Contribution
Surrey	£7,078,445
Total iBCF Contribution	**£7,078,445**

Winter Pressures Grant	Contribution
Surrey	£3,994,637
Total Winter Pressures Grant Contribution	**£3,994,637**

Are any additional LA Contributions being made in 2019/20? If yes, please detail below	Yes

Local Authority Additional Contribution	Contribution	Comments - please use this box clarify any specific uses or sources of funding
Surrey	£418,305	Additional LA funds to contribute to increased
Surrey	£359,678	Carryforward from 2018-19
Total Additional Local Authority Contribution	**£777,983**	

CCG Minimum Contribution	Contribution
NHS North West Surrey CCG	£21,646,680
NHS Surrey Downs CCG	£18,101,163
NHS Guildford and Waverley CCG	£12,609,406
NHS East Surrey CCG	£11,237,183
NHS Surrey Heath CCG	£5,862,617
NHS North East Hampshire and Farnham CCG	£2,745,334
NHS East Berkshire CCG	£725,690
Total Minimum CCG Contribution	**£72,928,073**

Are any additional CCG Contributions being made in 2019/20? If yes, please detail below	Yes

Additional CCG Contribution	Contribution	Comments - please use this box clarify any specific uses or sources of funding
NHS East Surrey CCG	£31,192	Carryforward from 2018-19
NHS Guildford and Waverley CCG	£26,892	Carryforward from 2018-19
NHS North East Hampshire and Farnham CCG	£79,407	Carryforward from 2018-19
NHS North West Surrey CCG	£7,073	Carryforward from 2018-19
NHS Surrey Downs CCG	£58,228	Carryforward from 2018-19
NHS Surrey Heath CCG	£73,380	Carryforward from 2018-19
NHS East Berkshire CCG	£83,507	Carryforward from 2018-19
Total Addition CCG Contribution	**£359,678**	
Total CCG Contribution	**£73,287,751**	

	2019/20
Total BCF Pooled Budget	**£94,089,432**

Funding Contributions Comments Optional for any useful detail e.g. Carry over
LA additional funding includes carryforward from 2018/19 and additional funding for Mental Health Community Connections contract. CCG additional funding amounts to 2018/19 carryforward.

Better Care Fund 2019/20 Template

6. Expenditure

Selected Health and Wellbeing Board: Surrey

<< Link to summary sheet

Running Balances	Income	Expenditure	Balance
DFG	£8,950,616	£8,950,616	£0
Minimum CCG Contribution	£72,928,073	£72,928,073	£0
iBCF	£7,078,445	£7,078,445	£0
Winter Pressures Grant	£3,994,637	£3,994,637	£0
Additional LA Contribution	£777,983	£777,983	£0
Additional CCG Contribution	£359,678	£359,678	£0
Total	£94,089,432	£94,089,432	**£0**

Required Spend	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£20,726,480	£29,605,363	£0
Adult Social Care services spend from the minimum CCG allocations	£42,963,181	£43,437,851	£0

			Link to Scheme Type description			Planned Outputs		Metric Impact				Expenditure								
Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Planned Output Unit	Planned Output Estimate	NEA	DTOC	RES	REA	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	ES 1a - New responsibilities under the Care Act	Homecare Service Provision	Care Act Implementation Related Duties	Other	Homecare Service Provision			Medium	Low	Medium	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£373,696	Existing
2	ES 1b - New responsibilities under the Care	Advocacy Services	Care Act Implementation Related Duties	Deprivation of Liberty Safeguards (DoLS)				Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£4,552	Existing
3	ES 1c - New responsibilities under the Care	Safeguarding Board	Care Act Implementation Related Duties	Other	Safeguarding Board			Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£17,752	Existing
4	ES 2 - Carers Funding	Carer advice and support	Carers Services	Carer Advice and Support				Not applicable	Not applicable	Medium	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£380,000	Existing
5	ES 3 - Health Commissioned Services	Integrated Multi Disciplinary Team - Community Health	Prevention / Early Intervention	Other	Physical Health / Wellbeing			High	High	Low	Not applicable	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£3,759,421	Existing
6	ES 4 - Prescription Schemes	Prevention and Integration in Primary Care	Prevention / Early Intervention	Social Prescribing				Low	Not applicable	Not applicable	Not applicable	Social Care		CCG			Local Authority	Minimum CCG Contribution	£492,400	Existing
7	ES 5 - Community Navigators	Prevention and Integration in Primary Care	Integrated Care Planning and Navigation	Care Coordination				Low	Not applicable	Low	Not applicable	Community Health		CCG			CCG	Minimum CCG Contribution	£289,321	Existing
8	ES 6 - Primary Care Management	Prevention and Integration in Primary Care	Prevention / Early Intervention	Other	Physical Health / Wellbeing			Medium	Not applicable	Not applicable	Not applicable	Community Health		CCG			CCG	Minimum CCG Contribution	£115,267	Existing
9	ES 7 - Community Grants	Community Grants	Prevention / Early Intervention	Other	Physical Health / Wellbeing			Low	Not applicable	Low	Not applicable	Community Health		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£141,275	Existing
10	ES 8 - Supported Employment	Mental Health	Prevention / Early Intervention	Other	Mental Health / Wellbeing			Not applicable	Not applicable	Not applicable	Not applicable	Social Care		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£131,510	Existing
11	ES 9 - Telehealth	Telehealth service	Assistive Technologies and Equipment	Other	Telehealth			Medium	Low	Not applicable	Low	Community Health		CCG			Private Sector	Minimum CCG Contribution	£25,000	Existing
12	ES 10 - FCHC Discharge to Assess	Discharge to Assess funding	HICM for Managing Transfer of Care	Chg 4. Home First / Discharge to Access				Medium	High	Low	Medium	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£137,834	New
13	ES 11 - Home from Hospital	Advice, information and support for people medically fit for	HICM for Managing Transfer of Care	Chg 4. Home First / Discharge to Access				Low	Low	Not applicable	Not applicable	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£88,000	Existing
14	ES 12 - Stroke Support	Countywide Stroke support	Prevention / Early Intervention	Other	Physical Health / Wellbeing			Medium	Low	Not applicable	Not applicable	Community Health		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£17,000	Existing

15	ES 13 - Telecare	Technology Enabled Care services	Assistive Technologies and Equipment	Telecare				High	Medium	Medium	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£120,000	Existing
16	ES 14 - Information & Advice	Information, advice and signposting for residents to care and support.	Integrated Care Planning and Navigation	Care Coordination				Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£27,899	Existing
17	ES 15a - Mental Health Community	Third Sector provision of emotional and wellbeing support	Prevention / Early Intervention	Other	Mental Health / Wellbeing			Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£198,264	Existing
18	ES 15b - Mental Health Community	Third Sector provision of emotional and wellbeing support	Prevention / Early Intervention	Other	Mental Health / Wellbeing			Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Charity / Voluntary Sector	Additional LA Contribution	£71,957	Existing
19	ES 16 - Handy Persons	Small repairs and adaptations for people experiencing difficulties to live safely within their	Housing Related Schemes					Low	Low	Low	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£41,046	Existing
20	ES 17 - Community Equipment	Community Equipment services to help users stay active, comfortable and independent in their own home, as well	Assistive Technologies and Equipment	Community Based Equipment				High	Medium	High	Medium	Social Care		Joint	50.0%	50.0%	Private Sector	Minimum CCG Contribution	£307,000	Existing
21	ES 18 - Integrated Multi Disciplinary Teams - Social Care	Integrated MDT workforce funding	HICM for Managing Transfer of Care	Chg 3. Multi-Disciplinary/Multi-Agency Discharge Teams				Medium	Medium	Low	Medium	Social Care		LA			Local Authority	Minimum CCG Contribution	£516,935	Existing
22	ES 19 - Integrated Multi Disciplinary Teams - Mental Health	Integrated MDT workforce funding (dementia)	HICM for Managing Transfer of Care	Chg 3. Multi-Disciplinary/Multi-Agency Discharge Teams				Medium	Medium	Low	Not applicable	Mental Health		LA			Local Authority	Minimum CCG Contribution	£49,413	Existing
23	ES 20 - BCF Administration	Portion of Finance post for BCF administration	Enablers for Integration	Implementation & Change Mgt capacity				Not applicable	Not applicable	Not applicable	Not applicable	Other	Governance & Administration	LA			Local Authority	Minimum CCG Contribution	£6,652	Existing
24	ES 21 - Protection of Adult Social Care	Protected Adult Social Care spend	Other		Multiple: Carers, Early Intervention, Reablement,			High	High	High	High	Social Care		LA			Local Authority	Minimum CCG Contribution	£3,996,946	Existing
25	ES 22 - Disabled Facilities Grant	Home adaptations for older and/or disabled residents; passed straight to D&B Councils	DFG Related Schemes	Adaptations				Medium	Low	Low	Not applicable	Social Care		LA			Local Authority	DFG	£1,117,730	Existing
26	ES 23 - Hospital Discharge to Social Care	Placements to facilitate hospital discharge	HICM for Managing Transfer of Care	Chg 4. Home First / Discharge to Access				Medium	High	Not applicable	Not applicable	Social Care		LA			Private Sector	iBCF	£1,073,383	Existing
27	ES 24 - Winter Pressures	Activity to support the local health and social care system to manage demand pressures on the NHS over Winter	Other		Winter Pressures			High	High	Low	High	Social Care		LA			Local Authority	Winter Pressures Grant	£605,753	New
28	ES 25 - CCG Carry forward	Carry forward from 2018/19	Community Based Schemes					Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Additional CCG Contribution	£31,191	Existing
29	ES 26 - SCC Carry forward	Carry forward from 2018/19	Community Based Schemes					Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Additional LA Contribution	£31,191	Existing
30	GW 1a - New responsibilities under the Care	Homecare Service Provision	Care Act Implementation Related Duties	Other	Homecare Service Provision			Medium	Low	Medium	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£427,486	Existing
31	GW 1b - New responsibilities under the Care	Advocacy Services	Care Act Implementation Related Duties	Deprivation of Liberty Safeguards (DoLS)				Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£5,207	Existing
32	GW 1c - New responsibilities under the Care	Safeguarding Board	Care Act Implementation Related Duties	Other	Safeguarding Board			Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£20,307	Existing

33	GW 2 - Carers Funding	Carer advice and support	Carers Services	Carer Advice and Support				Not applicable	Not applicable	Medium	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£435,000	Existing
34	GW 3 - Health Commissioned Services	Integrated Multi Disciplinary Team - Community Health	Prevention / Early Intervention	Other	Physical Health / Wellbeing			High	High	Low	Not applicable	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£3,719,078	Existing
35	GW 4 - Supported Employment	Mental Health	Prevention / Early Intervention	Other	Mental Health / Wellbeing			Not applicable	Not applicable	Not applicable	Not applicable	Social Care		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£144,056	Existing
36	GW 5 - Telehealth	Telehealth service	Assistive Technologies and Equipment	Other	Telehealth			Medium	Low	Not applicable	Low	Community Health		CCG			Private Sector	Minimum CCG Contribution	£7,000	Existing
37	GW 6 - End of Life Care - Contract	End of Life Care contract (outcomes-based commissioning)	Personalised Care at Home			Packages	-	High	Low	Low	Not applicable	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£169,000	Existing
38	GW 7 - Psychiatric Liaison Services	Mental Health Psychiatric Liaison contract	Prevention / Early Intervention	Other	Mental Health / Wellbeing			Medium	Medium	Not applicable	Not applicable	Mental Health		CCG			NHS Mental Health Provider	Minimum CCG Contribution	£162,708	Existing
39	GW 8 - Mental Health Wards	Mental health wards	HICM for Managing Transfer of Care	Chg 3. Multi-Disciplinary/Multi-Agency Discharge				Medium	Not applicable	Not applicable	Not applicable	Mental Health		LA			Local Authority	Minimum CCG Contribution	£150,000	Existing
40	GW 9 - Funding for NEA in Acute	Funding for NEA in Acute	Other		Funding for NEA levels			High	Not applicable	Not applicable	Not applicable	Acute		CCG			NHS Acute Provider	Minimum CCG Contribution	£200,000	Existing
41	GW 10 - Care Home Lead	Care Home Lead role	HICM for Managing Transfer of Care	Chg 8. Enhancing Health in Care Homes				High	Medium	Not applicable	Not applicable	Community Health		CCG			CCG	Minimum CCG Contribution	£30,000	New
42	GW 11 - Falls Co-ordinator	Falls Co-ordinator role	Community Based Schemes					High	Not applicable	Not applicable	Not applicable	Community Health		CCG			Local Authority	Minimum CCG Contribution	£48,000	New
43	GW 12 - Care Home Matrons	Care Home Matron roles	HICM for Managing Transfer of Care	Chg 8. Enhancing Health in Care Homes				High	Not applicable	Not applicable	Not applicable	Community Health		CCG			Private Sector	Minimum CCG Contribution	£88,440	New
44	GW 13 - Integrated Respiratory	Integrated respiratory service	Community Based Schemes					High	Not applicable	Not applicable	Not applicable	Community Health		CCG			Local Authority	Minimum CCG Contribution	£86,434	New
45	GW 14 - Hoppa Bus	Transport for patients from ED to their homes in order to alleviate	HICM for Managing Transfer of Care	Other approaches				Low	Medium	Not applicable	Not applicable	Social Care		CCG			Local Authority	Minimum CCG Contribution	£145,000	New
46	GW 15 - Let's Get Steady	Falls prevention sessions	Community Based Schemes					Medium	Not applicable	Medium	Not applicable	Community Health		CCG			Local Authority	Minimum CCG Contribution	£26,000	New
47	GW 16 - Interim Frailty Programme Manager	Interim Frailty Programme Manager role	Enablers for Integration	Implementation & Change Mgt capacity				Not applicable	Not applicable	Not applicable	Not applicable	Community Health		CCG			CCG	Minimum CCG Contribution	£14,375	New
48	GW 17 - Very High Intensity Users Programme	High Intensity User programme	Integrated Care Planning and Navigation	Care Coordination				High	Medium	Not applicable	Not applicable	Community Health		CCG			CCG	Minimum CCG Contribution	£60,000	New
49	GW 18 - Reconnections Match Funding	Personalised support and community response to loneliness and social isolation	Community Based Schemes					Low	Not applicable	Low	Not applicable	Community Health		CCG			CCG	Minimum CCG Contribution	£50,000	New
50	GW 19 - Carers Partnership Manager	Portion of Carers Partnership Manager role	Enablers for Integration	Implementation & Change Mgt capacity				Not applicable	Not applicable	Not applicable	Not applicable	Community Health		CCG			CCG	Minimum CCG Contribution	£17,600	New
51	GW 20 - Community Initiatives	Range of programmes supporting community wellbeing and resilience	Community Based Schemes					Low	Low	Low	Low	Community Health		CCG			CCG	Minimum CCG Contribution	£125,311	New
52	GW 21 - Home from Hospital	Advice, information and support for people medically fit for	HICM for Managing Transfer of Care	Chg 4. Home First / Discharge to Access				Low	Low	Not applicable	Not applicable	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£49,000	Existing

53	GW 22 - Stroke Support	Countywide Stroke support	Prevention / Early Intervention	Other	Physical Health / Wellbeing			Medium	Low	Not applicable	Not applicable	Community Health		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£20,000	Existing
54	GW 23 - Telecare	Technology Enabled Care services	Assistive Technologies and Equipment	Telecare				High	Medium	Medium	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£107,000	Existing
55	GW 24 - Information and Advice	Information, advice and signposting for residents to care and support.	Integrated Care Planning and Navigation	Care Coordination				Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£32,664	Existing
56	GW 25a - Mental Health Community Connections	Third Sector provision of emotional and wellbeing support	Prevention / Early Intervention	Other	Mental Health / Wellbeing			Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£252,043	Existing
57	GW 25b - Mental Health Community	Third Sector provision of emotional and wellbeing support	Prevention / Early Intervention	Other	Mental Health / Wellbeing			Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Charity / Voluntary Sector	Additional LA Contribution	£56,043	Existing
58	GW 26 - Handy Persons	Small repairs and adaptations for people experiencing difficulties	Housing Related Schemes					Low	Low	Low	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£44,186	Existing
59	GW 27 - Community Equipment	Community Equipment services to help users stay active, comfortable	Assistive Technologies and Equipment	Community Based Equipment				High	Medium	High	Medium	Social Care		Joint	50.0%	50.0%	Private Sector	Minimum CCG Contribution	£363,000	Existing
60	GW 28 - Home First Project	Home First project	HICM for Managing Transfer of Care	Chg 4. Home First / Discharge to Access				High	High	Not applicable	High	Social Care		LA			Private Sector	Minimum CCG Contribution	£157,440	New
61	GW 29a - Social Prescribing	Social Prescribing	Prevention / Early Intervention	Social Prescribing				Low	Not applicable	Not applicable	Not applicable	Social Care		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£15,000	New
62	GW 29b - Social Prescribing	Social Prescribing	Prevention / Early Intervention	Social Prescribing				Low	Not applicable	Not applicable	Not applicable	Social Care		CCG			Charity / Voluntary Sector	Additional LA Contribution	£22,500	New
63	GW 29c - Social Prescribing	Social Prescribing	Prevention / Early Intervention	Social Prescribing				Low	Not applicable	Not applicable	Not applicable	Social Care		CCG			Charity / Voluntary Sector	Additional CCG Contribution	£22,500	New
64	GW 30 - Integrated Multi Disciplinary Teams - Social Care	Integrated MDT workforce funding	HICM for Managing Transfer of Care	Chg 3. Multi-Disciplinary/Multi-Agency Discharge Teams				Medium	Medium	Low	Medium	Social Care		LA			Local Authority	Minimum CCG Contribution	£599,540	Existing
65	GW 31 - Integrated Multi Disciplinary	Integrated MDT workforce funding (dementia)	HICM for Managing Transfer of Care	Chg 3. Multi-Disciplinary/Multi-Agency Discharge				Medium	Medium	Low	Not applicable	Mental Health		LA			Local Authority	Minimum CCG Contribution	£59,859	Existing
66	GW 32 - BCF Administration	Portion of Finance post for BCF administration	Enablers for Integration	Implementation & Change Mgt capacity				Not applicable	Not applicable	Not applicable	Not applicable	Other	Governance & Administration	LA			Local Authority	Minimum CCG Contribution	£7,601	Existing
67	GW 33 - Protection of Adult Social Care	Protected Adult Social Care spend	Other		Multiple: Carers, Early Intervention, Reablement, Hospital Based Social Work			High	High	High	High	Social Care		LA			Local Authority	Minimum CCG Contribution	£4,771,071	Existing
68	GW 34 - Disabled Facilities Grant	Home adaptations for older and/or disabled residents; passed	DFG Related Schemes	Adaptations				Medium	Low	Low	Not applicable	Social Care		LA			Local Authority	DFG	£1,104,696	Existing
69	GW 35 - Hospital Discharge to Social Care	Placements to facilitate hospital discharge	HICM for Managing Transfer of Care	Chg 4. Home First / Discharge to Access				Medium	High	Not applicable	Not applicable	Social Care		LA			Local Authority	iBCF	£1,229,230	Existing
70	GW 36 - Winter Pressures	Activity to support the local health and social care system to manage	Other		Winter Pressures			High	High	Low	High	Social Care		LA			Local Authority	Winter Pressures Grant	£693,701	New
71	GW 37 - CCG Carryforward	Carry forward from 2018/19	Community Based Schemes					Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Additional CCG Contribution	£4,392	Existing

72	GW 38 - SCC Carryforward	Carry forward from 2018/19	Community Based Schemes					Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Additional LA Contribution	£4,392	Existing
73	NEHF 1a - New responsibilities under the Care	Homecare Service Provision	Care Act Implementation Related Duties	Other	Homecare Service Provision			Medium	Low	Medium	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£92,481	Existing
74	NEHF 1b - New responsibilities under the Care	Advocacy Services	Care Act Implementation Related Duties	Deprivation of Liberty Safeguards (DoLS)				Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£1,126	Existing
75	NEHF 1c - New responsibilities under the Care Act	Safeguarding Board	Care Act Implementation Related Duties	Other	Safeguarding Board			Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£4,393	Existing
76	NEHF 2 - Carers Funding	Carer advice and support	Carers Services	Carer Advice and Support				Not applicable	Not applicable	Medium	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£94,000	Existing
77	NEHF 3 - Health Commissioned Services	Integrated Multi Disciplinary Team - Community Health	Prevention / Early Intervention	Other	Physical Health / Wellbeing			High	High	Low	Not applicable	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£1,061,934	Existing
78	NEHF 4 - Supported Employment	Mental Health	Prevention / Early Intervention	Other	Mental Health / Wellbeing			Not applicable	Not applicable	Not applicable	Not applicable	Social Care		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£31,396	Existing
79	NEHF 5 - End of Life Care - Contract	End of Life Care contract (outcomes-based commissioning)	Personalised Care at Home			Packages	-	High	Low	Low	Not applicable	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£37,500	Existing
80	NEHF 6 - Integrated Team Management	Integrated Team Management workforce	Enablers for Integration	Integrated workforce				Not applicable	Not applicable	Not applicable	Not applicable	Social Care		CCG			Local Authority	Minimum CCG Contribution	£60,000	Existing
81	NEHF 7 - Discharge to Assess	Discharge to Assess funding	HICM for Managing Transfer of Care	Chg 4. Home First / Discharge to Access				Medium	Medium	Not applicable	Low	Community Health		CCG			CCG	Minimum CCG Contribution	£40,000	Existing
82	NEHF 8 - Home from Hospital	Advice, information and support for people medically fit for	HICM for Managing Transfer of Care	Chg 4. Home First / Discharge to Access				Low	Low	Not applicable	Not applicable	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£11,000	Existing
83	NEHF 9 - Stroke Support	Countywide Stroke support	Prevention / Early Intervention	Other	Physical Health / Wellbeing			Medium	Low	Not applicable	Not applicable	Community Health		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£5,000	Existing
84	NEHF 10 - Telecare	Technology Enabled Care services	Assistive Technologies and Equipment	Telecare				High	Medium	Medium	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£24,000	Existing
85	NEHF 11 - Information & Advice	Information, advice and signposting for residents to care and support.	Integrated Care Planning and Navigation	Care Coordination				Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£7,236	Existing
86	NEHF 12a - Mental Health Community Connections	Third Sector provision of emotional and wellbeing support	Prevention / Early Intervention	Other	Mental Health / Wellbeing			Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£53,994	Existing
87	NEHF 12b - Mental Health Community	Third Sector provision of emotional and wellbeing support	Prevention / Early Intervention	Other	Mental Health / Wellbeing			Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Charity / Voluntary Sector	Additional LA Contribution	£8,780	Existing
88	NEHF 13 - Handy Persons	Small repairs and adaptations for people experiencing difficulties	Housing Related Schemes					Low	Low	Low	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£11,039	Existing
89	NEHF 14 - Community Equipment	Community Equipment services to help users stay active, comfortable	Assistive Technologies and Equipment	Community Based Equipment				High	Medium	High	Medium	Social Care		Joint	50.0%	50.0%	Private Sector	Minimum CCG Contribution	£84,000	Existing
90	NEHF 15 - Integrated Multi Disciplinary	Integrated MDT workforce funding	HICM for Managing Transfer of Care	Chg 3. Multi-Disciplinary/Multi-Agency Discharge				Medium	Medium	Low	Medium	Social Care		LA			Local Authority	Minimum CCG Contribution	£127,800	Existing
91	NEHF 16 - Integrated Multi Disciplinary	Integrated MDT workforce funding (dementia)	HICM for Managing Transfer of Care	Chg 3. Multi-Disciplinary/Multi-Agency Discharge				Medium	Medium	Low	Not applicable	Mental Health		LA			Local Authority	Minimum CCG Contribution	£12,307	Existing
92	NEHF 17 - BCF Administration	Portion of Finance post for BCF administration	Enablers for Integration	Implementation & Change Mgt capacity				Not applicable	Not applicable	Not applicable	Not applicable	Other	Governance & Administration	LA			Local Authority	Minimum CCG Contribution	£1,893	Existing
93	NEHF 18 - Protection of Adult Social Care	Protected Adult Social Care spend	Other		Multiple: Carers, Early Intervention,			High	High	High	High	Social Care		LA			Local Authority	Minimum CCG Contribution	£984,235	Existing

94	NEHF 19 - Disabled Facilities Grant	Home adaptations for older and/or disabled residents; passed	DFG Related Schemes	Adaptations				Medium	Low	Low	Not applicable	Social Care		LA			Local Authority	DFG	£249,388	Existing
95	NEHF 20 - Hospital Discharge to Social Care	Placements to facilitate hospital discharge	HICM for Managing Transfer of Care	Chg 4. Home First / Discharge to Access				Medium	High	Not applicable	Not applicable	Social Care		LA			Local Authority	iBCF	£265,914	Existing
96	NEHF 21 - Winter Pressures	Activity to support the local health and social care system to manage	Other		Winter Pressures			High	High	Low	High	Social Care		LA			Local Authority	Winter Pressures Grant	£150,065	New
97	NEHF 22 - CCG Carry Forward	Carry forward from 2018/19	Community Based Schemes					Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Additional CCG Contribution	£79,407	Existing
98	NEHF 23 - SCC Carry Forward	Carry forward from 2018/19	Community Based Schemes					Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Additional LA Contribution	£79,407	Existing
99	NW 1a - New Responsibilities under the Care	Homecare Service Provision	Care Act Implementation Related Duties	Other	Homecare Service Provision			Medium	Low	Medium	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£734,181	Existing
100	NW 1b - New Responsibilities under the Care	Advocacy Services	Care Act Implementation Related Duties	Deprivation of Liberty Safeguards (DoLS)				Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£8,943	Existing
101	NW 1c - New Responsibilities under the Care	Safeguarding Board	Care Act Implementation Related Duties	Other	Safeguarding Board			Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£34,876	Existing
102	NW 2 - Carers Funding	Carer advice and support	Carers Services	Carer Advice and Support				Not applicable	Not applicable	Medium	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£747,000	Existing
103	NW 3 - Health Commissioned Services	Integrated Multi Disciplinary Team - Community Health	Prevention / Early Intervention	Other	Physical Health / Wellbeing			High	High	Low	Not applicable	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£6,827,364	Existing
104	NW 4 - Supported Employment	Mental Health	Prevention / Early Intervention	Other	Mental Health / Wellbeing			Not applicable	Not applicable	Not applicable	Not applicable	Social Care		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£263,498	Existing
105	NW 5 - Mental Health Virtual Wards	Mental Health virtual wards	Prevention / Early Intervention	Other	Mental Health / Wellbeing			Low	Not applicable	Not applicable	Not applicable	Primary Care		CCG			NHS Community Provider	Minimum CCG Contribution	£388,000	Existing
106	NW 6 - Acute Contributions	Acute contributions	Other		Funding for NEA levels			High	Not applicable	Not applicable	Not applicable	Acute		CCG			CCG	Minimum CCG Contribution	£1,687,000	Existing
107	NW 7 - Homesafe Plus	Advice, information and wraparound community support services for	HICM for Managing Transfer of Care	Chg 4. Home First / Discharge to Access				Low	Medium	Low	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£82,000	Existing
108	NW 8 - Stroke Support	Countywide Stroke support	Prevention / Early Intervention	Other	Physical Health / Wellbeing			Medium	Low	Not applicable	Not applicable	Community Health		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£33,000	Existing
109	NW 9 - Telecare	Technology Enabled Care services	Assistive Technologies and Equipment	Telecare				High	Medium	Medium	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£210,000	Existing
110	NW 10 - Information & Advice	Information, advice and signposting for residents to care and support.	Integrated Care Planning and Navigation	Care Coordination				Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£53,787	Existing
111	NW 11a - Mental Health Community	Third Sector provision of emotional and wellbeing support	Prevention / Early Intervention	Other	Mental Health / Wellbeing			Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£363,331	Existing
112	NW 11b - Mental Health Community	Third Sector provision of emotional and wellbeing support	Prevention / Early Intervention	Other	Mental Health / Wellbeing			Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Charity / Voluntary Sector	Additional LA Contribution	£163,238	Existing
113	NW 12 - Handy Persons	Small repairs and adaptations for people experiencing difficulties	Housing Related Schemes					Low	Low	Low	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£90,056	Existing
114	NW 13 - Community Equipment	Community Equipment services to help users stay active, comfortable	Assistive Technologies and Equipment	Community Based Equipment				High	Medium	High	Medium	Social Care		Joint	50.0%	50.0%	Private Sector	Minimum CCG Contribution	£451,000	Existing
115	NW 14 - Integrated Multi Disciplinary	Integrated MDT workforce funding	HICM for Managing Transfer of Care	Chg 3. Multi-Disciplinary/Multi-Agency Discharge				Medium	Medium	Low	Medium	Social Care		LA			Local Authority	Minimum CCG Contribution	£1,138,684	Existing
116	NW 15 - Integrated Multi Disciplinary	Integrated MDT workforce funding (dementia)	HICM for Managing Transfer of Care	Chg 3. Multi-Disciplinary/Multi-Agency Discharge				Medium	Medium	Low	Not applicable	Mental Health		LA			Local Authority	Minimum CCG Contribution	£94,970	Existing

117	NW 16 - BCF Administration	Portion of Finance post for BCF administration	Enablers for Integration	Implementation & Change Mgt capacity				Not applicable	Not applicable	Not applicable	Not applicable	Other	Governance & Administration	LA			Local Authority	Minimum CCG Contribution	£12,346	Existing
118	NW 17 - Protection of Adult Social Care	Protected Adult Social Care spend	Other		Multiple: Carers, Early Intervention,			High	High	High	High	Social Care		LA			Local Authority	Minimum CCG Contribution	£8,426,644	Existing
119	NW 18 - Disabled Facilities Grant	Home adaptations for older and/or disabled residents; passed	DFG Related Schemes	Adaptations				Medium	Low	Low	Not applicable	Social Care		LA			Local Authority	DFG	£3,192,844	Existing
120	NW 19 - Hospital Discharge to Social Care	Placements to facilitate hospital discharge	HICM for Managing Transfer of Care	Chg 4. Home First / Discharge to Access				Medium	High	Not applicable	Not applicable	Social Care		LA			Local Authority	iBCF	£2,109,755	Existing
121	NW 20 - Winter Pressures	Activity to support the local health and social care system to manage	Other		Winter Pressures			High	High	Low	High	Social Care		LA			Local Authority	Winter Pressures Grant	£1,190,615	Existing
122	NW 21 - CCG Carry forward	Carry forward from 2018/19	Community Based Schemes					Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Additional CCG Contribution	£7,073	Existing
123	NW 21 - SCC Carry Forward	Carry forward from 2018/19	Community Based Schemes					Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Additional LA Contribution	£7,073	Existing
124	SD 1a - New responsibilities under the Care	Homecare Service Provision	Care Act Implementation Related Duties	Other	Homecare Service Provision			Medium	Low	Medium	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£610,560	Existing
125	SD 1b - New responsibilities under the Care Act	Advocacy Services	Care Act Implementation Related Duties	Deprivation of Liberty Safeguards (DoLS)				Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£7,437	Existing
126	SD 1c - New responsibilities under the Care	Safeguarding Board	Care Act Implementation Related Duties	Other	Safeguarding Board			Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£29,003	Existing
127	SD 2 - Carers Funding	Carer advice and support	Carers Services	Carer Advice and Support				Not applicable	Not applicable	Medium	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£621,000	Existing
128	SD 3 - Health Commissioned Services	Integrated Multi Disciplinary Team - Community Health	Prevention / Early Intervention	Other	Physical Health / Wellbeing			High	High	Low	Not applicable	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£5,566,459	Existing
129	SD 4 - Supported Employment	Mental Health	Prevention / Early Intervention	Other	Mental Health / Wellbeing			Not applicable	Not applicable	Not applicable	Not applicable	Social Care		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£193,017	Existing
130	SD 5 - Telehealth	Telehealth service	Assistive Technologies and Equipment	Other	Telehealth			Medium	Low	Not applicable	Low	Primary Care		CCG			Private Sector	Minimum CCG Contribution	£54,000	Existing
131	SD 6 - End of Life Care Contract	End of Life Care contract (outcomes-based commissioning)	Personalised Care at Home			Packages	-	High	Low	Low	Not applicable	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£305,000	Existing
132	SD 7 - Risk Stratification Tool	Population Health Management risk stratification tool	Prevention / Early Intervention	Risk Stratification				Not applicable	Not applicable	Not applicable	Not applicable	Primary Care		CCG			CCG	Minimum CCG Contribution	£66,000	Existing
133	SD 8 - Integrated Teams	Integrated workforce	HICM for Managing Transfer of Care	Chg 3. Multi-Disciplinary/Multi-Agency Discharge				Medium	Medium	Not applicable	Low	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£530,000	Existing
134	SD 9 - Personal Health Budget Implementation	Personal health budget implementation	Personalised Budgeting and Commissioning	Personal Health Budgets				Low	Low	Low	Not applicable	Continuing Care		CCG			CCG	Minimum CCG Contribution	£37,000	Existing
135	SD 10 - Mental Health - Psychiatric Liaison	Mental Health Psychiatric Liaison contract	Prevention / Early Intervention	Other	Mental Health / Wellbeing			Low	Not applicable	Not applicable	Not applicable	Mental Health		CCG			NHS Mental Health Provider	Minimum CCG Contribution	£404,000	Existing
136	SD 11 - Local CCG Schemes mapped to BCF projects	Community grants	Community Based Schemes					Low	Low	Low	Low	Community Health		CCG			CCG	Minimum CCG Contribution	£106,000	Existing
137	SD 12 - Funding for NEA in acute	Funding for NEA in Acute	Other		Funding for NEA in Acute			High	Not applicable	Not applicable	Not applicable	Acute		CCG			CCG	Minimum CCG Contribution	£334,000	Existing
138	SD 13 - Hospital to Home Support Service	Advice, information and support for people medically fit for discharge and their	HICM for Managing Transfer of Care	Chg 4. Home First / Discharge to Access				Low	Low	Not applicable	Not applicable	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£82,000	Existing

