CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD

Cambridgeshire County Council

Date:Thursday, 21 April 2016

Democratic and Members' Services
Quentin Baker
LGSS Director: Law, Procurementand Governance

14:00hr

Shire Hall
Castle Hill
Cambridge
CB3 0AP

Kreis Viersen Room
Shire Hall, Castle Hill, Cambridge, CB3 0AP

AGENDA

Open to Public and Press

1	**Apologies and Declarations of Interest** *Guidance for Councillors on declaring interests is available at http://tinyurl.com/ccc-dec-of-interests*	
3	**Membership of the Cambridgeshire Health and Wellbeing Board**	**3 - 6**
2	**Better Care Fund 2016-17**	**7 - 76**
4	**Date of next meeting:** 10am on Thursday 26th May 2016, at Bargroves Centre, Cromwell Road, St Neots PE19 2EY *oral*	

The Cambridgeshire Health and Wellbeing Board comprises the following members:

Councillor Daryl Brown (Chairman)Councillor Tony Orgee (Chairman)

Margaret Berry Councillor Mike Cornwell Councillor Sue Ellington Councillor Richard Johnson Dr John Jones Adrian Loades Chris Malyon Val Moore Dr Sripat Pai Liz Robin and Councillor Joshua Schumann Councillor Paul Clapp Councillor Mervyn Loynes Councillor Lucy Nethsingha and Councillor Joan Whitehead

For more information about this meeting, including access arrangements and facilities for people with disabilities, please contact

Clerk Name: Ruth Yule

Clerk Telephone: 01223 699184

Clerk Email: ruth.yule@cambridgeshire.gov.uk

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MEMBERSHIP OF THE CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD

To: Health and Wellbeing Board

Date: 21st April 2016

From: Dr Liz Robin, Director of Public Health

1.0 PURPOSE

1.1 To present options for changes to the membership and ways of working of the Cambridgeshire Health and Wellbeing Board (HWB).

2.0 BACKGROUND

2.1 The Cambridgeshire Health and Wellbeing Board (HWB) considered a series of proposals on changes to its membership and ways of working at its meeting on 17 March 2016. The papers setting out these proposals are available to view here: http://www2.cambridgeshire.gov.uk/CommitteeMinutes/Committees/AgendaItem.aspx?agendaItemID=13061

2.2 The recommendations in the paper were to:

a) Reduce local authority HWB membership from 5 County Councillors and 5 District Councillors to 5 elected Councillors (County and District) in total
b) Invite 5 representatives for NHS providers to join the Health and Wellbeing Board (a mix of non-executive directors and executives)
c) Have a co-chair or vice-chair arrangement with the clinical commissioning group (CCG)
d) Hold board-to-board meetings with Peterborough's HWB, exploring joint programmes of work
e) Strengthen links with Local Health Partnerships, exploring joint working with Integrated Care Boards

2.3 Points made in the course of discussing the proposals included:

- acknowledgement of the importance of improving the mix between Councillor and NHS representatives, and a welcome for the proposal that the Vice-Chair be a CCG representative

- while it was necessary to reduce the overall number of Councillor members, it would be difficult to achieve the right balance given the diverse nature of the various areas of the county; if the voice from the district authorities became inadequate, for example by reducing their representatives to one, then there was a risk that their voice in the district public health agenda would be undermined

- the links between Local Health Partnerships (LHPs) and the HWB were inadequate, and District members of the Board did not necessarily attend meetings of their LHP; it was necessary to clarify how LHPs should feed into the HWB

- given the developing importance of LHPs and that they were district-based and often chaired by District Councillors, consideration should be given to appointing the Chairs of the five LHPs to the Board. This would automatically ensure that each district of the county was represented

- another route for involving LHPs might be to encourage them to work together with the integrated care boards (which had been set up by UnitingCare)

- the report had not set out a clear rationale for why reorganising the Board would make it work better, or why the number of elected Councillors should be halved; a smaller reduction in their number should be considered

- for CCG officers, attending HWB meetings could feel like attending a scrutiny committee. Meetings had the potential to be a good forum for difficult and wide-ranging conversations; the main providers should be welcomed as HWB members

- the terms of reference for the HWB and for the Health Committee in its scrutiny function were very different; scrutiny had deliberately not been included in the functions of HWBs laid down by legislation

- attendance of NHS representatives at Board meetings under current arrangements had not always been good; changing HWB composition would not necessarily be sufficient on its own to increase health participation in its meetings. It was noted however that NHS England was under considerable pressure nationally, and had stated that it would only attend meetings of Health and Wellbeing Boards for specific business that affected NHS England

- comments by Councillors on the working of the HWB had in the past included that the discussions had covered interesting and useful topics, but could feel completely irrelevant to current problems

2.4 Proposals b) to e) as outlined under para 2.2 were accepted by the HWB, but proposal a) which involved reducing the number of Councillors on the Board to five was noted as being of significant concern, and further discussion and consultation on this proposal was recommended.

2.5 The current membership of the HWB is

- 5 County Councillors
- 5 nominated District Council representatives (supported by Senior District Council officer with Observer Status)
- 2 representatives of the Clinical Commissioning Group (CCG) (nominated by the CCG Governing Body)
- 1 representative of the local HealthWatch
- Director of Public Health
- Executive Director: Children, Families and Adults
- Chief Finance Officer (Section 151 Officer)
- Representative of NHS Commissioning Board (NHS England)
- 1 co-opted non-voting representative of the Voluntary and Community Sector (VCS)

This gives a total membership of 18, including the co-opted VCS member but excluding the District Council support officer.

2.6 Since the 17 March HWB meeting, additional feedback on proposed changes to the HWB's membership and ways of working has been sought from the Cambridgeshire Public Services Board (CPSB), which met on 13 April, and from Cambridgeshire County Council's Constitution and Ethics Committee, meeting on 19 April. Due to the deadline for meeting papers, this paper was written before the Constitution and Ethics Committee met and feedback will be shared verbally at the 21 April meeting of the Cambridgeshire HWB.

3.0 PROPOSED OPTIONS FOR CHANGES TO MEMBERSHIP

3.1 It is clear following discussions with CPSB that there is no easy way to resolve the drawbacks and concerns expressed at the HWB Board meeting on 17 March, regarding a potential reduction in the numbers of Councillors on the Board to five rather than ten. A more equal partnership may also be achieved by increasing NHS representation, and accepting that in a complex geography a large HWB Board may be the best option. A more comprehensive review of ways of working may be appropriate - looking at best practice in similar local authority areas. In the meanwhile, having identified a clear need to rebalance HWB Board membership, the following options are proposed in order to offer a genuine choice to the Board:

3.2 Option 1: existing Councillor membership to remain

3.2.1 The HWB could proceed with changes to its membership outlined in recommendations b) to e), as outlined at paragraph 2.2. There is also potential to invite a further CCG 'Officer' representative, bringing total 'NHS' representation up to nine. However no changes would be made to Councillor membership of the HWB, meaning this would remain at five County Councillors and five District Councillors.

3.2.2 This would see the HWB Board increase in size and though not an equal balance in terms of numbers, it would ensure more of an equal partnership between local authorities and health than the current membership. The total membership of the HWB Board would rise to twenty-four under this option, with thirteen 'local authority' representatives, nine 'NHS' representatives, one HealthWatch and one co-opted VCS representative.

3.3 Option 2: reduce to 4 County Councillors and 1 District Councillor

3.3.1 In addition to recommendations b) to e) outlined at paragraph 2.2, the HWB would reduce Councillor membership to five and leave CCG membership at two. This option proposes four County Councillors and a single District Councillor representative.

3.3.2 This would achieve a more equal partnership between local authorities and health. It would be important to ensure a single District Councillor representative is able to truly represent the views and needs of each District at the Board, and there are issues about whether this would be feasible or acceptable. Option 2 would bring the total membership of the HWB Board to eighteen.

3.4 Option 3: reduce membership to 3 County Councillors, but remain with 5 District Councillors

3.4.1 In addition to recommendations b) to e) outlined at paragraph 2.2, the HWB would reduce Councillor membership to eight, with three County Councillors and five District Councillors. The three County Councillor members could potentially be drawn from Chairs or Vice-Chairs of the three County Council Committees responsible for social care and public health i.e. Adults Committee, Children and Young People Committee and Health Committee.

3.4.2 The main drawback of this option is that the County Council, which has statutory responsibility for the Health and Wellbeing Board and associated functions of social care and public health, would have a lower level of democratic representation than District Councils. Under this option the total membership of the HWB Board would be twenty-two including three CCG representatives, twenty-one if CCG representation remained at two.

4.0 FUTURE WAYS OF WORKING

4.1 All of the options outlined in section 3 of this report include changes to the Health and Wellbeing Board's membership – notably the addition of providers and Vice-Chair/Co-Chair arrangements – as well as ways of working, such as Board to Board meetings with Peterborough and working better with Local Health Partnerships. These are set out in recommendations b) to e) at paragraph 2.2 of this report.

4.2 Depending on which option is pursued, there may also be changes to Councillor representation on the HWB Board.

4.3 Given that all options propose some change in membership and ways of working, it is suggested a development session for the new membership of the Cambridgeshire Health and Wellbeing Board is organised as soon as possible; most likely in June 2016. This would provide an opportunity to explore future ways forward in an informal setting, with the input of new representatives from NHS providers.

5.0 ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

5.1 The themes of this paper relate to Priority 6 of the Cambridgeshire Health and Wellbeing Strategy: to work together effectively.

6.0 IMPLICATIONS

6.1 There are no significant implications.

7.0 RECOMMENDATIONS

7.1 Members of the HWB Board are asked to:

a) Consider and agree the preferred option with regards to membership, as set out in section 3 of this report.
b) Consider and agree the proposal to organise a development session in June 2016 to develop future ways of working, as set out in section 4 of this report.

Source Documents	Location
HWB membership paper to 17 March 2016 Cambridgeshire Health and Wellbeing Board	http://www2.cambridgeshire.gov.uk/CommitteeMinutes/Committees/AgendaItem.aspx?agendaItemID=13061
Minutes of 17 March Cambridgeshire HWB meeting	http://www2.cambridgeshire.gov.uk/CommitteeMinutes/committee-document.aspx/committees/cambs-health-wellbeing-board/2016-03-17/Minutes/10923/160317%20minutes.doc

Agenda Item No: 3

BETTER CARE FUND PLAN 2016/17

To: Health and Wellbeing Board

Date: 21 April 2016

From: Geoff Hinkins, Senior Integration Manager, Cambridgeshire County Council

Gill Kelly, Integration Lead, Cambridgeshire and Peterborough Clinical Commissioning Group

1.0 PURPOSE

1.1 The purpose of this report is to:

- provide an introduction to the draft Better Care Fund plan for 2016/17;
- update the Board on further areas for development in the plan; and
- seek delegated authority for sign off of the final BCF plan.

2.0 BACKGROUND

2.1 The Better Care Fund (BCF)creates a joint budget to help health and social care services to work more closely together in each Health and Wellbeing Board area. The BCF came into effect in April 2015 and in Cambridgeshire the BCF totalled £37.7 million for 2015/16, which was brought into the BCF from existing health and social care budgets. The BCF is designed to support better integration of health and social care to improve services for the most vulnerable people in the community; provide better support for carers and create efficiencies. In the first year of BCF most funding remained in community health and social care budgets, particularly supporting the Clinical Commissioning Group (CCG)'s Older People and Adult Community Services (OPACS) contract; and a smaller amount of funding has been focused on medium term projects that will begin to support our shared outcomes.

2.2 Cambridgeshire's final Better Care Fund plan for 2016/17 must be submitted by 2 May 2016. The current draft BCF plan is attached as Appendix A (narrative) and Appendix B (budgets and performance information). More information on the background to this year's submission is contained within the paper on BCF to the Health and Wellbeing Board in March 2016.

3.0 CAMBRIDGESHIRE'S BETTER CARE FUND APPRAOCH IN 2016/17

3.1 The Narrative Plan describes our overall approach to the Better Care Fund in 2016/17, describing delivery priorities; the approach to the budget; and how our work will meet the BCF national conditions. The Council and CCG have agreed as guiding principle for the Better Care Fund in 2016/17 that there should be greater transparency over the budget lines in the BCF pool. Every budget line will have clear performance metrics attached; and clear and realistic expectations should be set for the transformation projects undertaken through BCF. It is expected that this approach will assist all partner organisations, and the Cambridgeshire Health and Wellbeing Board, in better assessing the impact of the BCF. This will become increasingly important as the system moves towards longer-term, more integrated planning beyond 2016/17.

3.2 As the BCF does not contain any new investment, a significant proportion of the fund will still support existing services. Partners have attempted to bring service budgets into the BCF where a clear benefit can be realised through aligning service budgets in health and social care. The expectation is that this will drive further joint commissioning and support an expansion of integrated working in future years. This will increase the overall size of the BCF in 2016/17, to £42,085k. This is described on page 15 of Appendix A.