139	SD 14 - Stroke Support	Countywide Stroke support	Prevention / Early Intervention	Other	Physical Health / Wellbeing			Medium	Low	Not applicable	Not applicable	Community Health		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£31,000	Existing
140	SD 15 - Telecare	Technology Enabled Care services	Assistive Technologies and Equipment	Telecare				High	Medium	Medium	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£225,000	Existing
141	SD 16 - Information & Advice	Information, advice and signposting for residents to care and support.	Integrated Care Planning and Navigation	Care Coordination				Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£47,927	Existing
142	SD 17a - Mental Health Community	Third Sector provision of emotional and wellbeing support	Prevention / Early Intervention	Other	Mental Health / Wellbeing			Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£338,518	Existing
143	SD 17b - Mental Health Community	Third Sector provision of emotional and wellbeing support	Prevention / Early Intervention	Other	Mental Health / Wellbeing			Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Charity / Voluntary Sector	Additional LA Contribution	£81,440	Existing
144	SD 18 - Handy Persons	Small repairs and adaptations for people experiencing difficulties	Housing Related Schemes					Low	Low	Low	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£66,178	Existing
145	SD 19 - Community Equipment	Community Equipment services to help users stay active, comfortable	Assistive Technologies and Equipment	Community Based Equipment				High	Medium	High	Medium	Social Care		Joint	50.0%	50.0%	Private Sector	Minimum CCG Contribution	£499,000	Existing
146	SD 20 - Integration Funds	Pooled fund to facilitate prompt acute transfers	HICM for Managing Transfer of Care	Chg 1. Early Discharge Planning				Medium	Medium	Low	Low	Social Care		Joint	50.0%	50.0%	CCG	Minimum CCG Contribution	£103,875	Existing
147	SD 21 - Integrated Multi Disciplinary Teams - Social	Integrated MDT workforce funding	HICM for Managing Transfer of Care	Chg 3. Multi-Disciplinary/Multi-Agency Discharge				Medium	Medium	Low	Medium	Social Care		LA			Local Authority	Minimum CCG Contribution	£983,296	Existing
148	SD 22 - Integrated Multi Disciplinary Teams - Mental	Integrated MDT workforce funding (dementia)	HICM for Managing Transfer of Care	Chg 3. Multi-Disciplinary/Multi-Agency Discharge				Medium	Medium	Low	Not applicable	Mental Health		LA			Local Authority	Minimum CCG Contribution	£90,254	Existing
149	SD 23 - BCF Administration	Portion of Finance post for BCF administration	Enablers for Integration	Implementation & Change Mgt capacity				Not applicable	Not applicable	Not applicable	Not applicable	Other	Governance & Administration	LA			Local Authority	Minimum CCG Contribution	£10,450	Existing
150	SD 24 - Protection of Adult Social Care	Protected Adult Social Care spend	Other		Multiple: Carers, Early Intervention,			High	High	High	High	Social Care		LA			Local Authority	Minimum CCG Contribution	£6,760,189	Existing
151	SD 25 - Disabled Facilities Grant	Home adaptations for older and/or disabled residents; passed	DFG Related Schemes	Adaptations				Medium	Low	Low	Not applicable	Social Care		LA			Local Authority	DFG	£2,435,676	Existing
152	SD 26 - Hospital Discharge to Social Care	Placements to facilitate hospital discharge	HICM for Managing Transfer of Care	Chg 4. Home First / Discharge to Access				Medium	High	Not applicable	Not applicable	Social Care		LA			Local Authority	iBCF	£1,754,207	Existing
153	SD 27 - Winter Pressures	Activity to support the local health and social care system to manage	Other		Winter Pressures			High	High	Low	High	Social Care		LA			Local Authority	Winter Pressures Grant	£989,966	New
154	SD 28 - CCG Carryforward	Carry forward from 2018/19	Community Based Schemes					Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Additional CCG Contribution	£58,228	Existing
155	SD 29 - SCC Carryforward	Carry forward from 2018/19	Community Based Schemes					Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Additional LA Contribution	£58,228	Existing
156	SH 1a - New responsibilities under the Care	Homecare Service Provision	Care Act Implementation Related Duties	Other	Homecare Service Provision			Medium	Low	Medium	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£200,060	Existing
157	SH 1b - New responsibilities under the Care	Advocacy Services	Care Act Implementation Related Duties	Deprivation of Liberty Safeguards (DoLS)				Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£2,437	Existing
158	SH 1c - New responsibilities under the Care	Safeguarding Board	Care Act Implementation Related Duties	Other	Safeguarding Board			Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£9,503	Existing
159	SH 2 - Carers Funding	Carer advice and support	Carers Services	Carer Advice and Support				Not applicable	Not applicable	Medium	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£204,000	Existing
160	SH 3 - Health Commissioned Services	Integrated Multi Disciplinary Team - Community Health	Prevention / Early Intervention	Other	Physical Health / Wellbeing			High	High	Low	Not applicable	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£1,512,132	Existing
161	SH 4 - Supported Employment	Mental Health	Prevention / Early Intervention	Other	Mental Health / Wellbeing			Not applicable	Not applicable	Not applicable	Not applicable	Social Care		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£60,276	Existing

162	SH 5 - End of Life Care Contract	End of Life Care contract (outcomes-based commissioning)	Personalised Care at Home			Packages	-	High	Low	Low	Not applicable	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£75,000	Existing
163	SH 6 - End of Life Care Clinical Lead	Portion of End of Life Care Clinical Lead role	Enablers for Integration	Integrated workforce				High	Low	Low	Not applicable	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£8,000	Existing
164	SH 7 - Mental Health - Psychiatric Liaison - Contract	Mental Health Psychiatric Liaison contract	Prevention / Early Intervention	Other	Mental Health / Wellbeing			High	Not applicable	Not applicable	Not applicable	Mental Health		CCG			NHS Mental Health Provider	Minimum CCG Contribution	£198,000	Existing
165	SH 8 - Integrated Care Team	Integrated Care Team workforce funding	Enablers for Integration	Integrated workforce				High	Medium	Low	High	Social Care		CCG			CCG	Minimum CCG Contribution	£370,000	Existing
166	SH 9a - Out of Hospital	Discharge to Assess funding	HICM for Managing Transfer of Care	Chg 4. Home First / Discharge to Access				Medium	High	Low	Medium	Social Care		LA			CCG	Minimum CCG Contribution	£137,829	Existing
167	SH 9b - Out of Hospital	Discharge to Assess funding	HICM for Managing Transfer of Care	Chg 4. Home First / Discharge to Access				Medium	High	Low	Medium	Social Care		CCG			CCG	Minimum CCG Contribution	£59,069	Existing
168	SH 9c - Out of Hospital	Discharge to Assess funding	HICM for Managing Transfer of Care	Chg 4. Home First / Discharge to Access				Medium	High	Low	Medium	Social Care		CCG			CCG	Additional CCG Contribution	£5,099	Existing
169	SH 9d - Out of Hospital	Discharge to Assess funding	HICM for Managing Transfer of Care	Chg 4. Home First / Discharge to Access				Medium	High	Low	Medium	Social Care		LA			CCG	Additional LA Contribution	£5,099	Existing
170	SH 10a - Social Prescribing Post	Social Prescribing	Prevention / Early Intervention	Social Prescribing				Low	Not applicable	Not applicable	Not applicable	Social Care		CCG			CCG	Additional LA Contribution	£19,500	New
171	SH 11a - Time to Talk	Befriending services for people suffering with loneliness	Community Based Schemes					Not applicable	Not applicable	Not applicable	Not applicable	Social Care		CCG			Charity / Voluntary Sector	Additional LA Contribution	£5,500	New
172	SH 12a - Neighbourhood resilience Social	Social Prescribing	Prevention / Early Intervention	Social Prescribing				Low	Not applicable	Not applicable	Not applicable	Social Care		CCG			CCG	Additional LA Contribution	£10,000	New
173	SH 13a - Locality Director	Portion of Locality Director role	Enablers for Integration	Integrated workforce				Not applicable	Not applicable	Not applicable	Not applicable	Social Care		CCG			CCG	Additional LA Contribution	£25,000	New
174	SH 14a - MH Case Worker (Homelessness)	Portion of Mental Health case worker (homelessness)	Prevention / Early Intervention	Other	Mental Health / Wellbeing			High	Not applicable	Not applicable	Not applicable	Social Care		CCG			CCG	Additional LA Contribution	£6,250	New
175	SH 10b - Social Prescribing Post	Social Prescribing	Prevention / Early Intervention	Social Prescribing				Low	Not applicable	Not applicable	Not applicable	Social Care		CCG			CCG	Additional CCG Contribution	£19,500	New
176	SH 11b - Time to Talk	Befriending services for people suffering with loneliness	Community Based Schemes					Not applicable	Not applicable	Low	Not applicable	Social Care		CCG			CCG	Additional CCG Contribution	£5,500	New
177	SH 12b - Neighbourhood resilience Social	Social Prescribing	Prevention / Early Intervention	Social Prescribing				Low	Not applicable	Not applicable	Not applicable	Social Care		CCG			CCG	Additional CCG Contribution	£10,000	New
178	SH 13b - Locality Director	Portion of Locality Director role	Enablers for Integration	Integrated workforce				Not applicable	Not applicable	Not applicable	Not applicable	Social Care		CCG			CCG	Additional CCG Contribution	£25,000	New
179	SH 14b - MH Case Worker (Homelessness)	Portion of Mental Health case worker (homelessness)	Prevention / Early Intervention	Other	Mental Health / Wellbeing			High	Not applicable	Not applicable	Not applicable	Social Care		CCG			CCG	Additional CCG Contribution	£6,250	New
180	SH 15 - Home from Hospital	Advice, information and support for people medically fit for	HICM for Managing Transfer of Care	Chg 4. Home First / Discharge to Access				Low	Low	Not applicable	Not applicable	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£23,000	Existing
181	SH 16 - Stroke Support	Countywide Stroke support	Prevention / Early Intervention	Other	Physical Health / Wellbeing			Medium	Low	Not applicable	Not applicable	Community Health		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£9,000	Existing
182	SH 17 - Telecare	Technology Enabled Care services	Assistive Technologies and Equipment	Telecare				High	Medium	Medium	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£55,000	Existing

183	SH 18 - Information & Advice	Information, advice and signposting for residents to care and support.	Integrated Care Planning and Navigation	Care Coordination				Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£15,223	Existing
184	SH 19a - Mental Health Community	Third Sector provision of emotional and wellbeing support	Prevention / Early Intervention	Other	Mental Health / Wellbeing			Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£115,068	Existing
185	SH 19b - Mental Health Community	Third Sector provision of emotional and wellbeing support	Prevention / Early Intervention	Other	Mental Health / Wellbeing			Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Charity / Voluntary Sector	Additional LA Contribution	£30,295	Existing
186	SH 20 - Handy Persons	Small repairs and adaptations for people experiencing difficulties	Housing Related Schemes					Low	Low	Low	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£29,348	Existing
187	SH 21 - Community Equipment	Community Equipment services to help users stay active, comfortable and independent in	Assistive Technologies and Equipment	Community Based Equipment				High	Medium	High	Medium	Social Care		Joint	50.0%	50.0%	Private Sector	Minimum CCG Contribution	£211,037	Existing
188	SH 22 - Integrated Multi Disciplinary Teams - Social	Integrated Care Team core team workforce funding	HICM for Managing Transfer of Care	Chg 3. Multi-Disciplinary/Multi-Agency Discharge				Medium	Medium	Low	Medium	Social Care		LA			Local Authority	Minimum CCG Contribution	£394,666	Existing
189	SH 23 - Integrated Multi Disciplinary Teams - Mental	Integrated MDT workforce funding (dementia)	HICM for Managing Transfer of Care	Chg 3. Multi-Disciplinary/Multi-Agency Discharge				Medium	Medium	Low	Not applicable	Mental Health		LA			Local Authority	Minimum CCG Contribution	£28,530	Existing
190	SH 24 - BCF Administration	Portion of Finance post for BCF administration	Enablers for Integration	Implementation & Change Mgt capacity				Not applicable	Not applicable	Not applicable	Not applicable	Other	Governance & Administration	LA			Local Authority	Minimum CCG Contribution	£3,804	Existing
191	SH 25 - Protection of Adult Social Care	Protected Adult Social Care spend	Other		Multiple: Carers, Early Intervention,			High	High	High	High	Social Care		LA			Local Authority	Minimum CCG Contribution	£2,141,635	Existing
192	SH 26 - Disabled Facilities Grant	Home adaptations for older and/or disabled residents; passed	DFG Related Schemes	Adaptations				Medium	Low	Low	Not applicable	Social Care		LA			Local Authority	DFG	£777,761	Existing
193	SH 27 - Hospital Discharge to Social Care	Placements to facilitate hospital discharge	HICM for Managing Transfer of Care	Chg 4. Home First / Discharge to Access				Medium	High	Not applicable	Not applicable	Social Care		LA			Local Authority	iBCF	£575,359	Existing
194	SH 28 - Winter Pressures	Activity to support the local health and social care system to manage	Other		Winter Pressures			High	High	Low	High	Social Care		LA			Local Authority	Winter Pressures Grant	£324,697	New
195	SH 29 - CCG Carryforward	Carry forward from 2018/19	Community Based Schemes					Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Additional CCG Contribution	£2,032	Existing
196	SH 30 - SCC Carry Forward	Carry forward from 2018/19	Community Based Schemes					Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Additional LA Contribution	£2,032	Existing
197	EB 1a - New Responsibilities under the Care Act	Homecare Service Provision	Care Act Implementation Related Duties	Other	Homecare Service Provision			Medium	Low	Medium	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£24,535	Existing
198	EB 1b - New Responsibilities under the Care	Advocacy Services	Care Act Implementation Related Duties	Deprivation of Liberty Safeguards (DoLS)				Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£299	Existing
199	EB 1c - New Responsibilities under the Care	Safeguarding Board	Care Act Implementation Related Duties	Other	Safeguarding Board			Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£1,166	Existing
200	EB 2 - Carers Funding	Carer advice and support	Carers Services	Carer Advice and Support				Not applicable	Not applicable	Medium	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£25,000	Existing
201	EB 3 - Health Commissioned Services	Integrated Multi Disciplinary Team - Community Health	Prevention / Early Intervention	Other	Physical Health / Wellbeing			High	High	Low	Not applicable	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£228,732	Existing
202	EB 4 - BCF Schemes mapped to Local Projects	Pooled fund to facilitate prompt acute transfers and HCA support	HICM for Managing Transfer of Care	Chg 1. Early Discharge Planning				Medium	Medium	Low	Low	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£107,000	Existing
203	EB 5 - Stroke Support	Countywide Stroke support	Prevention / Early Intervention	Other	Physical Health / Wellbeing			Medium	Low	Not applicable	Not applicable	Community Health		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£1,000	Existing
204	EB 6 - Telecare	Technology Enabled Care services	Assistive Technologies and Equipment	Telecare				High	Medium	Medium	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£8,000	Existing

205	EB 7 - Information & Advice	Information, advice and signposting for residents to care and support.	Integrated Care Planning and Navigation	Care Coordination				Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£1,581	Existing
206	EB 8a - Mental Health Community	Third Sector provision of emotional and wellbeing support	Prevention / Early Intervention	Other	Mental Health / Wellbeing			Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£13,964	Existing
207	EB 8b - Mental Health Community	Third Sector provision of emotional and wellbeing support	Prevention / Early Intervention	Other	Mental Health / Wellbeing			Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Charity / Voluntary Sector	Additional LA Contribution	£6,552	Existing
208	EB 9 - Handy Persons	Small repairs and adaptations for people experiencing difficulties	Housing Related Schemes					Low	Low	Low	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£4,355	Existing
209	EB 10 - Community Equipment	Community Equipment services to help users stay active, comfortable	Assistive Technologies and Equipment	Community Based Equipment				High	Medium	High	Medium	Social Care		Joint	50.0%	50.0%	Private Sector	Minimum CCG Contribution	£13,000	Existing
210	EB 11 - Integration Costs	Portion of Integration Leads roles - encourage referrals of at risk	Enablers for Integration	Integrated workforce				Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£1,100	Existing
211	EB 12 - Integrated Multi Disciplinary Teams - Social	Integrated MDT workforce funding	HICM for Managing Transfer of Care	Chg 3. Multi-Disciplinary/Multi-Agency Discharge				Medium	Medium	Low	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£22,042	Existing
212	EB 13 - Integrated Multi Disciplinary Teams - Mental	Integrated MDT workforce funding (dementia)	HICM for Managing Transfer of Care	Chg 3. Multi-Disciplinary/Multi-Agency Discharge				Medium	Medium	Low	Not applicable	Mental Health		LA			Local Authority	Minimum CCG Contribution	£958	Existing
213	EB 14 - Protection of Adult Social Care	Protected Adult Social Care spend	Other		Multiple: Carers, Early Intervention,			High	High	High	High	Social Care		LA			Local Authority	Minimum CCG Contribution	£272,958	Existing
214	EB 15 - Disabled Facilities Grant	Home adaptations for older and/or disabled residents; passed	DFG Related Schemes	Adaptations				Medium	Low	Low	Not applicable	Social Care		LA			Local Authority	DFG	£72,521	Existing
215	EB 16 - Hospital Discharge to Social Care	Placements to facilitate hospital discharge	HICM for Managing Transfer of Care	Chg 4. Home First / Discharge to Access				Medium	High	Not applicable	Not applicable	Social Care		LA			Local Authority	iBCF	£70,597	Existing
216	EB 17 - Winter Pressures	Activity to support the local health and social care system to manage	Other		Winter Pressures			High	High	Low	High	Social Care		LA			Local Authority	Winter Pressures Grant	£39,840	New
217	EB 18 - CCG Carryforward	Carry forward from 2018/19	Community Based Schemes					Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Additional CCG Contribution	£83,507	New
218	EB 19 - SCC Carry Forward	Carry forward from 2018/19	Community Based Schemes					Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Additional LA Contribution	£83,507	New

^^ Link back up

Scheme Type	Description	Sub Type
Assistive Technologies and Equipment	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Digital participation services).	Telecare Wellness Services Digital Participation Services Community Based Equipment Other
Care Act Implementation Related Duties	Funding planned towards the implementation of Care Act related duties.	Deprivation of Liberty Safeguards (DoLS) Other
Carers Services	Supporting people to sustain their role as carers and reduce the likelihood of crisis. Advice, advocacy, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence. This also includes the implementation of the Care Act as a sub-type.	Carer Advice and Support Respite Services Other
Community Based Schemes	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood level (eg: Integrated Neighbourhood Teams)	
DFG Related Schemes	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes.	Adaptations Other

Enablers for Integration	Schemes that build and develop the enabling foundations of health and social care integration encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.	
High Impact Change Model for Managing Transfer of Care	The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM as such, is included in this section.	Chg 1. Early Discharge Planning Chg 2. Systems to Monitor Patient Flow Chg 3. Multi-Disciplinary/Multi-Agency Discharge Teams Chg 4. Home First / Discharge to Access Chg 5. Seven-Day Services Chg 6. Trusted Assessors Chg 7. Focus on Choice Chg 8. Enhancing Health in Care Homes Other - 'Red Bag' scheme Other approaches
Home Care or Domiciliary Care	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.	
Housing Related Schemes	This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.	

Integrated Care Planning and Navigation	Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches like Single Point of Access (SPoA) and linking people to community assets. Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams. Note: For Multi-Disciplinary Discharge Teams and the HICM for managing discharges, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.	Care Coordination Single Point of Access Care Planning, Assessment and Review Other
Intermediate Care Services	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups. Four service models of intermediate care are: bed-based intermediate care, crisis or rapid response (including falls), home-based intermediate care, and reablement or rehabilitation. Home-based intermediate care is covered in Scheme-A and the other three models are available on the sub-types.	Bed Based - Step Up/Down Rapid / Crisis Response Reablement/Rehabilitation Services Other

Personalised Budgeting and Commissioning	Various person centred approaches to commissioning and budgeting.	Personal Health Budgets Integrated Personalised Commissioning Direct Payments Other
Personalised Care at Home	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.	
Prevention / Early Intervention	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.	Social Prescribing Risk Stratification Choice Policy Other
Residential Placements	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.	Supported Living Learning Disability Extra Care Care Home Nursing Home Other
Other	Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.	

^^ Link back up

Better Care Fund 2019/20 Template

7. High Impact Change Model

Selected Health and Wellbeing Board: Surrey

Explain your priorities for embedding elements of the High Impact Change Model for Managing Transfers of Care locally, including:
- Current performance issues to be addressed
- The changes that you are looking to embed further - including any changes in the context of commitments to reablement and Enhanced Health in Care Homes in the NHS Long-Term Plan

- Anticipated improvements from this work

Actions to deliver the High Impact Change Models across Surrey have progressed extensively, with two models currently achieving maturity, and all others bar one self-assessed as Established. For 2019/20 HICM will continu
programme to facilitate timely discharge from hospital and efficient engagement of support services in line with patient need. System work plans are in place to improve seven day service specifically in relation to discharge
performance. Over the last year, progress has been made in implementing discharge to assess models and this has seen an improvement in DTOC performance.

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. Four
below their target. There remain some challenges within the acute trust around proactive discharge planning which has led to some delays but in general, as the performance shows the overall performance has remained ve
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 ena
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 are

Supporting people home from hospital has 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 Bet
use of the additional social care funding from the iBCF to best support our ambitions on supporting DTOC. It has been jointly agreed to allocate the IBCF to continue to fund new social care packages of care that support hos
help to stabilise the care market.

The specific progress and actions against the High Impact Change Models differ across localities in Surrey, and are locally discussed and planned at Local Joint Commissioning Groups and Local A&E Delivery Boards. The Surre
Collaborative scrutinises progress and compares the Surrey system, as a whole, against the model.

Following a recent review of progress with the High Impact Change Models, it was identified that, in contrast to the other High Impact Changes, the adoption of Trusted Assessment was less developed as an intervention to
There was limited uptake and limited progress with Trusted Assessment to date.

The renewed focus on Trusted Assessment led to two events in July 2019 at which a set of six local action plans were developed, one for each local area across the county. These events were supported by funding provided b
Model bids that were made available in December 2018 and facilitated by the Social Care Institute for Excellence, SCC's Improvement Partner.

Although the six action plans were unique, there were common elements suggesting coordination across the whole of Surrey. In particular, close working with the Surrey Care Association and other social care providers wou
to engagement. Additional actions, such as establishing county-wide principles for Trusted Assessment and coordinating oversight to monitor progress, are outlined in the newly developed HICM action plans, sitting behind t

As a result of the workshops, Trusted Assessor pilots are in the planning phase, which will include advice to Care Homes following discharge to reduce risk of readmission. Anticipated outcomes include a reduction in numbe

		Please enter current position of maturity	Please enter the maturity level planned to be reached by March 2020	If the planned maturity level for 2019/20 is below established, please state reasons behind that?
Chg 1	Early discharge planning	Established	Established	
Chg 2	Systems to monitor patient flow	Mature	Mature	
Chg 3	Multi-disciplinary/Multi-agency discharge teams	Established	Mature	
Chg 4	Home first / discharge to assess	Established	Mature	
Chg 5	Seven-day service	Established	Established	
Chg 6	Trusted assessors	Plans in place	Plans in place	Following a recent review of progress with the High Impact Change Models, it was identified that, in contrast to the other High Impa developed as an intervention to support safe transfers of care at hospital discharge. There was limited uptake and limited progress w further information.
Chg 7	Focus on choice	Mature	Mature	
Chg 8	Enhancing health in care homes	Established	Established	

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8. Metrics

Selected Health and Wellbeing Board: Surrey

8.1 Non-Elective Admissions

	19/20 Plan	Overview Narrative	
Total number of specific acute non-elective spells per 100,000 population	**Collection of the NEA metric plans via this template is not required** as the BCF NEA metric plans are based on the NEA CCG Operating plans submitted via SDCS.	As in the 2017-19 plan, Surrey's 2019/20 BCF has prevention and admission avoidance at its core. The focus remains on supporting people to stay well and stay at home, by delivering integrated care 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. The schemes in place to support reduced NEAs include: • Personalised End of Life Care at home to support patients to stay at home if that is where they wish to be, are comfortable and with their symptoms under good control. • Early intervention Falls programmes including 'Let's Get Steady' falls prevention sessions. • Telecare services with a 24 hour care centre, and wraparound community support. • Protected Adult Social Care spend on home care and Reablement to support people to stay at home and avoid admission by maximising independence and supporting skills gain. • Integrated Care Teams proactively supporting people with complex needs to keep them out of hospital where appropriate, using an anticipatory care approach. This has been supported through the development of integrated pathways across multiple partners for Falls, Catheters and Respiratory, and development of Discharge to Assess pathways. • A range of social prescription services in Surrey put residents in touch with a wide range of local services and activities in the community to support the improvement of overall wellbeing. Some areas offer 'Wellbeing Prescription Plus services', working with GPs to plan integrated and pre-emptive care for people who are at higher risk of unplanned hospital admissions. These social prescription services are supported with wraparound District & Borough Council and VCFS services. • Winter Pressures Funding offering a range of services including domiciliary care and Reablement to keep people safe and well at home over the Winter period. • Countywide stroke support services for patients on 'supported discharge' to prevent readmission. • Community Equipment Services to enable people by giving them the required items and adaptations to remain at home. • The Very High Intensity Users scheme in Guildford & Waverley has had a positive impact on attendance at ED and NEL Admissions and work will continue in 2019/20. • Work continues on the Enhanced Health in Care Homes programme. Care Home Support Matrons have established collaborative with homes including visits, and NHS net and red bag schemes are established across most of Surrey. NEAs and attendances from Care Homes have continued to see a reduction this year; as much as 20% in some localities.	**Please set out the overall plan in the HWB area for reducing Non-Elective Admissions, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.**

Plans are yet to be finalised and signed-off so are subject to change; **for the latest version of the NEA CCG operating plans at your HWB footprint please contact your local Better Care Manager (BCM)** in the first instance or write in to the support inbox: ENGLAND.bettercaresupport@nhs.net

8.2 Delayed Transfers of Care

19/20 Plan	Overview Narrative

Delayed Transfers of Care per day (daily delays) from hospital (aged 18+)	76.1	Surrey is a complex system, with multiple local plans. Surrey's BCF includes seven HICM action plans, and updates have come from all seven. Sustaining our current performance on DTOCs in the light of continuing pressure on all partners in the system will be supported by a range of schemes and programmes, more detail on which can be found in the local HICM plans. Within the 2019/20 BCF, there are a number of programmes and schemes in place and being implemented with the aim of reducing delays and supporting timely discharge, without increasing admissions: • Enhanced Reablement programmes, including the integration of Reablement and Rapid Response colleagues to pool capacity and reduce DTOCs. For example, the colocation of Reablement and Rapid Response colleagues in East Surrey is underway. • Discharge to Assess schemes, including CHC D2A which has resulted in more efficient discharges in the Guildford & Waverley locality. • Facilitated system-wide workshops and support from the Social Care Institute for Excellence to create action plans to further develop Trusted Assessor pathways and principles. • Home from hospital schemes to support people with low-level needs to return home from hospital and settle has provided efficiencies in Reablement services. • Investment in Technology Enabled Care Services and Community Equipment services will provide enabling support and enable quicker discharge from hospital. • Community Transport, including the Hoppa Bus service in Guildford & Waverley, help people medically fit for discharge to return home. • Integrated Multi-disciplinary teams support early discharge planning and wraparound out of hospital care (eg. Frailty Unit in Guildford & Waverley). • In some localities, there has been investment in reporting platforms such as Alamac, which allows improved management of patient flow through the urgent care system and daily oversight of DTOC that is managed through a daily system call. • A review of DToC reporting in Surrey Heartlands is being undertaken to ensure a consistent approach due to differing systems and IT infrastructure in place. Consideration for the use of winter funding is underway, which includes using a portion of the available funds to support complex discharges. This will enable assessments to be undertaken outside of an acute hospital bed to increase patient flow through the hospital and support reduction in unnecessary Length of Stay. 47% of last year's Winter Pressures Grant was allocated to domiciliary care packages, and 10% to Reablement or Intermediate Care in the person's own home – both with the aim of providing responsive services allowing people to return home. Areas are	**Please set out the overall plan in the HWB area for reducing Delayed Transfers of Care to meet expectations set for your area. This should include any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric. Include in this, your agreed plan for using the Winter Pressures grant funding to support the local health and care system to manage demand pressures on the NHS, with particular reference to seasonal winter pressures.**

Please note that the plan figure for Greater Manchester has been combined, for HWBs in Greater Manchester please comment on individuals HWBs rather than Greater Manchester as a whole.
Please note that due to the merger of Bournemouth, Christchurch and Poole to a new Local Authority will mean that planning information from 2018/19 will not reflect the present geographies.