4.0 FURTHER DEVELOPMENT OF THE BCF PLAN

4.1 Cambridgeshire received feedback on its first BCF submission for 2016/17 on 13 April 2016. The plan could have received a rating of 'assured'; 'assured with support'; or 'not assured'. Cambridgeshire's plan was rated as 'not assured', reflecting the fact that there is still work to do on the Plan and that a number of areas were identified as gaps in our submission. However, the format and focus of the plan was welcomed; and reviewers commented that they felt the area should not have a problem in providing a complete plan by the deadline of 3 May. Some areas of detail have since been added but there are a number of areas to be completed. A verbal update will be provided on these areas at the meeting. In particular the following areas must be developed further:

- Budget figures within the plan are provisional. Whilst the broad budget areas are correct, partners are keen to include more detail for the largest budget lines in the plan – particularly for provision in the Neighbourhood Teams
- Performance targets are not yet included within the draft plan, although conversations are ongoing about appropriate metrics for each of the budget lines.
- More information will be included about each of the transformation projects receiving investment as described on page 17
- There are a number of areas of the narrative plan where more detail is required to provide full assurance

4.2 Work on these areas will continue up until the BCF Plan deadline of 2 May. Therefore delegated authority is requested for completion and approval of the BCF Plan to the Director of Public Health in association with the Chair and Vice-Chair of the Health and Wellbeing Board.

4.0 RECOMMENDATIONS

4.1 It is recommended that the Health and Wellbeing Board:

- Notes the report and provides comments on the draft Better Care Fund templates attached; and
- Delegates authority for completion and approval of the Better Care Fund templates to the Director for Public Health in association with the Chair and Vice-Chair of the Health and Wellbeing Board.

Source Documents	Location
Better Care Fund Technical Guidance	https://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/

Appendix A

Cambridgeshire Better Care Fund

DRAFT 2016/17 Narrative Plan

Version 0.7

Version control			
Version	**Author**	**Date**	**Notes**
0.1	Geoff Hinkins	10 March 2016	
0.2	Geoff Hinkins	11 March 2016	
0.3	Geoff Hinkins	16 March 2016	Incorporated amendments from GK
0.4	Geoff Hinkins	21 March 2016	
0.5	Geoff Hinkins	21 March 2016	Incorporated further amendments
0.6	Geoff Hinkins	21 March 2016	Version for submission
0.7	Geoff Hinkins	14 April 2016	Updates and amendments – version for Health and Wellbeing Board

1. Introduction and approach

This document forms part one of Cambridgeshire's BCF Plan for 2016/17. The other part is the 'template for BCF submission' spreadsheet, which contains financial and performance targets. This purpose of this submission is to:

- Outline our vision for integration across the Cambridgeshire system and how this has developed in the past year.
- Describe our specific priorities for integration in Cambridgeshire in 2016/17
- Describe the context for the vision and priorities, including an overview of changes across the Cambridgeshire system and a brief overview of progress against the BCF plan for 2015/16
- Describe our approach to the Better Care Fund budget in 2016/17, including:
    - Use of the budget
    - Arrangements for risk sharing
- Describe how we will meet each of the national BCF conditions.

To avoid repetition, this document references last year's plan where applicable rather than repeating sections of it. The 2015/16 plan can be downloaded from:

http://www2.cambridgeshire.gov.uk/CommitteeMinutes/Committees/AgendaItem.aspx?agendaItemID=10965

2. Vision, Priorities and Delivery Plan

Purpose of this section:

- To describe our overall vision and the specific priorities that will set the framework for delivery of the BCF Plan during 2016/17.

Our vision

In our 2015/16 we expressed our vision as follows:

> *Over the next five years in Cambridgeshire we want to move to a system in which health and social care help people to help themselves, and the majority of people's needs are met through family and community support where appropriate. This support will focus on returning people to independence as far as possible with more intensive and longer term support available to those that need it.*
>
> *This shift is ambitious. It means moving money away from acute health services, typically provided in hospital, and from ongoing social care support. This cannot be achieved immediately – such services are usually funded on a demand-led basis and provided as they are needed in order to avoid people being left untreated or unsupported when they have had a crisis. Therefore reducing spending is only possible if fewer people have crises: something which experience suggests has never happened before. However, this is required if services are to be sustainable in the medium and long term.*

This vision has been the guiding principle for our work in developing our 2016/17 BCF Plan.

Our priorities and delivery plan

This section aims to set out in simple terms how we want the 'system' that supports older people, people with long term conditions including disabilities, carers and families to work in future and to set out set out a plan for delivery. By the 'system' we mean the NHS, Social Care, District Councils, Housing, Voluntary and Community sector and independent sector organisations providing services for people. This paper prioritises those people who are currently living independently but are vulnerable to becoming frail or needing higher levels of support or intervention in future. This paper is aspirational – it describes where we want to get to in the next 3 to 5 years, building on work that is developing across the health and wellbeing system in Cambridgeshire and Peterborough.

We hope that in 12 months' time, implementation of many of these changes will be underway. This paper will form the basis for the Cambridgeshire and Peterborough Better Care Fund Plans for 2016/17 onwards; and builds on the work that has taken place so farand the '10 aspects of an integrated system' that have previously been agreed at the Cambridgeshire Executive Partnership Board (CEPB). The narrative set out here will underpin the ethos of the 2016 Urgent and Emergency Care Vanguard work. and the whole system Sustainability and Transformation Programme

Broadly speaking, these changes can be divided into support for people who do not have, or have not yet developed, significant ongoing health needs; and support for those people that have significant ongoing needs and receive support from a range of organisations. To achieve our ultimate aim of a shift away from long term social care or care that is provided in the acute setting to preventative services that are focused on keeping people well, we need to focus on our response across both cohorts.

Before people have significant ongoing needs

Healthy ageing and prevention

We are increasingly focused on establishing and implementing approaches that prevent or delay the need for more intensive health (specifically admissions and re-admissions to hospital) and social care services, or, proactively promote the independence of people with long-term conditions and older people and their engagement with the community. This includes specific and planned evidence based public health programmes with an emphasis on falls, social isolation, malnutrition, dementia and promoting continence. A lot of work is already happening in this area, which should remain a key priority across our organisations into 2016/17 and inform the Proactive and Prevention workstream that has been set up as part of the NHS System Transformation Programme.

Eyes and ears – indicators of vulnerability

We want our staff across the system to be able to act as 'eyes and ears' – spotting indicators that someone is becoming more vulnerable and referring them to appropriate support. This includes not just medical or social care staff but any public or voluntary sector staff that come into contact with the public. This might include support for staff to enable them to go beyond their main role to provide some low level interventions, where appropriate.

To support this, we will develop a list of 'triggers' which indicate that someone has, or may develop, increased vulnerability. Examples include someone asking for assistance with their wheeled bin, a request for a personal alarm/life line, a concern raised when a housing provider carries out a routine visit, a death is registered or a blue badge is requested. It will also include medical triggers such as low mood/depression, continence/ frequent UTIs, injuries caused by falls, or frequent missed medical appointments. When these triggers are noticed the system will have a planned response to offer support, advice and information.

Clear and joint sources of information

People will be able to access a consistent library of health, social care and wider information from a number of places - including web sites, a library or community hub or their GP surgery. Information will be available in print, digitally or through trusted sources. Consistent and up-to-date digital information will be available, as each source will call on a shared information hub so that organisations offering support only have to update their information in one place – and it is available across all sources. From accessing this information it will be easy for people to find out how to make contact if they need further support.

A real or virtual 'single point of access' for advice and support

Identification of these triggers, or a member of the public making contact, will result in a referral to a co-located or virtual single point of access where advice can be sought. Those who take the call can check existing levels of involvement with our agencies across different information systems via appropriate look-up access to records. There will be joint single point of access based on the assumption that 'there is no wrong door'. This will be based on the different referral points for

health, social care and the VCS operating as one virtual front door. Ensuring that once a referrer or patient or carer has entered the system they are effectively directed to the right service quickly and are not aware of potentially moving between providers as part of that navigation process. This will be available for planned and unplanned care therefore ensuring all needs are met effectively.

If a follow-up appointment is needed there will be capacity for health and social care staff to make contact in person if a face to face conversation is needed with the individual or their carer, partner or relative. This could take place in someone's home or in the community.

Holistic identification of need with a coordinated response

Two types of 'assessment' tool will be available to support staff to identify levels of need and easily communicate that to people in other disciplines.

First is a tool that can be used quickly in any setting as a basis for a shared language across sectors when identifying what the level of need is, with a view to deciding what action would be most appropriate. The Rockwood Frailty tool will be used to assess an individual's level of physical frailty. We will investigate whether it would be useful to supplement this with another simple tool that can quickly summarise levels of social and community need.

As well as that simple tool, a more in-depth holistic needs assessment processwill be available that could be used to assess the full range of needs (physical, mental, social); and identify what support could prevent further escalation. A virtual 'team around the older person' would be established with all involved in this team (e.g. GP, District Nurse, Social Care practitioner Housing provider, home care agency, local voluntary organisation, neighbour) being able to work to a shared care plan based on shared information. A lead person or professional would be identified for as long as was needed as a key point of contact, to coordinate support and to simplify a complex system for people requiring support. This would most likely be the person who has most contact with the person and as circumstances change, the lead professional may also change. The purpose of this team would be to support the person and put measures in place which improve outcomes and avoid, as far as possible, escalation of need and admission to hospital or nursing/residential care.

Support for people with significant ongoing needs

Clear, coordinated pathways and hand overs

Services for people with significant ongoing needs will be well coordinated. Our health and social care teams will work in a different way with more of a focus on outcomes than process. We will work together in order to ensure a the whole pathway of care is delivered as an integrated set of providers, and therefore hand overs will be seamless. For example a call may come into JET, yet the

best response would be a social care response/ social care may already be involved. A hand over would take place, with the patient getting the timely response most appropriate to meet their needs and prevent escalation. Our staff will be co-located wherever possible, and if not will work as a virtual team to ensure there is a seamless joined up and coordinated response.

Neighbourhood teams and Multi Disciplinary Team (MDT) working

Neighbourhood teams will be embedded and operating effectively. CPFT have restructured and established a number of integrated mental and physical health Neighbourhood Teams, each of which has a Neighbourhood Team Manager. An 'extended' Neighbourhood Team will be established which includes a range of other organisations that will work with the Neighbourhood Team to ensure integrated working. It is proposed that the next stages focus on integration with primary care, social care and the third sector. This will include social care staff who will be aligned to, or 'vertically integrated' with Neighbourhood Teams to ensure the appropriate person is identified as the lead professional.There is the potential to link this work with the move towards GP practices working much more closely together ('primary care at scale'), and to consider designating some Neighbourhood Teams as 'demonstrator' or pilot sites where there is the potential to develop integrated working at a faster pace, providing valuable learning for other areas.

The benefits of MDT working will be built upon with an assumption that this is a way of working that won't always rely on a set meeting; more a team around the person mode where the relevant professionals come together.

Case finding and case management

A clear understanding of the whole system pathway and robust case finding and case management techniques will help us to anticipate future need and also to wrap integrated services around the patient, preventing them from going into crisis and therefore hospital. Joint Care and Support Plans will be developed on a multi disciplinary basis. In each Neighbourhood Team area work would be undertaken to ensure that there is a shared understanding about the profile of that population and where additional support and intervention is most likely to have benefit.

Working with Care Homes

Although our focus is on supporting people to live independently we recognise that residential care is the most appropriate choice for people that need it. We will continue to support care homes to ensure that their residents continue to receive high quality support that is focused on preventing their needs from escalating. We will continue to invest in training for care homes. We will expand older people's Crisis Resolution and Home Treatment with new resources to support people with dementia and complex needs in care homes. We will prioritise funding services to ensure that people are supported to live independently as long as possible. We will ensure that all residential home residents are known to the Neighbourhood Team , who will be notified as the patient deteriorates – in order to prevent a possible hospital admission as a patient's needs transition from residential to nursing care.

Working with housing providers

Supporting people to live independently requires that they have access to homes that are appropriate to their needs. We will work together with housing agencies to co-ordinate health, housing and social care to ensure that people with long-term conditions have access to accommodation that they want to live in, that enables them to remain independent within their community wherever possible. We hope that this will help people to have a choice about where they live, even if their health and social care needs are high or escalating. We will work to explore a range of opportunities linked to use of the Disabled Facilities Grant; and support for equipment and adaptations that enable people to remain at home for longer. People will also have early access to advice on the housing options available to them, to ensure that they can make choices and plan for their future.

Enablers – support for delivery

These arrangements will be supported by the following more general'enablers'. These are activities that will have an impact on success across the whole system, including things such as better use of technology, better use of our assets, having a well-skilled workforce, and better relationships with communities and the voluntary sector. We will focus on:

Joint outcomes

The Outcomes Framework was developed as part of the OPACS procurement process, with input from a wide range of stakeholders and a review of scientific evidence. The Framework contains a number of agreed outcomes for measuring quality of care. Each outcome and metric was tested against a range of criteria to ensure that they would add value; and be feasible to implement. The framework is already being used in reporting on delivery of integrated services locally; and we will maintain the benefits of an integrated, outcomes-based model. We will look to include relevant outcomes framework measures in 2016/17 NHS contracts (and other contracts where relevant), joint programmes of work across the health and social care system including STP and Better Care Fund plans.

Information and data sharing

Provision of the best quality and most appropriate services to adults in need of help and support can only be delivered if agencies have access to the correct information about service users' individual circumstances. We will work to ensure that practitioners have the data that they need to make the best possible decisions about people's care; to develop preventative strategies, and to ensure that patients do not have to tell their story to all of the different agencies involved in delivery of their care and support. We will work to ensure that professionals in one organisation can access information that is held by others – with appropriate consent in place.

A common language

By January 2017, we will have established a common language, using the methods described previously, that will give us theassurance we are able to work effectively and efficiently as a whole

system, this will ensure that our well defined pathways can be navigated by any provider or user of the system.

Workforce development

Greater integration means new ways of thinking, behaving and working across the whole system; and everyone working in all of our organisations will need to think differently about their role, with a clear expectation about how practice by all professionals will change to support a multi-disciplinary approach. Staff will need to develop new skills and work across traditional boundaries. Common approaches to training and development, as well as a common language across services, will be needed to achieve the full benefits of integration.

Property co-location

Where possible, we want staff from across the system to be co-located or able to shareworking space in a variety of settings. As partner organisations move towards more mobile working and reduced office space, there will need to be a better join up in relation to planning use of estates to achieve vertical or functional integration. In addition it will be important to make use of existing assets such as libraries and other community buildings to act as a point of information and advice. We will use technology to help us work more closely where we cannot be co-located and for such services as the SPA this will be essential.

Joint commissioning of the voluntary and community sector

Service transformation approaches across both health and social care are increasingly focused on early help and linking people into services commissioned through the voluntary sector. Co-ordinating support for people who do not yet meet the threshold for statutory services or formal interventions will be key to reducing admissions. Many of these services and interventions are provided by Voluntary and Community Sector (VCS) organisations. VCS provision is therefore becoming increasingly valuable and all commissioners are looking to work more closely with the VCS. Joint commissioning could allow greater coordination of such services, which have benefits across the health and wellbeing system.

Specific priorities

The specific components of this model that we will focus on in 2016/17 are:

Prevention

- An explicit prevention programme with an emphasis on falls, dementia and promoting continence; and on improving outcomes for people with long term conditionsand their carers
- A joint set of standards for information making consistent information and advice available from a variety of different sources
- 'Eyes and ears' - a clear agreement about what the triggers for support should be and how the system will work

Joint planning and commissioning

- A joint approach to commissioning the voluntary and community sector between the CCG and local authorities
- Reviewing our approach to housing adaptations and the Disabled Facilities Grant to ensure they are supporting as many people as possible to live independently
- Joint risk stratification of the population to inform Neighbourhood Team working
- Joint approach to the commissioning of beds and accommodation across the CCG area

Neighbourhood Team working/Local team around the person

- Aligned social care and community health staff
- Co-location at every opportunity
- The Rockwood tool used to quickly assess physical frailty; and investigation of alternative quick tools for social and community needs –with an agreed set of possible actions at each level of Rockwood Risk Stratification
- Information sharing – with staff able to access data held in different systems
- A joint holistic assessment tool, with information gathered from range of sources and the outcome of the assessment shared,with appropriate consent
- Lead professional identified where needed to avoid escalation
- Joint work force development programme for all staff working in this way

Integrated pathways

- Front doors operating as if one
- An integrated pathway for the intermediate tier
- Delegated tasks and trusted assessor approach- carrying out tasks on behalf of each other within clear accountability framework
- Joint approach to care homes prioritising investment in training to prevent residents' needs from escalating

3. Strategic context

Purpose of this section:

- To review the approach to and performance of the BCF in 2015/16
- To describe the changes that have taken place across the system since 2015/16's plan
- To provide updates on the 'case for change'

Reviewing the BCF in 2015/16

In developing its approach to BCF for its first year, Cambridgeshire County Council and Cambridgeshire and Peterborough CCG jointly considered the distribution of the minimum NHS contribution towards the Better Care Fund. Overall, the approach recognised the responsibilities associated with the Care Act and new initiatives through the BCF balanced against the fact that the BCF involved no additional funding. There was also a need to maintain service delivery and contractual commitments in both health and social care.

This cautious and pragmatic approach meant that in broad terms the money in the BCF remained in the same area of the system as it was previously. In the first year of BCF most funding remained in existing budgets, and the small amount of repurposed spending was focused on areas that would begin to develop a transformation in services. The expectation was that in future years there would be more funding available to support different services as our work began to have an impact. In the first year of the BCF, our major areas of spending were:

- £18.1 million on community health services in the NHS, mainly on the CCG's Older People and Adult Community Services (OPACS) contract
- £14.5 million on social care services, with the majority spent on services that reduce demand for NHS services. This was mainly sourced from the previous section 256 agreement funding that supported social care services which delivered benefits to the health service.
- £0.9 million on transformation projects that were intended to help to shift demand away from emergency hospital services towards services provided in the community and helping people to stay more independent
- £1.9 million on Disabled Facilities Grants, awarded by District Councils to make changes to people's homes to support them to live independently – such as access ramps, internal modifications to make rooms easier to access, and improving heating and lighting controls to make them easier to use.

BCF Performance against metrics

Performance against the target metrics in the BCF has been mixed. The key indicator was for a reduction in non-elective admissions, for which the Health and Wellbeing Board agreed to set a target of a 1.0% reduction. However, non-elective admissions have continued to rise across the county, with performance at the end of quarter 3 showing an increase in non-elective admissions of 5%. Other indicators are either cumulative or only measured once a year; these factors have combined to make it difficult to demonstrate a link between BCF activity and performance at this stage of the financial year. This is an issue that we will address through the 2016/17 plan.

Transformation supported by BCF

The most significant investment through BCF was in the CCG's Older People and Adult Community Services contract, awarded to UnitingCare Partnership. The five year contract was ended early on 3 December 2015, with the contract no longer financially viable. The immediate focus was on securing a safe transition of all service contracts to the CCG; and service continuity for patients and assurance for staff.

Since then, the CCG has been reviewing all UnitingCare services and workstreams in order to maintain the benefits and improvements the model has been able to deliver to date. However, some significant parts of the model had already been delivered, including:

- TUPE transfer of over 1300 staff into CPFT
- Set up of 16 neighbourhood teams
- Set up of Joint Emergency Teams
- Set up of Onecall as single point of access

The CCG is committed to continuing with the service model developed through the contract, and this is reflected in the above priorities for delivery for 2016/17.

In addition to the UnitingCare contract, five BCF transformation projects were established, aimed at transformation over the medium term. As many health partners in Cambridgeshire work across both Cambridgeshire and Peterborough, and recognising that many of the challenges faced by the system are common across both areas, these were established across Cambridgeshire and Peterborough:

- **Data sharing**: to ensure an effective and secure way to share data across health and social care, to help coordinate and join up services for adults and older people.
- **7-day services**: to expand 7 day working to ensure discharges from hospital and other services are planned around the needs of the patient, not when organisations are available.
- **Person Centred System**: to ensure services are focused around the needs of the patient, across health and social care. Care and support will be planned and coordinated by 'integrated care teams' made up of professionals from a range of organisations to ensure services are more joined up.
- **Information and Communication**: to develop and deliver high quality sources of information and advice based on individuals' needs, as opposed to organisational boundaries.
- **Healthy Ageing and Prevention**: to develop services in the community focused on preventing people falling unwell; in particular, to support older people to enjoy long and healthy lives and feel safe.

These projects have progressed at varying speeds this year. Many of the projects were closely integrated with work being undertaken by the UnitingCare Partnership; thus much of the work has been subject to review following the OPACS contract termination and the subsequent contract review. An example is the Data Sharing work, which was focused on extending the OneView system that UnitingCare were set to develop to improve sharing of information about patients and service users. Following the termination of the OPACS contract, the contract for this service has also been terminated for financial reasons, leading to delays in the work. As a result there are currently underspends in the project budgets, although in accordance with the section 75 financial agreement governing use of the BCF these will be carried forward into the 2016/17 BCF in Cambridgeshire.

New initiatives

Urgent and Emergency Care Vanguard

During 2015/16, Cambridgeshire and Peterborough was chosen as an Urgent and Emergency Care Vanguard site. The Cambridgeshire and Peterborough Urgent and Emergency Care Vanguard is an ambitious and challenging programme. The vision is to accelerate the implementation of the Keogh Review to realise the quality, patient experience and financial sustainability benefits that transformation of Urgent and Emergency Care across health system will realise. The aimis to provide clarity to patients regarding the most effective and efficient way to access UEC, and then to be clear on what to expect when the call or visit to UEC is made. This requires patients to understand what's available from a local UEC offer, why this might be different across the system's geography, and what this means regarding the future configuration of UEC services. In return, providers are better able to manage and, in turn, plan their service capacity within a system which is less susceptible to huge variations in demand. The aim of this is to enable resources to be used in a more economical way, as well as striving to improve patient satisfaction and people's associated health outcomes, whilst supporting staff to be more fulfilled in their roles. In short, the Vanguard Programme will look to demonstrate how and where 'value' can be added across the UEC healthcare system.

Sustainability and Transformation Plan

In accordance with national guidance, Cambridgeshire and Peterborough Clinical Commissioning Group are also developing their five year Sustainability and Transformation Plan.The plan encompasses five key programme areas:

- Urgent and Emergency Care Vanguard
- Proactive Care and Prevention
- Elective Care Design Programme
- Maternity and Neonatal
- Children and young people

There is strong alignment between the BCF Programme, Proactive care and prevention and UEC Vanguard work-streams (particularly admissions avoidance, post hospital discharge and integrated urgent care clinical hub). In particular, there are strong links between the BCF 7 day services and person centred system schemes and Vanguard. In addition, close alignment with the Proactive Care and Prevention programme and the BCF Healthy Ageing and Prevention and Wellbeing schemes are being established.

The case for change

Overall the case for change remains the same at the start of 2016/17 as it did one year ago. Our key challenges include:

- Population Growth: Cambridgeshire has a growing and changing population. There will be large increases in the number of older people, children and people from different backgrounds living in the county in the next 10 years and beyond. This creates particular challenges for planning and managing health and social care services.
- Financial: Cambridgeshire and Peterborough collectively is one of 11 'challenged health economies'; this means that if we change nothing, then in five years' time local health

services would need an extra £250 million - £300 million, with local social care services facing similar challenges.

- Over-reliance on emergency care: too many people are treated in our acute hospitals and numbers of people admitted to hospital as an emergency has been growing by around 2% each year. Supporting people earlier, in their own homes, in order to prevent emergencies will achieve better outcomes.

The population of Cambridgeshire has continued to grow and the estimated population in 2014 was 639,800 with 17.7% of the population (113,500 people) aged 65 and over, which is the same as the England average.[1]The population is more ethnically diverse in Cambridge, with just 66% white: British compared with 87-90% elsewhere.[2]

The population of Cambridgeshire is forecast to grow by 23% between 2016 and 2036, an additional 147,700 people; the areas forecast to see the biggest growth are South Cambridgeshire (34%) and East Cambridgeshire (29%).[3]This makes Cambridgeshire the fastest growing shire county in the UK. Cambridgeshire's population is also ageing: the population aged 65+ in Cambridgeshire is expected to increase by 64% between 2016 and 2036, an additional 76,300 people; the area forecast to see the biggest increase in people aged 65+ is Huntingdonshire (67%).[3]

Levels of deprivation are low for the county as a whole but this varies by district; the most deprived district in the county is Fenland, the 80th most deprived local authority district out of 326 in England. The least deprived district is South Cambridgeshire (ranked 316).[4]Compared to 2010, Fenland and East Cambridgeshire now rank as more deprived in national terms than previously; Cambridge City ranks as less deprived. Cambridgeshire now has 16 LSOAs in the 20% most deprived nationally – this is compared to 9 in 2010.

Average life expectancies for men and women in Cambridgeshire are higher than the national averages at 81.2 years and 84.5 years respectively.[5] Average life expectancy varies by district: for both men and women, the lowest life expectancies are found in Fenland (79.4 and 82.6 years respectively) and the highest in South Cambridgeshire (82.7 and 85.6 years respectively).[5]Age-standardised all-age all-cause mortality rates are lower in Cambridgeshire compared with the England average.[6]By district, age-standardised all-age all-cause mortality rates were highest in Fenland for men and women; premature mortality (deaths before the age of 75) follow the same pattern.[6]

No single organisation can meet these challenges alone and there is the need to develop a system together in a way that is based upon the real experiences and needs of people, families and carers rather than on organisational arrangements.