8.3 Residential Admissions

		18/19 Plan	19/20 Plan	Comments
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	544	514	The emerging Surrey social care vision, working with health partners, is a strengths-based model which aims to keep people independent in the community, rather than in long-term care settings. The aim is to support people in their own homes, providing reablement/rehabilitation and short-term services to maximise independence – thereby supporting the delivery of the reablement measure and helping to reduce the number of new residential and nursing home admissions: 1. Diversion, community and family support, self-help 2. Entitlements to universal services 3. Short-term help as the aim 4. 5 'R's': restoration, reablement, recuperation, recovery and rehabilitation • Then, assessments for long term need when someone is at their best in a familiar environment • Treating hospitals as a front door in their own right • Longer term interventions, promoting independence that reduce over time • Conducting reviews in a culture of optimism There are a number of BCF schemes in place that support and facilitate this vision. In some areas, CCGs and the Local Authority have agreed to match additional funding for Community Equipment Services to support people to access the items they need to remain independent at home and avoid the need for residential or nursing care where appropriate. The range of social prescription services in Surrey are geared towards putting residents in touch with a wide range of local services and activities in the community to support the improvement of overall wellbeing. Some areas offer 'Wellbeing Prescription Plus services', working with GPs to plan integrated and pre-emptive care for people who are at higher risk of unplanned hospital admissions, presenting at accident and emergency, or going into residential care prematurely. These social prescription services are supported with wraparound District & Borough Council and VCFS services. Similarly to the Non-Elective Admissions narrative, a range of programmes funded through BCF are in place to support people to live safely and independently at home. Carer advice and support services are commissioned to prevent care home admission due to carer breakdown, as far as possible. Proactive services including 'Let's Get Steady' Falls prevention sessions take place to improve confidence of those at risk of falls. Telecare and telehealth services look to support people to remain the community, rather than prematurely enter residential or nursing care. Further information can be found in the local High Impact Change Model action plans.
	Numerator	1,222	1175	
	Denominator	224,727	228,704	

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

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

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

8.4 Reablement

		18/19 Plan	19/20 Plan	Comments

Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	75.1%	76.6%	Over the past year, performance has improved from 71.7% in 2017/18 to 74.8% in 2018/19. This has been improved by providing local enhanced reablement services for the first 72 hours following discharge, resulting in the increase in the number of people reabled within the 6 week period. Flow through the service is good with small numbers of people accessing the service for longer than 6 weeks. There is also a high proportion, over 80%, that do not require long term support following the period of reablement. The Social Care Institute for Excellence are working with Surrey County Council, and wider integration partners, to develop a new model of reablement in Surrey. The aim is for a more inclusive approach to reablement supporting people of all ages and abilities to be more independent. Enabling people could mean that they gain confidence to relearn some of the skills and independence they may have lost because of poor health or disability but Adult Social Care can also support people to learn new skills that they have never had the opportunity to develop before; perhaps due to their care environment or perceptions about their disability. Looking beyond the in-house service, the project will deliver a strategy and action plan before Christmas 2019. Ultimately the strategic direction is to work in a 'strength based way' to support residents to lead more independent lives and not rely on long-term support services. The aim is to support people in their own homes, providing reablement/rehabilitation and short term services to maximise independence – this will support the delivery of the reablement measure and help to reduce the number of new residential and nursing home admissions. Surrey's Better Care Fund continues to invest in the Reablement workforce and integrated Intermediate Care teams to best support timely discharge from hospital. The 2019/20 Better Care Fund sees increased investment in Protected Adult Social Care services, which will support additional activity in home care and reablement. A portion of this increase will be invested, and matched funded by CCGs in some areas, in Community Equipment Services to provide residents with items of equipment to assist them to live as independently as they would wish. It is a key element in enabling people to live in their own homes, and in assisting people in the transition from hospital to home following treatment. There will be continued investment in Intermediate Care over the Winter period. Ten percent of Surrey's 2018/19 Winter Pressures Grant was spent on Reablement or Intermediate Care in the person's own home, and localities are looking to take a similar approach.	**Please set out the overall plan in the HWB area for increasing the proportion of older people who are still at home 91 days after discharge from hospital into reablement/rehabilitation, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.**
	Numerator	392	533		
	Denominator	522	696		

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

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9. Confirmation of Planning Requirements

Selected Health and Wellbeing Board: Surrey

Theme	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it
NC1: Jointly agreed plan	PR1	**A jointly developed and agreed plan that all parties sign up to**	**Has a plan; jointly developed and agreed between CCG(s) and LA; been submitted?** Has the HWB approved the plan/delegated approval pending its next meeting? Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? Do the governance arrangements described support collaboration and integrated care? Where the strategic narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure, metric and HICM sections of the plan been submitted for each HWB concerned?	Yes			
	PR2	**A clear narrative for the integration of health and social care**	**Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that covers:** - Person centred care, including approaches to delivering joint assessments, promoting choice, independence and personalised care? - A clear approach at HWB level for integrating services that supports the overall approach to integrated care and confirmation that the approach supports delivery at the interface between health and social care? - A description of how the local BCF plan and other integration plans e.g. STP/ICSs align? - Is there a description of how the plan will contribute to reducing health inequalities (as per section 4 of the Health and Social Care Act) and to reduce inequalities for people with protected characteristics under the Equality Act 2010? This should include confirmation that equality impacts of the local BCF plan have been considered, a description of local priorities related to health inequality and equality that the BCF plan will contribute to addressing. Has the plan summarised any changes from the previous planning period? And noted (where appropriate) any lessons learnt?	Yes			
	PR3	**A strategic, joined up plan for DFG spending**	**Is there confirmation that use of DFG has been agreed with housing authorities?** Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home. In two tier areas, has: - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory Disabled Facilities Grants? or - The funding been passed in its entirety to district councils?	Yes			
NC2: Social Care Maintenance	PR4	**A demonstration of how the area will maintain the level of spending on social care services from the CCG minimum contribution to the fund in line with the uplift in the overall contribution**	Does the total spend from the CCG minimum contribution on social care match or exceed the minimum required contribution (auto-validated on the planning template)?	Yes			
NC3: NHS commissioned Out of Hospital Services	PR5	**Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the CCG minimum BCF contribution?**	Does the total spend from the CCG minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)?	Yes			
NC4: Implementation of the High Impact Change Model for Managing Transfers of Care	PR6	**Is there a plan for implementing the High Impact Change Model for managing transfers of care?**	**Does the BCF plan demonstrate a continued plan in place for implementing the High Impact Change Model for Managing Transfers of Care?** Has the area confirmed the current level of implementation and the planned level at March 2020 for all eight changes? Is there an accompanying overall narrative setting out the priorities and approach for ongoing implementation of the HICM? Does the level of ambition set out for implementing the HICM changes correspond to performance challenges in the system? If the current level of implementation is below established for any of the HICM changes, has the plan included a clear explanation and set of actions towards establishing the change as soon as possible in 2019-20?	Yes	High Impact Change Model action plans have been developed for each area as a part of the planning process.		

Agreed expenditure plan for all elements of the BCF	**PR7**	**Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?**	Have the planned schemes been assigned to the metrics they are aiming to make an impact on? Expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated) Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (tick-box) Is there an agreed plan for use of the Winter Pressures grant that sets out how the money will be used to address expected demand pressures on the Health system over Winter? **Has funding for the following from the CCG contribution been identified for the area?** - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement?	Yes	For Reablement funding, see 'Protection of Adult Social Care' schemes in Expenditure tab.		
	PR8	**Indication of outputs for specified scheme types**	Has the area set out the outputs corresponding to the planned scheme types (Note that this is only for where any of the specified set of scheme types requiring outputs are planned)? (auto-validated)	Yes			
Metrics	**PR9**	**Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?**	Is there a clear narrative for each metric describing the approach locally to meeting the ambition set for that metric? Is there a proportionate range of scheme types and spend included in the expenditure section of the plan to support delivery of the metric ambitions for each of the metrics? Do the narrative plans for each metric set out clear and ambitious approaches to delivering improvements? **Have stretching metrics been agreed locally for:** - Metric 2: Long term admission to residential and nursing care homes - Metric 3: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement	Yes			

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

HWB Code	LA Name	CCG Code	CCG Name	% CCG in HWB	% HWB in CCG
E09000002	Barking and Dagenham	07L	NHS Barking and Dagenham CCG	90.7%	87.4%
E09000002	Barking and Dagenham	08F	NHS Havering CCG	6.9%	8.3%
E09000002	Barking and Dagenham	08M	NHS Newham CCG	0.4%	0.6%
E09000002	Barking and Dagenham	08N	NHS Redbridge CCG	2.5%	3.5%
E09000002	Barking and Dagenham	08W	NHS Waltham Forest CCG	0.1%	0.1%
E09000003	Barnet	07M	NHS Barnet CCG	91.1%	92.1%
E09000003	Barnet	07P	NHS Brent CCG	2.0%	1.8%
E09000003	Barnet	07R	NHS Camden CCG	1.0%	0.7%
E09000003	Barnet	09A	NHS Central London (Westminster) CCG	0.2%	0.1%
E09000003	Barnet	07X	NHS Enfield CCG	3.0%	2.4%
E09000003	Barnet	08C	NHS Hammersmith and Fulham CCG	0.3%	0.2%
E09000003	Barnet	08D	NHS Haringey CCG	2.2%	1.6%
E09000003	Barnet	08E	NHS Harrow CCG	1.2%	0.8%
E09000003	Barnet	06N	NHS Herts Valleys CCG	0.0%	0.1%
E09000003	Barnet	08H	NHS Islington CCG	0.2%	0.1%
E09000003	Barnet	08Y	NHS West London (K&C & QPP) CCG	0.2%	0.1%
E08000016	Barnsley	02P	NHS Barnsley CCG	94.6%	98.1%
E08000016	Barnsley	02X	NHS Doncaster CCG	0.3%	0.4%
E08000016	Barnsley	03A	NHS Greater Huddersfield CCG	0.2%	0.2%
E08000016	Barnsley	03L	NHS Rotherham CCG	0.3%	0.3%
E08000016	Barnsley	03N	NHS Sheffield CCG	0.2%	0.4%
E08000016	Barnsley	03R	NHS Wakefield CCG	0.4%	0.6%
E06000022	Bath and North East Somerset	11E	NHS Bath and North East Somerset CCG	93.5%	98.3%
E06000022	Bath and North East Somerset	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	0.2%	0.9%
E06000022	Bath and North East Somerset	11X	NHS Somerset CCG	0.2%	0.5%
E06000022	Bath and North East Somerset	99N	NHS Wiltshire CCG	0.1%	0.3%
E06000055	Bedford	06F	NHS Bedfordshire CCG	37.7%	97.4%
E06000055	Bedford	06H	NHS Cambridgeshire and Peterborough CCG	0.4%	1.9%
E06000055	Bedford	04G	NHS Nene CCG	0.2%	0.6%
E09000004	Bexley	07N	NHS Bexley CCG	93.4%	89.8%
E09000004	Bexley	07Q	NHS Bromley CCG	0.1%	0.1%
E09000004	Bexley	09J	NHS Dartford, Gravesham and Swanley CCG	1.4%	1.5%
E09000004	Bexley	08A	NHS Greenwich CCG	7.2%	8.4%
E09000004	Bexley	08L	NHS Lewisham CCG	0.1%	0.1%
E08000025	Birmingham	15E	NHS Birmingham and Solihull CCG	78.4%	81.7%
E08000025	Birmingham	05C	NHS Dudley CCG	0.2%	0.0%
E08000025	Birmingham	05J	NHS Redditch and Bromsgrove CCG	3.1%	0.4%
E08000025	Birmingham	05L	NHS Sandwell and West Birmingham CCG	39.2%	17.8%
E08000025	Birmingham	05Y	NHS Walsall CCG	0.5%	0.1%
E06000008	Blackburn with Darwen	00Q	NHS Blackburn with Darwen CCG	88.9%	95.8%
E06000008	Blackburn with Darwen	00T	NHS Bolton CCG	1.2%	2.3%
E06000008	Blackburn with Darwen	00V	NHS Bury CCG	0.2%	0.2%
E06000008	Blackburn with Darwen	01A	NHS East Lancashire CCG	0.7%	1.7%
E06000009	Blackpool	00R	NHS Blackpool CCG	86.4%	97.6%
E06000009	Blackpool	02M	NHS Fylde & Wyre CCG	2.1%	2.4%
E08000001	Bolton	00T	NHS Bolton CCG	97.3%	97.5%
E08000001	Bolton	00V	NHS Bury CCG	1.5%	1.0%
E08000001	Bolton	00X	NHS Chorley and South Ribble CCG	0.2%	0.1%
E08000001	Bolton	01G	NHS Salford CCG	0.6%	0.5%
E08000001	Bolton	02H	NHS Wigan Borough CCG	0.8%	0.9%
E06000058	Bournemouth, Christchurch and Poole	11J	NHS Dorset CCG	52.4%	99.7%
E06000058	Bournemouth, Christchurch and Poole	11A	NHS West Hampshire CCG	0.2%	0.3%
E06000036	Bracknell Forest	15A	NHS Berkshire West CCG	0.5%	2.0%
E06000036	Bracknell Forest	15D	NHS East Berkshire CCG	26.1%	96.9%
E06000036	Bracknell Forest	99M	NHS North East Hampshire and Farnham CCG	0.6%	1.0%
E06000036	Bracknell Forest	10C	NHS Surrey Heath CCG	0.2%	0.1%
E08000032	Bradford	02N	NHS Airedale, Wharfdale and Craven CCG	67.2%	18.4%
E08000032	Bradford	02W	NHS Bradford City CCG	98.9%	23.9%
E08000032	Bradford	02R	NHS Bradford Districts CCG	98.0%	56.3%
E08000032	Bradford	02T	NHS Calderdale CCG	0.2%	0.0%
E08000032	Bradford	15F	NHS Leeds CCG	0.9%	1.4%
E08000032	Bradford	03J	NHS North Kirklees CCG	0.2%	0.0%
E09000005	Brent	07M	NHS Barnet CCG	2.3%	2.4%
E09000005	Brent	07P	NHS Brent CCG	89.7%	86.4%
E09000005	Brent	07R	NHS Camden CCG	3.9%	2.8%
E09000005	Brent	09A	NHS Central London (Westminster) CCG	1.3%	0.7%
E09000005	Brent	07W	NHS Ealing CCG	0.5%	0.6%
E09000005	Brent	08C	NHS Hammersmith and Fulham CCG	0.6%	0.4%
E09000005	Brent	08E	NHS Harrow CCG	5.9%	4.0%
E09000005	Brent	08Y	NHS West London (K&C & QPP) CCG	4.3%	2.7%
E06000043	Brighton and Hove	09D	NHS Brighton and Hove CCG	97.9%	99.7%
E06000043	Brighton and Hove	09G	NHS Coastal West Sussex CCG	0.1%	0.2%
E06000043	Brighton and Hove	99K	NHS High Weald Lewes Havens CCG	0.3%	0.1%
E06000023	Bristol, City of	11E	NHS Bath and North East Somerset CCG	0.1%	0.0%
E06000023	Bristol, City of	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	49.3%	100.0%
E09000006	Bromley	07N	NHS Bexley CCG	0.2%	0.1%
E09000006	Bromley	07Q	NHS Bromley CCG	94.6%	95.1%
E09000006	Bromley	07V	NHS Croydon CCG	1.2%	1.4%
E09000006	Bromley	08A	NHS Greenwich CCG	1.4%	1.2%
E09000006	Bromley	08C	NHS Hammersmith and Fulham CCG	0.1%	0.0%
E09000006	Bromley	08K	NHS Lambeth CCG	0.1%	0.2%
E09000006	Bromley	08L	NHS Lewisham CCG	1.9%	1.8%
E09000006	Bromley	99J	NHS West Kent CCG	0.1%	0.2%

E10000002	Buckinghamshire	06F	NHS Bedfordshire CCG	0.6%	0.5%
E10000002	Buckinghamshire	14Y	NHS Buckinghamshire CCG	94.4%	94.9%
E10000002	Buckinghamshire	15D	NHS East Berkshire CCG	1.4%	1.2%
E10000002	Buckinghamshire	06N	NHS Herts Valleys CCG	1.2%	1.4%
E10000002	Buckinghamshire	08G	NHS Hillingdon CCG	0.7%	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%
E08000002	Bury	00T	NHS Bolton CCG	0.8%	1.2%
E08000002	Bury	00V	NHS Bury CCG	94.0%	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	0.6%	2.0%
E08000002	Bury	01G	NHS Salford CCG	1.4%	1.9%
E08000033	Calderdale	02R	NHS Bradford Districts CCG	0.4%	0.6%
E08000033	Calderdale	02T	NHS Calderdale CCG	98.4%	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	71.8%	96.7%
E10000003	Cambridgeshire	06K	NHS East and North Hertfordshire CCG	0.8%	0.7%
E10000003	Cambridgeshire	99D	NHS South Lincolnshire CCG	0.3%	0.0%
E10000003	Cambridgeshire	07H	NHS West Essex CCG	0.2%	0.1%
E10000003	Cambridgeshire	07J	NHS West Norfolk CCG	1.6%	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	83.9%	88.9%
E09000007	Camden	09A	NHS Central London (Westminster) CCG	5.6%	4.8%
E09000007	Camden	08C	NHS Hammersmith and Fulham CCG	0.4%	0.3%
E09000007	Camden	08D	NHS Haringey CCG	0.5%	0.6%
E09000007	Camden	08H	NHS Islington CCG	3.2%	3.0%
E09000007	Camden	08Y	NHS West London (K&C & QPP) CCG	0.3%	0.2%
E06000056	Central Bedfordshire	06F	NHS Bedfordshire CCG	56.6%	95.0%
E06000056	Central Bedfordshire	14Y	NHS Buckinghamshire CCG	0.8%	1.5%
E06000056	Central Bedfordshire	06K	NHS East and North Hertfordshire CCG	0.3%	0.6%
E06000056	Central Bedfordshire	06N	NHS Herts Valleys CCG	0.4%	0.9%
E06000056	Central Bedfordshire	06P	NHS Luton CCG	2.3%	1.9%
E06000056	Central Bedfordshire	04F	NHS Milton Keynes CCG	0.1%	0.1%
E06000049	Cheshire East	15M	NHS Derby and Derbyshire CCG	0.1%	0.3%
E06000049	Cheshire East	01C	NHS Eastern Cheshire CCG	96.4%	50.2%
E06000049	Cheshire East	05G	NHS North Staffordshire CCG	1.1%	0.6%
E06000049	Cheshire East	01R	NHS South Cheshire CCG	98.6%	45.8%
E06000049	Cheshire East	01W	NHS Stockport CCG	1.6%	1.2%
E06000049	Cheshire East	02A	NHS Trafford CCG	0.2%	0.1%
E06000049	Cheshire East	02D	NHS Vale Royal CCG	0.6%	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	1.2%	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	99.4%	29.5%
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%	69.1%
E06000050	Cheshire West and Chester	12F	NHS Wirral CCG	0.3%	0.3%
E09000001	City of London	07R	NHS Camden CCG	0.2%	7.0%
E09000001	City of London	09A	NHS Central London (Westminster) CCG	0.1%	2.5%
E09000001	City of London	07T	NHS City and Hackney CCG	1.8%	70.4%
E09000001	City of London	08C	NHS Hammersmith and Fulham CCG	0.0%	1.2%
E09000001	City of London	08H	NHS Islington CCG	0.1%	3.6%
E09000001	City of London	08V	NHS Tower Hamlets CCG	0.4%	15.0%
E09000001	City of London	08Y	NHS West London (K&C & QPP) CCG	0.0%	0.2%
E06000052	Cornwall & Scilly	15N	NHS Devon CCG	0.3%	0.6%
E06000052	Cornwall & Scilly	11N	NHS Kernow CCG	99.7%	99.4%
E06000047	County Durham	00D	NHS Durham Dales, Easington and Sedgefield CCG	97.0%	52.4%
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	96.7%	46.3%
E06000047	County Durham	00P	NHS Sunderland CCG	1.2%	0.6%
E08000026	Coventry	05A	NHS Coventry and Rugby CCG	74.5%	99.8%
E08000026	Coventry	05H	NHS Warwickshire North CCG	0.4%	0.2%
E09000008	Croydon	07Q	NHS Bromley CCG	1.6%	1.3%
E09000008	Croydon	07V	NHS Croydon CCG	95.3%	93.2%
E09000008	Croydon	09L	NHS East Surrey CCG	2.9%	1.3%
E09000008	Croydon	08C	NHS Hammersmith and Fulham CCG	0.2%	0.0%
E09000008	Croydon	08K	NHS Lambeth CCG	3.0%	3.0%
E09000008	Croydon	08R	NHS Merton CCG	0.8%	0.4%
E09000008	Croydon	08T	NHS Sutton CCG	0.8%	0.4%
E09000008	Croydon	08X	NHS Wandsworth CCG	0.5%	0.5%

E10000006	Cumbria	01K	NHS Morecambe Bay CCG	54.0%	36.6%
E10000006	Cumbria	01H	NHS North Cumbria CCG	99.9%	63.4%
E06000005	Darlington	00C	NHS Darlington CCG	98.2%	96.1%
E06000005	Darlington	00D	NHS Durham Dales, Easington and Sedgefield CCG	1.2%	3.2%
E06000005	Darlington	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.1%	0.2%
E06000005	Darlington	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.6%
E06000015	Derby	15M	NHS Derby and Derbyshire CCG	26.5%	100.0%
E10000007	Derbyshire	02Q	NHS Bassetlaw CCG	0.2%	0.0%
E10000007	Derbyshire	15M	NHS Derby and Derbyshire CCG	70.9%	92.6%
E10000007	Derbyshire	05D	NHS East Staffordshire CCG	7.9%	1.4%
E10000007	Derbyshire	01C	NHS Eastern Cheshire CCG	0.3%	0.0%
E10000007	Derbyshire	04E	NHS Mansfield and Ashfield CCG	2.1%	0.5%
E10000007	Derbyshire	04L	NHS Nottingham North and East CCG	0.3%	0.0%
E10000007	Derbyshire	04M	NHS Nottingham West CCG	5.1%	0.6%
E10000007	Derbyshire	03N	NHS Sheffield CCG	0.5%	0.4%
E10000007	Derbyshire	01W	NHS Stockport CCG	0.1%	0.0%
E10000007	Derbyshire	01Y	NHS Tameside and Glossop CCG	13.9%	4.3%
E10000007	Derbyshire	04V	NHS West Leicestershire CCG	0.5%	0.2%
E10000008	Devon	15N	NHS Devon CCG	65.7%	99.2%
E10000008	Devon	11J	NHS Dorset CCG	0.3%	0.3%
E10000008	Devon	11N	NHS Kernow CCG	0.3%	0.2%
E10000008	Devon	11X	NHS Somerset CCG	0.4%	0.3%
E08000017	Doncaster	02P	NHS Barnsley CCG	0.3%	0.3%
E08000017	Doncaster	02Q	NHS Bassetlaw CCG	1.5%	0.6%
E08000017	Doncaster	02X	NHS Doncaster CCG	96.8%	97.8%
E08000017	Doncaster	03L	NHS Rotherham CCG	1.5%	1.2%
E08000017	Doncaster	03R	NHS Wakefield CCG	0.1%	0.2%
E06000059	Dorset	11J	NHS Dorset CCG	46.0%	95.6%
E06000059	Dorset	11X	NHS Somerset CCG	0.6%	0.9%
E06000059	Dorset	11A	NHS West Hampshire CCG	1.7%	2.5%
E06000059	Dorset	99N	NHS Wiltshire CCG	0.7%	1.0%
E08000027	Dudley	15E	NHS Birmingham and Solihull CCG	0.1%	0.6%
E08000027	Dudley	05C	NHS Dudley CCG	93.3%	90.7%
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	0.8%	0.3%
E09000009	Ealing	07P	NHS Brent CCG	1.8%	1.6%
E09000009	Ealing	09A	NHS Central London (Westminster) CCG	0.2%	0.1%
E09000009	Ealing	07W	NHS Ealing CCG	86.9%	90.4%
E09000009	Ealing	08C	NHS Hammersmith and Fulham CCG	5.5%	3.1%
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	4.7%	3.5%
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	97.3%	85.1%
E06000011	East Riding of Yorkshire	03F	NHS Hull CCG	9.2%	7.9%
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	6.6%	6.8%
E10000011	East Sussex	09D	NHS Brighton and Hove CCG	1.0%	0.6%
E10000011	East Sussex	09F	NHS Eastbourne, Hailsham and Seaford CCG	100.0%	34.7%
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	1.0%	1.2%
E09000010	Enfield	07T	NHS City and Hackney CCG	0.1%	0.1%
E09000010	Enfield	06K	NHS East and North Hertfordshire CCG	0.3%	0.6%
E09000010	Enfield	07X	NHS Enfield CCG	95.2%	90.9%
E09000010	Enfield	08C	NHS Hammersmith and Fulham CCG	0.1%	0.0%
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	95.2%	11.5%
E10000012	Essex	06K	NHS East and North Hertfordshire CCG	1.6%	0.6%
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%	25.5%
E10000012	Essex	06T	NHS North East Essex CCG	98.6%	22.7%
E10000012	Essex	08N	NHS Redbridge CCG	2.9%	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%	19.8%
E10000012	Essex	07K	NHS West Suffolk CCG	2.3%	0.4%

E08000037	Gateshead	13T	NHS Newcastle Gateshead CCG	38.5%	97.7%
E08000037	Gateshead	00J	NHS North Durham CCG	0.9%	1.2%
E08000037	Gateshead	00L	NHS Northumberland CCG	0.5%	0.8%
E08000037	Gateshead	00N	NHS South Tyneside CCG	0.3%	0.2%
E08000037	Gateshead	00P	NHS Sunderland CCG	0.0%	0.1%
E10000013	Gloucestershire	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	0.1%	0.1%
E10000013	Gloucestershire	11M	NHS Gloucestershire CCG	97.6%	98.6%
E10000013	Gloucestershire	05F	NHS Herefordshire CCG	0.5%	0.1%
E10000013	Gloucestershire	10Q	NHS Oxfordshire CCG	0.2%	0.2%
E10000013	Gloucestershire	05R	NHS South Warwickshire CCG	0.6%	0.2%
E10000013	Gloucestershire	05T	NHS South Worcestershire CCG	1.1%	0.5%
E10000013	Gloucestershire	99N	NHS Wiltshire CCG	0.2%	0.2%
E09000011	Greenwich	07N	NHS Bexley CCG	5.1%	4.2%
E09000011	Greenwich	07Q	NHS Bromley CCG	1.1%	1.3%
E09000011	Greenwich	08A	NHS Greenwich CCG	89.2%	89.3%
E09000011	Greenwich	08C	NHS Hammersmith and Fulham CCG	0.2%	0.2%
E09000011	Greenwich	08L	NHS Lewisham CCG	4.4%	4.9%
E09000011	Greenwich	08Q	NHS Southwark CCG	0.1%	0.1%
E09000012	Hackney	07R	NHS Camden CCG	0.7%	0.7%
E09000012	Hackney	09A	NHS Central London (Westminster) CCG	0.2%	0.2%
E09000012	Hackney	07T	NHS City and Hackney CCG	90.2%	93.8%
E09000012	Hackney	08C	NHS Hammersmith and Fulham CCG	0.5%	0.4%
E09000012	Hackney	08D	NHS Haringey CCG	0.6%	0.7%
E09000012	Hackney	08H	NHS Islington CCG	4.6%	3.7%
E09000012	Hackney	08V	NHS Tower Hamlets CCG	0.5%	0.6%
E06000006	Halton	01F	NHS Halton CCG	98.2%	96.5%
E06000006	Halton	01J	NHS Knowsley CCG	0.2%	0.3%
E06000006	Halton	99A	NHS Liverpool CCG	0.3%	1.1%
E06000006	Halton	02E	NHS Warrington CCG	0.7%	1.1%
E06000006	Halton	02F	NHS West Cheshire CCG	0.6%	1.1%
E09000013	Hammersmith and Fulham	07P	NHS Brent CCG	0.3%	0.5%
E09000013	Hammersmith and Fulham	07R	NHS Camden CCG	0.1%	0.1%
E09000013	Hammersmith and Fulham	09A	NHS Central London (Westminster) CCG	2.5%	2.5%
E09000013	Hammersmith and Fulham	07W	NHS Ealing CCG	0.6%	1.1%
E09000013	Hammersmith and Fulham	08C	NHS Hammersmith and Fulham CCG	82.8%	87.6%
E09000013	Hammersmith and Fulham	07Y	NHS Hounslow CCG	0.5%	0.7%
E09000013	Hammersmith and Fulham	08X	NHS Wandsworth CCG	0.2%	0.3%
E09000013	Hammersmith and Fulham	08Y	NHS West London (K&C & QPP) CCG	6.5%	7.2%
E10000014	Hampshire	15A	NHS Berkshire West CCG	1.7%	0.6%
E10000014	Hampshire	09G	NHS Coastal West Sussex CCG	0.2%	0.1%
E10000014	Hampshire	11J	NHS Dorset CCG	0.5%	0.3%
E10000014	Hampshire	15D	NHS East Berkshire CCG	0.2%	0.0%
E10000014	Hampshire	10K	NHS Fareham and Gosport CCG	98.5%	14.3%
E10000014	Hampshire	09N	NHS Guildford and Waverley CCG	2.9%	0.5%
E10000014	Hampshire	99M	NHS North East Hampshire and Farnham CCG	76.5%	12.4%
E10000014	Hampshire	10J	NHS North Hampshire CCG	99.2%	15.9%
E10000014	Hampshire	10R	NHS Portsmouth CCG	4.4%	0.7%
E10000014	Hampshire	10V	NHS South Eastern Hampshire CCG	95.6%	14.6%
E10000014	Hampshire	10X	NHS Southampton CCG	5.1%	1.0%
E10000014	Hampshire	10C	NHS Surrey Heath CCG	0.8%	0.0%
E10000014	Hampshire	11A	NHS West Hampshire CCG	97.7%	39.1%
E10000014	Hampshire	99N	NHS Wiltshire CCG	1.3%	0.4%
E09000014	Haringey	07M	NHS Barnet CCG	1.0%	1.4%
E09000014	Haringey	07R	NHS Camden CCG	0.6%	0.6%
E09000014	Haringey	09A	NHS Central London (Westminster) CCG	0.1%	0.1%
E09000014	Haringey	07T	NHS City and Hackney CCG	3.1%	3.2%
E09000014	Haringey	07X	NHS Enfield CCG	1.3%	1.4%
E09000014	Haringey	08C	NHS Hammersmith and Fulham CCG	0.4%	0.3%
E09000014	Haringey	08D	NHS Haringey CCG	87.7%	91.0%
E09000014	Haringey	08H	NHS Islington CCG	2.5%	2.1%
E09000015	Harrow	07M	NHS Barnet CCG	4.3%	6.4%
E09000015	Harrow	07P	NHS Brent CCG	3.6%	4.8%
E09000015	Harrow	07W	NHS Ealing CCG	1.3%	2.1%
E09000015	Harrow	08C	NHS Hammersmith and Fulham CCG	0.1%	0.0%
E09000015	Harrow	08E	NHS Harrow CCG	89.7%	84.1%
E09000015	Harrow	06N	NHS Herts Valleys CCG	0.2%	0.5%
E09000015	Harrow	08G	NHS Hillingdon CCG	1.8%	2.0%
E09000015	Harrow	08Y	NHS West London (K&C & QPP) CCG	0.1%	0.1%