>> Further reading:

BCF Plan 2015/16, page 27

4. Delivering the Better Care Fund

Purpose of this section:

- To describe the approach to setting a BCF budget for 2016/17 in Cambridgeshire
- To provide an overview of the major budget lines being supported
- To describe governance arrangements for the BCF budget
- To describe the approach to Programme Management of the transformation to be delivered through the BCF.

Setting a Better Care Fund budget

One limitation of the approach to the BCF budget in 2015/16 in Cambridgeshire is that it was difficult to monitor the impact of the BCF as a whole. The Council and CCG have agreed as guiding principle for the Better Care Fund in 2016/17 that there should be greater transparency over the budget lines in the BCF pool. By this we mean that every budget line should have clear performance metrics attached; and that clear and realistic expectations should be set for the transformation projects undertaken through BCF. It is expected that this approach will assist all partner organisations, and the Cambridgeshire Health and Wellbeing Board, in better assessing the impact of the BCF. This will become increasingly important as we move towards longer-term, more integrated planning across the system beyond 2016/17.

As the BCF does not contain any new investment, a significant proportion of the fund will be supporting existing services. We have attempted to bring service budgets into the BCF where a clear benefit can be realised through aligning service budgets in health and social care. The expectation is that this will drive further joint commissioning and support an expansion of integrated working in future years. This will increase the overall size of the BCF in 2016/17, which will be made up as follows:

Please note that these budget figures are provisional pending further discussions in Cambridgeshire; final totals will be confirmed for the final plan on April 25 2016.

BCF Funding 2016/17

	CCG (k)	County Council (k)	Other (k)	TOTAL (k)
Revenue	£35,655	£956	£700*	**£37,311**
Capital	£0	£4,773	£0	**£4,773**
TOTAL	**£35,655**	**£5,729**	**£700**	**£42,085**

'Other' line relates to project funding carried forward from 2015/16. Figures have been rounded – see planning template for precise figures.

BCF Budget categories, 2016/17

Scheme	Amount (k)	Type	Lead	Notes
Integrated Adults Community Health Services (IACHS)	£17,012	Revenue	CCG	

CCG Re-ablement funding	£2,000	Revenue	CCG	
Risk share	£836	Revenue	CCG	
CCG Carers Funding	£350	Revenue	CCG	
Protecting social care	£2,500	Revenue	LA	
Former s256	£10,652	Revenue	LA	
Care Act Implementation	£1,367	Revenue	LA	
Additional Council contribution (revenue)	£956	Revenue	LA	
Transformation team	£300	Revenue	Joint	
Transformation projects	£1,338	Revenue	Joint	Includes 15/16 underspend of £700k
Disabled Facilities Grant	£3,479	Capital	LA	
CCC Capital	£1,294	Capital	LA	Funding removal of ASC Capital Grant
Total	**£42,085**	Combined		
Figures have been rounded –see Planning Template for precise figures				

Budget categories

All of the areas of spend of the Better Care Fund are considered to be part of a single Pooled Budget for the purposes of the Better Care Fund. In recognition of the fact that significant portions of the budget are to be passported to other services, a principle has been agreed that partners will seek to limit physical transfers of funding, to reduce transaction costs. To achieve this, categories of spend have been created as follows:

- Contribution: for funds that are being contributed to an existing service budget or project from the Better Care Fund pool
- Project: for funds that are reserved for spend on transformation projects under the governance of the Better Care Fund
- Risk Share: funding previously used as the performance-related pay element of BCF and now reserved for the local risk share agreement in relation to achievement of non-elective admission targets

For "contribution" funds, a lead commissioner is identified for each spending line. That lead commissioner is authorised to arrange services or service contracts up to the approved expenditure from the Better Care Fund. To avoid unnecessary financial transactions, 'Contribution' funding for which the Lead Commissioner will be the CCG will not be physically transferred into the pooled fund. Contribution funds will be the sole responsibility of the lead commissioner identified within the Section 75; but the lead commissioner will report progress on spending and performance metrics to the Cambridgeshire Executive Partnership Board as part of the overall reporting on the BCF.

For "project" funds, the amount identified is available to joint commissioners for project spending towards the agreed BCF plans. Any underspends would be reinvested in the pooled budget.

Risk share funding will be held by the CCG, subject to meeting targets for non-elective admissions. The CCG will only release the full value of the risk share fund into the Pooled Fund if the non-elective admissions reduction target is met. If the target is not met, the CCG shall only release into the Pooled Fund a part of that funding proportionate to the partial achievement of the target. The

Partnership Board shall determine how any risk share funding which is released into the Pooled Fund is spent.

Budget management

The County Council will act as host partner for the pooled fund and is responsible for holding the budgets transferred; administering the budgets; and nominating a 'pooled fund manager' to ensure that the Council complies with its obligations.

Key spending areas

Contribution funds:

Contribution budgets will support the following core services:

Intermediate Care and Reablement
Reablement services
Rehabilitation and therapy
Occupational Therapy
Interim Beds
Community beds
JET
Respite, central contract and block beds
Promoting independence
Integrated Community Equipment Service
Handyperson scheme
Home Improvement Agency
Assistive Technology (revenue, CCC share)
Sensory Services
Disabled Facilities Grant
Neighbourhood Teams
Community Nursing
Carers support
CCC Carers Support
CCG Carers Support
Voluntary sector joint commissioning
County Council Older People VCS contracts
Sensory Services VCS contracts
Physical Disability VCS Contracts
Community Navigators
Day Opportunities for Older People
CCG VCS contracts
Discharge planning and DTOCs

Discharge to Assess (CUH)
Discharge planning teams

Full details are contained within the BCF Planning Template (appendix 1)

Project budgets

The following budgets have been agreed to support the areas of transformation that we want to develop through the BCF:

- **Transformation Team:**£300k to support a transformation team made up of staff providing project management capacity to the different project areas established under the BCF.
- **Transformation fund:** £1,338k to support delivery of transformation through the BCF.

The following projects are expected to receive financial support from the Transformation fund:

- **Intermediate Care Teams (non-bed based provision)**

Review the intermediate tier to ensure that neighbourhood teams are complemented by a resilient, integrated intermediate care tier offering home-based services and intensive rehabilitation services (therapy). This will involve all local partners, including commissioners and providers.The aim is that there will be co-ordination, co-location, and co-operation between re-ablement, rehabilitation, neighbourhood teams, primary care, housing and the voluntary sector to make best use of the total resources available. This would result in the creation of a strengthened, integrated intermediate care suite of health / social care services to :

- prevent unnecessary admission to hospital
- support early discharge from, or prevent unnecessarily prolonged stays in, hospital as well as supporting early discharge from community hospital rehabilitation units
- prevent premature admission to long-term residential care
- maximise health and self-confidence and chances of living independently.

Options include the recruitment of integrated care workers; intermediate care technicians and therapists; and delegated health tasks.

- **Care home educators**

The educator scheme, already operational in Peterborough, provides clinical review, support, and training to care home staff. The educator provides a link between care homes and other health services to embed alternative pathways to prevent avoidable admissions, and, between the acute trust and care homes, to improve discharge pathways. The role supports medication reviews, improved care quality to reduce incidences of pressure sores, deep vein thrombosis (DVT), urinary tract infection (UTI), and falls. The care home educators will support a system-wide approach to reduce the number of hospital admissions relating to UTI or blocked catheters. An analysis of UTI (ICD10: N39) recorded over 2,600 emergency admissions and over 32,500 bed days at a total cost of £8.6m. Whilst not all these admissions are from care homes, it is realised that care homes are having a significant impact on UTI and catheter care for patients at risk of UTIs.

- **Developing social prescribing**

The BCF could further support the development of a model of social prescribing, building on the work undertaken in Luton and Rotherham. The evidence base for social prescribing is robust with increasing rates of return on investment for health, social care, patients, and the third sector.

- **Falls Pilot**

Pilot of a new falls prevention pathway, with learning rolled out wider across Cambridgeshire

- **Older People Accommodation Review Programme**

Our Older People Accommodation Programme brings together partners from across the system to co-ordinate health, housing and social care agencies so our work supports older people's access to accommodation that they want to live in, that enables them to remain independent within their community wherever possible. By co-ordinating activity, we hope to help older people to have a choice about where they live, even if their health and social care needs are high or escalating. The Programme will be supported in order to make use of specialist technical expertise during 2016/17 to inform planning for future accommodation needs

- **Data Sharing**

Financial support to develop new methods of data sharing in order to improve patient experience; improve professionals' decision making; improve strategic planning; and meet BCF requirements

- **Workforce and Organisational Development in Integrated Teams**

Support for training and development of an integrated workforce and an organisational development programme

- **Frequent attenders at acute settings**

Developing approaches to identify and coordinate support for people who frequently attend acute settings, in order to improve their lives and reduce overall costs to the system

Governance

At the time of writing, the governance arrangements remain the same as in our existing Better Care Fund Plan. The Cambridgeshire Health and Wellbeing Board has overall responsibility for the Better Care Fund plan, whilst the regular monitoring of the Plan and budget is delegated to the Cambridgeshire Executive Partnership Board (CEPB), which brings together all key partners across the county to provide a joint strategic approach to service transformation and delivery of the Better Care Fund. This executive-level partnership board reports to the Health and Wellbeing Board. The purpose of CEPB is to provide whole system leadership and coordinated multi-agency oversight of health and social care service transformation for older people and vulnerable adults in Cambridgeshire.

Given the termination of the OPACS contract; and the creation of the new UEC Vanguard and STP programmes, a review of governance and delivery arrangements is due to be undertaken by the Cambridgeshire Executive Partnership Board in the current months. The goal will be to rationalise the governance and delivery arrangements surrounding each of these initiatives, whilst also ensuring alignment across Cambridgeshire and Peterborough where possible.

In the interim a BCF Delivery Board will be established to ensure there is the appropriate level of drive and focus on programme delivery in 2016/17. Engagement with relevant key health, care and voluntary sector partners, clear objectives for the year based on the above vision/ delivery plan and realistic project plans will be key to the successful implementation.

>> Further reading:

BCF Plan 2015/16, page 47

Programme Management

As part of our 2015/16 plan, it was intended to establish a multi-agency transformation team to develop the BCF transformation projects. After further discussion this was established as a 'virtual team' comprising officers from Cambridgeshire County Council, Peterborough City Council, Cambridgeshire and Peterborough CCG, and (until December 2015) UnitingCare Partnership. Wherever possible, projects are being developed jointly across both Cambridgeshire and Peterborough Health and Wellbeing Board areas. Dedicated Programme Managers are based within each local authority, and project sponsors and leads are drawn from across the partnership as appropriate. This arrangement will continue for 2016/17. In 2016/17 wherever possible there will be system-wide design of the joint projects with consideration being given to local implementation where it makes sense to do so.

5. National Conditions

Purpose of this section:

- To describe how each of the National Conditions for the BCF will be met in Cambridgeshire

Plans to be jointly agreed

The Cambridgeshire BCF plan has been jointly agreed by local partners in the health and social care system. The transformation priorities have been discussed widely across the system, and build on the Joint Older People Strategy agreed by our system in 2014. The draft plan has been circulated to members of the Cambridgeshire Executive Partnership Board (CEPB) for comment as well as all Health and Wellbeing Board Members. The draft plan will be informed by discussion at the Health and Wellbeing Board; and at the CEPB. The final plan will be discussed in detail at the Health and Wellbeing Board and signed off by the Health and Wellbeing Board, County Council and CCG Governing Body.

Our 2015/16 Plan (page 80) describes our approach to engagement in developing the first year's BCF Plan. Cambridgeshire Executive Partnership Board Members have continued to be engaged in development of the plan and the projects which sit underneath it; and continue to take responsibility for engaging with their own organisations and sectors.

>> Further reading:

BCF Plan 2015/16, page 80

Maintaining provision of social care services

The locally agreed definition of protecting social care services is maintaining the existing thresholds for social care eligibility criteria, ensuring that social care services are able to meet the national minimum eligibility criteria.

There are no proposals to reduce social care services within the plan, in the sense of changing the eligibility criteria as per the definition above. £2.5m of the BCF has been allocated in the CCC budget to ensure that services can be protected, along with the continuation of existing s256 allocations which provides funding for reablement, and we have no plans to reduce the amount of resources dedicated to supporting reablement.

Provisionally, our overall level of support to maintain provision of social care services has remained the same in 2016/17 as in 2015/16. More information on our overall approach is contained within our 2015/16 BCF Plan.