E06000001	Hartlepool	00D	NHS Durham Dales, Easington and Sedgefield CCG	0.2%	0.6%
E06000001	Hartlepool	00K	NHS Hartlepool and Stockton-On-Tees CCG	32.4%	99.4%
E09000016	Havering	07L	NHS Barking and Dagenham CCG	3.5%	2.9%
E09000016	Havering	08F	NHS Havering CCG	91.7%	96.2%
E09000016	Havering	08M	NHS Newham CCG	0.1%	0.2%
E09000016	Havering	08N	NHS Redbridge CCG	0.6%	0.7%
E09000016	Havering	07G	NHS Thurrock CCG	0.1%	0.0%
E06000019	Herefordshire, County of	11M	NHS Gloucestershire CCG	0.3%	0.9%
E06000019	Herefordshire, County of	05F	NHS Herefordshire CCG	98.2%	97.3%
E06000019	Herefordshire, County of	05N	NHS Shropshire CCG	0.3%	0.5%
E06000019	Herefordshire, County of	05T	NHS South Worcestershire CCG	0.8%	1.3%
E10000015	Hertfordshire	07M	NHS Barnet CCG	0.2%	0.0%
E10000015	Hertfordshire	06F	NHS Bedfordshire CCG	0.1%	0.0%
E10000015	Hertfordshire	14Y	NHS Buckinghamshire CCG	0.2%	0.1%
E10000015	Hertfordshire	06H	NHS Cambridgeshire and Peterborough CCG	2.1%	1.6%
E10000015	Hertfordshire	06K	NHS East and North Hertfordshire CCG	97.0%	46.5%
E10000015	Hertfordshire	07X	NHS Enfield CCG	0.5%	0.1%
E10000015	Hertfordshire	08E	NHS Harrow CCG	0.6%	0.1%
E10000015	Hertfordshire	06N	NHS Herts Valleys CCG	98.0%	50.7%
E10000015	Hertfordshire	08G	NHS Hillingdon CCG	2.2%	0.6%
E10000015	Hertfordshire	06P	NHS Luton CCG	0.4%	0.0%
E10000015	Hertfordshire	07H	NHS West Essex CCG	0.8%	0.2%
E09000017	Hillingdon	14Y	NHS Buckinghamshire CCG	0.0%	0.1%
E09000017	Hillingdon	07W	NHS Ealing CCG	5.2%	6.9%
E09000017	Hillingdon	08C	NHS Hammersmith and Fulham CCG	0.5%	0.3%
E09000017	Hillingdon	08E	NHS Harrow CCG	2.2%	1.8%
E09000017	Hillingdon	08G	NHS Hillingdon CCG	94.3%	89.8%
E09000017	Hillingdon	07Y	NHS Hounslow CCG	1.1%	1.0%
E09000018	Hounslow	07W	NHS Ealing CCG	5.4%	7.4%
E09000018	Hounslow	08C	NHS Hammersmith and Fulham CCG	1.2%	0.9%
E09000018	Hounslow	08G	NHS Hillingdon CCG	0.2%	0.2%
E09000018	Hounslow	07Y	NHS Hounslow CCG	88.2%	87.1%
E09000018	Hounslow	09Y	NHS North West Surrey CCG	0.3%	0.4%
E09000018	Hounslow	08P	NHS Richmond CCG	5.7%	3.8%
E09000018	Hounslow	08Y	NHS West London (K&C & QPP) CCG	0.2%	0.1%
E06000046	Isle of Wight	10L	NHS Isle of Wight CCG	100.0%	100.0%
E09000019	Islington	07R	NHS Camden CCG	4.9%	5.4%
E09000019	Islington	09A	NHS Central London (Westminster) CCG	0.5%	0.5%
E09000019	Islington	07T	NHS City and Hackney CCG	3.4%	4.2%
E09000019	Islington	08C	NHS Hammersmith and Fulham CCG	0.5%	0.5%
E09000019	Islington	08D	NHS Haringey CCG	1.2%	1.5%
E09000019	Islington	08H	NHS Islington CCG	89.1%	87.9%
E09000020	Kensington and Chelsea	07P	NHS Brent CCG	0.0%	0.1%
E09000020	Kensington and Chelsea	07R	NHS Camden CCG	0.2%	0.3%
E09000020	Kensington and Chelsea	09A	NHS Central London (Westminster) CCG	4.0%	5.4%
E09000020	Kensington and Chelsea	08C	NHS Hammersmith and Fulham CCG	1.2%	1.7%
E09000020	Kensington and Chelsea	08Y	NHS West London (K&C & QPP) CCG	63.9%	92.5%
E10000016	Kent	09C	NHS Ashford CCG	100.0%	8.3%
E10000016	Kent	07N	NHS Bexley CCG	1.3%	0.2%
E10000016	Kent	07Q	NHS Bromley CCG	0.9%	0.2%
E10000016	Kent	09E	NHS Canterbury and Coastal CCG	100.0%	14.1%
E10000016	Kent	09J	NHS Dartford, Gravesham and Swanley CCG	98.3%	16.5%
E10000016	Kent	09L	NHS East Surrey CCG	0.1%	0.0%
E10000016	Kent	08A	NHS Greenwich CCG	0.2%	0.0%
E10000016	Kent	09P	NHS Hastings and Rother CCG	0.3%	0.0%
E10000016	Kent	99K	NHS High Weald Lewes Havens CCG	0.6%	0.0%
E10000016	Kent	09W	NHS Medway CCG	6.1%	1.1%
E10000016	Kent	10A	NHS South Kent Coast CCG	100.0%	12.9%
E10000016	Kent	10D	NHS Swale CCG	99.8%	7.1%
E10000016	Kent	10E	NHS Thanet CCG	100.0%	9.1%
E10000016	Kent	99J	NHS West Kent CCG	98.7%	30.4%
E06000010	Kingston upon Hull, City of	02Y	NHS East Riding of Yorkshire CCG	1.3%	1.4%
E06000010	Kingston upon Hull, City of	03F	NHS Hull CCG	90.8%	98.6%
E09000021	Kingston upon Thames	08J	NHS Kingston CCG	86.9%	95.9%
E09000021	Kingston upon Thames	08R	NHS Merton CCG	1.1%	1.3%
E09000021	Kingston upon Thames	08P	NHS Richmond CCG	0.7%	0.8%
E09000021	Kingston upon Thames	99H	NHS Surrey Downs CCG	0.7%	1.2%
E09000021	Kingston upon Thames	08T	NHS Sutton CCG	0.1%	0.1%
E09000021	Kingston upon Thames	08X	NHS Wandsworth CCG	0.3%	0.7%
E08000034	Kirklees	02P	NHS Barnsley CCG	0.1%	0.0%
E08000034	Kirklees	02R	NHS Bradford Districts CCG	1.0%	0.7%
E08000034	Kirklees	02T	NHS Calderdale CCG	1.4%	0.7%
E08000034	Kirklees	03A	NHS Greater Huddersfield CCG	99.6%	54.7%
E08000034	Kirklees	15F	NHS Leeds CCG	0.1%	0.3%
E08000034	Kirklees	03J	NHS North Kirklees CCG	98.9%	42.4%
E08000034	Kirklees	03R	NHS Wakefield CCG	1.5%	1.3%

E08000011	Knowsley	01F	NHS Halton CCG	1.0%	0.8%
E08000011	Knowsley	01J	NHS Knowsley CCG	86.8%	88.2%
E08000011	Knowsley	99A	NHS Liverpool CCG	2.4%	8.0%
E08000011	Knowsley	01T	NHS South Sefton CCG	0.1%	0.1%
E08000011	Knowsley	01X	NHS St Helens CCG	2.3%	2.8%
E09000022	Lambeth	07R	NHS Camden CCG	0.2%	0.1%
E09000022	Lambeth	09A	NHS Central London (Westminster) CCG	0.9%	0.6%
E09000022	Lambeth	07V	NHS Croydon CCG	0.7%	0.8%
E09000022	Lambeth	08C	NHS Hammersmith and Fulham CCG	0.6%	0.4%
E09000022	Lambeth	08K	NHS Lambeth CCG	85.5%	92.2%
E09000022	Lambeth	08R	NHS Merton CCG	1.0%	0.6%
E09000022	Lambeth	08Q	NHS Southwark CCG	1.9%	1.6%
E09000022	Lambeth	08X	NHS Wandsworth CCG	3.5%	3.7%
E09000022	Lambeth	08Y	NHS West London (K&C & QPP) CCG	0.1%	0.0%
E10000017	Lancashire	02N	NHS Airedale, Wharfdale and Craven CCG	0.2%	0.0%
E10000017	Lancashire	00Q	NHS Blackburn with Darwen CCG	11.1%	1.5%
E10000017	Lancashire	00R	NHS Blackpool CCG	13.6%	1.9%
E10000017	Lancashire	00T	NHS Bolton CCG	0.3%	0.0%
E10000017	Lancashire	00V	NHS Bury CCG	1.4%	0.2%
E10000017	Lancashire	00X	NHS Chorley and South Ribble CCG	99.8%	14.5%
E10000017	Lancashire	01A	NHS East Lancashire CCG	99.0%	30.0%
E10000017	Lancashire	02M	NHS Fylde & Wyre CCG	97.9%	13.8%
E10000017	Lancashire	01E	NHS Greater Preston CCG	100.0%	16.6%
E10000017	Lancashire	01D	NHS Heywood, Middleton and Rochdale CCG	0.9%	0.2%
E10000017	Lancashire	01J	NHS Knowsley CCG	0.1%	0.0%
E10000017	Lancashire	01K	NHS Morecambe Bay CCG	44.1%	12.1%
E10000017	Lancashire	01T	NHS South Sefton CCG	0.5%	0.0%
E10000017	Lancashire	01V	NHS Southport and Formby CCG	3.2%	0.3%
E10000017	Lancashire	01X	NHS St Helens CCG	0.5%	0.0%
E10000017	Lancashire	02G	NHS West Lancashire CCG	96.9%	8.7%
E10000017	Lancashire	02H	NHS Wigan Borough CCG	0.7%	0.2%
E08000035	Leeds	02N	NHS Airedale, Wharfdale and Craven CCG	0.1%	0.0%
E08000035	Leeds	02W	NHS Bradford City CCG	1.1%	0.2%
E08000035	Leeds	02R	NHS Bradford Districts CCG	0.5%	0.2%
E08000035	Leeds	15F	NHS Leeds CCG	97.7%	98.8%
E08000035	Leeds	03J	NHS North Kirklees CCG	0.3%	0.0%
E08000035	Leeds	03Q	NHS Vale of York CCG	0.6%	0.2%
E08000035	Leeds	03R	NHS Wakefield CCG	1.4%	0.6%
E06000016	Leicester	03W	NHS East Leicestershire and Rutland CCG	2.1%	1.8%
E06000016	Leicester	04C	NHS Leicester City CCG	92.8%	95.5%
E06000016	Leicester	04V	NHS West Leicestershire CCG	2.8%	2.7%
E10000018	Leicestershire	03V	NHS Corby CCG	0.5%	0.0%
E10000018	Leicestershire	15M	NHS Derby and Derbyshire CCG	0.4%	0.6%
E10000018	Leicestershire	03W	NHS East Leicestershire and Rutland CCG	85.5%	39.8%
E10000018	Leicestershire	04C	NHS Leicester City CCG	7.2%	4.1%
E10000018	Leicestershire	04N	NHS Rushcliffe CCG	5.4%	1.0%
E10000018	Leicestershire	04Q	NHS South West Lincolnshire CCG	5.6%	1.1%
E10000018	Leicestershire	05H	NHS Warwickshire North CCG	1.6%	0.4%
E10000018	Leicestershire	04V	NHS West Leicestershire CCG	96.2%	53.1%
E09000023	Lewisham	07Q	NHS Bromley CCG	1.4%	1.5%
E09000023	Lewisham	09A	NHS Central London (Westminster) CCG	0.2%	0.2%
E09000023	Lewisham	08A	NHS Greenwich CCG	2.1%	1.9%
E09000023	Lewisham	08C	NHS Hammersmith and Fulham CCG	0.3%	0.2%
E09000023	Lewisham	08K	NHS Lambeth CCG	0.3%	0.4%
E09000023	Lewisham	08L	NHS Lewisham CCG	91.5%	92.0%
E09000023	Lewisham	08Q	NHS Southwark CCG	3.9%	3.9%
E10000019	Lincolnshire	06H	NHS Cambridgeshire and Peterborough CCG	0.2%	0.3%
E10000019	Lincolnshire	03W	NHS East Leicestershire and Rutland CCG	0.2%	0.1%
E10000019	Lincolnshire	03T	NHS Lincolnshire East CCG	99.2%	32.0%
E10000019	Lincolnshire	04D	NHS Lincolnshire West CCG	98.6%	29.9%
E10000019	Lincolnshire	04H	NHS Newark & Sherwood CCG	2.4%	0.4%
E10000019	Lincolnshire	03H	NHS North East Lincolnshire CCG	2.7%	0.6%
E10000019	Lincolnshire	03K	NHS North Lincolnshire CCG	4.9%	1.1%
E10000019	Lincolnshire	99D	NHS South Lincolnshire CCG	90.8%	19.6%
E10000019	Lincolnshire	04Q	NHS South West Lincolnshire CCG	93.3%	16.1%
E08000012	Liverpool	01J	NHS Knowsley CCG	8.5%	2.7%
E08000012	Liverpool	99A	NHS Liverpool CCG	94.4%	96.3%
E08000012	Liverpool	01T	NHS South Sefton CCG	3.3%	1.0%
E06000032	Luton	06F	NHS Bedfordshire CCG	2.3%	4.5%
E06000032	Luton	06P	NHS Luton CCG	97.3%	95.5%
E08000003	Manchester	00V	NHS Bury CCG	0.4%	0.1%
E08000003	Manchester	01D	NHS Heywood, Middleton and Rochdale CCG	0.5%	0.2%
E08000003	Manchester	14L	NHS Manchester CCG	90.9%	95.6%
E08000003	Manchester	00Y	NHS Oldham CCG	0.9%	0.4%
E08000003	Manchester	01G	NHS Salford CCG	2.5%	1.1%
E08000003	Manchester	01W	NHS Stockport CCG	1.7%	0.8%
E08000003	Manchester	01Y	NHS Tameside and Glossop CCG	0.4%	0.2%
E08000003	Manchester	02A	NHS Trafford CCG	4.0%	1.6%

E06000035	Medway	09J	NHS Dartford, Gravesham and Swanley CCG	0.2%	0.2%
E06000035	Medway	09W	NHS Medway CCG	93.9%	99.5%
E06000035	Medway	10D	NHS Swale CCG	0.2%	0.0%
E06000035	Medway	99J	NHS West Kent CCG	0.2%	0.3%
E09000024	Merton	07V	NHS Croydon CCG	0.5%	0.9%
E09000024	Merton	08C	NHS Hammersmith and Fulham CCG	0.2%	0.2%
E09000024	Merton	08J	NHS Kingston CCG	3.4%	2.9%
E09000024	Merton	08K	NHS Lambeth CCG	1.0%	1.7%
E09000024	Merton	08R	NHS Merton CCG	87.7%	80.9%
E09000024	Merton	08T	NHS Sutton CCG	3.3%	2.6%
E09000024	Merton	08X	NHS Wandsworth CCG	6.6%	10.8%
E06000002	Middlesbrough	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.2%	0.2%
E06000002	Middlesbrough	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.3%
E06000002	Middlesbrough	00M	NHS South Tees CCG	52.3%	99.5%
E06000042	Milton Keynes	06F	NHS Bedfordshire CCG	1.5%	2.5%
E06000042	Milton Keynes	04F	NHS Milton Keynes CCG	95.5%	96.2%
E06000042	Milton Keynes	04G	NHS Nene CCG	0.6%	1.3%
E08000021	Newcastle upon Tyne	13T	NHS Newcastle Gateshead CCG	58.9%	95.2%
E08000021	Newcastle upon Tyne	99C	NHS North Tyneside CCG	5.9%	4.0%
E08000021	Newcastle upon Tyne	00L	NHS Northumberland CCG	0.8%	0.8%
E09000025	Newham	07L	NHS Barking and Dagenham CCG	0.5%	0.3%
E09000025	Newham	09A	NHS Central London (Westminster) CCG	0.7%	0.4%
E09000025	Newham	07T	NHS City and Hackney CCG	0.1%	0.0%
E09000025	Newham	08C	NHS Hammersmith and Fulham CCG	0.5%	0.3%
E09000025	Newham	08M	NHS Newham CCG	96.6%	97.3%
E09000025	Newham	08N	NHS Redbridge CCG	0.3%	0.2%
E09000025	Newham	08V	NHS Tower Hamlets CCG	0.2%	0.2%
E09000025	Newham	08W	NHS Waltham Forest CCG	1.7%	1.4%
E10000020	Norfolk	06H	NHS Cambridgeshire and Peterborough CCG	0.7%	0.7%
E10000020	Norfolk	06M	NHS Great Yarmouth and Waveney CCG	47.7%	12.2%
E10000020	Norfolk	06L	NHS Ipswich and East Suffolk CCG	0.2%	0.0%
E10000020	Norfolk	06V	NHS North Norfolk CCG	100.0%	18.6%
E10000020	Norfolk	06W	NHS Norwich CCG	100.0%	25.2%
E10000020	Norfolk	99D	NHS South Lincolnshire CCG	0.2%	0.0%
E10000020	Norfolk	06Y	NHS South Norfolk CCG	98.9%	24.1%
E10000020	Norfolk	07J	NHS West Norfolk CCG	98.4%	18.5%
E10000020	Norfolk	07K	NHS West Suffolk CCG	2.6%	0.7%
E06000012	North East Lincolnshire	03T	NHS Lincolnshire East CCG	0.8%	1.2%
E06000012	North East Lincolnshire	03H	NHS North East Lincolnshire CCG	95.9%	98.6%
E06000012	North East Lincolnshire	03K	NHS North Lincolnshire CCG	0.2%	0.2%
E06000013	North Lincolnshire	02Q	NHS Bassetlaw CCG	0.2%	0.2%
E06000013	North Lincolnshire	02X	NHS Doncaster CCG	0.0%	0.1%
E06000013	North Lincolnshire	02Y	NHS East Riding of Yorkshire CCG	0.0%	0.1%
E06000013	North Lincolnshire	04D	NHS Lincolnshire West CCG	1.0%	1.3%
E06000013	North Lincolnshire	03H	NHS North East Lincolnshire CCG	1.4%	1.4%
E06000013	North Lincolnshire	03K	NHS North Lincolnshire CCG	94.9%	96.9%
E06000024	North Somerset	11E	NHS Bath and North East Somerset CCG	1.6%	1.5%
E06000024	North Somerset	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	21.8%	98.3%
E06000024	North Somerset	11X	NHS Somerset CCG	0.0%	0.2%
E08000022	North Tyneside	13T	NHS Newcastle Gateshead CCG	1.0%	2.6%
E08000022	North Tyneside	99C	NHS North Tyneside CCG	93.2%	96.3%
E08000022	North Tyneside	00L	NHS Northumberland CCG	0.7%	1.1%
E10000023	North Yorkshire	02N	NHS Airedale, Wharfdale and Craven CCG	32.5%	8.3%
E10000023	North Yorkshire	00C	NHS Darlington CCG	1.3%	0.2%
E10000023	North Yorkshire	02X	NHS Doncaster CCG	0.2%	0.1%
E10000023	North Yorkshire	00D	NHS Durham Dales, Easington and 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	98.3%	22.8%
E10000023	North Yorkshire	03E	NHS Harrogate and Rural District CCG	99.8%	26.2%
E10000023	North Yorkshire	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.1%
E10000023	North Yorkshire	15F	NHS Leeds CCG	0.9%	1.3%
E10000023	North Yorkshire	01K	NHS Morecambe Bay CCG	1.9%	1.0%
E10000023	North Yorkshire	03M	NHS Scarborough and Ryedale CCG	99.3%	19.2%
E10000023	North Yorkshire	03Q	NHS Vale of York CCG	32.6%	18.8%
E10000023	North Yorkshire	03R	NHS Wakefield CCG	2.0%	1.2%
E10000021	Northamptonshire	06F	NHS Bedfordshire CCG	0.1%	0.0%
E10000021	Northamptonshire	06H	NHS Cambridgeshire and Peterborough CCG	1.6%	1.9%
E10000021	Northamptonshire	03V	NHS Corby CCG	99.2%	9.8%
E10000021	Northamptonshire	05A	NHS Coventry and Rugby CCG	0.3%	0.2%
E10000021	Northamptonshire	03W	NHS East Leicestershire and Rutland CCG	2.0%	0.8%
E10000021	Northamptonshire	04F	NHS Milton Keynes CCG	3.1%	1.2%
E10000021	Northamptonshire	04G	NHS Nene CCG	98.8%	84.9%
E10000021	Northamptonshire	10Q	NHS Oxfordshire CCG	1.1%	1.0%
E10000021	Northamptonshire	99D	NHS South Lincolnshire CCG	0.9%	0.2%
E06000057	Northumberland	13T	NHS Newcastle Gateshead CCG	0.3%	0.5%
E06000057	Northumberland	01H	NHS North Cumbria CCG	0.1%	0.1%
E06000057	Northumberland	00J	NHS North Durham CCG	0.2%	0.2%
E06000057	Northumberland	99C	NHS North Tyneside CCG	0.9%	0.6%
E06000057	Northumberland	00L	NHS Northumberland CCG	97.9%	98.7%

E06000018	Nottingham	04K	NHS Nottingham City CCG	89.9%	95.4%
E06000018	Nottingham	04L	NHS Nottingham North and East CCG	4.6%	2.0%
E06000018	Nottingham	04M	NHS Nottingham West CCG	4.1%	1.1%
E06000018	Nottingham	04N	NHS Rushcliffe CCG	4.3%	1.5%
E10000024	Nottinghamshire	02Q	NHS Bassetlaw CCG	97.1%	13.5%
E10000024	Nottinghamshire	15M	NHS Derby and Derbyshire CCG	1.5%	1.8%
E10000024	Nottinghamshire	02X	NHS Doncaster CCG	1.6%	0.6%
E10000024	Nottinghamshire	03W	NHS East Leicestershire and Rutland CCG	0.3%	0.1%
E10000024	Nottinghamshire	04D	NHS Lincolnshire West CCG	0.4%	0.1%
E10000024	Nottinghamshire	04E	NHS Mansfield and Ashfield CCG	97.9%	22.5%
E10000024	Nottinghamshire	04H	NHS Newark & Sherwood CCG	97.6%	15.6%
E10000024	Nottinghamshire	04K	NHS Nottingham City CCG	10.1%	4.6%
E10000024	Nottinghamshire	04L	NHS Nottingham North and East CCG	95.1%	17.2%
E10000024	Nottinghamshire	04M	NHS Nottingham West CCG	90.8%	10.2%
E10000024	Nottinghamshire	04N	NHS Rushcliffe CCG	90.3%	13.6%
E10000024	Nottinghamshire	04Q	NHS South West Lincolnshire CCG	0.7%	0.1%
E10000024	Nottinghamshire	04V	NHS West Leicestershire CCG	0.1%	0.0%
E08000004	Oldham	01D	NHS Heywood, Middleton and Rochdale CCG	1.5%	1.4%
E08000004	Oldham	14L	NHS Manchester CCG	0.8%	2.1%
E08000004	Oldham	00Y	NHS Oldham CCG	94.5%	96.3%
E08000004	Oldham	01Y	NHS Tameside and Glossop CCG	0.2%	0.2%
E10000025	Oxfordshire	15A	NHS Berkshire West CCG	0.5%	0.3%
E10000025	Oxfordshire	14Y	NHS Buckinghamshire CCG	2.4%	1.8%
E10000025	Oxfordshire	11M	NHS Gloucestershire CCG	0.2%	0.2%
E10000025	Oxfordshire	04G	NHS Nene CCG	0.1%	0.1%
E10000025	Oxfordshire	10Q	NHS Oxfordshire CCG	97.4%	96.5%
E10000025	Oxfordshire	05R	NHS South Warwickshire CCG	0.6%	0.2%
E10000025	Oxfordshire	12D	NHS Swindon CCG	2.7%	0.9%
E06000031	Peterborough	06H	NHS Cambridgeshire and Peterborough CCG	23.0%	96.3%
E06000031	Peterborough	99D	NHS South Lincolnshire CCG	5.1%	3.7%
E06000026	Plymouth	15N	NHS Devon CCG	22.1%	100.0%
E06000044	Portsmouth	10K	NHS Fareham and Gosport CCG	1.5%	1.4%
E06000044	Portsmouth	10R	NHS Portsmouth CCG	95.6%	98.4%
E06000044	Portsmouth	10V	NHS South Eastern Hampshire CCG	0.2%	0.2%
E06000038	Reading	15A	NHS Berkshire West CCG	35.3%	99.4%
E06000038	Reading	10Q	NHS Oxfordshire CCG	0.2%	0.6%
E09000026	Redbridge	07L	NHS Barking and Dagenham CCG	4.9%	3.3%
E09000026	Redbridge	08C	NHS Hammersmith and Fulham CCG	0.1%	0.1%
E09000026	Redbridge	08F	NHS Havering CCG	0.8%	0.7%
E09000026	Redbridge	08M	NHS Newham CCG	1.4%	1.7%
E09000026	Redbridge	08N	NHS Redbridge CCG	92.3%	89.4%
E09000026	Redbridge	08W	NHS Waltham Forest CCG	3.3%	3.1%
E09000026	Redbridge	07H	NHS West Essex CCG	1.8%	1.7%
E06000003	Redcar and Cleveland	03D	NHS Hambleton, Richmondshire and Whitby CCG	1.1%	1.1%
E06000003	Redcar and Cleveland	00M	NHS South Tees CCG	47.3%	98.9%
E09000027	Richmond upon Thames	08C	NHS Hammersmith and Fulham CCG	0.5%	0.5%
E09000027	Richmond upon Thames	07Y	NHS Hounslow CCG	4.9%	7.0%
E09000027	Richmond upon Thames	08J	NHS Kingston CCG	1.6%	1.5%
E09000027	Richmond upon Thames	08P	NHS Richmond CCG	91.7%	90.3%
E09000027	Richmond upon Thames	99H	NHS Surrey Downs CCG	0.0%	0.1%
E09000027	Richmond upon Thames	08X	NHS Wandsworth CCG	0.4%	0.7%
E08000005	Rochdale	00V	NHS Bury CCG	0.7%	0.6%
E08000005	Rochdale	01A	NHS East Lancashire CCG	0.2%	0.3%
E08000005	Rochdale	01D	NHS Heywood, Middleton and Rochdale CCG	96.5%	96.6%
E08000005	Rochdale	14L	NHS Manchester CCG	0.6%	1.6%
E08000005	Rochdale	00Y	NHS Oldham CCG	0.9%	1.0%
E08000018	Rotherham	02P	NHS Barnsley CCG	3.3%	3.1%
E08000018	Rotherham	02Q	NHS Bassetlaw CCG	1.0%	0.4%
E08000018	Rotherham	02X	NHS Doncaster CCG	1.1%	1.2%
E08000018	Rotherham	03L	NHS Rotherham CCG	97.9%	93.5%
E08000018	Rotherham	03N	NHS Sheffield CCG	0.8%	1.7%
E06000017	Rutland	06H	NHS Cambridgeshire and Peterborough CCG	0.0%	0.3%
E06000017	Rutland	03V	NHS Corby CCG	0.2%	0.5%
E06000017	Rutland	03W	NHS East Leicestershire and Rutland CCG	9.9%	86.3%
E06000017	Rutland	99D	NHS South Lincolnshire CCG	2.6%	11.5%
E06000017	Rutland	04Q	NHS South West Lincolnshire CCG	0.4%	1.4%
E08000006	Salford	00T	NHS Bolton CCG	0.2%	0.3%
E08000006	Salford	00V	NHS Bury CCG	1.8%	1.4%
E08000006	Salford	14L	NHS Manchester CCG	1.1%	2.5%
E08000006	Salford	01G	NHS Salford CCG	94.1%	94.6%
E08000006	Salford	02A	NHS Trafford CCG	0.2%	0.2%
E08000006	Salford	02H	NHS Wigan Borough CCG	0.9%	1.1%
E08000028	Sandwell	15E	NHS Birmingham and Solihull CCG	1.9%	7.0%
E08000028	Sandwell	05C	NHS Dudley CCG	3.0%	2.7%
E08000028	Sandwell	05L	NHS Sandwell and West Birmingham CCG	55.1%	88.6%
E08000028	Sandwell	05Y	NHS Walsall CCG	1.7%	1.3%
E08000028	Sandwell	06A	NHS Wolverhampton CCG	0.3%	0.3%
E08000014	Sefton	01J	NHS Knowsley CCG	1.8%	1.0%
E08000014	Sefton	99A	NHS Liverpool CCG	2.9%	5.3%
E08000014	Sefton	01T	NHS South Sefton CCG	96.0%	51.6%
E08000014	Sefton	01V	NHS Southport and Formby CCG	96.8%	41.9%
E08000014	Sefton	02G	NHS West Lancashire CCG	0.3%	0.1%

E08000019	Sheffield	02P	NHS Barnsley CCG	0.8%	0.4%
E08000019	Sheffield	15M	NHS Derby and Derbyshire CCG	0.2%	0.4%
E08000019	Sheffield	03L	NHS Rotherham CCG	0.4%	0.2%
E08000019	Sheffield	03N	NHS Sheffield CCG	98.5%	99.1%
E06000051	Shropshire	05F	NHS Herefordshire CCG	0.4%	0.3%
E06000051	Shropshire	05G	NHS North Staffordshire CCG	0.5%	0.3%
E06000051	Shropshire	05N	NHS Shropshire CCG	96.7%	95.4%
E06000051	Shropshire	01R	NHS South Cheshire CCG	0.4%	0.3%
E06000051	Shropshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	1.2%	0.9%
E06000051	Shropshire	05T	NHS South Worcestershire CCG	1.0%	1.0%
E06000051	Shropshire	05X	NHS Telford and Wrekin CCG	2.3%	1.4%
E06000051	Shropshire	02F	NHS West Cheshire CCG	0.1%	0.1%
E06000051	Shropshire	06D	NHS Wyre Forest CCG	0.8%	0.3%
E06000039	Slough	14Y	NHS Buckinghamshire CCG	1.8%	6.2%
E06000039	Slough	07W	NHS Ealing CCG	0.0%	0.1%
E06000039	Slough	15D	NHS East Berkshire CCG	33.8%	93.4%
E06000039	Slough	08G	NHS Hillingdon CCG	0.0%	0.1%
E06000039	Slough	07Y	NHS Hounslow CCG	0.0%	0.1%
E06000039	Slough	09Y	NHS North West Surrey CCG	0.0%	0.1%
E08000029	Solihull	15E	NHS Birmingham and Solihull CCG	17.0%	98.9%
E08000029	Solihull	05A	NHS Coventry and Rugby CCG	0.0%	0.1%
E08000029	Solihull	05J	NHS Redditch and Bromsgrove CCG	0.4%	0.3%
E08000029	Solihull	05L	NHS Sandwell and West Birmingham CCG	0.0%	0.1%
E08000029	Solihull	05R	NHS South Warwickshire CCG	0.4%	0.4%
E08000029	Solihull	05H	NHS Warwickshire North CCG	0.2%	0.2%
E10000027	Somerset	11E	NHS Bath and North East Somerset CCG	3.1%	1.1%
E10000027	Somerset	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	0.2%	0.3%
E10000027	Somerset	15N	NHS Devon CCG	0.2%	0.5%
E10000027	Somerset	11J	NHS Dorset CCG	0.5%	0.7%
E10000027	Somerset	11X	NHS Somerset CCG	98.5%	97.3%
E10000027	Somerset	99N	NHS Wiltshire CCG	0.1%	0.1%
E06000025	South Gloucestershire	11E	NHS Bath and North East Somerset CCG	0.8%	0.6%
E06000025	South Gloucestershire	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	28.2%	97.5%
E06000025	South Gloucestershire	11M	NHS Gloucestershire CCG	0.8%	1.8%
E06000025	South Gloucestershire	99N	NHS Wiltshire CCG	0.0%	0.1%
E08000023	South Tyneside	13T	NHS Newcastle Gateshead CCG	0.0%	0.2%
E08000023	South Tyneside	00N	NHS South Tyneside CCG	99.2%	99.2%
E08000023	South Tyneside	00P	NHS Sunderland CCG	0.3%	0.6%
E06000045	Southampton	10X	NHS Southampton CCG	94.9%	99.5%
E06000045	Southampton	11A	NHS West Hampshire CCG	0.2%	0.5%
E06000033	Southend-on-Sea	99F	NHS Castle Point and Rochford CCG	4.8%	4.7%
E06000033	Southend-on-Sea	99G	NHS Southend CCG	96.7%	95.3%
E09000028	Southwark	07R	NHS Camden CCG	0.3%	0.3%
E09000028	Southwark	09A	NHS Central London (Westminster) CCG	2.5%	1.6%
E09000028	Southwark	08C	NHS Hammersmith and Fulham CCG	0.7%	0.5%
E09000028	Southwark	08K	NHS Lambeth CCG	6.6%	7.7%
E09000028	Southwark	08L	NHS Lewisham CCG	2.1%	2.0%
E09000028	Southwark	08Q	NHS Southwark CCG	94.1%	87.9%
E09000028	Southwark	08X	NHS Wandsworth CCG	0.1%	0.1%
E08000013	St. Helens	01F	NHS Halton CCG	0.2%	0.1%
E08000013	St. Helens	01J	NHS Knowsley CCG	2.6%	2.3%
E08000013	St. Helens	01X	NHS St Helens CCG	91.2%	96.3%
E08000013	St. Helens	02E	NHS Warrington CCG	0.1%	0.1%
E08000013	St. Helens	02H	NHS Wigan Borough CCG	0.7%	1.2%
E10000028	Staffordshire	15E	NHS Birmingham and Solihull CCG	0.3%	0.4%
E10000028	Staffordshire	04Y	NHS Cannock Chase CCG	99.3%	14.9%
E10000028	Staffordshire	15M	NHS Derby and Derbyshire CCG	0.5%	0.5%
E10000028	Staffordshire	05C	NHS Dudley CCG	1.4%	0.5%
E10000028	Staffordshire	05D	NHS East Staffordshire CCG	92.1%	14.7%
E10000028	Staffordshire	01C	NHS Eastern Cheshire CCG	0.6%	0.1%
E10000028	Staffordshire	05G	NHS North Staffordshire CCG	95.1%	23.4%
E10000028	Staffordshire	05N	NHS Shropshire CCG	1.0%	0.3%
E10000028	Staffordshire	01R	NHS South Cheshire CCG	0.5%	0.1%
E10000028	Staffordshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	96.2%	23.6%
E10000028	Staffordshire	05V	NHS Stafford and Surrounds CCG	99.5%	16.7%
E10000028	Staffordshire	05W	NHS Stoke on Trent CCG	8.8%	2.9%
E10000028	Staffordshire	05X	NHS Telford and Wrekin CCG	1.0%	0.2%
E10000028	Staffordshire	05Y	NHS Walsall CCG	1.6%	0.5%
E10000028	Staffordshire	05H	NHS Warwickshire North CCG	1.1%	0.2%
E10000028	Staffordshire	06A	NHS Wolverhampton CCG	2.6%	0.8%
E10000028	Staffordshire	06D	NHS Wyre Forest CCG	0.2%	0.0%
E08000007	Stockport	01C	NHS Eastern Cheshire CCG	1.6%	1.1%
E08000007	Stockport	14L	NHS Manchester CCG	1.1%	2.2%
E08000007	Stockport	01W	NHS Stockport CCG	94.9%	96.5%
E08000007	Stockport	01Y	NHS Tameside and Glossop CCG	0.2%	0.2%
E06000004	Stockton-on-Tees	00C	NHS Darlington CCG	0.4%	0.2%
E06000004	Stockton-on-Tees	00D	NHS Durham Dales, Easington and Sedgefield CCG	0.4%	0.6%
E06000004	Stockton-on-Tees	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.1%	0.1%
E06000004	Stockton-on-Tees	00K	NHS Hartlepool and Stockton-On-Tees CCG	66.9%	98.4%
E06000004	Stockton-on-Tees	00M	NHS South Tees CCG	0.4%	0.7%

E06000021	Stoke-on-Trent	05G	NHS North Staffordshire CCG	3.3%	2.7%
E06000021	Stoke-on-Trent	05V	NHS Stafford and Surrounds CCG	0.5%	0.3%
E06000021	Stoke-on-Trent	05W	NHS Stoke on Trent CCG	91.2%	97.1%
E10000029	Suffolk	06H	NHS Cambridgeshire and Peterborough CCG	0.2%	0.2%
E10000029	Suffolk	06M	NHS Great Yarmouth and Waveney CCG	52.3%	16.3%
E10000029	Suffolk	06L	NHS Ipswich and East Suffolk CCG	99.6%	52.9%
E10000029	Suffolk	06T	NHS North East Essex CCG	1.4%	0.6%
E10000029	Suffolk	06Y	NHS South Norfolk CCG	1.1%	0.3%
E10000029	Suffolk	07H	NHS West Essex CCG	0.1%	0.0%
E10000029	Suffolk	07K	NHS West Suffolk CCG	91.1%	29.7%
E08000024	Sunderland	00D	NHS Durham Dales, Easington and Sedgefield CCG	0.9%	0.9%
E08000024	Sunderland	13T	NHS Newcastle Gateshead CCG	0.5%	0.9%
E08000024	Sunderland	00J	NHS North Durham CCG	2.2%	1.9%
E08000024	Sunderland	00N	NHS South Tyneside CCG	0.5%	0.3%
E08000024	Sunderland	00P	NHS Sunderland CCG	98.5%	96.0%
E10000030	Surrey	07Q	NHS Bromley CCG	0.4%	0.1%
E10000030	Surrey	09G	NHS Coastal West Sussex CCG	0.2%	0.0%
E10000030	Surrey	09H	NHS Crawley CCG	6.6%	0.7%
E10000030	Surrey	07V	NHS Croydon CCG	1.3%	0.4%
E10000030	Surrey	15D	NHS East Berkshire CCG	3.4%	1.2%
E10000030	Surrey	09L	NHS East Surrey CCG	96.6%	14.1%
E10000030	Surrey	09N	NHS Guildford and Waverley CCG	94.0%	16.9%
E10000030	Surrey	09X	NHS Horsham and Mid Sussex CCG	1.5%	0.3%
E10000030	Surrey	07Y	NHS Hounslow CCG	0.7%	0.2%
E10000030	Surrey	08J	NHS Kingston CCG	4.5%	0.7%
E10000030	Surrey	08R	NHS Merton CCG	0.3%	0.0%
E10000030	Surrey	99M	NHS North East Hampshire and Farnham CCG	23.0%	4.2%
E10000030	Surrey	10J	NHS North Hampshire CCG	0.1%	0.0%
E10000030	Surrey	09Y	NHS North West Surrey CCG	99.4%	29.5%
E10000030	Surrey	08P	NHS Richmond CCG	0.7%	0.1%
E10000030	Surrey	10V	NHS South Eastern Hampshire CCG	0.1%	0.0%
E10000030	Surrey	99H	NHS Surrey Downs CCG	97.4%	23.8%
E10000030	Surrey	10C	NHS Surrey Heath CCG	98.9%	7.6%
E10000030	Surrey	08T	NHS Sutton CCG	1.2%	0.2%
E10000030	Surrey	99J	NHS West Kent CCG	0.2%	0.0%
E09000029	Sutton	07V	NHS Croydon CCG	1.0%	1.9%
E09000029	Sutton	08J	NHS Kingston CCG	3.5%	3.4%
E09000029	Sutton	08K	NHS Lambeth CCG	0.1%	0.2%
E09000029	Sutton	08R	NHS Merton CCG	6.3%	6.7%
E09000029	Sutton	99H	NHS Surrey Downs CCG	1.3%	1.9%
E09000029	Sutton	08T	NHS Sutton CCG	94.7%	85.6%
E09000029	Sutton	08X	NHS Wandsworth CCG	0.2%	0.3%
E06000030	Swindon	11M	NHS Gloucestershire CCG	0.0%	0.2%
E06000030	Swindon	12D	NHS Swindon CCG	96.0%	98.2%
E06000030	Swindon	99N	NHS Wiltshire CCG	0.7%	1.5%
E08000008	Tameside	14L	NHS Manchester CCG	2.2%	5.8%
E08000008	Tameside	00Y	NHS Oldham CCG	3.6%	3.9%
E08000008	Tameside	01W	NHS Stockport CCG	1.8%	2.3%
E08000008	Tameside	01Y	NHS Tameside and Glossop CCG	85.2%	88.0%
E06000020	Telford and Wrekin	05N	NHS Shropshire CCG	1.8%	2.9%
E06000020	Telford and Wrekin	05X	NHS Telford and Wrekin CCG	96.7%	97.1%
E06000034	Thurrock	07L	NHS Barking and Dagenham CCG	0.3%	0.3%
E06000034	Thurrock	99E	NHS Basildon and Brentwood CCG	0.2%	0.3%
E06000034	Thurrock	08F	NHS Havering CCG	0.2%	0.4%
E06000034	Thurrock	07G	NHS Thurrock CCG	98.5%	99.0%
E06000027	Torbay	15N	NHS Devon CCG	11.7%	100.0%
E09000030	Tower Hamlets	07R	NHS Camden CCG	1.1%	0.9%
E09000030	Tower Hamlets	09A	NHS Central London (Westminster) CCG	0.5%	0.3%
E09000030	Tower Hamlets	07T	NHS City and Hackney CCG	0.9%	0.9%
E09000030	Tower Hamlets	08C	NHS Hammersmith and Fulham CCG	0.8%	0.5%
E09000030	Tower Hamlets	08H	NHS Islington CCG	0.2%	0.1%
E09000030	Tower Hamlets	08M	NHS Newham CCG	0.2%	0.2%
E09000030	Tower Hamlets	08V	NHS Tower Hamlets CCG	98.9%	96.9%
E08000009	Trafford	14L	NHS Manchester CCG	2.7%	7.0%
E08000009	Trafford	01G	NHS Salford CCG	0.1%	0.1%
E08000009	Trafford	02A	NHS Trafford CCG	95.7%	92.7%
E08000009	Trafford	02E	NHS Warrington CCG	0.1%	0.1%
E08000036	Wakefield	02P	NHS Barnsley CCG	0.9%	0.6%
E08000036	Wakefield	15F	NHS Leeds CCG	0.4%	1.0%
E08000036	Wakefield	03J	NHS North Kirklees CCG	0.6%	0.3%
E08000036	Wakefield	03R	NHS Wakefield CCG	94.5%	98.0%
E08000030	Walsall	15E	NHS Birmingham and Solihull CCG	1.1%	4.8%
E08000030	Walsall	04Y	NHS Cannock Chase CCG	0.7%	0.3%
E08000030	Walsall	05L	NHS Sandwell and West Birmingham CCG	1.6%	3.1%
E08000030	Walsall	05Y	NHS Walsall CCG	92.8%	90.4%
E08000030	Walsall	06A	NHS Wolverhampton CCG	1.4%	1.4%
E09000031	Waltham Forest	07T	NHS City and Hackney CCG	0.4%	0.4%
E09000031	Waltham Forest	08C	NHS Hammersmith and Fulham CCG	0.3%	0.2%
E09000031	Waltham Forest	08D	NHS Haringey CCG	0.1%	0.1%
E09000031	Waltham Forest	08M	NHS Newham CCG	1.3%	1.7%
E09000031	Waltham Forest	08N	NHS Redbridge CCG	1.4%	1.4%
E09000031	Waltham Forest	08W	NHS Waltham Forest CCG	94.3%	96.1%

E09000032	Wandsworth	09A	NHS Central London (Westminster) CCG	0.9%	0.6%
E09000032	Wandsworth	08C	NHS Hammersmith and Fulham CCG	1.0%	0.6%
E09000032	Wandsworth	08J	NHS Kingston CCG	0.1%	0.0%
E09000032	Wandsworth	08K	NHS Lambeth CCG	3.2%	3.5%
E09000032	Wandsworth	08R	NHS Merton CCG	2.8%	1.6%
E09000032	Wandsworth	08P	NHS Richmond CCG	1.3%	0.7%
E09000032	Wandsworth	08X	NHS Wandsworth CCG	88.3%	92.6%
E09000032	Wandsworth	08Y	NHS West London (K&C & QPP) CCG	0.7%	0.4%
E06000007	Warrington	01F	NHS Halton CCG	0.3%	0.2%
E06000007	Warrington	01G	NHS Salford CCG	0.5%	0.6%
E06000007	Warrington	01X	NHS St Helens CCG	2.2%	2.0%
E06000007	Warrington	02E	NHS Warrington CCG	97.6%	97.0%
E06000007	Warrington	02H	NHS Wigan Borough CCG	0.2%	0.2%
E10000031	Warwickshire	15E	NHS Birmingham and Solihull CCG	0.2%	0.5%
E10000031	Warwickshire	05A	NHS Coventry and Rugby CCG	25.2%	21.5%
E10000031	Warwickshire	11M	NHS Gloucestershire CCG	0.2%	0.2%
E10000031	Warwickshire	04G	NHS Nene CCG	0.2%	0.2%
E10000031	Warwickshire	10Q	NHS Oxfordshire CCG	0.3%	0.3%
E10000031	Warwickshire	05J	NHS Redditch and Bromsgrove CCG	0.7%	0.2%
E10000031	Warwickshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	0.8%	0.3%
E10000031	Warwickshire	05R	NHS South Warwickshire CCG	96.1%	45.8%
E10000031	Warwickshire	05H	NHS Warwickshire North CCG	96.7%	30.7%
E10000031	Warwickshire	04V	NHS West Leicestershire CCG	0.5%	0.3%
E06000037	West Berkshire	15A	NHS Berkshire West CCG	30.0%	97.6%
E06000037	West Berkshire	10J	NHS North Hampshire CCG	0.7%	0.9%
E06000037	West Berkshire	10Q	NHS Oxfordshire CCG	0.2%	1.1%
E06000037	West Berkshire	99N	NHS Wiltshire CCG	0.1%	0.4%
E10000032	West Sussex	09D	NHS Brighton and Hove CCG	1.1%	0.4%
E10000032	West Sussex	09G	NHS Coastal West Sussex CCG	99.5%	57.5%
E10000032	West Sussex	09H	NHS Crawley CCG	93.4%	14.0%
E10000032	West Sussex	09L	NHS East Surrey CCG	0.3%	0.0%
E10000032	West Sussex	09N	NHS Guildford and Waverley CCG	3.1%	0.8%
E10000032	West Sussex	99K	NHS High Weald Lewes Havens CCG	1.1%	0.2%
E10000032	West Sussex	09X	NHS Horsham and Mid Sussex CCG	95.7%	25.9%
E10000032	West Sussex	10V	NHS South Eastern Hampshire CCG	4.1%	1.0%
E10000032	West Sussex	99H	NHS Surrey Downs CCG	0.6%	0.2%
E09000033	Westminster	07P	NHS Brent CCG	1.3%	2.0%
E09000033	Westminster	07R	NHS Camden CCG	3.0%	3.4%
E09000033	Westminster	09A	NHS Central London (Westminster) CCG	79.3%	71.3%
E09000033	Westminster	08C	NHS Hammersmith and Fulham CCG	0.6%	0.6%
E09000033	Westminster	08K	NHS Lambeth CCG	0.1%	0.2%
E09000033	Westminster	08Y	NHS West London (K&C & QPP) CCG	23.1%	22.6%
E08000010	Wigan	00T	NHS Bolton CCG	0.2%	0.1%
E08000010	Wigan	01G	NHS Salford CCG	0.8%	0.6%
E08000010	Wigan	01X	NHS St Helens CCG	3.8%	2.2%
E08000010	Wigan	02E	NHS Warrington CCG	0.4%	0.2%
E08000010	Wigan	02G	NHS West Lancashire CCG	2.8%	1.0%
E08000010	Wigan	02H	NHS Wigan Borough CCG	96.7%	95.7%
E06000054	Wiltshire	11E	NHS Bath and North East Somerset CCG	0.9%	0.4%
E06000054	Wiltshire	15A	NHS Berkshire West CCG	0.2%	0.2%
E06000054	Wiltshire	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	0.2%	0.5%
E06000054	Wiltshire	11J	NHS Dorset CCG	0.3%	0.4%
E06000054	Wiltshire	11M	NHS Gloucestershire CCG	0.4%	0.5%
E06000054	Wiltshire	11X	NHS Somerset CCG	0.3%	0.4%
E06000054	Wiltshire	12D	NHS Swindon CCG	1.3%	0.6%
E06000054	Wiltshire	11A	NHS West Hampshire CCG	0.1%	0.2%
E06000054	Wiltshire	99N	NHS Wiltshire CCG	96.7%	96.8%
E06000040	Windsor and Maidenhead	15A	NHS Berkshire West CCG	0.4%	1.3%
E06000040	Windsor and Maidenhead	14Y	NHS Buckinghamshire CCG	0.3%	1.1%
E06000040	Windsor and Maidenhead	15D	NHS East Berkshire CCG	34.1%	96.9%
E06000040	Windsor and Maidenhead	09Y	NHS North West Surrey CCG	0.2%	0.5%
E06000040	Windsor and Maidenhead	10Q	NHS Oxfordshire CCG	0.0%	0.2%
E06000040	Windsor and Maidenhead	10C	NHS Surrey Heath CCG	0.1%	0.0%
E08000015	Wirral	02F	NHS West Cheshire CCG	0.4%	0.3%
E08000015	Wirral	12F	NHS Wirral CCG	99.7%	99.7%
E06000041	Wokingham	15A	NHS Berkshire West CCG	31.5%	97.0%
E06000041	Wokingham	15D	NHS East Berkshire CCG	1.0%	2.6%
E06000041	Wokingham	10Q	NHS Oxfordshire CCG	0.1%	0.4%
E08000031	Wolverhampton	05C	NHS Dudley CCG	1.3%	1.5%
E08000031	Wolverhampton	05L	NHS Sandwell and West Birmingham CCG	0.1%	0.3%
E08000031	Wolverhampton	05Q	NHS South East Staffs and Seisdon Peninsular CCG	1.8%	1.4%
E08000031	Wolverhampton	05Y	NHS Walsall CCG	3.4%	3.5%
E08000031	Wolverhampton	06A	NHS Wolverhampton CCG	93.8%	93.4%
E10000034	Worcestershire	15E	NHS Birmingham and Solihull CCG	0.9%	2.0%
E10000034	Worcestershire	05C	NHS Dudley CCG	0.7%	0.4%
E10000034	Worcestershire	11M	NHS Gloucestershire CCG	0.5%	0.6%
E10000034	Worcestershire	05F	NHS Herefordshire CCG	0.9%	0.3%
E10000034	Worcestershire	05J	NHS Redditch and Bromsgrove CCG	95.8%	27.7%
E10000034	Worcestershire	05N	NHS Shropshire CCG	0.3%	0.1%
E10000034	Worcestershire	05R	NHS South Warwickshire CCG	2.3%	1.1%
E10000034	Worcestershire	05T	NHS South Worcestershire CCG	97.2%	49.3%
E10000034	Worcestershire	06D	NHS Wyre Forest CCG	98.3%	18.6%
E06000014	York	03E	NHS Harrogate and Rural District CCG	0.2%	0.1%
E06000014	York	03Q	NHS Vale of York CCG	60.2%	99.9%

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SURREY

NHS

Agenda item: 4
Paper no: 1

Title of Report:	**Approve the entering of a co-operation agreement between Surrey County Council and Surrey and Borders Partnership Trust for the delivery of an Integrated Substance Misuse Treatment Service for adults**	
Status:	**TO APPROVE**	
Committee:	**Surrey-wide Commissioning Committees-in-Common**	**Date:** 25/09/2019
Venue:	Mandolay Hotel, 36-40 London Rd, Guildford, GU1 2AE	
Presented By:	Simon White, Interim Executive Director for Adult Social Care, Surrey County Council	
Author(s)/ Lead Officer(s):	Martyn Munro, Senior Public Health Lead, Surrey County Council Rachel Maloney, Strategic Procurement Manager – Health and Social Care, Surrey County Council	

Executive Summary:

Surrey County Council Public Health holds a contract with Surrey and Borders Partnership (SaBP) Foundation Trust for the provision of adult substance misuse services. This contract is due to expire on 31 March 2020. Since 1 April 2018, SaBP, Catalyst and Public Health have piloted an adult substance misuse treatment programme board as a vehicle through which this 'vertically' commissioned contract[1] has been managed.

Surrey County Council Public Health are proposing to enter in to a 'horizontal' co-operative agreement[2] in compliance with Regulation 12(7) of the Public Contract Regulations 2015 (PCR 2015) from 1 April 2020. The agreement would include the provision for adult's substance misuse treatment to be delivered by SaBP in partnership with Surrey County Council.

Governance:

Conflict of Interest:	None identified	✓
Previous Reporting: (relevant committees/ forums this paper has	**Committee name:** 1. Surrey Strategic Health and Care Commissioning Collaborative Meeting date: 19/07/19	

[1] Traditional 'vertically' commissioned contracts require the provider to manage risk independently and any efficiency savings within the budget are set aside to offset these risks. SCC would not usually have visibility of this and any rewards not deployed would be retained by the provider.
[2] Under a "horizontal" co-operation agreement SCC and SaBP would jointly manage risks and efficiencies, have visibility of a contingency fund and will propose a risk and reward share.

previously been presented to)	Outcome: Noted 2. Surrey Clinical Commissioning Groups Clinical and Planning meetings including: North West Surrey CCG, Guildford and Waverley CCG, East Surrey CCG, Surrey Heath CCG and Surrey Downs CCG Meeting dates: July & August 2019 Outcome: Noted	
Freedom of Information:	Open – no exemption applies. Part 1 paper suitable for publication.	✓

Decision Applicable to:

Decision applicable to the following partners of the Committees in Common:	NHS East Surrey CCG	
	NHS Guildford and Waverley CCG	
	NHS North West Surrey CCG	
	NHS North East Hants and Farnham CCG	
	NHS Surrey Downs CCG	
	NHS Surrey Heath CCG	
	Surrey County Council	✓

Recommendation(s):

The Surrey-wide Commissioning Committees in Common are asked to:

Confirm agreement for Surrey County Council and Surrey and Borders Partnership (SaBP) NHS Trust to enter into a proposed five-year co-operation agreement. After the initial five-year term, the co-operation agreement will automatically renew on an annual basis unless terminated. The agreement will be in compliance with Regulation 12(7) of the Public Contract Regulations 2015 (PCR 2015).

Reason for recommendation(s):

As a large two-tier county, Surrey requires a high level of clinical and quality capabilities to safely deliver complex substance misuse treatment to adult residents who reside across multiple locations.

The current lead provider of the integrated substance misuse treatment contract, SaBP, has improved access to treatment and the delivery of evidenced-based effective care pathways and recovery outcomes for Surrey residents. The existing provision benefits from extensive integration within existing Surrey health and social care systems, including co-location with a specialist Adult Social Care team offering considerable synergies to support positive outcomes for Surrey residents. This includes people with needs which reflect severe and multiple disadvantage, which include: neglect, abuse, bereavement and homelessness.

In 2018 an Adult Substance Misuse Programme Board was established to develop an innovative adult integrated treatment model which includes a shared oversight and responsibility for:

- Delivery of treatment
- Performance outcomes

- Budget management, including establishment of open book accounting which has resulted in a more effective deployment of resources both within a reduced budget and managing any unexpected cost pressures

The delivery of the service has taken place against a backdrop of a significant reduction in budget: 24% savings were made from 2015/16 to 2018/19. Despite Surrey having the lowest Public Health allocation at £30 per head in England (2019/20), the Public Health England Spend and Outcome Tool (SPOT) identifies the current Surrey Substance Misuse treatment services as having a 'low spend but with better outcomes'. Provision is high quality, performs better or similarly to comparator local authorities and is well established with the population and key stakeholders.

Market engagement undertaken in July 2019 indicated that other providers had limited capability to deliver the clinical treatment elements of the specification and at the scale required in Surrey. They also do not benefit from SaBP's well established integration in to mental health, health, social care and the criminal justice system. It is also noted that the transfer of provision could not be achieved without the risk of disrupting the stability of the recovery journeys for Surrey residents.

Next Steps:

1. Dependent on approval by the Committees in Common, the final version of the co-operation agreement will be negotiated and signed off between Surrey and Borders Partnership Trust and Surrey County Council.
2. Surrey and Borders Partnership Trust will tender elements of the Tier 2 service on behalf of the partnership, currently being delivered by Catalyst.
3. The co-operative agreement would be effective from 1 April 2020.

Details:

1. The commissioning and provision of adult substance misuse services is a key element to the delivery of the Surrey Substance Misuse strategy. The strategy recognises the importance of prevention and early identification to address the cycle of drug misuse. Treatment has long been recognised and evidenced as effective, the strategy reflects the need for a fundamental shift towards focusing on long term recovery and supporting, often vulnerable, individuals to increase their motivation, capacity and opportunity.

2. The delivery of this system wide substance misuse strategy, which is due to be refreshed in 2020, is a key element of the Surrey Health and Well Being Strategy, published in 2019. It aligns to the delivery of the Surrey 2030 Community Vision, in particular the ambitions of:

   - Everyone lives healthy, active and fulfilling lives, and makes good choices about their wellbeing
   - Everyone gets the health and social care support and information they need at the right time and place
   - Communities are welcoming and supportive, especially of those most in need, and people feel able to contribute to community life

3. Each year approximately 3,000 people in Surrey seek support and treatment for alcohol and drug misuse. Their needs are primarily the dependent use of opiates (heroin), alcohol addiction and problematic use of other drugs. Access to treatment is available to those with complex needs i.e. coexisting mental health and substance misuse conditions, severe multiple disadvantage and safeguarding. This group may have less severe substance misuse issues but still require structured case management.

4. Conditions of the public health grant require each upper tier local authority to *"…have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services…"* In practice this requires local authorities to commission an evidence-based and accessible treatment system which comprises of drug and alcohol treatment (including preventative and harm reduction approaches), effective pathways for those in the criminal justice system and recovery services.

5. In Surrey, the public health budget is under considerable pressure from a combination of below-target funding and national cuts to the public health grant. Ultimately, this means that in 2019/20, the overall budget available to spend on core public health programmes is 30% less than it was at the start of 2015/16. In order to achieve this saving, the substance misuse treatment budget has been reduced by 24% over the same time period.

6. Based on a comprehensive needs assessment and the need to minimise disruption to the recovery journeys of service users, the decision was made in 2017 to extend the provision of Substance Misuse treatment (Tiers 3 and 4) within the current terms of the contract and to modify that contract to include Tier 2 from April 2018. This enabled Surrey County Council to commission an integrated substance misuse service with seamless and safe pathways mitigating the impact of the reduced financial envelope available for these services. The 'tiers' of substance misuse provision are:

- Tier 2 – Low threshold substance misuse specialist interventions, i.e. provision of substance misuse-related information and advice, triage assessment, referral to structured drug treatment, brief psychosocial interventions, harm reduction interventions (including needle exchange) and aftercare
- Tier 3 – Care planned interventions including substitute prescribing, i.e. methadone in opiate dependency, psychosocial interventions and recovery support, often provided in groups or 1 to 1 sessions with a specialist keyworker
- Tier 4 – Access to inpatient detoxification

7. The integration of the Tiers 2, 3 & 4 substance misuse treatment by the service known as 'i-access' has primarily eased access to treatment, strengthened care pathways and improved outcomes for service users. The integration to one provider has improved access to treatment through the use of a single point of access whilst maintaining three primary hubs and 29 satellite clinics across Surrey.

8. In order to mitigate as much as possible the risk to the stability of the system to service users, to continue to improve quality and to ensure access, a model of ongoing co-design was adopted. This was overseen by a Programme Board, established in 2017/18, consisting of experts, clinicians and commissioners from Public Health Surrey County Council, the current providers (Surrey and Borders Partnership Foundation Trust and Catalyst). This is supported by ongoing engagement with key partners including Clinical Commissioning Groups and partners in the Criminal Justice System. The objective of the Programme Board is to maintain a stable and high-quality substance misuse treatment system that provides the capacity to meet the needs of Surrey's residents within the budget envelope.

9. There have not been any identified negative impacts to health and social care partners as a result of the integration. This is measured by a number of outcome measures, key performance indicators and patient feedback. For example, it is a national requirement and a local quality expectation that treatment for substance misuse begins within 21 days following a referral – the average 'wait' for Surrey is 14 days.

10. The Public Health service at Surrey County Council recently underwent a Value for Money assessment review of the Public Health commissioned services. This was an assessment of current activities and future service options based on the recognised value for money criteria of: economy, efficiency and effectiveness, stakeholder value and strategic value (comprising a consideration of strategic alignment and contribution)**.** The tool used is Chartered Institute of Public Finance and Accountancy (CIPFA) and APGM International accredited. The Surrey adult substance misuse commissioned services in Surrey were judged to offer 'value for money'. However, the process identified areas for further improvement which are currently being implemented. The review identified that the service is well aligned to the strategic values of SCC, particularly the 2030 Vision, and annual spend has consistently been within budget with robust mechanisms in place to forecast demand and budgetary pressures.

11. The health and social care landscape is evolving and developing in a way which supports an ongoing co-design approach. This reinforces Surrey's drive towards integrating provision and exploring new ways of commissioners and providers working in partnership to deliver improved standards of care. Co-design and continuous development have been central to provision during 2019/20 and the proposed arrangement beyond April 2020. Building on current delivery the proposed arrangement will include the incorporation of evolving evidence-based provision including, where appropriate, the use of digital technology. The proposed approach will also be flexible to incorporate and align with emerging models of working across the health and social care system such as family safeguarding, domestic abuse and mental health provision.

12. Given this context, Public Health are proposing a contract which satisfies all three conditions of Regulation 12(7) of the Public Contracts Regulations 2015, which is exempt from the usual requirements of competitive tendering. This arrangement may be entered into directly between the two or more public organisations involved.

13. The legislative conditions of Regulation 12(7) of the Public Contracts Regulations 2015 (PCR 2015) are set out in detail below:

    (7) A contract concluded exclusively between two or more contracting authorities falls outside the scope of this Part where all of the following conditions are fulfilled:

    (a) the contract establishes or implements a co-operation between the participating contracting authorities with the aim of ensuring that public services they have to perform are provided with a view to achieving objectives they have in common;
    (b) the implementation of that co-operation is governed solely by considerations relating to the public interest; and
    (c) the participating contracting authorities perform on the open market less than 20% of the activities concerned by the co-operation.

14. In meeting the above requirements, Surrey County Council Legal Services has providing the following guidance:

    *"The Council must be able to point to some feature of a given arrangement to **distinguish it from a simple contractual arrangement for one party to supply the other.** That is, it must be a true instance of 'horizontal' co-operation, as opposed to 'vertical' commissioning. That co-operative concept must underpin the whole arrangement; the Council must be making a contribution beyond merely providing payment for services. A **sharing or retention of risk, a co-design approach to service delivery or joint management arrangements** are all positive indicators that the proposed co-operation is not simply a commercial transaction."*

15. The governance structure for the existing pilot and the proposed co-operative agreement operates in a robust horizontal model where an adult substance misuse treatment partnership programme board undertakes a shared responsibility that directs, monitors and responds to treatment demands including:

    - treatment strategy;
    - delivery planning; and

- budget and risk management.

16. The Programme Board will be accountable in parallel to Surrey County Council Public Health and the Executive Board of SaBP. There will be regular oversight from the Surrey Substance Misuse Partnership and the Community Safety Board. The Surrey Substance Misuse Strategy will be reported as part of priority one of the Health and Well Being strategy to the Health and Well Being Board. This will include performance and alignment of the substance misuse treatment service.

17. In a co-operative arrangement the partners hold joint responsibility and accountability. For example since 2018 the financial risk has been managed in an open book accounting approach via the Programme Board. This facilitated the successful mitigation of the £220,000 Buprenorphine cost pressure within the annual budget; under a vertical contract SaBP would not be contractually required to share this information.

Consultation:

18. The development of the adult integrated substance misuse treatment included:

    - 2017 Substance misuse key stakeholder concept day
    - May-July 2018: Public consultation regarding the changes to the model of detoxification including four public meetings in locations across the county
    - Public meetings held every six months
    - Ongoing peer mentor involvement in service co-design
    - Ongoing user consultation via a number of methods accounting for a range in accessibility

19. Engagement regarding the proposed co-operative agreement has included:

    - Health Integration and Commissioning Select Committee: 8 March 2019 (see annex)
    - Surrey Strategic Health and Care Commissioning Collaborative Meeting: 19 July 2019
    - Clinical Commissioning Groups: Clinical and planning meetings: July and August 2019
    - Cabinet Members: Sinead Mooney and Alison Griffiths ongoing briefings and visit to i-access substance misuse treatment service on 26 June 2019

Risk Management and Implications:

20. As this is a novel approach for Surrey County Council a full risk summary is provided below:

Risk	Mitigation
Legal	
See Part 2	See Part 2
Compliance with PCR reg. 12(7) requirements	In drafting the Co-operation agreement we will consider: • The nature of key clauses and how they should differ from a traditional contract • The allocation and balance of financial, reputational and service delivery risk

	• How we will demonstrate that the partnership agreement is markedly different from a traditional SCC contract
See Part 2	See Part 2
Financial	
See Part 2	See Part 2
See Part 2	See Part 2
See Part 2	See Part 2
See Part 2	See Part 2
Term and Termination	
5-year initial term which we will be unable to terminate for convenience. Thereafter the partnership agreement will renew automatically on an annual basis unless either party wishes to terminate.	Robust Joint Management Board to oversee performance, evolve service in response to emerging need and implement improvement plans where required. The option to terminate by agreement between both parties will always remain. Ongoing co-design will ensure the service specification evolves and is as fit for purpose in year 5 as it was in year 1. Like a contract, we will be able to terminate the partnership agreement for 'breach' of its terms within the first 5 years but unable to terminate for convenience. What constitutes a 'breach' is to be determined.
Exit Arrangements. By delivering the service under a partnership agreement, there is a risk that SCC will become reliant on SaBP in the delivery of the service and that exit arrangements will be complex.	Termination provisions will be built into the partnership agreement. SCC will ensure an exit plan is agreed with SaBP which will be reviewed periodically to ensure it is still relevant.
Operational	
See Part 2	See Part 2
i-access is Surrey's only adult substance misuse treatment service so the services needs to be high quality and deliver the service individuals require to be successful.	The engagement with service users in the co-operative agreement will be critical and arrangements are being developed to ensure proper engagement and communications are in place.

Financial and 'Value for Money' Implications:

21. It is likely that the Public Health service will need to deliver further savings in future years in order to contribute towards SCC's overall financial sustainability. The envelope proposed for the start of the partnership agreement cannot therefore be considered to be fixed over the five-year term.