>> Further reading:

BCF Plan 2015/16, page 66

Care Act requirements

£1,367,000 has been allocated to support our local response to the Care Act, including meeting the new duties placed on local authorities. As a result of part 2 of the Care Act being delayed to 2017, the programme set up to deliver the requirements of the Care Act was merged with the Transforming Lives project in July 2016. Governance arrangements were reviewed and projects

were re-scoped to deliver by April 2016. The Transforming Lives/Care Act programme portfolio of projects is as follows:

- Transforming Lives (including Workforce Development) – a new model of social work for Adult Social Care
- Adult Early Help – a new model of front door access to Adult Social Care
- Communication and information
- Care markets – managing the market to meet Care Act requirements
- Safeguarding – set up to deliver 'making safeguarding personal', transferring safeguarding referrals to the Multi-Agency Safeguarding Hub (MASH) and to meet Care Act requirements
- Advocacy – set up to commission and procure a new advocacy service
- Supporting Systems – to deliver the changes to the contributions policy to meet the Care Act requirements
- Community Navigators - set up to commission and procure a new contract for community navigators

The programme will be reviewed again in April 2016.

Support for Carers

Our 2015/16 BCF contained £350k as the minimum amount of carer specific support included within the BCF, which is used within CCG budgets for their support for carers. The total £350k was transferred to the UnitingCare contract for the purposes of commissioning carers' support from the Carers Trust. This responsibility has now returned to the CCG who are using it to support the Carers' Prescription (£278k); along with other carer liaison and support and other posts within the voluntary sector. More detail is contained within our 2015/16 plan.

To support a more joined up service for Carers in future, the County Council has brought some of its own services for carers within the scope of the BCF budget in Cambridgeshire, alongside the services already included.

>> Further reading:

BCF Plan 2015/16, page 80

7 day services

All partners maintain a strategic commitment to 7 day working where appropriate. Many services are already operating seven days a week; our focus locally is ensuring that the right services are available at the right time to ensure that patients are kept safe, and that patient flow is maintained.

During 2015/16 whole system workshops were held in each of Cambridgeshire and Huntingdonshire SRGs. These took a whole system pathway approach to ensuring the development of seven day services in addition to working on the imperative to deliver the ten clinical standards. A common set of principles has been agreed, predicated on the need to ensure patients flow through the system irrespective of day of week. The resulting delivery plans are owned and being driven by each SRG and service mapping and communication of service availability via the Directory Of Service will be a key part of the delivery plan for 16/17 BCF.

Better Data Sharing, based on the NHS Number

NHS Cambridgeshire and Peterborough CCG mandates the NHS Number as the primary identifier for correspondence through the NHS Standard Contract for providers, while at the same time ensuring compliance with the NHS Care Records Guarantee and Patient / Citizen privacy mandates.

The County Council has completed procurement for a new social care management information system, which will be implemented during 2016/17. The new system will allow easier sharing with partner organisations based on open APIs.

A project is underway to establish and implement an effective and secure approach to data sharing across the whole system in order that the provision of all services will be better co-ordinated and integrated, and support the delivery of person centred care in the most beneficial setting. The project will ensure the use of the NHS number as primary identifier. It will include the delivery of an overarching solution that will make available data from several systems across Cambridgeshire with the provision of Application Programming Interfaces (API's) for each core system. This will be aligned with the production of Information Sharing protocols and a phased roll-out plan for Data Sharing.

Original plans for 2015/16 focused around the development of the UnitingCare system 'OneView', which would offer a single view of the patient record. In light of the contract changes a decision was taken to not proceed with OneView, so further scoping is underway to determine alternative options. A focus on immediate practical data sharing options are being progressed to facilitate better data flow and integrated working practices (e.g. Local data sharing agreements, cross-organisational access to existing systems). In addition, Cambridgeshire County Council has recently procured a new adult social care system, which will incorporate open APIs. This system is expected to be operational in Autumn 2016. This work is aligned with the CCG's local digital roadmap and digital maturity work.

Joint approach to assessments and care planning

Our approach to joint assessments and care planning is described in our 2015/16 BCF Plan. The plan described how the contract delivered by the UnitingCare contract would support a step change in our efforts around multi-disciplinary working and joint case management. During 2015/16, Neighbourhood Teams have been established to provide better and more holistic support for older people and people with long-term conditions. Further development of risk stratification, proactive case management and identification of a lead professional are priorities for 2016/17.

>> Further reading:

BCF Plan 2015/16, page 77

Impact on providers

Our 2015/16 plan described engagement that had been carried out with providers in development of our plan. Since then, providers and commissioners have continued to collaborate on the projects

and development work established under the Better Care Fund; notably through representation of both commissioners and providers at the Cambridgeshire Executive Partnership Board.

Between our first submission on 21 March and our final submission on 25 April, conversations will continue with providers through meetings of the Cambridgeshire Executive Partnership Board; Cambridgeshire Health and Wellbeing Board; and attendance at local System Resilience Groups.

>> Further reading:

BCF Plan 2015/16, page 82

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

Cambridgeshire has committed £20,866,310 of funding for 2016/17 to NHS Commissioned out-of-hospital services. This exceeds the minimum local BCF ring-fenced amount of £10,132,282. This is comprised of the following elements:

- £836,000 allocated to a local risk sharing agreement (described above)
- £19,680,310 allocated to the commissioning of providers to deliver local integrated adult community health services
- £350,000 dedicated to services for carers commissioned by the CCG.

Integrated Adult Community Health Services (IACHS)

The level of funding for IACHS in 2016/17 has provisionally increased to £19,012,000 from £17,808,000 in 2015/16. In 2015/16 this funding was invested in the OPACS contract, which was a key enabler for health and social care integration across the local system. Despite the provider UnitingCare no longer holding the contract, the local system partners remain committed to the integrated community model of delivery going forward. Cambridgeshire and Peterborough Clinical Commissioning Group have taken on direct responsibility for commissioning of the IACHS model and continued work to further develop the model is planned in 2016/17. This increase in funding allocation for provision of the IACHS model is necessary as the CCG has inherited an £8.4m deficit as a direct result of the transfer of the OPACS contract from UnitingCare to the CCG. This contract was specifically designed to develop community based services to enable people to be cared for closer to home, thus reducing the level of non-elective demand on acute hospitals. Within this context, the CCG has a duty to ensure that the appropriate level of health investment continues to be made in community services in order manage the health aspects of the urgent care demand in the system so that patient flow is maintained.

Local plan to reduce Delayed Transfers of Care

A Delayed Transfer of Care (DTOC) is experienced by an inpatient in a hospital, who is ready to move on to the next stage of care but is prevented from doing so for one or more reasons. Timely transfer and discharge arrangements are important in ensuring that the NHS effectively manages emergency pressures. The arrangements for transfer to a more appropriate care setting (either within the NHS

or in discharge from NHS care) will vary according to the needs of each patient but can be complex and sometimes lead to delays.

Recognising that patient flow has a significant impact on the effectiveness of emergency care, we have a robust approach to DTOCs which operates at three levels:

- Our strategic approach to DTOCs is being coordinated through the Urgent and Emergency Care Vanguard;
- Our System Resilience Groups (SRGs) have plans for reducing DTOCs
- Each system has operational arrangements to respond to short-term increasing pressures, which allow for quick escalation; improving use of capacity and procuring additional capacity where necessary; and establishes regular conference calls at times of significant pressure to ensure that the system is doing everything possible to alleviate the situation.

Our overall strategic approach to DTOCs is being coordinated through the Urgent and Emergency Care Vanguard, under its 'post-hospital discharge' workstream. In addition, each System Resilience Group (SRG) has its own plan to reduce Delayed Transfers of Care. Our overall aim is to reduce Delayed Transfers of Care by 2.5% during 2016/17.

UEC admissions for >65 year olds account for 47% of all UEC admissions and 62% of spend in acutes. Elderly patients are more likely to stay longer as inpatients even after their acute medical problems have been resolved. Prolonged hospitalisation not only increases costs, it is also associated with other complications like infections, immobility, pressure sores, DVT, and deconditioning, thus worsening the patient's quality of life. The elderly are most susceptible to developing complications associated with hospital stay including medical problems not related to their primary diagnosis.

There are a number of factors that affect Length of Stay (LoS), some of which are associated with internal hospital processes such as waiting for tests, specialist review, or Occupational Therapist (OT) review. Issues associated with processes and behaviours within the acute hospitals are addressed within the 'In Hospital' workstream through embedding SAFER as well as the standardisation of pathways for common conditions.

Key deliverables across the Cambridgeshire and Peterborough system in 2016/17 include:

Discharge Planning Protocol

We will develop and implement consistent discharge protocols across acute and community hospitals, with pathways for discharge well defined and streamlined. The protocol will bring consistency in the processes and definitions used to identify and act upon delayed transfers of care. The local system of notification will alert community and social services to the likely need for services post-acute discharge and will facilitate forward planning for discharge.

Intermediate Care Teams (non-bed based provision)

Recent work has been undertaken to reconfigure existing community services to develop multidisciplinary, locally-based community health and social care services, working with clusters of GP practices. These services, set out around Neighbourhood Teams (NTs), include integrated case management, community nursing, community therapy, and mental health support. We now need to take this to the next stage to establish a resilient intermediate care tier that can provide home-based services and intensive rehabilitation services (therapy).

This service will be aligned with the robust reablement service provided by Cambridgeshire County Council to form a truly integrated intermediate tier. It is envisaged that there will be co-ordination, co-location, and co-operation between the services to make the best use of the resources available.

Discharge Home to Assess pathway

Discharge home with 'live in' care support and wrap around care from community teams for complex patients. This is a time-limited intervention for patients that will benefit from a period of care and support at home before their final care needs are assessed. This will complement the service provided by ICWs for those patients that require more intensive support (e.g. 24 hour care) in the initial weeks of their recovery, or for those patients who are on the final stages of an End of Life pathway.

This service has already been piloted successfully in the Cambridge system focusing on Continuing Health Care (CHC) Fast Track patients and self-funders with very positive results. MIDAS care, an independent sector provider, provides support for six placements at any one time with either live-in care or two shifts of 12-hour care if the patient's home cannot accommodate a live-in carer.

Early evidence suggests that 15 patients have already been discharged from Addenbrooke's hospital over a seven week period with an average length of stay in the pathway of nine days. Of the 15 patients, two were self-funders (13%) and 13 were Fast Tracks (87%). A previous audit of CHC Fast Track patients in hospital before the pilot started showed average length of stay from fast track referral to discharge to be 5.4 days. Of the 13 patients in the pilot, 30% were discharged within 24 hours, 54% were discharged within 48 hours, and 92% within 72 hours, with 100% of patients discharged within four days. In addition, there are invaluable benefits to patients by going through this pathway as 46% of them passed away at home in line with their wishes. The feedback from carers has also been extremely positive.

The service will be rolled out incrementally across the full CCG geography to enable providers to deploy additional resources without destabilising the existing capacity. The cohort of patients will be expanded beyond those selected for the initial pilot to include patients with other complex needs that are often difficult to place in interim health settings while they recover, such as patients presenting with slow-resolving delirium.

The final complement of 30 placements or "virtual beds" with an average length of stay of four weeks in the pathway would provide support for approximately 500 patients in a year.

Community Based Intermediate Care Beds

A review of community based intermediate care beds, covering community hospitals and care home settings, will be undertaken to ensure that commissioned capacity is aligned to reduced demand levels expected as a result of developing and investing in community intermediate care teams and home based services. Investment in the development of community intermediate care capacity, as stated in the points above, has the potential to enable care at home for over 3000 patients per year.

The latter will also support greater patient flow within community beds increasing throughput and reducing LoS. We are aiming to reduce LoS in community beds to an average of 14 days.

Overall Impact in 2016/17

We have agreed the following targets at present for the post-hospital discharge workstream:

- 20% reduction in spend on excess bed days (based on spend across the three main acute hospitals, all Health Resource Group codes)
- 20% reduction in non-elective hospital readmissions (across the three main hospitals)
- 20% reduction in the use of escalation/contingency beds within the three acute hospitals
- Improved staff satisfaction and reduced sickness absences, staff turnover/vacancy levels, and spend on agency staff. This will be monitored during 2016/17 with a view to gathering evidence/baseline data of the impact proposed schemes have on the staff satisfaction and related metrics)
- Improved patient and carer experience of care and support at home/in the community
- In addition to the benefits already received through reablement it is expected that there will be a further reduction in demand for long-term social care packages. This is estimated to be 20% of the total patient throughput supported by the ICWs and expected reduction in local authority spend on long-term care packages
- Reduction in LoS down to an average of 14 days in community hospital beds to improve throughput

Approach to DTOC fines

In line with Care Act guidance and practice across the Eastern Region, the County Council does not expect to be paying DTOC fines on the assumption that it is doing everything within its power to effect a timely transfer from hospital of people CCC is responsible for supporting. The effective delivery and implementation of the Better Care Fund Plan will ensure that the health and social care system is working to maximum effect to prevent admissions where appropriate and enable appropriate discharge.