22. The new proposed partnership agreement will enable complete transparency of the costs of service delivery through an open book accounting approach. This will

maximise opportunities for efficient management of the contract budget. Cost pressures can be identified at the earliest opportunity so remedial action can be agreed within the partnership to mitigate pressures. The approach will also enhance the ability to identify and secure any areas for cost reductions or efficiencies.

23. See Part 2.

Section 151 Officer Commentary:

24. Surrey County Council faces a very serious financial situation whereby there are still substantial savings to be delivered in the current financial year and identified for future years to achieve a sustainable budget.

25. The proposed new partnership agreement would enable the delivery of substance misuse services within the available budget envelope for 2020/21. The agreement also offers opportunities to maximise the efficiency of service delivery through an open book accounting approach. However, as an untested contractual approach not previously used by Surrey County Council that would commit the Council for the next five years, the Committee need to recognise the risk that costs could increase as the agreement also exposes the Council to potential cost pressures that would normally be covered by a standard contractual approach.

Legal Implications – Monitoring Officer:

26. Surrey County Council is responsible for public health provision within its area by virtue of the National Health Service Act 2006 (as amended). In addition to its specific duties in relation to public health, Surrey County Council is under a general duty in Section 3 of the Local Government Act 1999 to make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness. The new commissioning approach proposed in this paper is intended to meet this requirement.

28. The public sector equality duty contained in Section 149 of the Equality Act 2010 applies to the decision to be made by the Committee in this report. This duty requires the Committee to have due regard to the need to advance equality of opportunity for people with protected characteristics, foster good relations between such groups, and eliminate any unlawful discrimination. These matters were reviewed as part of an equality impact assessment (EIA) and the outcomes are summarised in the Equalities and Diversity section below. The Committee's attention is specifically drawn to the EIA, including both the positive and negative outcomes identified.

29. A co-operation between two 'contracting authorities' under Regulation 12(7) of the Public Contracts Regulations 2015 is proposed in this report. The legislative requirements and some guidance on interpreting these is set out in paragraph 1.1 of this report. Legal Services has been involved in the development of the proposals and provided advice on the parameters of a lawful co-operation. Legal Services will continue to be involved in negotiations with SaBP to ensure that all the requirements are satisfied for a contract award under Regulation 12(7) to go ahead.

30. The Committee will note that the co-operation arrangement will materially differ from a standard commissioning contract. For example, Surrey County Council will retain more financial risk than normal but will gain considerably more involvement in the planning of service delivery.

31. In taking this decision, the Committee will need to be mindful of its fiduciary duties to Surrey residents to ensure Surrey County Council maintains a balanced budget in the exercise of its functions.

Equalities and Diversity:

32. The EIA for the proposed development of Substance Misuse Treatment Services is attached as Annex 1.

Other Implications:

33. The potential implications for the following priorities and policy areas have been considered. Where the impact is potentially significant a summary of the issues is set out in detail below.

Corporate Parenting/ Looked After Children Implications:

34. Not applicable.

Safeguarding Responsibilities for Vulnerable Children and Adults Implications:

35. The terms and conditions of contract will stipulate that the provider will comply with the Council's Safeguarding Adults and Children's Multi-Agency procedures, any legislative requirements, guidelines and good practice as recommended by the Council. This will be monitored and measured through the contractual arrangements.

Environmental Sustainability Implications

36. Not applicable.

Public Health Implications:

37. Substance misuse treatment supports people to make positive changes and benefit from changes in their health throughout their life.

38. Protects Surrey residents from communicable diseases.

39. Develops partnerships and collaboration within and between local organisations to drive effective integration of health and social care.

Annexes:

Annex 1 – Equality Impact Assessment
Annex 2 – Health, Integration and Commissioning Select Committee report from March 2019, which provides a more detailed description of the integration of adult substance misuse services.

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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Equality Impact Assessment (EIA)

1. Topic of assessment

EIA title	Reduction of spend on adult substance misuse treatment services

EIA author	Martyn Munro and Kanchan Bhanage

2. Approval

	Name	Date approved
Approved by	Ruth Hutchinson	04/07/2019

3. Quality control

Version number		**EIA completed**	
Date saved		**EIA published**	

4. EIA team

Name	Job title	Organisation	Team role
Jonathan Lewney	Public Health Consultant	Surrey CC	Lead
Martyn Munro	Senior Public Health Lead	Surrey CC	Commissioner
Kanchan Bhanage	Public Health Lead	Surrey CC	Public Health Lead
Heather Ryder	Senior Public Health Lead	Surrey CC	Commissioner
		Surrey CC SaBP Catalyst	Integrated Substance misuse programme board

5. Explaining the matter being assessed

What policy, function or service is being introduced or reviewed?	This Equality Impact Assessment relates to the provision of adult substance misuse prevention, treatment and recovery services in Surrey. Therefore, this Equality Impact Assessment is concerned with the impact of the savings to be realised in 2016/17, 2017/18 and 2019/20. The Substance Misuse treatment system is funded by Public Health and supported by a multi-agency Substance Misuse Partnership to ensure access to a range of universal services and a joined up and comprehensive approach to reducing the harm caused by the misuse of drugs and alcohol. Public Health funded services include: - Prevention and awareness raising activities - Low threshold specialist interventions - Care planned interventions - Inpatient treatment - Recovery interventions - Specialist criminal justice interventions
What proposals are you assessing?	**How is Surrey Public Health funded?** The Surrey Public Health team is part of Surrey County Council and aims to improve and protect the health of people living and working in Surrey. Public Health in local authorities is funded directly by a grant received from the Department of Health. The target grant allocation for Local Authorities is calculated according to a formula that aims to represent variations in need. However, due to historical patterns of funding allocation, Local Authorities do not currently receive their target grant allocation. Surrey's 2015/16 grant allocation was more than 40% below the target level of funding and this has been frozen with no timeline for moving closer to target. This equated to an allocation amount of £34/per head in Surrey compared to £63/head for England as a whole. **What is the Surrey Public Health grant spent on?** In 2016/17 the grant allocation was £38.5 million. Approximately 90% of the public health budget is spent on commissioning or funding services and programmes that help people to make positive changes concerning their health and lifestyle. Sexual health (GUM and Family Planning clinics), substance misuse (drugs and alcohol) and children's public health services (health visiting and school nursing, also referred to as 0-19 services) make up the majority of this spend. **Where have the budget pressures for Public Health come from?** In June 2015/16 the Chancellor announced that the public health budget was to be reduced nationally by 6.2%. In Surrey this equated to £2.2 million and this has been removed from the grant allocation permanently. The autumn Comprehensive Spending Review (CSR) then identified a further reduction of 9.6% (in cash terms) over the next five years. In addition, the Financial Settlement (following the CSR) for Surrey County Council as a whole was worse than expected. As a result, Public Health are supporting the Council to meet these savings targets through identifying wider council work that helps to improve public health outcomes and supporting these areas financially. Ultimately, it means that by 2020/21, the Public Health budget available to spend on core public health programmes will be 33% less than it was at the start of 2015/16.

The table below shows the current values contained in substance misuse programme and the proposed year on year reductions.

Budget 2015/16 (£m)	2016/17 Budget (£m)	2017/18 Budget (£m)	2018/19 Budget (£m)	2019/20 Budget (£m)
8.85	6.97	6.27	5.59	5.47
Reduction from 2015/16 (£m)	1.88	2.58	3.26	3.38

Realising the funding reduction

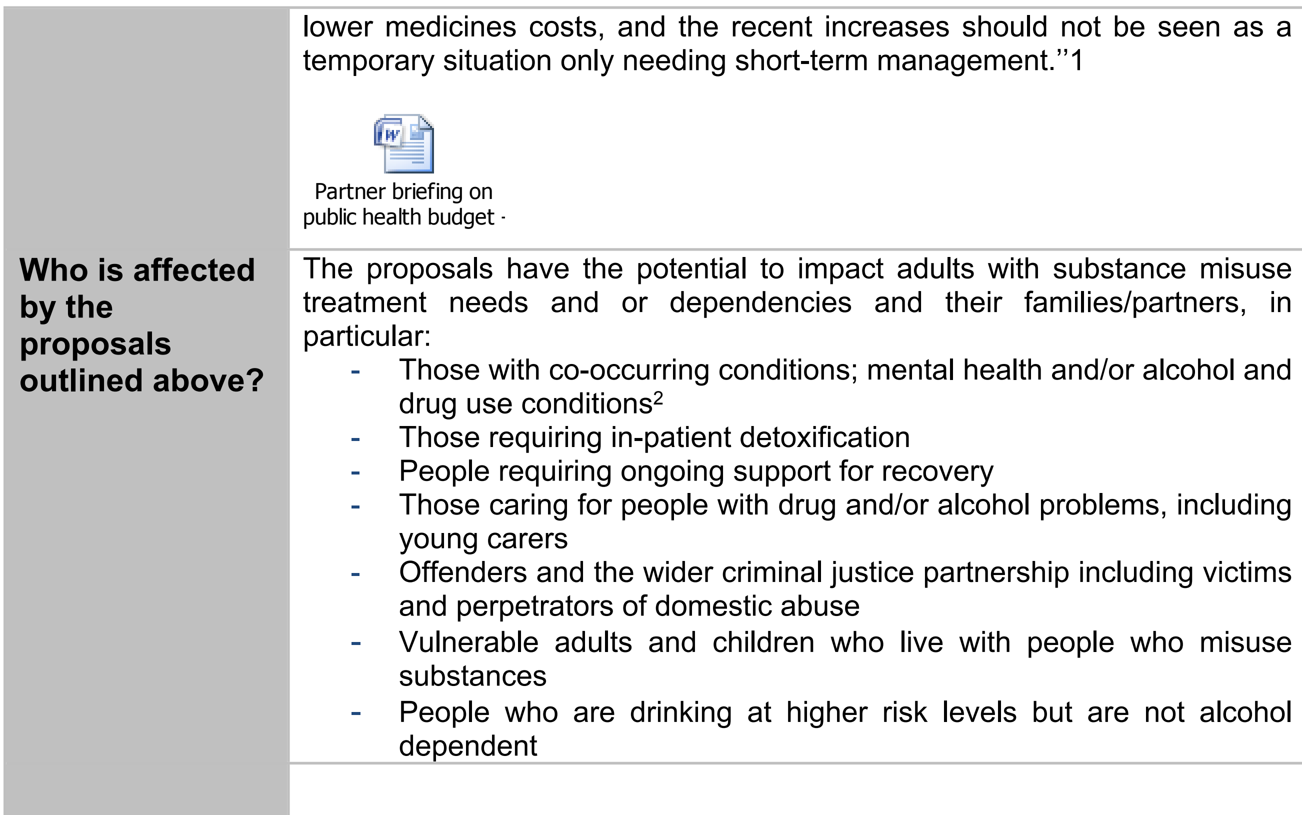
Adult substance misuse treatment services were previously delivered by three providers, all with different business models and serving a variety of populations. A new integrated substance misuse treatment service began delivery in April 2018.

A number of savings have been identified across contractual and non-contractual spend within the substance misuse pathway. This includes consolidation of Tiers 2, 3 and 4 contracts; removal of the Integrated Offender Management Programme; removal of provision of treatment for higher risk alcohol drinkers from the substance misuse treatment system and remodelling Tier 4 provision to reduce costs. In terms of recovery, a number of projects have been put on hold, cancelled or reduced. A recovery needs assessment has been undertaken to inform partnership working and identify opportunities to support substance misuse recovery in other health and social care services.

Since March 2018 a pharmaceutical "price concession" has been applied each month to the cost of an opiate substitute therapy (OST) medicine called Buprenorphine, this has resulted in a projected budget cost pressure of £220,000 at year end. As a result of the cost pressure some specialist posts, planned treatment and "wrap around" detoxification support has been deferred to mitigate against a negative impact to successful outcomes for service users.

However, in amendments to the NHS drug tariff (January 2019) the price of Buprenorphine has been removed from "price concession" and the price was increased in the tariff, in comparison to the stable price in February 2018 this represents a 702% cost increase. Therefore, i-access is likely to have a cost pressure of £301,000 based on comparative increase in the cost of Buprenorphine prescribed in February 2018 (£3,123) and January 2019 (£25,072).

On 13/02/2019 Professor John Newton wrote to Directors of Public Health with Buprenorphine advice from PHE detailing the move from price concession to tariff to category A and including the recommendation "It is vital that the new higher cost of medicines is considered by local authorities when setting their budgets and capacity targets for drug treatment. There should be an acceptance that previous budgets and capacity targets were based on



	lower medicines costs, and the recent increases should not be seen as a temporary situation only needing short-term management.''1 Partner briefing on public health budget -
Who is affected by the proposals outlined above?	The proposals have the potential to impact adults with substance misuse treatment needs and or dependencies and their families/partners, in particular: - Those with co-occurring conditions; mental health and/or alcohol and drug use conditions[2] - Those requiring in-patient detoxification - People requiring ongoing support for recovery - Those caring for people with drug and/or alcohol problems, including young carers - Offenders and the wider criminal justice partnership including victims and perpetrators of domestic abuse - Vulnerable adults and children who live with people who misuse substances - People who are drinking at higher risk levels but are not alcohol dependent

[1] Buprenorphine – advice from PHE, **Sources/background papers 2.**
[2] https://www.gov.uk/government/publications/people-with-co-occurring-conditions-commission-and-provide-services

6. Sources of information

Engagement carried out

- Provider and service user discussions as part of Surrey's Drug Strategy development, substance misuse commissioning and the Recovery Needs Assessment[3].

- Provider discussions as part of savings negotiations.

- A consultation on changes to the service provision is being undertaken with service users, carers and families to inform the mitigating actions required as a result of these changes. This was undertaken as part of the co-design and mobilisation for the integration of the adult substance misuse treatment services.

- "Changes in provision of drug and alcohol detoxification in Surrey" Public consultation via "SurreySays" including four public meetings during March to May 2018 and implemented in July 2018.

ISMT Stakeholder briefing FINAL incl.

Consultation Summary FINAL.doc

Public Consultation Document FAQs anc

- Semi-annual engagement events has been established with service users, peer mentors, carers, family and friends taking forward the relationships developed as part of the detoxification public consultation.
- i-access seeks feedback throughout an individual's treatment journey and provides a summary to Public Health on a quarterly basis.
- Following the open meetings held as part of the detoxification public consultation in 2018 i-access are planning an open meeting to be held twice a year.

Data used

Quarterly Contract performance data

Data provided by National Drug Treatment Monitoring System and local drug treatment systems (NDTMS) https://www.ndtms.net/

JSNA Chapter: Substance misuse
https://www.surreyi.gov.uk/dataset/surrey-substance-misuse-strategy-drugs-section

Alcohol and drug misuse prevention and treatment guidance
https://www.gov.uk/government/collections/alcohol-and-drug-misuse-prevention-and-treatment-guidance

[3] https://www.surreyi.gov.uk/Resource.aspx?ResourceID=1729

7. Impact of the new/amended policy, service or function

7a. Impact of the proposals on residents and service users with protected characteristics

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence
Age		The funding cuts will predominantly affect the adult population. The population that misuse drugs or alcohol tend to be the most vulnerable in society and often have mental health problems and/or are engaged with the criminal justice system. **Young People** At present no cuts are proposed to the specialist Catch22 contract or the Youth Justice service that specifically supports young people . However, the smaller budget for young people prevention projects has also reduced, affecting capacity to pilot innovations and deliver drug and alcohol awareness raising activities	Young People – national perspective • Although Young People should not be considered as an "at risk" group in itself, substance misuse in adolescents is associated with behavioural, physical and mental health problems all of which can prevent a young person from engaging in society. Most young people do not use illicit drugs or binge drink, and among those who do only a minority will develop serious problems. For some, however, substance misuse may be damaging to the developing brain, interfere in the normal challenges of development, exacerbate other life and developmental problems, and further impoverish the life chances of already vulnerable groups of young people. This is a major problem for the UK, which 'has amongst the highest rates of young people's cannabis use and binge drinking in Europe' with 'some 13,000 hospital admissions linked to young people's drinking each year'. The association of substance misuse (particularly alcohol) with crime and anti-social behaviour is often highlighted. The indirect impact on violence, accidents and suicides is responsible for considerable injury and occasionally death among an otherwise conventionally healthy group. The impact on mental health and well-being and social functioning and integration is also significant; • Particular groups of young people identified as more vulnerable to substance misuse include: children of substance misusing parents; young offenders; young people in care; homeless young people; excluded pupils or frequent non-attenders; sexually exploited young

		Adults In addition, the adult treatment population often have children who may be vulnerable to neglect, abuse and future substance misuse and/or mental health issues linked to parental substance misuse. The reduction in investment in recovery services will reduce capacity to support the growing proportion of older adults who require care and support with entrenched alcohol and drug addictions and their ability to achieve lasting recovery.	people as well as those being involved in commercial sex work; young people from Minority Ethnic groups; • The needs of children in care and disadvantaged children need to be carefully considered as evidence shows that childhood trauma has been linked with a wide range of negative outcomes in adulthood including EIA FINAL.docx substance misuse and mental health problems. Adults – local perspective SaBP and Catalyst in partnership deliver the integrated substance misuse treatment for adults known as “i-access”, the team are assessors for substance misuse issues as part of the MASH process and contribute to safeguarding with Adult Social Care Partners who are co-located with the i-access for the adult substance misuse treatment system. i-access work in partnership with Catch 22 the Young Persons substance misuse treatment service providing clinical leadership, supervision and a care coordination during transition from Young Persons treatment to adult treatment. In Surrey, the treatment population is ageing with the 35 – 59 yrs (75%[4]) now being the largest age group starting and receiving treatment. Many are older heroin users who have failing health and entrenched dependency problems. This group is particularly hard to help into lasting recovery. The impact is beginning to show in the proportion of people successfully completing treatment, which has levelled off in 2012 to 2013 following an increasing trend over the previous seven years. Between 1991 and 2010 alcohol-related deaths in England among people aged 55 to 74 years rose by 87% for men and 53% for women. Reduction in funding for substance misuse treatment services has the potential to impact on increased drug-related deaths. Local authority areas that have reduced investment in drug and alcohol treatment services have seen an

[4] 2018-2019 Q4 Adult Quarterly Activity Partnership Report (Surrey - All Drugs) PHE 2019

			increase in the numbers of drug related deaths. (Drug misuse deaths Surrey, Rate 1.8 per 100,000 2001-03, Rate 2.5 per 100,000 2015-17)
Disability	Integration of the adult substance misuse services provides single defined pathways to support people with complex needs and / or co-existing conditions with clinical oversight and management across tiers 2, 3 and 4.	Reduction in funding is likely to impact on the accessibility of the detoxification element. This may disproportionately affect those with complex needs who require greater access options and more intense support. This may affect the progress of an individual's recovery and potentially the risk to their health and wellbeing, including risk of death.	People with drug and/or alcohol dependencies often have complex needs and other related or unrelated health problems. For example, the prevalence of co-existing mental health and substance use problems (termed 'dual diagnosis') may affect between 30 and 70 per cent of those presenting to health and social care settings. Drug-related deaths are more common in those with other health problems. There is also a cohort of people with drug and alcohol problems that have a high impact on a range of public services including adult social care, criminal justice and health. High impact individuals require multi-disciplinary support from a range of agencies to help engage them in treatment and facilitate recovery. Some people with learning disabilities misuse alcohol or illicit drugs and some misuse prescribed medications. Various studies have looked at the extent of substance misuse in people with learning disabilities. These are likely to underestimate the problem, as some used self-report measures and others only included people known to learning disability services. It's important to note that little is known about the health of the 'hidden majority' of adults with learning disabilities who don't use learning disability services. It's this group of people with more mild learning disabilities who are most likely to misuse alcohol or drugs. It is thought that about 10% of the prison population has a diagnosed learning disability, but around 60% of prisoners (as well as those in custody) have difficulties with communication skills. Although there is currently no access to data relating to individuals with a learning disability and substance misuse treatment in the prison setting, data on the general prison population nationally shows:

			• 52% of those in contact with treatment in adult prisons settings presented with problematic use of opiates • 17% presented with problems with other drugs (non-opiates) • 12% presented with alcohol as their only problem substance.[5]
Gender reassignment		No evidence of negative impact	There are many barriers preventing people who are transgender individuals from getting help or staying in treatment. Providers need to know potential different patterns of use.
Pregnancy and maternity		No negative impact predicted	There are health risks for both mother and baby if the mother misuses drugs and/or alcohol. Services must closely monitor the pregnancy and provide post-natal support and monitoring. Assisted withdrawal must only take place in wards or units with direct access to emergency care. Pregnant women and those with young families are a priority group to receive interventions. Care coordination between substance misuse treatment and midwifery services and children's services have ensured that this group are prioritised for treatment.
Race		No evidence of negative impact	The use of substance misuse services varies by ethnicity. The majority of people within the Surrey substance misuse treatment system are White British (90% Adult Partnership Activity Report 2018-19 Quarter 4.) There may be particular issues in accessing services for some groups. For example, people have difficulty communicating effectively in English. White British people make up 84% of the population of Surrey (2011 Census)[6] The UKDPC report Drugs and Diversity: Ethnic minority groups highlights the extent and nature of drug use in ethnic minority groups: In general, overall drug use is lower among minority ethnic groups than among the white population. • Reported drug use prevalence is highest among those from mixed ethnic background in a number of studies, largely as a result of high levels of cannabis

[5] **Secure setting statistics from the National Drug Treatment Monitoring System (NDTMS)** 1 April 2017 to 31 March 2018 (Public Health England)
[6] https://www.surreyi.gov.uk/download/census-people-characteristics-ethnicity-and-religion/56a928e3-97b6-45c3-8e33-b8931281d6d5/Ethnic%20Group%20summarised.csv

			use. However, when the younger average age of this group is taken into account, their drug use levels are similar to those in the white British population. • Lowest overall levels of drug use are reported by people from Asian backgrounds (Indian, Pakistani or Bangladeshi). • Cannabis is the most commonly used drug across all ethnic groups and age groups. • Rates of Class A drug use are higher among people from White or mixed ethnic background than among other ethnic groups. • Poly drug use is most common among White groups, compared with other ethnic groups. • Men are more likely than women to use any illicit drugs in many ethnic groups, particularly among Asian, White and Chinese/other groups. Black and mixed race men and women have similar levels of use. • National and local records of treatment services, and some small scale studies, indicate that the types of drugs that cause individuals to seek help vary between different communities: o Among the Asian community the most common reason for seeking treatment is problematic use of heroin. o Asian drug users also appear to be more likely to use smoking as their method of administration, those in white communities are more likely to inject. o Drug users from black groups are more likely to seek treatment for crack cocaine and cannabis use. o Women make up a bigger proportion of white people in treatment than they do of black people. o Almost half of all people from white, mixed and black ethnic groups report alcohol use prior to entering treatment compared with only about a third of those of Asian background. • In some minority ethnic communities, khat use may be a cultural or social recreation. Khat was made illegal in 2014 following concerns having being raised regarding its potential negative health impacts. • BME communities may be at risk of drug use because they often live in disadvantaged and deprived areas, where drug markets thrive. • A number of minority ethnic groups, particularly refugees and asylum seekers, face high levels of unemployment, isolation and social exclusion. Limited opportunities can lead to frustration, boredom and anxiety increasing the likelihood of drug use.

			• Factors suggested as linked to high levels of cannabis use within black communities include: o A perception that it is safe and less harmful than other drugs. o A history of cannabis use within families. o For Rastafarians, cannabis use is a spiritual act and part of the culture of the movement. • Among some BME groups, particularly South Asian people and Chinese people, high levels of stigma are attached to drug use and directed at both drug users and their families. This can lead drug users to hide the extent of their use, and levels of drug problems being underestimated.
Religion and belief		No negative impact predicted	There are many ways in which religious practices and beliefs have the potential to affect health and to have an impact on whether substance misuse services are appropriate for different religious and belief groups. Although a high proportion of people in England (59%) state that they are Christian (ONS mid 2012 figures)[7], providers of substance misuse services should not make assumptions about the religion of people based upon ethnicity. For example, although 68% of people of Muslim faith are from the Asian/Asian British ethnic group, 32% are not: 10% are from the Black African/Caribbean British group. This is particularly relevant to delivering care appropriate to people's individual religious background. There are many ways in which religious practices and beliefs have the potential to both affect health and the appropriateness of substance misuse services: • Diet choice, and preparation of the food. • Observance of fasting times. • Orthodox Jews observance of the Sabbath. • Ethics around Blood transfusion. • Views on termination of pregnancy and contraception. • Provision of Chaplaincy and prayer facilities. • Ablution facilities
Sex		Funding reductions may impact on specific activities to engage women, particularly those with dual domestic	Males make up 49% of the population of Surrey (Surreyi)[8], however, official statistics from the NDTMS show: • 69% of people accessing treatment for drug and alcohol misuse in Surrey were male.

[7]https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/religion/articles/religioninenglandandwales2011/2012-12-11
[8] https://www.surreyi.gov.uk/dataset/population-estimates-by-broad-age-and

		abuse and substance misuse, in treatment	Men receiving treatment outnumber women in all categories. Typically around 38% of those receiving treatment for alcohol alone are women. In other categories they represent about a quarter of those receiving treatment. To avoid unintended consequences for women, such as male-dominated environments, providers must be alert to their needs and to raised risks. Women with childcare responsibilities may not seek treatment without the provision of a suitable environment, or easy access to one, for their children. The role played by alcohol or drug misuse in domestic violence and abuse is poorly understood. Research has indicated that 21% of people experiencing partner abuse in the past year thought the perpetrator was under the influence of alcohol and 8% under the influence of illicit drugs (Smith et al. 2012). People are thought to be at increased risk of substance dependency as a consequence of being the victim of domestic violence (Humphreys et. al. 2005).[9]
Sexual orientation		Funding reductions may impact on specific activities aimed at this client group.	Substance misuse research has demonstrated that client sexual orientation influences treatment outcomes. It is acknowledged that Lesbian, Gay, Bisexual and Transgender (LGBT) individuals are at greater risk in terms of substance misuse than their heterosexual counterparts. In 2008, Stonewall carried out one of the largest surveys of its kind among 6,000 lesbian and bisexual women. The survey found that one in 10 lesbian and bisexual women had taken cocaine, compared with 3% of heterosexual women. Overall, lesbian and bisexual women were five times more likely to have taken drugs than heterosexual women). One of the most extensive sources of statistical information on the prevalence of drug use and sexual orientation comes from an analysis of the British Crime Survey (BCS) data published by the Home Office. The findings indicate that respondents who identified themselves as LGBT were about three times more likely to report having taken illicit drugs compared to heterosexual respondents: 32.8% of LGBT respondents reported taking any drug compared to 10.0% of heterosexual respondents.
Marriage and civil partnerships		No negative impact predicted	

[9] https://www.nice.org.uk/guidance/ph50/chapter/3-context

Carers (protected by association)		Funding reductions may impact on specific activities aimed at supporting friends and family members of people in treatment. The removal of the specialist inpatient provision in Surrey and introduction of spot purchasing and ambulatory may put additional pressure on carers.	Research in 2004 found that where children are caring for a relative with drug or alcohol problems, the incidence of missed school and educational difficulties were considerably higher than for other young carers. 34% were missing school (compared to 27% of young carers) and 40% in total were missing school or had other indicators of educational difficulties (The impact on carers of the changes to drug and alcohol detoxification are being explored as part of a public consultation on these changes. Carers may have an increased role in supporting service users during detoxification.)

7b. Impact of the proposals on staff with protected characteristics

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence
Age			
Disability			
Gender reassignment			
Pregnancy and maternity			
Race			
Religion and belief			
Sex			

Sexual orientation			
Marriage and civil partnerships			
Carers (protected by association)			

8. Amendments to the proposals

Change	Reason for change

9. Action plan

Potential impact (positive or negative)	Action needed to maximise positive impact or mitigate negative impact	By when	Owner
Impact on Drug-Related Deaths	Maintain priority access to treatment to those with an increased vulnerability to overdose risks i.e. those leaving secure settings or dropped out of treatment. Ensure access to naloxone for those in recovery. Development of improved recording and reporting of drug related deaths and emergency admissions.	In place and ongoing	HR/MM
Impact on higher risk drinkers	Self-help packs developed by i-Access Substance Misuse service. Pilot online extended brief intervention service for higher risk drinkers	April 2018 (complete) August 2018	GH
Impact on Carers	Surrey CC Adult Social Care workers are embedded in the iaccess team and are responsible for offering carers assessments	Ongoing	MM
Impact of sex	Monitor access to treatment data. Assess engagement and liaison regarding domestic abuse networks	ongoing	MM
Impact of sexual orientation	Monitor access to treatment data. Assess and evaluate feasibility specific partnership approaches i.e. Chemsex	ongoing	MM
Impact on partners	Consultation of partners via the Substance Misuse Partnership and the Surrey Community Safety Board to understand the risks to	Ongoing	HH

	their organisations of reductions in investment to allow for appropriate action to be implemented.		
Impact on safeguarding	Minimise the impact by ensuring current and future substance misuse providers adhere to the safeguarding policies.	Ongoing	MM
Impact on service delivery	Engagement of key stakeholders and providers in designing the specification for the new service to minimise impact on service delivery. Update JSNA to understand current need to inform commissioning. Contract management discussions and close monitoring of activity to pick up and escalate any challenges to service delivery Impact on accessibility to the detoxification element of a treatment	Ongoing Completed 12.16 Ongoing 08/18 Ongoing	MM
Impact on prevention	Explore opportunities for integrated lifestyles approach to the prevention of risky behaviours	Ongoing	Health Improvement team within Public Health
Impact on lasting recovery	Recovery needs assessment and mapping of support and advocacy services that can be accessed to aid recovery Recovery work plan to be established by i-access, peer mentors and people with lived experience	Completed 2018 - 19	MM
Reduction in specialist knowledge and skills from integrating service delivery	Robust procurement exercise to ensure new integrated service provider has the necessary skills base to deliver the service	2017-18 Complete	MM

10. Potential negative impacts that cannot be mitigated

Potential negative impact	Protected characteristic(s) that could be affected

11. Summary of key impacts and actions

Information and engagement underpinning equalities analysis	Joint Strategic Needs Assessment Recovery Needs assessment Engagement with CCGs, provider organisations, partnerships, service users and carers/families
Key impacts (positive and/or negative) on people with protected characteristics	Integration of substance misuse treatment provides a more cohesive and coordinated response to the needs of individuals seeking or receiving treatment and sustained recovery. There may be some negative impact on carers of those with substance misuse issues, this will be explored via the detoxification public consultation between March and May and as part of the evaluation of the new model of detoxification during Q3 and 4 2018/19
Changes you have made to the proposal as a result of the EIA	
Key mitigating actions planned to address any outstanding negative impacts	The detoxification and in-patient treatment for those with the most complex needs will require an enhanced level of clinical oversight to maintain an appropriate and safe response. This will be overseen by a lead clinician at SABP. Clear communication channels for service users and partners
Potential negative impacts that cannot be mitigated	

SURREY

Health, Integration and Commissioning Select Committee
DATE: 8 March 2019

Purpose of report:
In July 2018, Surrey County Council implemented changes to the commissioning of Substance Misuse treatment following a review of these services.

Following engagement with service users, stakeholders and clinicians the commissioner and the service provider removed inpatient detox beds replacing these with enhanced provision in the community.

Introduction

Each year approximately 3,000 people in Surrey seek support and treatment for alcohol and drug misuse. Their needs are primarily the dependent use of opiates (heroin), alcohol addiction and problematic use of other drugs. Access to treatment is available to those with complex needs i.e. coexisting mental health and substance misuse conditions, severe multiple disadvantage and safeguarding. This group may have less severe substance misuse issues but still require structured case management.

Over the last 2 Years Surrey County Council Public Health have carried out a variety of events forming part of a wider needs assessment for substance misuse provision. A wider needs assessment[1,2] has been used to inform the delivery of services from April 2018. The primary aim has been to ensure that post April 2018 a stable and high-quality substance misuse treatment system is maintained within a reduced financial envelope.

Surrey's substance misuse treatment system is evidence based and accessible. It performs well in a number of national indicators including the successful completion of drug treatment and recovery outcomes for the individuals who access services.[3]

The needs assessment identified where elements of service delivery could be improved, whilst making the necessary financial savings, through the integration of adult provision. This provision includes:

- Tier 2 – Low threshold substance misuse specialist interventions i.e. provision of substance misuse-related information and advice, triage assessment, referral to structured drug treatment, brief psychosocial interventions, harm reduction interventions (including needle exchange) and aftercare.
- Tier 3 - Care planned interventions including substitute prescribing i.e. methadone in opiate dependency, psychosocial interventions and recovery support, often provided in groups or 1 to 1 sessions with a specialist keyworker.

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[1] Substance Misuse JSNA
[2] Substance Misuse Recovery Needs Assessment – Nov 2016
[3] Measuring treatment success; **Sources/background papers 4**.

- Tier 4 – Access to inpatient detoxification (see sections 2 and 3 below).
- Recovery support - includes self-help and mutual aid i.e. Alcoholics Anonymous, Narcotics Anonymous and SMART recovery, developing or reconnecting with social activities or pastimes, and education or training and employment.
- Treatment as part of Community sentences made by Courts; Drug Rehabilitation Requirements and Alcohol Treatment Requirements, Where the individual's community sentence includes agreed compliance with drug and / or alcohol misuse treatment, typically lasting between 6 months and 3 years.

Surrey County Council, following a period of consultation, decided to extend the current substance misuse treatment contract for Tiers 3 and 4 with Surrey and Borders Partnership modifying the contract to include Tier 2. Surrey and Borders with Catalyst now provide adult substance misuse treatment under the service name i-access. This enables Surrey County Council to ensure the commissioned provision of an integrated substance misuse treatment system with seamless and safe pathways within the allocated budget envelope. i-access provides treatment for dependency or substance misuse with complex need .It includes pathways for those in the Criminal Justice System.

Prior to the integration adult substance misuse treatment was commissioned to be delivered by four primary providers each with settings or locations often exclusive to their element of treatment. The integration to one provider has improved access to treatment through the use of a single point of access, whilst maintaining three primary hubs and 29 satellite clinics across Surrey.
https://www.surreydrugandalcohol.com/

The Integration of Adult Substance Misuse Treatment was informed and benefited from the lessons learned as part of the Integration of Sexual Health and HIV services in Surrey.

1. Background:

1.1 Conditions of the public health grant require each upper tier local authority to *"…have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services…"* In practice this requires local authorities to commission an evidence based and accessible treatment system which comprises of **drug and alcohol treatment (including preventative and harm reduction approaches), effective pathways for those in the criminal justice system and recovery services**.

1.2 The Surrey County Council public health budget is under considerable pressure from a combination of below-target funding and national cuts to the public health grant. Ultimately, this means that by 2019/20, the overall budget available to spend on core public health programmes will be 30% less than it was at the start of 2015/16. In order to achieve this, the substance misuse treatment budget has been reduced by 24%. A collaborative co-design approach has allowed a Programme Board consisting of experts, clinicians and commissioners from Public Health Surrey County Council, Surrey and Borders Partnership Foundation Trust, Catalyst, and

support from engagement with key partners including Clinical Commissioning Groups and the Criminal Justice System, to flex this limited resource to meet changes in demand for services.

1.3 The objective of the Programme Board is to maintain a stable and high-quality substance misuse treatment system that provides the capacity to meet the needs of Surrey's residents. Based on the needs assessment and to minimise disruption to the recovery journeys of service users, the decision was made to extend the provision of Substance Misuse treatment (Tiers 3 and 4) within the current terms of the contract and to modify that contract to include Tier 2. This has enabled Surrey County Council to commission an integrated substance misuse service with seamless and safe pathways that mitigate the impact of the reduced financial envelope available for these services.

1.4 To ensure the most effective deployment of the contract budget in meeting the needs of Surrey residents open book accounting was welcomed and established between Public Health and SaBP. This transparency and co-operation has been crucial in managing the emerging pressures which are discussed further in section 5.

2. Planning the detoxification element of treatment:

2.1 From 1st July 2018, we implemented changes to how drug and alcohol detoxification is provided in Surrey. We moved inpatient services out of the existing facility (Windmill House) and provided a greater range of treatment options in the community. Access to inpatient services if required is offered out of county.

We want to make sure Surrey residents have access to high quality, evidence based care and support which considers both individual care and assessed needs and people's personal wishes and aspirations.

2.2 Who might be affected?
In the region of 3,000 people benefit from substance misuse treatment services in Surrey: of these, approximately 150 accessed inpatient detoxification at Windmill House each year. It is these individuals who are directly affected. Their families, friends and carers might also be affected.

2.3 Detoxification from alcohol and drugs is an important part of most people's treatment journey. It is part of a package of support which is tailored according to a person's individual needs. Drug and alcohol treatment programmes in Surrey prepare people carefully for their detoxification and provide **talking therapies**, either individually or in groups, to prevent relapse. i-access has a well-established and researched **abstinence preparation group** programme for people who are drinking in a dependent pattern. Where individuals are not suited to the abstinence preparation group one-to-one sessions are offered.

People who are dependent on drugs are prepared for detoxification through individual sessions with their keyworker.

All people accessing treatment are encouraged to attend groups such as **SMART Recovery** and Fellowship groups such as **Alcoholics Anonymous or Narcotics Anonymous.**

2.4 Why did we transform detoxification services in Surrey?

The timing of the transformation of detoxification services was based on a number of factors:

- The Public Health budget for substance misuse services was reduced by 24% from April 2018
- Windmill House, which provides inpatient treatment, was a fixed structure which requires a significant proportion of the substance misuse budget
- Windmill House was situated on land at St Peter's Hospital in Chertsey that was to be sold in 2018. The significant reduction in funding available for substance misuse treatment services in Surrey means it is not possible to relocate Windmill House
- There is an opportunity to provide more detoxification options in the community therefore allowing for greater patient choice

Therefore, Public Health and SABP in partnership with clinicians and expertise from across **Clinical Commissioning Groups** and Adult Social Care reviewed the options for delivery of this service to ensure it is proportionate, appropriate and flexible to the needs of Surrey residents.

The aim of the review was to find an option that offers choices appropriate to need, that are safe, within the budget available and ensure the whole treatment system can meet local needs currently and in the future.

3. Meeting the detoxification needs:

What is the new model of detoxification in Surrey?

3.1 Ambulatory Detoxification from drug or alcohol dependence

This Ambulatory service is staffed Monday to Friday. The person attends a clinic every week day morning. People detoxifying from alcohol receive their detoxification medication, which is administered by a qualified nurse. They are given their night time dose as take away medication.

People detoxifying from drugs are dispensed their medication from their identified community pharmacy.

Programme participants attend a support group run by a trained group facilitator. If necessary, a nurse gives additional medication according to the person's individual need. The programme finishes at lunchtime; lunch is provided and starts again the following weekday morning. Most alcohol detoxification programmes will last between five to ten days and people are given medication for the weekend.

Drug detoxification programmes vary according to the person's individual needs, but those who need additional support will be invited to attend the ambulatory detoxification programme for the final two weeks of their reduction regime.

This service is available at two clinic locations in Surrey: Farnham Road Hospital in Guildford and Wingfield Resource Centre in Redhill.

Where a person's journey to the service is challenging i-access have provided additional transport often this is the use of a taxi.

3.2 Home Detoxification from alcohol dependence

Home detoxification lasts between five to ten days. A person receives daily home visits lasting around an hour, from a qualified nurse who supervises, monitors progress, supports and carries out regular health checks.

3.3 Community Detoxification from drug dependence

Community detoxification is provided according to a person's needs. The person will be supervised, monitored and supported during frequent appointments with a qualified worker at one of our service locations.

3.4 Access to residential/inpatient detoxification

Inpatient detoxification from drug or alcohol dependence is offered to people who have **complex needs** and for whom a home or ambulatory detoxification is not appropriate and/or safe.

The location will be reviewed with the individual and will be outside of Surrey. The individual is supported to access treatment and provided with a care package which supports a smooth transition back to Surrey.

SABP has sourced an appropriate NHS provider; Bridge House at Fant Oast. We have ensured the organisation that provides this service is of the highest quality and meets the standards expected by the **Care Quality Commission,** with minimum standards of 'good'[4].

3.5 Delivery of the new detoxification model

Following the introduction of the new model for detoxification on 1st July 2018, 52 individuals have undertaken an ambulatory detoxification, an additional nine attended the intensive recovery group as part of the ambulatory programme, one person has had a home detoxification and two people have attended an inpatient detoxification at an out of county facility in each of these cases in Kent.

Of these 64 individuals, 13 were previously unknown to i-access, their treatment was transferred from one of the Acute hospitals to the i-access ambulatory detox service.

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[4] Bridge House at Fant Oast, Kent and Medway NHS and Social Care Partnership Trust. Care Quality Commission Report

Transfer from these hospitals to i-access is an innovative approach which has improved access to specialist treatment in Surrey. This arose and developed from the detoxification public consultation conducted between March and May in 2018.

Each month the number of people attending ambulatory detoxification has increased, we acknowledge that the changes in the model took place over a short 3 month period, to avoid confusion i-access have continued to discuss and promote the changes to detoxification with individuals and groups who use the service and with key partners particularly referrers i.e. Primary Care, Adult Social Care and Children Families and Learning.

3.6 Service user feedback

i-access seeks feedback throughout an individual's treatment journey and provides a summary to Public Health on a quarterly basis.

People who have used the detoxification options since July rated their experience as positive and would recommend the service to friends and family.

They said:

- *"It was very therapeutic to talk through issues around addiction with experts and peers. The groups were intimate and caring, a place to be honest with yourself and others and learn"*
- *"Wouldn't have been able to "cross the line" without your support/help and friendliness"*
- *"Very grateful for taxi to and from i-access. I have learned a lot from the tutor and others in the group. Not only positive but motivational and inspirational – it has given me hope"*

Following the open meetings held as part of the detoxification public consultation in 2018 i-access are planning an open meeting to be held twice a year, The first is scheduled for Spelthorne in March 2019 and will discuss substance misuse treatment including detoxification and recovery.

3.7 Detoxification evaluation

There is a Drug and Alcohol Detoxification Service Evaluation to identify the impacts of the change in the detoxification service model including the following points: referral, accessibility, impacts on other services, outcomes for individuals who use the detoxification service and acceptability of the new model to services users and partner organisations. The evaluation which begun in July 2018 is being undertaken by a Public Health Speciality Registrar and is scheduled to be published in August 2019.

4. Risks and mitigations:

4.1 Public Health are committed to a co-design approach to support the provider partners to be innovative in exploring new delivery options whilst ensuring that traditional methods are used for those who require them.

4.2 The integration of the tiers 2, 3 & 4 substance misuse treatment has primarily eased access to treatment[5], strengthened care pathways and improved outcomes for service users. We do however acknowledge that the mobilisation of the service under the budget challenges could have resulted in possible risk to the stability of the system; we therefore chose a model of co-design, undertaken with specialist providers to continue to ensure and build on stability.

4.3 It is a national requirement and a local quality expectation that treatment for substance misuse begins within 21 days following a referral although the average wait for Surrey is 14 days.

There has not been any identified negative impacts to health and social care partners as a result of the integration, however, the Public Health commissioning lead, the multi-agency Substance Misuse Programme Board and The Surrey Substance Misuse Partnership are available to resolve possible concerns that may arise.

4.4 Previous provision for in-patient complex needs detoxification (T4) was at Windmill House in Chertsey an 11 bed ward provided by SaBP.

Windmill House was closed in July 2018.

In the South-East region, there has been a move towards commissioning "spot purchase" of in-patient provision. There has been a number of closures of NHS in-patient facilities (Baytrees Hampshire and Matt Gladd Centre CNWL) resulting in a reduction and limited provision in the region. The process of procuring an integrated service will need to ensure ongoing accessible provision of good quality Tier 4 services for Surrey residents.

4.4 A Programme Board has been developed to ensure that those with related specialist knowledge and expertise are able engage in the development of the specification and the service. The Terms of Reference are developed and accountability sits with the Public Health Leadership team, SaBP Leadership and the Catalyst Board of Trustees.

5. Emerging pressures:

5.1 Cost pressures

[5] Treatment locations 2019; **Sources/background papers 3**.

Since March 2018 a pharmaceutical "price concession" has been applied each month to the cost of an opiate substitute therapy (OST) medicine called Buprenorphine, this has resulted in a projected budget cost pressure of £220,000 at year end. As a result of the cost pressure some specialist posts, planned treatment and "wrap around" detoxification support has been deferred to mitigate against a negative impact to successful outcomes for service users.

The Programme Board has a monthly telephone conference to monitor and plan our response to the cost pressure, actions from the conference have included:

1. A review of national and local clinical guidelines and practice.
2. The transfer of some individuals where appropriate to other OST medication.
3. Introduction to the treatment programme of a newly available alternative OST medication.

In amendments to the NHS drug tariff (January 2019) the price of Buprenorphine has been removed from "price concession" and the price was increased in the tariff, in comparison to the stable price in February 2018 this represents a 702% cost increase, this means in "a worst case scenario" during 2019/20 that the i-access budget will have a cost pressure of £301,000; the cost pressure is based on comparative increase in the cost of Buprenorphine prescribed in February 2018 (£3,123) and January 2019 (£25,072).

On 13/02/2019 Professor John Newton wrote to Directors of Public Health with Buprenorphine advice from PHE detailing the move from price concession to tariff to category A and including the recommendation "It is vital that the new higher cost of medicines is considered by local authorities when setting their budgets and capacity targets for drug treatment. There should be an acceptance that previous budgets and capacity targets were based on lower medicines costs, and the recent increases should not be seen as a temporary situation only needing short-term management."[6]

5.2 Access to treatment

The numbers of people accessing substance misuse treatment in Surrey, when comparing quarter 2 2016/17 and quarter 2 2018/19, has increased. Those presenting with an alcohol dependency increased by 71% (177) and with an opiate dependency 12% (21), there are also increases in "alcohol and non-opiate" and "non-opiate" presentation although the proportions of change are currently more difficult to identify.

6. How do we measure success:

[6] Buprenorphine – advice from PHE, **Sources/background papers 2.**

As stated in 2.3 Detoxification from alcohol and drugs is an important part of most people's treatment journey and is part of a package of support which is tailored according to a person's individual need. i-access and Public Health, via a quarterly contract review with the oversight from the Programme Board, monitor access to, the quality and outcomes to all elements of people's treatment and recovery journeys.

Overall performance for adult substance misuse treatment can be distilled into 2 primary measures;

1. **Wait times: percentage of clients waiting over three weeks for their first intervention** – for Surrey this is predominantly 0%, although we are aware that 3 of the 415 people who were "new to treatment" at one hub in Surrey during the first 6 months of 2018/19 waited longer than 21 days.
2. **Successful completion of drug treatment (includes alcohol)** which measures those who leave treatment and don't re-present within six months – in Surrey for opiates and alcohol this is similar to comparator Local Authorities and non-opiates this is better. (Public Health Outcomes Framework 2.15) [7]

Conclusions:

1. The new detoxification model developed has responded effectively to the presenting need, the model has broadened routes of access for those not in contact with specialist treatment (i-access) in the use of a care coordinated pathway with the Acute Hospitals in Surrey.
2. People who have been seen by the detoxification team have given positive feedback about their treatment.
3. There is a current and ongoing significant financial risk in the costs of medication used in Opiate Substitute Treatment. These risks have been managed with in the contract budget with the support of the open book accounting model and with the Programme Board oversight.
4. Over a 3 year period there has been an increase in the number of people presenting for drug and alcohol misuse treatment in Surrey.
5. The Programme Board has effectively managed the substantial changes in the integration of adult treatment services, the remodelling of detoxification, an increase in the number of people accessing treatment and the Buprenorphine cost pressure.
6. Integration of adult substance misuse treatment service was led by a partnership that brought together Surrey County Council, Surrey and Borders Partnership NHS Foundation Trust and Catalyst, it is recognised that this approach has improved relationships between these three sectors and strengthened the network of resources that can be drawn upon to strengthen resident's recovery journeys.

[7] Measuring treatment success; **Sources/background papers 4**.

Recommendations:

1. The HICSC note the progress made in the changes to the adult substance misuse treatment system.
2. The HICSC Invite the Programme Board to update committee on:
   2.1 Drug and Alcohol Detoxification Service Evaluation scheduled to be published in October 2019.
   2.2 Performance of the adult drug and alcohol misuse treatment system.

Next steps:

Service Development post 2020

Co-design and continuous development will be central to provision over the next year. It has been recognised that the health and social care landscape is evolving and developing in a way which supports a co-design approach reinforcing Surrey's drive towards integrating provision and exploring new ways of commissioners and providers working in partnership to deliver improved standards of care. The integrated substance misuse service has been mobilised, Surrey County Council Public Health will now begin to develop commissioning intentions for April 2020. This will take into consideration changes as a result of Sustainability and Transformation Partnerships and Devolution.

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Sources/background papers:

1. Leaflets describing treatment and support available from I-access the integrated substance misuse treatment service.

A72404 SB i-access Service Users Leaflet

Drug information guidance - v8 - Print

2. Buprenorphine Advice from PHE

Buprenorphine - advice from PHE 3.p

3. Service wide map 2019

Service wide map inc Catalyst 2019.pd

4. Measuring treatment success.

Access to treatment:
The numbers of people accessing substance misuse treatment in Surrey, when comparing quarter 2 2016/17 and quarter 2 2018/19, has increased. Those presenting with an alcohol dependency increased by 71% (177) and with an opiate dependency 12% (21), there are also increases in “alcohol and non-opiate” and “non-opiate” presentation although the proportions of change are currently more difficult to identify.

Wait times:
Percentage of clients waiting over three weeks for their first intervention – for Surrey this is predominantly 0%, although we are aware that 3 of the 415 people who were new to treatment at one hub in Surrey during the first 6 months of 2018/19 waited longer than 21 days. The average wait time in Surrey is 14 days.

Successful completions of treatment
Public Health Outcomes Framework (PHOF) 2.15 i/ii/iii measures the rate of individuals who successful leave treatment and do not represent within the following 6 months. Figure 1 below shows the performance of the Surrey treatment system compared to the previous baseline period, the direction of travel (D.O.T.) for each of the drug categories is marked with a green arrowhead and indicates increased performance. In the latest period marked as percentage (%) opiate performance is similar to Local Authority comparators, non-opiate is higher and alcohol is similar to comparators. It should be noted that although the integrated service began to delivery in April 2018/19 the quarter 2 data is the latest available although PHOF 2.15 in figure 1 is derived from the previous year’s performance data.

PUBLIC HEALTH OUTCOME FRAMEWORK: INDICATOR 2.15 - Successful completion of drug treatment

1.1 Proportion of all in treatment, who successfully completed treatment and did not re-present within 6 months (PHOF 2.15 i/ii/iii)

(n) = number successfully completed and did not re-present / all in treatment
Baseline period: Completion period: 01/10/2016 to 30/09/2017, Re-presentations up to: 31/03/2018
Latest Period: Completion period: 01/04/2017 to 31/03/2018, Re-presentations up to: 30/09/2018
Comparison to England: Lower = Red, Similar = Amber, Higher = Green
Direction of travel (D.O.T): Current data measured against the baseline (B). Due to rounding small differences may not be visible in displayed percentages, but are taken into account in D.O.T. calculation.
Note: PHOF 2.15 has been refreshed in line with http://www.phoutcomes.info and https://www.ndtms.net

	Baseline period		D.O.T	Latest period		Top Quartile range for Comparator LAs	Range to achieve Top Quartile
	(%)	(n)	B	(%)	(n)		
Local opiate clients	6.4%	84 / 1305	▲	6.8%	84 / 1240	7.89% - 12.73%	98 to 157
National opiate clients	6.6%			6.3%			
Local non-opiate clients	40.2%	305 / 758	▲	48.9%	370 / 756	43.84% - 54.16%	332 to 409
National non-opiate clients	36.6%			36.4%			
Local alcohol clients	22.8%	220 / 963	▲	37.4%	392 / 1048		
National alcohol clients	38.6%			39.0%			

Fig 1. PHOF 2.15 Quarter 2 2018/19

Successful completions:
The number and proportion of clients in treatment in the latest 12 months who successfully completed treatment

Re-presentations:
The number and proportion of clients in treatment in the latest 12 months who successfully completed treatment.

Glossary of acronyms:

Alcoholics anonymous

AA is concerned solely with the personal recovery and continued sobriety of individual alcoholics who turn to the Fellowship for help. Alcoholics Anonymous does not engage in the fields of alcoholism research, medical or psychiatric treatment, education, or advocacy in any form, although members may participate in such activities as individuals. https://www.alcoholics-anonymous.org.uk/About-AA/What-is-AA

Catalyst

Catalyst is a Surrey based non-profit organisation working with people who are dealing with issues stemming from drug and alcohol misuse and mental health, reducing the harm to themselves, their families and communities. www.catalystsupport.org.uk

Needs Assessments

Health needs assessment (HNA) is an essential tool to inform commissioning and service planning, and can be defined as a systematic method of identifying the unmet health and healthcare needs of a population, and making changes to meet those unmet needs.[i]

Narcotics Anonymous

N.A. is a non-profit fellowship or society of men and women for whom drugs had become a major problem. We are recovering addicts who meet regularly to help each other stay clean http://ukna.org/content/what-na *Public Health Outcomes Framework (PHOF)*

PHOF

The Public Health Outcomes Framework examines indicators that help us understand trends in public health.
https://www.gov.uk/government/collections/public-health-outcomes-framework

Psychosocial interventions

Psychosocial interventions for treatment of alcohol and drug problems cover a broad array of treatment interventions, which have varied theoretical backgrounds. They are aimed at eliciting changes in the patient's drug use behaviors well as other factors such as cognition and emotion using the interaction between therapist and patient. Typically they would include Brief opportunistic intervention, Motivational Interviewing and Cognitive Behavioral Therapies.

SaBP

Surrey and Borders Partnership NHS Foundation Trust is the leading provider of health and social care services for people of all ages with mental ill-health and learning disabilities in Surrey & North East Hampshire and drug & alcohol services in Surrey and Brighton. www.sabp.nhs.uk

SMART Recovery

SMART Recovery (SMART) is a science-based programme

to help people manage their recovery from any type of addictive behaviour. This includes addictive behaviour with substances such as alcohol, nicotine or drugs, or compulsive behaviours such as gambling, sex, eating, shopping, self-harming and so on. SMART stands for ‘Self Management and Recovery Training’.
https://www.smartrecovery.org.uk/about/

Talking Therapies

Talking therapy is for anyone experiencing negative thoughts and feelings or who is feeling distressed by emotional or mental health problems, or difficult events in their lives which they can't sort out on their own. Sometimes it's easier to talk to a stranger

than to relatives or friends. During talking therapy, a trained counsellor or therapist listens to you and helps you find your own answers to problems, without judging you.

https://www.nhs.uk/conditions/stress-anxiety-depression/benefits-of-talking-therapy/

http://www.sabp.nhs.uk/services/mental-health/adult/community/mind-matters-surrey

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[i] **Health Knowledge**
https://www.healthknowledge.org.uk/public-health-textbook/research-methods/1c-health-care-evaluation-health-care-assessment/uses-epidemiology-health-service-needs

NHS

Agenda item: 5
Paper no: 1

Title of Report:	**Implementing a strategic commissioning approach to supported living for adults with a mental health and/or substance misuse problem**		
Status:	**TO APPROVE**		
Committee:	**Surrey-wide Commissioning Committees-in-Common**	**Date:** 25/09/19	
Venue:	Mandolay Hotel, 36-40 London Rd, Guildford GU1 2AE		
Presented By:	Simon White, Interim Executive Director for Adult Social Care, Surrey County Council		
Author(s)/ Lead Officer(s):	Mike Boyle, Assistant Director Commissioning, Surrey County Council Jane Bremner, Senior Commissioning Manager, Surrey County Council Rachel Maloney, Strategic Procurement Manager – Health and Social Care, Surrey County Council		

Executive Summary:

Adult Social Care supports a range of people with a mental health and/or substance misuse problem. Some of these individuals can be helped to recover through the provision of supported living services. This paper outlines Adult Social Care's new strategic approach to working with the providers of supported living in Surrey. It also provides details on how the Council wishes to engage with the market to make sure that people who need this level of support experience good quality care that the Council can afford.

Governance:

Conflict of Interest:	None identified	✓
Previous Reporting: (relevant committees/ forums this paper has previously been presented to)	N/A	
Freedom of Information:	Open – no exemption applies. Part 1 paper suitable for publication.	✓

Decision Applicable to:

Decision applicable to	NHS East Surrey CCG	

the following partners of the Committees in Common:	NHS Guildford and Waverley CCG	
	NHS North West Surrey CCG	
	NHS North East Hants and Farnham CCG	
	NHS Surrey Downs CCG	
	NHS Surrey Heath CCG	
	Surrey County Council	✓

Recommendation(s):

The Committees-in-Common Sub-Committee is asked to:

1. Approve the implementation of this strategic commissioning approach to supported living for adults with a mental health and/or substance misuse problem.

2. Approve the award of Dynamic Purchasing System Agreements for Supported Living (lot 1) to the successful providers for the provision of high quality, value for money services to individuals (see Part 2 paper).

Reason for recommendation(s):

This strategic commissioning approach sets out Surrey County Council's market management structure and a clear message to the market in relation to future needs and our commitment to work in partnership across social care and health and with providers.

The award of Dynamic Purchasing System Agreements for Supported Living will ensure people who require mental health and/or substance misuse support and use supported living services in Surrey will be in provision that is specified to improve their outcomes and enable recovery at an affordable cost.

Next Steps:

Subject to approval, Adult Social Care and Procurement colleagues will:

1. Commence the contracts for Dynamic Purchasing System Agreements for Supported Living on 1 November 2019.

2. Hold a welcome session for successful providers in October 2019 and on board these providers to Adult Social Care's e-brokerage system, enabling effective market management and sourcing of care. This will involve ensuring all new care supported living care packages are commissioned only with providers who have been approved on the framework at the agreed prices.

3. Allocate commissioning and operational staff as supplier relationship managers to each successful provider, to further develop relationships and ensure quality and high levels of performance against the service specification, ensuring people are supported to achieve their outcomes within two years.

1. Details:

1.1 The co-produced integrated commissioning strategy for emotional wellbeing and mental health identified 'making recovery real' a key priority for people who use mental health services and their carers. An integral part of an individual's recovery is having safe and appropriate accommodation. Most people with a mental health problem will be living independently and will be supported by family and friends, primary care, the voluntary sector and/or specialist services in the community. A smaller number of people will be in need of specialist accommodation with care and support services such as supported living.

1.2 Local qualitative data from people in supported living settings highlights the importance of having appropriate specialist supported living services. The quotes below illustrate the range of outcomes such services can deliver:

1.2.1 'I'm learning skills around planning and budgeting, understanding benefits and using public transport: these all encourage independence and are vital for when I move on.'

1.2.2 'Even when I have screwed up, staff are kind, tolerant and encouraging. They stick around until I am ready to accept help.'

1.2.3 'I have passed a NVQ in peer support since being here.'

1.2.4 'I feel safe…feeling safe is important.'

1.2.5 'Since being here I've felt empowered and encouraged to contribute in some way. I now volunteer.'

1.3 Feedback from mental health teams indicates that Surrey County Council has challenges in securing appropriate supported living within Surrey that is both affordable and meets identified needs. Mental health practitioners often spend significant amounts of time trying to source appropriate care for people with complex needs.

1.4 Therefore, as the system leader for supported living services, Adult Social Care undertook a strategic commissioning approach to assess the current status of the specialist accommodation with care and support services market in Surrey. A system wide working group was established and a market position statement (MPS) developed and finalised in 2018. The MPS was based on a robust analysis of both quantitative and qualitative data and it:

- Provides a summary of supply and demand of accommodation with care and support for people with mental health problems
- Presents data to help providers plan future business
- Provides a current market overview
- Identifies gaps in the market
- Tells people about commissioners' plans and future requirements

1.5 The quantitative and qualitative data analysis which informed the MPS clearly set out the current picture of the market in Surrey. It also confirmed the challenges that mental health practitioners had identified with regards to securing appropriate supported living at a consistent and affordable price. This in turn led to placements out of county, variation in costs and people being unable to move on from high support services to medium/low support services. There was no robust strategic oversight of the market or market shaping activities.

1.6 Working with the market and health commissioners, we wish to develop a commercial approach that enables a Surrey health and care system wide commissioning response, with consistency of expectation and clear methods of monitoring quality, cost and outcomes.

1.7 This proposal is to secure supported living provision by appointing successful providers that can provide services under a Dynamic Purchasing System (DPS) agreement. A DPS is similar to a framework agreement, but with the additional benefit of new suppliers being able to join the DPS at pre-determined intervals.

1.8 This commercial approach will enable commissioners to stimulate and manage the market more effectively and ensure high quality and consistency of cost for the delivery of supported living for people with mental health needs for qualifying Surrey residents. Only providers that meet the robust requirements of the specification and the price/quality/social value evaluation within the tender process will be appointed to the DPS.

1.9 The new service specification for supported living is recovery focused and strengths based to enable people to reach their desired outcomes within a maximum timeframe of 18-24 months. The current average length of stay for active supported living packages is a little under two and half years.

1.10 From September 2019, there is more commissioning resource for mental health which will ensure robust contract and performance management. The performance management framework identifies key performance indicators (KPIs) and targets such as individuals achieving positive outcomes and transitioning to independent living within two years. As a minimum, quarterly review meetings will be held with successful providers to ensure the contractual requirements and KPIs are being met.

1.11 To enable people to successfully move on from supported living, commissioners work closely with district and borough council colleagues. The increase in commissioning resource will further strengthen links with district and borough councils, to work together across the whole housing pathway for people with mental health needs. Adult Social Care also commission accommodation based housing related support services and floating support, to ensure adults with care and support needs are supported to maintain more independent living once they have moved on from their supported living placement.

1.12 Alongside strengthening commissioning and market oversight, the social care mental health review programme provides the opportunity for a renewed focus on prevention and earlier intervention, as well as on those individuals and carers with eligible social care needs. A strengths based model of social work, which will be further embedded in mental health social care, will facilitate the change in approach required to deliver improved outcomes at less cost.

1.13 As a result of the new ways of working outlined, it is anticipated that people will be supported earlier, require fewer costed services and have better outcomes. We expect a 40% reduction in the number of people in supported living at any one time by the time a new “steady state” service model has been reached by November 2021.

1.14 The DPS will be open to new providers for its term (four years) and enable commissioners to have an overview of the Surrey market. Currently, there is no strategic overview of quality and performance monitoring in place for this market and prices are negotiated on an individual basis. The proposed DPS will overcome these barriers and will future-proof the service by including a dormant lot for outreach support. This lot can be activated to allow the Council to respond to any emerging needs or in the event that outreach services are required to support this cohort of service users.

1.15 As part of this strategic and whole systems approach to stimulating and managing the mental health accommodation with care and support market, we have also tendered the Crisis

Overnight Support Service (lot 2) on behalf of Surrey and Borders Partnership NHS Foundation Trust (SABP). The governance for award of these contracts is via SABP internal processes.

1.16 SABP received submissions from three new providers and one existing provider for Crisis Overnight Support Services (COSS). All passed the quality evaluation. SABP have found the exercise extremely beneficial and it has met the objective of providing a wider geographical spread of COSS provision across the county. This will result in crisis overnight support being brought closer to the homes of Surrey residents.

1.17 The implementation of this strategic commissioning approach to supported living for adults with a mental health problem makes a significant contribution to Surrey County Council's ability to deliver our statutory responsibilities. In this area of work, Adult Social Care has statutory responsibilities under The Care Act 2014, the Mental Health Act 1983 (as amended), the Mental Capacity Act 2005 and the National Health Service Act 2006.

2. Consultation:

2.1 This strategic commissioning approach for supported living for adults with a mental health problem has been co-produced from the start, with people with mental health needs and their carers initially identifying accommodation with care and support as a priority area. The independent mental health network, who are the independent service user and carer voice in Surrey, have been engaged throughout the process of developing the MPS and the new service specification for supported living.

2.2 In addition, a number of service user and service provider engagement events and focus groups have also been held. These included meetings with people who use services at three different supported living establishments in the summer of 2018 and a focus group meeting in June 2018 with the Independent Mental Health Network, which included people who use services and carers.