>> Further reading:

UEC Vanguard Value Proposition 2, page 22

Annex 1: Milestone plan

Healthy ageing and prevention

Overall:	Project plan for 2016/17 updated and approved	01 March 2016	01 May 2016
Falls prevention:	Early trigger action plan developed and approved	01 March 2016	01 May 2016
	Design whole system joint falls pathway		01 July 2016
	Agree data set and collect data		01 July 2016
	Falls pilot delivered in St Ives – to form basis for upscaling model across Cambridgeshire and Peterborough	01 July 2016	01 January 2017
	Plan implementation and confirm operational readiness	01 January 2016	01 April 2017
	Implementation commenced	01 April 2017	-
Dementia:	Early trigger action plan developed and approved	01 April 2016	01 June 2016
	Develop joint pathways and best practice guidance across the whole system		01 September 2016
	Agree data set and collect data		01 September 2016
	Pilot/test new pathway or model	01 October 2016	01 February 2017
	Plan implementation and operational readiness	01 February 2017	01 April 2017
	Implementation commenced	01 April 2017	-
UTIs/Continence:	Finalise project lead and project team members	01 March 2016	01 May 2016
	Develop clear vision and objectives	01 May 2016	01 July 2016
	Early trigger action plan developed and approved	01 July 2016	01 September 2016
	Develop joint pathway across the system	01 September 2016	01December 2016
	Agree data set and collect data		01 December 2016
	Pilot/test new pathway	01 December	01 April 2017

	model	2016	
Social Isolation:	Early trigger action plan developed and approved	01 April 2016	01 June 2016
	Develop joint pathway across the system to improve service join up and coordination	01 June 2016	01 October 2016
	Develop strategic evaluation tool to aid local commissioning of high quality social isolation services	1st October 2016	01 March 2016
	Implementation plan and operational readiness	01 February 2017	01 April 2017
	Evaluation tool being practically used to support local commissioning	01 April 2016	-
The Wellbeing Service:	Finalise revised delivery model	01 March 2016	01 July 2016
	Action plan developed and approved	01 May 2016	01 June 2016
	Pilot new 'Wellbeing Service', including social prescribing element (in collaboration with Vanguard)	01 July 2016	01 January 2017
	Review and evaluation	01 January 2017	01 March 2017
Overall:	Evaluate and plan 2017/18	01 January 2017	01 March 2017

7 day services

Integration of BCF into SRG Urgent Care Plans	Review and agree feasibility of existing SRG urgent care plans and whether they will produce better outcomes for patients	01 March 2016	01 May 2016
Mapping of current 7 Day Service provision	Review and mapping of existing whole system 7 day service provision	01 March 2016	01 May 2016
	Review and mapping of 7 day provision of national clinical standards within acute	01 April 2016	01 May 2016
	Project plans for 2016/17 updated and approved by each SRG	01 April 2016	01 June 2016

Overall:	Evaluate and plan 2017/18	01 January 2017	01 March 2017

Data sharing

Overall:	Project plan for 2016/17 updated and approved	01 April 2016	01 May 2016
Joint approach to consent and fair processing:	Joint approach to consent and fair processing agreed	01 April 2016	01 October 2016
Protocol for working with patient held records	Protocol developed as part of pilot project	01 May 2016	30 September 2016
	Protocol shared with all health and social care delivery staff	30 September 2016	31 March 2016
Summary care record content signed off and extracts / views created for all systems.	Social care summary content extracts developed	01 May 2016	30 August 2016
	Summary views made available to support dual record access by front line and front door workers	01 September 2016	30 December 2017
Development of longer term plan to demonstrate progress towards common APIs:	Development of 5 year data sharing plan and approval	01 April 2016	01 November 2016
Interim solutions for improved data sharing across existing systems	Implementation of interim solutions (e.g. cross-organisational log ins/access to existing systems)	01 April 2016	01 August 2016
Implementation of SHREWD activity planning tool	Confirm operational and IT leads from organisations and establish project team	01 March 2016	01 April 2016
	Develop Common set of high level triggers	01 April 2016	01 July 2016
	Implementation commenced	01 July 2016	
Overall:	Evaluate and plan 2017/18	01 January 2017	01 March 2017

Information and communications

	Project plan for 2016/17 updated and approved	01 April 2016	01 May 2016

Information hub:	Mapping of existing directories and services completed		01 June 2016
	Options appraisal and approval of technology solution		01 August 2016
	Development of information sharing protocols and agreement of sharing data sets and consent models	01 August 2016	01 December 2016
	Development of technology solution		
	Plan implementation and operational readiness	01 December 2016	01 April 2017
	Implementation commenced	01 April 2017	-
Front door:	Sharing of FAQS and referral pathways between PCC and BCF front doors	01 June 2016	01 September 2016
	Detailed design	01 September 2016	01 January 2017
	Plan implementation and operational readiness	01 January 2017	01 April 2017
	Implementation Commenced	01 April 2017	-
Change management:	Communications plan developed	01 March 2017	01 April 2017
Overall:	Evaluate and plan 2017/18	01 January 2017	01 March 2017

Integrated Adult Community Services

Overall:	Project lead and team established	01 March 2016	01 May 2016
	Project Plan for 2016/17 updated and approved	01 April 2016	01 June 2016
Population risk stratification and case management:	Develop case management approach	01 April 2016	01 June 2016
	Roll out and communication plan developed	01 June 2016	01 September 2017
	Phased roll out commenced	01 September 2017	-
Integrated Neighbourhood Teams:	Approach to alignment of Integrated	01 April 2016	01 July 2016

	Neighbourhood Teams with Adult Social Care		
	Roll out and communication plan developed	01 July 2016	01 October 2016
	Phased roll out commenced	01 October 2016	-
Joint early assessment framework:	Develop joint assessment approach – including joint framework and joint response, including lead professional	01 July 2016	01 January 2017
	Engagement and roll out plan	01 January 2017	-
Joint frailty assessment tool(e.g. Rockwood)	Finalise decision on frailty tool to use	01 March 2016	01 May 2016
	Engagement and roll out plan	01 May 2016	01 July 2016
	Phased roll out commenced, starting with Neighbourhood Teams	01 July 2016	-
Overall:	Evaluate and plan 2017/18	01 January 2017	01 March 2017

Delayed Transfers of Care

Locally agreed DTOC plan:	Develop local DTOC action plan for 2016/17 and approval by each SRG	01 March 2016	01 June 2016
	Review and agree feasibility of existing SRG urgent care plans and whether they will produce better outcomes for patients	01 March 2016	01 May 2016
	Evaluate and plan 2017/18	01 January 2017	01 March 2017

Annex 2: Risk Log

There is a risk that:	Likelihood[1]	Potential impact[2]	Overall risk factor	Mitigating Actions
1. If there is no strategic vision, oversight or direction of travel, or if there is too much focus on small scale initiatives, opportunities to undertake critical and joined up transformation of services will not be maximised.	4	4	16	• Agreed vision and principles which are incorporated within service core planning documents. • Implementation of the 5 year strategic plan and other relevant strategic commissioning plans. • Re-visit governance to maximise opportunities for join up across Cambridgeshire and Peterborough and key areas of transformation (e.g. Cambridgeshire and Peterborough CCG Sustainability and Transformation Programme) to ensure proposals are mapped back to the agreed vision before approval, and to maintain oversight and monitor progress at all stages. • Client groups are identified and reflected in the future vision.
2. Lack of transformational change strategic leadership capacity across the system leading to inability / unwillingness of partner organisations to provide the sign up and required cultural shift to deliver the whole-scale change, then the transformation will fail to achieve the necessary financial benefits and improvements for customers, staff and stakeholders.	3	4	12	• Continue development of a Transformational System leadership capacity / capability building programme for all executive system leadership • Agreed vision and principles which are incorporated within service core planning documents. • Demonstrable leadership through the delivery of the engagement plan. • All organisations represented by the right people empowered to make decisions.

3. If the demand for social care services increases more rapidly than the profiled rate, the original plan will not be deliverable. Additional investment and transformation activity will, therefore, be required.	3	5	15	• Effective monitoring of demand for social care arising from the demographic change. • Effective monitoring of demand for social care arising from statutory duties under the Care Act. • Contingency plans prepared and in place for early intervention if anomalies or variations are identified. • Re-prioritisation of existing resources.
4. If investment in prevention fails to sufficiently reduce demand for acute services, this will increase the financial and resource challenges for acute and related services.	5	3	15	• Effective monitoring of demand for acute services arising from the demographic change. • Effective monitoring of demand for acute services arising from statutory duties under the Care Act. • Contingency plans prepared and in place for diversion of funding where necessary. • Continued review of whole system transformation to reduce demand for acute services.
5. If staff are not fully aware of, nor engaged with, the changes arising from the BCF Plan there may be a negative impact on staff attendance, retention and recruitment.	3	4	12	• Comprehensive engagement plan in place with clear and timely objectives and targets. • Profiling and management of workforce attendance and turnover. • Demonstrable leadership through the delivery of a comprehensive staff engagement plan. • Development of appropriate workforce and associated operational development plans.
6. If there is ineffective or insufficient engagement with stakeholders, including partners and customers, in developing and delivering the BCF then they may feel marginalised and excluded.	3	3	9	• Comprehensive engagement plan in place, developed with partners, which clearly segments the key stakeholder groups and the specific activities required to effectively reach them.

Transformation may, therefore, be ineffective.				• Clearly articulate the benefits and apportion to each partner organisation. • Ensure appropriate involvement of key staff in programme planning and implementation. • Clearly document the governance and ownership of the engagement plan and the relevant reporting and monitoring processes.
7. If there are multiple and/or uncoordinated changes to service delivery this could destabilise provision and performance.	4	4	16	• Ongoing review of strategy and vision. • Robust arrangements in place to coordinate delivery timetables across all change activities. • Appropriate investment in effective models and methods of communication with users and staff. • Develop and implement a whole system organisational development programme to work out delivery together.
8. If the data used to develop the BCF Plan is inadequate, delayed or unavailable, then there may be unforeseen and unplanned service delivery or financial impacts/demands.	2	4	8	• Ensure plan is updated regularly to reflect the emerging position and any agreements or changes which have been made. • Ensure effective coordination of the work of different project teams to allow timely update of assumptions. • Validation of data used and assumptions made are clearly evidenced and documented.
9. If there is insufficient project control, transparency and accountability, delivery of the BCF Plan and strategic vision may be compromised.	3	3	9	• Programme management resources in place to deliver the plan to agreed milestones. • Strong governance and effective PMO processes in place to monitor and oversee delivery of the plan, milestones, risks and issues. • Strong and effective leadership from key

				stakeholders.
10. If there is a delay in developing the BCF Plan, it may not be finalised and approved by the due date for submission.	1	5	5	• Build on the agreed vision and development of work within 2015/16 • Detailed plan to oversee development, taking into account all necessary requirements for adequate discussion, challenge and sign-off. • Early identification and engagement with officers and teams who will need to contribute and develop the plan.
11. If changes are made to national policy in respect of urgent and emergency care this could negatively impact the BCF Plan content and timetable.	2	3	6	• Effective links in place with local and national NHS policy makers.
12. If increased demand for carers' provision, as a direct result of the Care Act, exceeds that which has been profiled then there will be additional costs and demand on resources.	3	3	9	• Ongoing monitoring and profiling of demand. • Development of community capacity through commissioned activities and close working relationship with voluntary sector (PCVS). • Re-prioritisation of existing resources.
13. If the legacy systems are unable to record or match the NHS number, or staff fail to adopt new processes to record and use it, then data may be ineffective and unusable.	2	3	6	• Facility in place across all service areas/organisations to ensure NHS number can be populated either manually via process or automated. • New processes are embedded across all services areas/organisations. • Memorandum of understanding re sharing data is agreed.
14. If there is no clear agreement on data sharing and governance between partner organisations, this could compromise or delay progress in monitoring or delivering the BCF Plan.	3	5	15	• Data sharing agreements and protocols documented and signed off between all partners for the collection, storage and processing of data. • Agree strong joined up governance arrangements

				relating to data.
15. Changes to the OPACS contract may delay projects or add complexity, as new arrangements are made to carry out the work previously undertaken by UnitingCare, the delivery provider	4	4	16	• Detailed and early discussions with CCG around key personnel who will lead on each of the areas of work. • Dedicated resource to oversee transfer of contractual responsibilities of UnitingCare to new lead personnel. • Strengthened focus on governance to oversee the change process and ensure the pace of change, project plan and delivery is maintained.

[1]Likelihood - How likely is the risk to materialise? Rate on a scale of 1-5 with 1 being very unlikely and 5 being very likely.