2.3 Three market engagement events for existing and new providers were held to capture the views of service providers, mental health practitioners and the voluntary sector. Commissioning colleagues from clinical commissioning groups and Surrey and Borders Partnership NHS Foundation Trust have been involved throughout, co-hosting and delivering the market engagement events.

2.4 Commissioning surgeries have also been held to enable providers to access 1:1 support from commissioners and procurement colleagues to answer queries and troubleshoot any issues people were experiencing with the tender process.

2.5 Key Surrey County Council stakeholders have been involved at appropriate points throughout the process, including:

- Strategic Governance Board
- Adults Leadership Team
- Cabinet Member for Adult Social Care

2.6 There will be ongoing partnership working with the independent mental health network around the area of quality assurance. There is an expectation that visitors from the independent mental health network will be welcomed by providers, as planned and appropriate, to support development of services and best practice. Findings from any visits will be reported to commissioners and discussed in quarterly contract monitoring review meetings, or sooner depending on any areas of concern.

3. Risk Management and Implications:

3.1 Reputational risk

3.1.1 Adult Social Care has been engaging with the market for the past 18 months to develop this approach.

3.1.2 Should the benefits outlined fail to be achieved, this will be mitigated by the close management of progress by commissioners, finance and operational colleagues.

3.2 Operational risk

3.2.1 E-brokerage will be used to source the appropriate care for individuals. If adequate numbers of providers do not sign up over the lifetime of the DPS, this will reduce choice for individuals. This will be mitigated by comprehensive market engagement that has been planned in to the procurement timeline to ensure new market entrants are supported to submit a successful bid.

3.2.2 For this approach to be financial viable, it is dependent on people being supported to reach their desired outcomes in the supported living setting within a maximum timeframe of 18-24 months; there is a risk this will not happen. This risk will be mitigated by mental health social care staff regularly assessing, reviewing and working with individuals to ensure they are making progress to achieve their desired outcomes, as well as close management of providers on the DPS by commissioning staff.

Financial risks are explored in section 4 below. In summary, the business case for implementation of the new supported living framework is reliant on reducing people's length of stay, which in turn should reduce the total number of people in supported living care settings at any one point in time. There is robust monitoring set out for providers on the DPS and for Adults Leadership Team to assess progress against the outcomes of enabling people to reach their desired outcomes within 18-24 months – this approach is outlined in Annex 1.

4. Financial and 'Value For Money' Implications:

4.1 The Council currently funds care for just under 200 people with Mental Health problems in supported living care settings at a cost of £5.3m per year. If the proposed new countywide framework and DPS were not to go ahead it is considered unlikely that the number of people in supported living care settings would change and total expenditure on supported living services would therefore rise in line with general price inflation.

4.2 The proposed new countywide framework and DPS has two key financial implications that will affect the cost of the planned new service model compared to current expenditure on MH supported living care services as follows:

a) Prices for MH supported living services will increase. To be accepted onto the framework providers were asked to submit prices that would be fixed for four years. This will provide stability of prices over an extended period, but it inevitably leads to a higher price at the outset as providers need to cover future inflation risk. This, combined with providers taking account of changes to service specifications (such as length of stay as set out in the next point below), means that prices for providers who have been selected for approval onto framework are 17% higher on average than their current prices. When the weighted average new framework price is compared to the total current cost of all supported living packages (i.e. including providers who have not bid, or who are not recommended for approval onto the framework), the price differential increases to 20%.

b) It is expected that the new framework and its much stronger outcomes based service specification, supported by a more dedicated approach by social care practitioners

and commissioning in monitoring people's care pathway, will mean that people move out of supported living care settings much faster than is currently the case. The planned average length of stay in supported living in the new service model is 18-24 months compared to a little under two and a half years currently. When people move out of supported living it is anticipated that they will receive on average six hours per week of outreach support in their own homes. The reduction in people's average length of stay is expected to reduce the total number of people in supported living care settings by 40%. It is likely to take around two years for the new service model to reach a steady-state that achieves this reduction in supported living volumes.

4.3 If the planned reduction in the number people in supported living care settings is achieved then in spite of the increase in prices proposed for the new framework, it is modelled that savings of £0.9m per year could be achieved by the time the steady state for the new service model has been reached. However, if there is no reduction in the number of people in supported living then like for like expenditure could increase by £1.3m. As the planned reduction in supported living volumes will take place over time, even if it is achieved there is a risk that costs could increase in the short term at a time when the Mental Health service already faces significant financial challenges with expenditure currently above available resources. The scale of the short term risk will depend on the extent to which current prices are harmonised to the new prices from the outset of the framework. The issue of harmonisation is covered in Part 2 of this paper.

4.4 The business case for implementation of the new supported living framework is therefore completely reliant on reducing people's length of stay, which in turn should reduce the total number of people in supported living care settings at any one point in time. If this reduction does not occur then, in purely financial terms at least, it would have been better to have maintained the existing service model and simply paid annual inflationary uplifts on the current prices.

4.5 The proposed new framework has a number of other benefits including:

- A countywide dynamic purchasing system which is managed through E-brokerage will support oversight of spend previously commissioned on an individual basis
- Consistent quality of service provision as providers have been pre-qualified and quality assessed through the process of applying to the DPS and must achieve a minimum quality score in order to be successful. This screening process does not take place prior to awarding spot purchasing placements. The details of this are set out in the Part 2 paper
- Increased visibility of performance and service quality through a robust performance monitoring structure
- A reduction in use of out of county placements
- Bringing significant spend under contract to control various service delivery risk, including safeguarding and GDPR
- Control of inflation risk, as prices will be fixed for the duration of the DPS
- The ability to centrally manage the market and respond to emerging needs in a holistic and collaborative way
- The ability to award block contracts under the DPS through a mini-competition process should there be a service need and it be financially beneficial for the Council to do so. This would be awarded on predominantly price only basis

- The inclusion of a ‘dormant lot’ in the DPS which can be activated and expressions of interest invited should emerging needs be identified and a new specification required to support this cohort of service users. This will enable the Council to be responsive and flexible to change

4.6 It is not possible to quantify the potential financial benefits that could be derived from these other impacts of the proposed new framework, but they will assist with management of Mental Health’s overall budget in the years ahead.

The social value benefits of these contracts are detailed in the Part 2 paper.

5. Section 151 Officer Commentary

5.1 Surrey County Council faces a very serious financial situation whereby there are still substantial savings to be delivered in the current financial year and identified for future years to achieve a sustainable budget.

5.2 The Section 151 Officer recognises that the implementation of the proposed new countywide framework for Mental Health supported living services is intended to achieve better outcomes, reducing people’s length of stay in these settings, and if successful that this could deliver cashable savings to support the Council’s Medium Term Financial Strategy. Equally, though, there is a material risk that costs could increase much more than they would otherwise have done if the length of stay in supported living settings is not reduced.

5.3 In approving the recommendations, the Committee need to recognise the risk that costs could increase if the required changes in practice are not achieved. This would place further pressure on the already challenging financial circumstances in adult social care, and would require alternative remedial action in order to remain within the available budget envelope.

6. Legal Implications – Monitoring Officer

6.1 Surrey County Council has a number of specific legal duties in relation to the provision of supported living accommodation for persons with mental health needs or substance misuse problems. These duties are contained in:

6.1.1 the Care Act 2014;

6.1.2 the Mental Health Act 1983 (as amended);

6.1.3 the Mental Capacity Act 2005, and

6.1.4 the National Health Service Act 2006.

6.2 In addition to these specific duties, Surrey County Council is under a general duty in Section 3 of the Local Government Act 1999 to make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness. The new strategic commissioning approach proposed in this paper is intended to meet this requirement. The public sector equality duty contained in Section 149 of the Equality Act 2010 applies to the decision to be made by Committee in this report. This duty requires the Committee to have due regard to the need to advance equality of opportunity for people with protected characteristics, foster good relations between such groups, and eliminate any unlawful discrimination. These matters were reviewed as part of an equality impact assessment (EIA) and the outcomes are summarised in the Equalities and Diversity section below. The Committee’s attention is specifically drawn to the EIA, including both the positive and negative outcomes identified.

6.4 A procurement exercise has been undertaken in compliance with the Public Contracts Regulations 2015 and Surrey County Council's own Procurement and Contract Standing Orders. The resulting DPS is described in further detail in the main body of this report.

6.5 In taking this decision, the Committee will need to be mindful of its fiduciary duties to Surrey residents to ensure Surrey County Council maintains a balanced budget in the exercise of its functions.

7. Equalities and Diversity

The specification sets out clear expectations how people with serious mental illness and/or substance misuse will be offered personalised support and receive services that are recovery focused, from providers with a clear understanding, knowledge and experience in supporting people within the client group. There is a risk that not all accommodation will be fully accessible for wheelchair users. In the short term this would mean only a provider with accessible accommodation being commissioned, reducing the choice available to the client. This risk can be mitigated by suitable adaptations being made to properties to accommodate the needs of physically disabled people and linking with OT in the locality team.

Accommodation will be for both men and women with shared facilities such as bathrooms and communal living accommodation. However, accommodation must have sufficient bathroom facilities for residents and have bedrooms that can be locked internally to afford privacy. As no single sex accommodation is planned it may not be suitable for some people undergoing gender transition or reassignment surgery, for survivors of sexual abuse or for people whose religion forbids men and women who are not related to each other to live together. In these scenarios, the risks can be mitigated by working with individual providers where necessary to create single sex accommodation if required.

Current provision is not designed for expectant or new mothers, but service providers would be expected to support the woman to access ante natal care and support the woman to find more appropriate accommodation for mother and baby. There is a risk that a woman who becomes pregnant whilst living in the accommodation would have to move following her baby's birth. She would be supported by her care coordinator and service provider to find alternative accommodation, and support with parenting if necessary.

Providers will be expected to provide opportunities to everyone who is eligible regardless, but responsive to ethnicity and race. The needs of the traveller and Romany community may not be met by this type of service provision. However people from the GRT community would receive mental health support within their own accommodation should they not wish to move into supported accommodation.

The EIA for the proposed mental health/substance misuse supported living services is included as Annex 2.

8. Other Implications:

Safeguarding Responsibilities for Vulnerable Children and Adults Implications

8.1.1 The terms and conditions of the contracts stipulate that the provider will comply with the Council's Safeguarding Adults and Children's Multi-Agency procedures, any legislative requirements, guidelines and good practice as recommended by the Council. This will be monitored and measured through the contractual arrangements.

Public Health Implications

8.1.2 Public Health have commissioning responsibility for treatment for people with substance misuse needs. For those people with substance misuse problems who

access Adult Social Care, this DPS will enable appropriate accommodation to be sourced as appropriate to individual needs.

8.1.3 There is a strong focus on promoting physical and mental wellbeing in the service specification. Providers are expected to promote access to physical and mental health care services, enable people to be included in their local communities and provide safe and appropriate accommodation and support. These requirements contribute to the health and wellbeing of people with mental health problems and to the strategic aim of reducing inequalities in health.

Consulted:

Cabinet Member
Adult Leadership Team
Clinical Commissioning Groups
Surrey and Borders NHS Foundation Partnership Trust
Independent mental health network
Mental health/substance misuse accommodation provider market

Annexes:

Annex 1 – Monitoring methodologies to reduce financial risk
Annex 2 – Equality Impact Assessment

Sources/background papers:

Market position statement for accommodation with care and support for people with mental health and/or substance misuse needs

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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Annex 1: monitoring methodologies to reduce financial risk

1. **Commissioning/contract management measures (to be monitored at least quarterly)**

No.	Outcome	Key Performance Indicator	Measure	Target
1	More people with mental health problems will recover	People transition to independent living within two years	Number of people that moved into independent living in less than two years as a proportion of all those that left the service	**90 – 100% Target met** **75 – 89.9% Review** **< 74.9% - Action required**
2	More people will have good mental health	People leave the service with a positive outcome	Number of people that achieved independent living, retained or gained employment or moved to independent living as a proportion of the total number of clients that left the service	**90 – 100% Target met** **75 – 89.9% Review** **< 74.9% - Action required**
3	More people will have good physical health	People are supported to access physical health checks and other preventative services	Number of people that were supported to access physical health checks, leisure services or supported to stop smoking as a proportion of all those supported to access another service	**90 – 100% Target met** **75 – 89.9% Review** **< 74.9% - Action required**
4	People have a positive experience of care and support	All people have an individualised support plan	Number of people with a support plan in place as a proportion of the number supported at the end of the quarter	**90 – 100% Target met** **75 – 89.9% Review** **< 74.9% - Action required**
		Individual support plans are reviewed regularly	Number of people with a support plan reviewed in last six months as a proportion of the number of clients that have been with the service longer than six months	
		Provider responds to E-brokerage alerts within 7 days	E-brokerage alerts responded to within 7 days as a proportion of the total number of alerts	

Enablers: The commissioning resource for adult mental health services has increased fourfold; this will enable close contract management and greater opportunity to develop robust and trusting supplier relationships as well as strengthening links with districts and boroughs with regards move on accommodation. The new service specification and contractual terms and conditions provide levers to ensure people achieve their outcomes and enable recovery at an affordable cost.

Annex 1: monitoring methodologies to reduce financial risk

2. ALT/mental health social care teams measures (to be monitored monthly)

No.	Outcome	Key Performance Indicator	Measures to monitor progress	Target
1	More people with mental health problems will recover	People transition to independent living within two years	Percentage of people in supported living with an allocated social worker	**90 – 100% Target met** **75 – 89.9% Review** **< 74.9% - Action required**
			Percentage of people in supported living with a current adult social care assessment	**90 – 100% Target met** **75 – 89.9% Review** **< 74.9% - Action required**
			Percentage of assessments that progress to a support plan	**90 – 100% Target met** **75 – 89.9% Review** **< 74.9% - Action required**
			Percentage of people in supported living whose care needs are reviewed within 12 months	**75% Target met** **50 – 74.9 % Review** **< 49.9% - Action required**
		People commencing and ceasing supported living services	Numbers of people commencing supported living service	**<56 (FY 18/19 news)**
			Numbers of people ceasing supported living services	**>48 (FY 18/19 ceases)**

Enablers: the mental health review programme will enable a renewed focus on prevention and earlier intervention, as well as on those individuals and carers with eligible social care needs. A strengths based model of social work will facilitate the change in approach required to deliver improved outcomes at less cost. Mental health social care staff, including the enabling independence service, will be prioritising delivering strengths based social care.

Equality Impact Assessment (EIA)

1. Topic of assessment

EIA title	**Implementing a strategic commissioning approach to the accommodation with care and support needs of adults with a mental health and/or substance misuse problem**

EIA author	Jane Bremner

2. Approval

	Name	Date approved
Approved by	Mike Boyle	26/06/2019
	ASC Directorate Equalities Group	26/06/2019

3. Quality control

Version number	V.1	**EIA completed**	
Date saved		**EIA published**	

4. EIA team

Name	Job title	Organisation	Team role
Caroline Lapwood	Project Officer	Surrey CC ASC	
Jane Bremner	Senior commissioner	Surrey CC ASC	

5. Explaining the matter being assessed

<table>
<tr>
<td>What policy, function or service is being introduced or reviewed?</td>
<td>
Background

Now and in the coming years, Surrey County Council ('SCC') faces unprecedented financial challenges in meeting care and support needs in Surrey. In response to some of these challenges our accommodation with care and support strategy sets out the overarching approach for all accommodation based services we commission and provide for residents of Surrey.

As part of this work, we are looking at the accommodation with care and support ('AWCS') needs for people with a mental health and/or substance misuse problem. The recently published market position statement outlines a summary of current supply and demand and provides an overview of the current market and where there are gaps in provision. One such gap that has been identified is for people who have complex needs, for example, a mental health problem alongside physical health needs or autism.

Review of the commissioning and procurement of supported living services for adults with a mental health and/or substance misuse need

The County Council is working with providers, health commissioners and district and borough councils to stimulate the market to develop new accommodation with care and support that meets the identified needs of our residents. We want people to be able to access the right accommodation with care and support that allows them to:

Have access to appropriate specialist accommodation that supports their recovery and promotes independence and integration into the community
Stay in Surrey and within their own communities and networks
Meet the range of needs of people with severe and enduring mental health and/or substance misuse problems

Accommodation with care and support is integral to recovery from mental health and/or substance misuse needs. Mental health teams report issues and challenges with securing appropriate accommodation with care and support at a consistent price. This leads to placements out of county, variations in costs and people being unable to 'step down' from expensive high support services to medium/low support services.
</td>
</tr>
</table>

	Specifying the requirements for supported living The specification for the provision of supported living services has been co-designed with Surrey people who use services and carers, service providers and mental health workers, uses national academic research and contains clearly defined outcomes for users of the service. It also includes the need for services to offer safe, homely living environments and to deliver support to develop life skills and coping skills which let an individual follow a supported pathway to social inclusion and sustained recovery. It is important to note that most people with a mental health and / or substance misuse need will be living independently and will be supported by family and friends, primary care, the voluntary sector and/or specialist services in the community. They will not be in need of specialist accommodation with care and support services and therefore will not be included in this equality impact assessment.
What proposals are you assessing?	This document is to assess the impact on people with protected characteristics of the implementation of a strategic, whole systems commissioning approach for accommodation with care and support for adults with a mental health and/or substance misuse needs. The priority for this area of delivery is to ensure that sufficient high quality, affordable accommodation with care and support is available and that it meets the service user's needs and enables them to achieve their identified outcomes towards recovery.
Who is affected by the proposals outlined above?	The proposed service will be provided to adults aged 18 and over who: • Have an identifiable mental health and/or substance misuse issue • Have a demonstrable need for a level of support that can be provided in an supported living setting • Are resident and eligible for a service in Surrey • Demonstrate a willingness to participate in a support plan which enables a move to independence Others affected by the proposals above include: • Carers/family members of the above people who use services • Providers of the proposed services detailed above

6. Sources of information

Engagement carried out

A number of service user and service provider engagement events were held, which were facilitated by adult social care, clinical commissioning group and Surrey and Borders NHS mental health partnership trust representatives.

These include a service user focus group held at Change Grow Live in February 2017, meetings with people who use services at three different supported living establishments in the summer of 2018 and a focus group meeting in June 2018 with the Independent Mental Health Network (IMHN), which included people who use services and carers. Additionally, the IMHN were involved on an ongoing basis via their regular meetings.

In addition, market engagement events held in October 2017 and March 2018 captured the views of service providers, mental health practitioners and the voluntary sector. The main themes that emerged were:

- Stigma and negative attitudes around mental illness remain, and people living with mental health needs are still subject to discrimination.
- The importance of having kind, trained and helpful staff that offer support and encouragement.
- The need for there to be a focus on wellness and recovery and support for the individual to achieve their goals.
- The importance of living in a welcoming environment and wider welcoming community.
- The importance of peer to peer support and service user involvement.
- Properties should be wheelchair accessible and suitable for people with physical disabilities.

There will be ongoing partnership working with the IMHN around the area of quality assurance. There is an expectation that visitors from the Independent Mental Health Network will be welcomed by providers, as planned and appropriate, to support development of services and best practice.

Data used

Number of participants in service user and IMHN focus group research.

Host	date of event	number of participants
Change Grow Live	16/02/2017	3
Independent MH Network	06/06/2018	6
Move to Independence Service	12/06/2018	3
Together	14/08/2018	2
Comfortcare	23/07/2018	7

Number of organisations and participant attendees at Market Engagement Events

Date of Market Engagement Event	Number of organisations	number of participants
04/10/2017	28	54
23/03/2018	18	42
12/11/2018	28	41

In addition to the qualitative research, a comprehensive review of the quantitative data for this project is contained within the Accommodation with Care and Support Mental Health/Substance Misuse Summary Report 2017 which informed the market position statement, available at:

https://www.surreycc.gov.uk/__data/assets/pdf_file/0019/157150/Accommodation-with-care-and-support-mental-health-statement.pdf

It used the following data sources:

Adult Psychiatric Morbidity Survey (2007)
Mental Health Public Value Review 2012
Mental Health Accommodation Services Report 2013
The Mental Health & Housing Protocol 2016
Emotional Wellbeing & Adult Mental Health Strategy 2014-2017
Surrey Substance Misuse Strategy
“A Place for Everyone”: Surrey Mental Health & Social Inclusion Strategy, 2012-2015

In addition reference was made to the following published reports when devising the service specification:

Mental Health Foundation ‘Mental Health and Housing’ Policy Paper 2016
Age UK ‘Hidden in plain sight. The unmet mental health needs of older people’ October 2016
Killaspy H et al ‘Quality of life, autonomy, satisfaction, and costs associated with mental health supported accommodation services in England: a national survey’ Lancet Psychiatry 2016; 3: 1129–37
NIHR research on support for people with severe mental illness: March 2018 Themed Review ‘FORWARD THINKING NIHR research on support for people with severe mental illness.’
Krotofil, J., McPherson, P., & Killaspy, H. (2017, In press). Service user experiences of specialist mental health supported accommodation: A systematic review of qualitative studies and narrative synthesis. Health & Social Care in the Community. DOI:10.1111/hsc.12570

7. Impact of the new/amended policy, service or function

7a. Impact of the proposals on residents and people who use services with protected characteristics

<table>
<tr><th>Protected characteristic</th><th>Potential positive impacts</th><th>Potential negative impacts</th><th>Evidence</th></tr>
<tr><td>Age</td><td>Existing provision is generally designed to meet the needs of working age adults. As services users age and may need or chose to move to other more age appropriate facilities, the service provider would be expected to support them in finding suitable accommodation.

The market position statement identifies that any new provision should also be designed to meet the needs of an aging population, building to meet their needs around accessibility and adaptations.</td><td>None identified.</td><td>Data about currently funded people who use services was collated from case lists during February 2017 and provided by commissioners working in Surrey County Council (SCC) Public Health, SCC Transitions, SCC Children’s Social Care, Surrey & Borders Partnership Trust Community Mental Health and OP Mental Health Teams, NHS England and CCGs.

People in housing related support only were excluded from the data set.

Age and gender:

Dataset: 505 people 37% were female and 61% of the total were male, with 2% non-binary or not recorded.

<table><tr><td>Age Range</td><td>Number</td><td>%</td></tr><tr><td>Under 18</td><td>7</td><td>1.4%</td></tr><tr><td>18-20</td><td>13</td><td>2.6%</td></tr><tr><td>21-24</td><td>47</td><td>9%</td></tr><tr><td>25-39</td><td>120</td><td>24%</td></tr><tr><td>40-59</td><td>232</td><td>46%</td></tr><tr><td>60-64</td><td>52</td><td>10%</td></tr><tr><td>65+</td><td>34</td><td>7%</td></tr></table></td></tr>
</table>

			The service specification and performance monitoring requirements outline expectations for providers around all equalities issues, including: • Services that provide opportunities to everyone who is eligible, regardless of but responsive to, ethnicity, gender, sexual orientation, religion, past history, level of disability or diagnosis. • Equalities training for all staff • Compliance with accessible information standard • Services to accessible to all people with a serious mental illness. This includes people with protected characteristics as identified in the Equality Act 2010. It also includes people who may have a dual diagnosis, people who have autism and people with physical, sensory or learning disabilities in addition to their mental health need. Between 2016 and 2026 the ONS project that the Surrey population will increase by about 8.3%, which is 98,000 people. The greatest increase will be among children aged 10 – 19 and people over 55 years of age. By 2036 the adult population of 18-64 year olds in Surrey is expected to increase by about 6% (42,300 people) from in 2016 – to approximately 743,867. There is an expected increase in the older population aged 65 of 7.1% in 2020 based on 2016 figures. By 2030, this number is expected to increase by 33.9% to 298,300 (source POPPI).

			This projected rise in the adult population in Surrey and the ageing population, is likely to lead to an increase in the prevalence of mental health problems, and in turn projected use of services. (source: Joint Strategic Needs Assessment (JSNA) Wellbeing and Adult Mental Health)
Disability	The specification sets out clear expectations how people with serious mental illness and/or substance misuse will be offered personalised support and receive services that are recovery focused. The providers will be subject to ongoing monitoring and will have to evidence clear understanding, knowledge and experience in supporting people within the client group. Providers will be expected to support people who use services in accessing health checks and local smoking cessation services together with any other local healthy living provision, such as the healthy walks scheme.	There is a risk that not all accommodation will be fully accessible for wheelchair users. In the short term this would mean only a provider with accessible accommodation being commissioned, reducing the choice available to the client.	Surrey has a slightly higher excess mortality rate in adults with serious mental illness. Poor mental health can lead to a poor lifestyle and increased risk taking behaviours such as excessive drinking, smoking, poor nutrition and lack of exercise. These are risk factors for serious physical illness, particularly coronary heart disease and cancers. The prevalence of these modifiable risk factors is much higher for people with mental health problems and increases with the severity of the mental health problem. People with common and more serious mental health needs have lower life expectancy and a 0.7 and 3.6 times higher mortality rate (respectively), than those without mental health needs. People with schizophrenia and bipolar disorder die an average 15-20 years earlier than the general population – they have 4.1 times overall risk of dying prematurely; have 3 times the risk of dying from Coronary Heart Disease (CHD) and a 10 fold increase in respiratory disease deaths. People with 1 long term condition are two to three times more likely to develop depression; people with 3 or more long term conditions are seven times more likely. (Source: JSNA). Increasing evidence suggests that people with disabilities experience poorer levels

			of health than the general population (WHO 2011 World Report on Disability).
Gender reassignment	Support providers will be expected to provide opportunities and be responsive to the needs of transgender people.	Accommodation will be for both men and women with shared facilities such as bathrooms and communal living accommodation. It may not be suitable for some people undergoing transition or reassignment surgery.	The general evidence base shows that people who are transgender are at higher risk of mental disorder, suicidal ideation, drug and alcohol use, deliberate self-harm and more likely to report psychological distress. They are also more vulnerable to certain factors that increase risk, for example being bullied, discrimination and verbal assault and social isolation (source: JSNA Wellbeing and Adult Mental Health)
Pregnancy and maternity	Current provision is not designed for expectant or new mothers, but service providers would be expected to support the woman to access ante natal care and support the woman to find more appropriate accommodation for mother and baby.	There is a risk that a woman who becomes pregnant whilst living in the accommodation would have to move following her baby's birth. She would be supported by her care coordinator and service provider to find alternative accommodation, and support with parenting if necessary.	
Race	Providers will be expected to provide opportunities to everyone who is eligible regardless, but responsive to ethnicity and race.	The needs of the traveller and Romany community may not be met by this type of service provision.	Rates of mental health vary by ethnicity**.** The Data visualisation shows that Black males are more likely to be diagnosed with a psychotic disorder; Asian Females are more likely to be diagnosed with a common mental health disorder (CMD) and White

			females and other mixed and multiple ethnic groups are more likely to experience suicidal thoughts. The majority of the Surrey adult population (83.5%) reported their ethnic group as "White British" in the 2011 Census; other white ethnic groups; "Irish, "Gypsy or Irish Traveller" and "Other White" (6.9%), then "Indian" (1.8%) followed by Pakistani (1.0%). Surrey has a significantly lower than England percentage of mixed/multiple 2.08.2.25, Asian or Asian/British 5.6 vs 7.8, Black of Black/British 1.1 vs 3.5 and other ethnic groups 0.8 vs 1.0 (2011) and ranks 3rd highest among its CIPFA neighbours (CIPFA range: 2.5 – 14.6) For other ethnic groups Surrey is the highest among its CIPFA nearest neighbours. Hence. Surrey likely to have more ethnic groups suffering with mental health issues. (source: JSNA Wellbeing and Adult Mental Health)
Religion and belief	Providers will be expected to provide opportunities to everyone who is eligible regardless but responsive to religion. In addition they will expected to encourage and support people to access local faith groups as appropriate	No single sex accommodation is planned. The service provision may not be suitable for people whose religion forbids men and women who are not related to each other to live together.	
Sex	Accommodation will be for both men and women. Accommodation must have	No single sex accommodation is planned. The service	

	sufficient bathroom facilities for residents and have bedrooms that can be locked internally to afford privacy.	provision may not be suitable for survivors of sexual abuse.	
Sexual orientation	Providers will be expected to provide opportunities to everyone who is eligible regardless but responsive to a person's sexual orientation. In addition the support providers will be expected to encourage and support people to access appropriate local LGB&T groups.	None identified	There are an estimated 11 286 people who are gay or lesbian and 5 643 people who are bisexual in Surrey, based on the England estimates. There is no equivalent data for people who are transgender. The evidence base shows that people who LGB&T are at higher risk of mental disorder, suicidal ideation and attempts, drug and alcohol use, deliberate self-harm and more likely to report psychological distress than their heterosexual counterparts. (Source JSNA Chapter: Wellbeing and Adult Mental Health) King M, Semlyen J, See Tai S et al. (2008) Mental Disorders, Suicide and Deliberate Self-Harm in Lesbian, Gay and Bisexual People. London: National Mental Health development Unit.
Marriage and civil partnerships	Current provision is not intended for people who live as a married or civil partnership couple, or who are fleeing domestic abuse. However if people move into supported living whilst still married or in a civil partnership they will be supported to maintain these relationships whilst in supported accommodation. A partner or spouse will not be allowed to live in the		

	supported accommodation. However this reflects the current situation, so no change envisaged.		
Carers (protected by association)	Providers will be expected to work with carers and to take a strengths based approach focusing on an individual's skills and assets, including maintaining and encouraging these relationships.	None identified	

7b. Impact of the proposals on staff with protected characteristics

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence
Age	As this will be a commissioned service no impact on SCC staff identified.	As this will be a commissioned service no impact on SCC staff identified.	
Disability	As above	Not applicable	
Gender reassignment	Not applicable	Not applicable	
Pregnancy and maternity	Not applicable	Not applicable	
Race	Not applicable	Not applicable	

Religion and belief	Not applicable	Not applicable	
Sex	Not applicable	Not applicable	
Sexual orientation	Not applicable	Not applicable	
Marriage and civil partnerships	Not applicable	Not applicable	
Carers (protected by association)	Not applicable	Not applicable	

8. Amendments to the proposals

Change	Reason for change
No amendments are proposed as a result of undertaking this EIA.	

9. Action plan

Potential impact (positive or negative)	Action needed to maximise positive impact or mitigate negative impact	By when	Owner
There is a risk that a woman who becomes pregnant whilst living in the accommodation would have to move following her baby's birth.	There is a risk that a woman who becomes pregnant whilst living in the accommodation would have to move following her baby's birth. She would be supported by her care coordinator and service provider to find alternative accommodation, and support with parenting if necessary.	As and when appropriate	Social worker
There is a risk that not all accommodation will be fully accessible for wheelchair users. In the short term this would mean only a provider with accessible accommodation being commissioned, reducing the choice available to the client.	This risk can be mitigated by suitable adaptations being made to properties to accommodate the needs of physically disabled people. Link with OT in locality team.	As and when appropriate	Social worker
No single sex accommodation is planned. The service provision may not be suitable for people whose religion forbids men and women who are not related to each other to live together.	Work with individual providers where necessary if single sex accommodation is required to enable this.	As and when appropriate	Jane Bremner
No single sex accommodation is planned. The service provision may	Work with individual providers where necessary if single sex accommodation is required to enable this.	As and when appropriate	Jane Bremner

not be suitable for survivors of sexual abuse.			
Accommodation will be for both men and women with shared facilities such as bathrooms and communal living accommodation. It may not be suitable for some people undergoing transition or reassignment surgery.	Work with individual providers where necessary if single sex accommodation is required to enable this.	As and when appropriate	Jane Bremner

10. Potential negative impacts that cannot be mitigated

Potential negative impact	Protected characteristic(s) that could be affected
The needs of the traveller and Romany community may not be met by this type of service provision.	**Race**

11. Summary of key impacts and actions

Information and engagement underpinning equalities analysis	A range of engagement events and mechanisms were employed to inform this EIA.
Key impacts (positive and/or negative) on people with protected characteristics	See tables above.
Changes you have made to the proposal as a result of the EIA	None identified
Key mitigating actions planned to address any outstanding negative impacts	Enhancing and developing relationships with individual providers to ensure the needs of people with protected characteristics can be met, where negative impacts have been identified.
Potential negative impacts that cannot be mitigated	See above: however people from the GRT community would receive mental health support within their own accommodation should they not wish to move into supported accommodation.