[2]Potential Impact- Rate on a scale of 1-5 with 1 being a relatively small impact and 5 being a major impact. If there is some financial impact specify in £000s, also specify who the impact of the risk falls on.

Template for BCF submission 2: due on 21 March 2016

Better Care Fund 2016-17 Planning Template

Sheet: Checklist

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

Incomplete Template

1. Cover

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

Sheet Completed:	Yes

2. Summary and confirmations

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

Sheet Completed:	Yes

3. HWB Funding Sources

	Cell Reference	Complete?	Checker

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

Sheet Completed:	Yes

4. HWB Expenditure Plan

	Cell Reference	Complete?	Checker
Scheme Name	B17 : B266	☐	Yes
Scheme Type (see table below for descriptions)	C17 : C266	☐	No
Please specify if 'Scheme Type' is 'other'	D17 : D266	☐	No
Area of Spend	E17 : E266	☐	No
Please specify if 'Area of Spend' is 'other'	F17 : F266	☐	No
Commissioner	G17 : G266	☐	No
if Joint % NHS	H17 : H266	☐	No
if Joint % LA	I17 : I266	☐	No
Provider	J17 : J266	☐	No
Source of Funding	K17 : K266	☐	No
2016/17 (£000's)	L17 : L266	☐	No
New or Existing Scheme	M17 : M266	☐	No
Total 15-16 Expenditure (£) (if existing scheme)	N17 : N266	☐	No

Sheet Completed:	No

5. HWB Metrics

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

Sheet Completed:	Yes

6. National Conditions

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

Sheet Completed:	Yes

Template for BCF submission 2: due on 21 March 2016

Better Care Fund 2016-17 Planning Template

Sheet: 1. Cover Sheet

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

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

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

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

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

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

Health and Well Being Board	**Cambridgeshire**

completed by:	Geoff Hinkins
E-Mail:	geoff.hinkins@cambridgeshire.gov.uk
Contact Number:	01223 699679

Who has signed off the report on behalf of the Health and Well Being Board:	Adrian Loades

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

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

Template for BCF submission 2: due on 21 March 2016

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

Selected Health and Well Being Board:

Cambridgeshire

Data Submission Period:

2016/17

2. Summary and confirmations

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

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

3. HWB Funding Sources

	Gross Contribution
Total Local Authority Contribution	£6,429,866
Total Minimum CCG Contribution	£35,655,499
Total Additional CCG Contribution	£0
Total BCF pooled budget for 2016-17	**£42,085,365**

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

4. HWB Expenditure Plan

Summary of BCF Expenditure

	Expenditure
Acute	£836,000
Mental Health	£0
Community Health	£19,011,310
Continuing Care	£0
Primary Care	£0
Social Care	£15,569,000
Other	£6,666,866
Total	**£42,083,176**

Please confirm the amount allocated for the protection of adult social care	If the figure in cell E37 differs to the figure in cell C37, please indicate the reason for the variance.
Expenditure	
£2,500,000	Not all of the funding spent by social care is explicitly seen as 'protection'; rather we are focused on aligning spend on services through the BCF to encourage greater joint planning and commissioning

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

	Expenditure
Mental Health	£0
Community Health	£19,011,310
Continuing Care	£0
Primary Care	£0
Social Care	£0
Other	£669,000
Total	**£19,680,310**

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

	Fund
Local share of ring-fenced funding	£10,132,282
Total value of NHS commissioned out of hospital services spend from minimum pool	£19,680,310
Total value of funding held as contingency as part of local risk share to ensure value to the NHS	£836,000
Balance (+/-)	**£10,384,028**

5. HWB Metrics

5.1 HWB NEA Activity Plan

	Q1	Q2	Q3	Q4	Total
Total HWB Planned Non-Elective Admissions	15,139	14,789	16,117	15,320	61,365
HWB Quarterly Additional Reduction Figure	0	0	0	0	0
HWB NEA Plan (after reduction)	15,139	14,789	16,117	15,320	61,365
Additional NEA reduction delivered through the BCF					£0

5.2 Residential Admissions

		Planned 16/17
Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual rate	0.0

5.3 Reablement

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

5.4 Delayed Transfers of Care

		Q1 (Apr 16 - Jun 16)	Q2 (Jul 16 - Sep 16)	Q3 (Oct 16 - Dec 16)	Q4 (Jan 17 - Mar 17)
Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+).	Quarterly rate	0.0	0.0	0.0	0.0

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

	Metric Value Planned 16/17
The proportion of adults (aged 18+) receiving long-term social care (per 100,000 of population)	0.0

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

	Metric Value Planned 16/17
Friends and Family Test - Inpatient - % that would recommend NHS service received to friends and family	93

6. National Conditions

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

Template for BCF submission 2: due on 21 March 2016

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

Selected Health and Well Being Board:

Cambridgeshire

Data Submission Period:

2016/17

3. HWB Funding Sources

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

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

Local Authority Contribution(s)	Gross Contribution	Comments - please use this box clarify any specific uses or sources of funding
Cambridgeshire	£5,729,866	Revenue and Capital contribution from Cambridgeshire County Council
Cambridgeshire	£700,000	Underspend from 2015/16 Cambridgeshire BCF (held by County Council)
<Please Select Local Authority>		
<Please Select Local Authority>		
<Please Select Local Authority>		
<Please Select Local Authority>		
<Please Select Local Authority>		
<Please Select Local Authority>		
<Please Select Local Authority>		
<Please Select Local Authority>		
Total Local Authority Contribution	**£6,429,866**	

CCG Minimum Contribution	Gross Contribution
NHS Cambridgeshire and Peterborough CCG	£35,655,499
Total Minimum CCG Contribution	**£35,655,499**

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

Additional CCG Contribution	Gross Contribution
<Please Select CCG>	
<Please Select CCG>	
<Please Select CCG>	
<Please Select CCG>	
<Please Select CCG>	
<Please Select CCG>	
<Please Select CCG>	
<Please Select CCG>	
<Please Select CCG>	
Total Additional CCG Contribution	**£0**

Comments - please use this box clarify any specific uses or sources of funding

Total BCF pooled budget for 2016-17	**£42,085,365**

Funding Contributions Narrative
These figures are provisional; final budgets will be confirmed in time for sign-off by Health and Wellbeing Board and for the April submission

The final section on this sheet then sets out four specific funding requirements and requests confirmation as to the progress made in agreeing how these are being met locally - by selecting either 'Yes', 'No' or 'No - in development' in response to each question. 'Yes' should be used when the funding requirement has been met. 'No - in development' should be used when the requirement is not currently agreed but a plan is in development to meet this through the development of your BCF plan for 2016-17. 'No' should be used to indicate that there is currently no agreement in place for meeting this funding requirement and this is unlikely to be agreed before the plan is finalised.
- Please use column C to respond to the question from the dropdown options;
- Please detail in the comments box in row D issues and/or actions that are being taken to meet the funding requirement, or any other relevant information.

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

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

Selected Health and Well Being Board:
Cambridgeshire

Data Submission Period:
2016/17

4. HWB Expenditure Plan

This sheet should be used to set out the full BCF scheme level spending plan. The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing, which is required to demonstrate how the national policy framework is being achieved. Where a scheme has multiple funding sources this can be indicated and split out, but there may still be instances when several lines need to be completed in order to fully describe a single scheme. In this case please use the scheme name column to indicate this.
On this tab please enter the following information:
- Enter a scheme name in column B;
- Select the scheme type in column C from the dropdown menu (descriptions of each are located in cells B270 - C278); if the scheme type is not adequately described by one of the dropdown options please choose 'other' and give further explanation in column D;
- Select the area of spending the scheme is directed at using from the dropdown menu in column E; if the area of spending is not adequately described by one of the dropdown options please choose 'other' and give further explanation in column F;
- Select the commissioner and provider for the scheme using the dropdown menu in columns G and J, noting that if a scheme has more than one provider or commissioner, you should complete one row for each. For example, if both the CCG and the local authority will contract with a third party to provide a joint service, there would be two lines for the scheme: one for the CCG commissioning from the third party and one for the local authority commissioning from the third party;
- In Column K please state where the expenditure is being funded from. If this falls across multiple funding streams please enter the scheme across multiple lines;
- Complete column L to give the planned spending on the scheme in 2016/17;
- Please use column M to indicate whether this is a new or existing scheme.
- Please use column N to state the total 15-16 expenditure (if existing scheme) This is the only detailed information on BCF schemes being collected centrally for 2016-17 but it is expected that detailed scheme level plans will continue to be developed locally.

					Expenditure							
Scheme Name	Scheme Type (see table below for descriptions)	Please specify if 'Scheme Type' is 'other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	if Joint % NHS	if Joint % LA	Provider	Source of Funding	2016/17 Expenditure (£)	New or Existing Scheme	Total 15-16 Expenditure (£) (if existing scheme)
INTERMEDIATE CARE AND REABLEMENT (Category)												
Reablement Services	Reablement services		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	£5,700,000	New	
Rehabilitation and therapy	Intermediate care services		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	£4,463,000	New	
Occupational Therapy	Intermediate care services		Social Care		Local Authority			NHS Community Provider	CCG Minimum Contribution	£1,450,000	New	
Interim beds	Intermediate care services		Social Care		Local Authority				CCG Minimum Contribution	£650,000	New	
Community beds	Intermediate care services		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	£494,000	New	
Respite, central contract and block beds	Intermediate care services		Social Care		Local Authority				CCG Minimum Contribution	£800,000	New	
PROMOTING INDEPENDENCE (Category)												
Integrated Community Equipment Service (revenue, LA share)	Personalised support/ care at home		Social Care		Local Authority			Private Sector	CCG Minimum Contribution	£700,000	New	
Integrated Community Equipment Service (capital, LA share)	Personalised support/ care at home		Social Care		Local Authority			Private Sector	Local Authority Social Services	£1,294,000	New	
Handyperson scheme	Personalised support/ care at home		Other	Support to remain independent	Local Authority			Charity/Voluntary Sector	CCG Minimum Contribution	£50,000	New	
Home Improvement Agency	Personalised support/ care at home		Other	Home Improvement Agency	Local Authority			Charity/Voluntary Sector	CCG Minimum Contribution	£300,000	New	
Assistive Technology (Revenue, LA share)	Assistive Technologies		Social Care		Local Authority			Private Sector	CCG Minimum Contribution	£125,000	New	
Sensory Services	Personalised support/ care at home		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	£350,000	New	
Disabled Facilities Grant	Personalised support/ care at home		Other	Support to remain independent	Local Authority			Local Authority	Local Authority Social Services	£3,478,866	New	
NEIGHBOURHOOD TEAMS (Category)												
Community Nursing	Integrated care teams		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	£14,054,310	New	
CARERS' SUPPORT (Category)												
Local Authority support for carers	Support for carers		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	£1,500,000	New	
CCG Carers support	Support for carers		Other	Carers	CCG			Charity/Voluntary Sector	CCG Minimum Contribution	£350,000	New	
VOLUNTARY SECTOR JOINT COMMISSIONING (Category)												
CCG Voluntary Sector Contracts	Other	Various community-based support	Other	Various	CCG			Charity/Voluntary Sector	Additional CCG Contribution		New	
CCC Older People VCS Contracts	Other	Various community-based support	Other	Various	Local Authority			Charity/Voluntary Sector	CCG Minimum Contribution	£300,000	New	
CCC Sensory Services VCS Contracts	Other	Various community-based support	Other	Various	Local Authority			Charity/Voluntary Sector	CCG Minimum Contribution	£250,000	New	
CCC Physical Disability VCS Contract	Other	Various community-based support	Other	Various	Local Authority			Charity/Voluntary Sector	CCG Minimum Contribution	£50,000	New	
Community Navigators	Other	Support in the community to remain independent	Other	VCS contract	Local Authority			Charity/Voluntary Sector	CCG Minimum Contribution	£250,000	New	
Day Opportunities for Older People	Personalised support/ care at home		Social Care		Local Authority			Charity/Voluntary Sector	CCG Minimum Contribution	£1,100,000	New	
DISCHARGE PLANNING AND DTOCS (Category)												
Discharge to assess (CUH)	Personalised support/ care at home		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	£200,000	New	
Discharge Planning Teams	Personalised support/ care at home		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	£744,000	New	
Discharge Planning Teams (additional funding)	Personalised support/ care at home		Social Care		Local Authority			Local Authority	Local Authority Social Services	£966,000	New	
TRANSFORMATION FUNDS (category)												
Support for Transformation Projects (16/17)	Other	Various	Other	Various	Joint	50.0%	50.0%	Local Authority	CCG Minimum Contribution	£638,000	New	
Support for Transformation Projects (carry forward)	Other	Various	Other	Various	Joint	50.0%	50.0%	Local Authority	Local Authority Social Services	£700,000	New	
Transformation Team	Other	Project management and transformation capacity	Other	Various	Local Authority			Local Authority	CCG Minimum Contribution	£300,000	New	
RISK SHARE (category)												
Funding for risk share	Other	Risk share	Acute		CCG			NHS Acute Provider	CCG Minimum Contribution	£836,000	New	

Template for BCF submission 2: due on 21 March 2016

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

Selected Health and Well Being Board:

Cambridgeshire

Data Submission Period:

2016/17

4. HWB Expenditure Plan

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

On this tab please enter the following information:

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

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

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

Selected Health and Well Being Board:
Cambridgeshire

Data Submission Period:
2016/17

5. HWB Metrics

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

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

5.1 HWB NEA Activity Plan

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

Contributing CCGs	% CCG registered population that has resident population in Cambridgeshire	% Cambridgeshire resident population that is in CCG registered population	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Total (Q1 - Q4)	
			CCG Total Non-Elective Admission Plan*	HWB Non-Elective Admission Plan**	CCG Total Non-Elective Admission Plan*	HWB Non-Elective Admission Plan**	CCG Total Non-Elective Admission Plan*	HWB Non-Elective Admission Plan**	CCG Total Non-Elective Admission Plan*	HWB Non-Elective Admission Plan**	CCG Total Non-Elective Admission Plan*	HWB Non-Elective Admission Plan**
NHS Bedfordshire CCG	1.1%	0.8%	10,875	123	10,995	124	10,995	124	10,756	122	43,621	493
NHS Cambridgeshire and Peterborough CCG	72.1%	96.6%	20,190	14,563	19,688	14,201	21,502	15,509	20,414	14,725	81,794	58,998
NHS East and North Hertfordshire CCG	0.9%	0.7%	13,441	114	13,589	116	13,589	116	13,297	113	53,916	459
NHS South Lincolnshire CCG	0.4%	0.0%	3,649	13	3,689	13	3,689	13	3,609	13	14,636	53
NHS West Essex CCG	0.2%	0.1%	6,991	16	7,004	16	7,302	17	6,968	16	28,265	66
NHS West Norfolk CCG	1.5%	0.4%	5,389	79	5,744	84	5,654	83	5,477	80	22,264	327
NHS West Suffolk CCG	4.0%	1.4%	5,682	230	5,794	234	6,289	254	6,207	251	23,972	969
Totals		**100%**	**66,217**	**15,139**	**66,503**	**14,789**	**69,020**	**16,117**	**66,728**	**15,320**	**268,468**	**61,365**

Are you planning on any additional quarterly reductions?	No							
If yes, please complete HWB Quarterly Additional Reduction Figures								
HWB Quarterly Additional Reduction Figure								
HWB NEA Plan (after reduction)								
HWB Quarterly Plan Reduction %								
Are you putting in place a local risk sharing agreement on NEA?	Yes							
BCF revenue funding from CCGs ring-fenced for NHS out of hospital commissioned services/risk share ***	£10,132,282							
Cost of NEA as used during 15/16 ****	£1,490	Please add the reason, for any adjustments to the cost of NEA for 16/17 in the cell below.						
Cost of NEA for 16/17 ****	£1,565	The 1,490 figure refers to 2012 / 13 prices. We have included the updated prices for 14/15 costs here.						
Additional NEA reduction delivered through the BCF	£0							£0
HWB Plan Reduction %	0.00%							

* This is taken from the latest CCG NEA plan figures included in the Unify2 planning template, aggregated to quarterly level, extracted on 7th March 2016.
** This is calculated as the % contribution of each CCG to the HWB level plan, based on the CCG-HWB mapping (see CCG - HWB Mapping tab)
*** Within the sum subject to the condition on NHS out of hospital commissioned services/risk share, for any local area putting in place a risk share for 2016/17 as part of its BCF planning, we would expect the value of the risk share to be equal to the cost of the non-elective activity that the BCF plan seeks to avoid. Source of data: https://www.england.nhs.uk/wp-content/uploads/2016/02/bcf-allocations-1617.xlsx
**** Please use the following document and amend the cost if necessary in cell E54. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/477919/2014-15_Reference_costs_publication.pdf

5.2 Residential Admissions

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

		Actual 14/15*****	Planned 15/16*****	Forecast 15/16	Planned 16/17	Comments
Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual rate	546.9	588.2	0.0	0.0	Target is to be confirmed in April submission
	Numerator	621	675	0	0	
	Denominator	113,540	116,972	116,972	120,035	

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

5.3 Reablement

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

		Actual 14/15*****	Planned 15/16	Forecast 15/16	Planned 16/17	Comments
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual %	69.8%	86.6%			Target is to be confirmed in April submission
	Numerator	335	525	0	0	
	Denominator	480	606	0	0	

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

5.4 Delayed Transfers of Care

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

		15-16 plans				15-16 actual (Q1, Q2 & Q3) and forecast (Q4) figures				16-17 plans				
		Q1 (Apr 15 - Jun 15)	Q2 (Jul 15 - Sep 15)	Q3 (Oct 15 - Dec 15)	Q4 (Jan 16 - Mar 16)	Q1 (Apr 15 - Jun 15)	Q2 (Jul 15 - Sep 15)	Q3 (Oct 15 - Dec 15)	Q4 (Jan 16 - Mar 16)	Q1 (Apr 16 - Jun 16)	Q2 (Jul 16 - Sep 16)	Q3 (Oct 16 - Dec 16)	Q4 (Jan 17 - Mar 17)	Comments
Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+).	Quarterly rate	1258.1	1209.2	1209.2	1198.3	1554.7	1511.1	1109.7	0.0	0.0	0.0	0.0	0.0	This is in progress. There are diffferential targets within different SRG areas within the CCG - these are in the process of being combined to produce an overall target for Cambridgeshire.
	Numerator	6,435	6,185	6,185	6,185	7,952	7,729	5,676	0	0	0	0	0	
	Denominator	511,489	511,489	511,489	516,152	511,489	511,489	511,489	516,152	516,152	516,152	516,152	520,502	

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

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

		Planned 15/16	Planned 16/17	Comments
The proportion of adults (aged 18+) receiving long-term social care (per 100,000 of population)	Metric Value	0.0	0.0	Target is to be confirmed in April submission
	Numerator	0.0	0.0	
	Denominator	0.0	0.0	

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

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

		Planned 15/16	Planned 16/17	Comments
Friends and Family Test - Inpatient - % that would recommend NHS service received to friends and family	Metric Value	93.0	93.0	Target is confirmed. However, numerator and denominator are not yet established - the Cambridgeshire system has two acute Trusts and figures cannot be combined due to different methods of data capture.
	Numerator	0.0	0.0	
	Denominator	0.0	0.0	

Template for BCF submission 2: due on 21 March 2016

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

Selected Health and Well Being Board:

Cambridgeshire

Data Submission Period:

2016/17

Metrics Tool

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

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

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

5.1 HWB NEA Activity

Cambridgeshire Data Source Used - 15/16	MAR				
	Q1	Q2	Q3	Q4	Total
Cambridgeshire 14/15 Baseline (outturn)	14,323	14,055	14,735	13,765	56,878
Cambridgeshire 15/16 Plan	14,158	13,857	14,504	13,629	56,148
Cambridgeshire 15/16 Actual	14,751	15,048			29,799

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

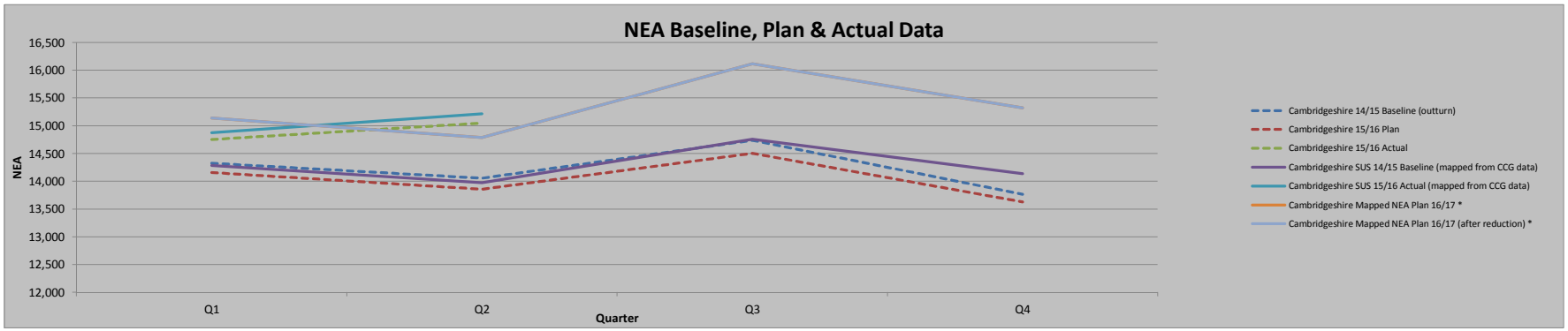
Cambridgeshire SUS 14/15 Baseline (mapped from CCG data)	**14,284**	**13,972**	**14,755**	**14,135**	**57,146**
Cambridgeshire SUS 15/16 Actual (mapped from CCG data)	14,872	15,217	16,073		46,163
Cambridgeshire SUS 15/16 FOT (mapped from CCG data)					61,102

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

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

Cambridgeshire Mapped NEA Plan 16/17 *	**15,139**	**14,789**	**16,117**	**15,320**	**61,365**
Cambridgeshire Mapped NEA Plan 16/17 (after reduction) *	**15,139**	**14,789**	**16,117**	**15,320**	**61,365**

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



Template for BCF submission 2: due on 21 March 2016

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

Selected Health and Well Being Board:

Cambridgeshire

Data Submission Period:

2016/17

Metrics Tool

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

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

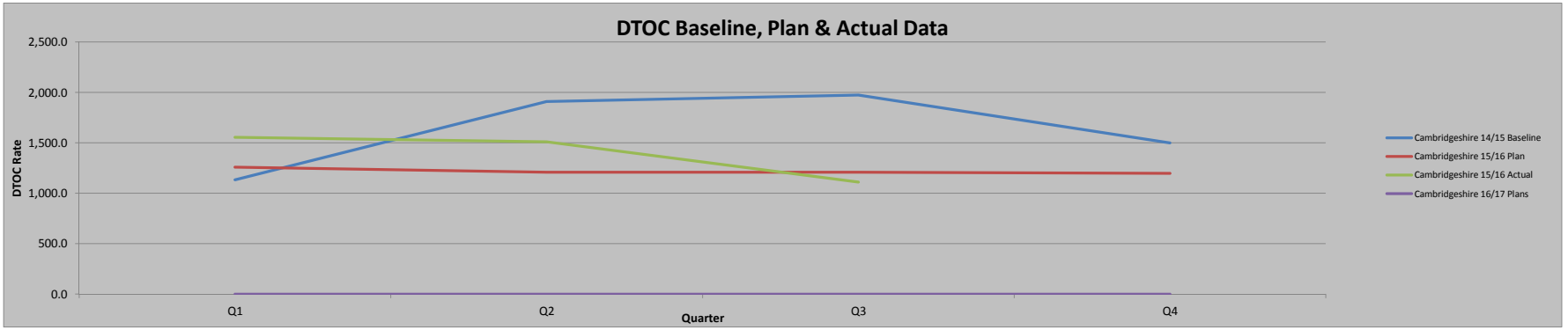
https://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/

5.4 Delayed Transfers of Care

	Q1	Q2	Q3	Q4
Cambridgeshire 14/15 Baseline	1,132.3	1,910.8	1,975.5	1,500.5
Cambridgeshire 15/16 Plan	1,258.1	1,209.2	1,209.2	1,198.3
Cambridgeshire 15/16 Actual	1,554.7	1,511.1	1,109.7	

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

Cambridgeshire 16/17 Plans	**0.0**	**0.0**	**0.0**	**0.0**



Template for BCF submission 2: due on 21 March 2016

Sheet: 6. National Conditions

Selected Health and Well Being Board:

Cambridgeshire

Data Submission Period:

2016/17

6. National Conditions

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

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

National Conditions For The Better Care Fund 2016-17	Does your BCF plan for 2016-17 set out a clear plan to meet this condition?	Please detail in the comments box issues and/or actions that are being taken to meet the condition, or any other relevant information.	
1) Plans to be jointly agreed	No - in development	The Council and CCG have not yet agreed on the allocation of the fund in 2016/17; this is under discussion locally	96
2) Maintain provision of social care services (not spending)	No - in development	0	97
3) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate	No - in development	0	98
4) Better data sharing between health and social care, based on the NHS number	No - in development	0	99
5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional	No - in development	0	##
6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans	No - in development	0	##
7) Agreement to invest in NHS commissioned out-of-hospital services	No - in development	0	##
8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan	No - in development	0	##

CCG to Health and Well-Being Board Mapping

HWB Code	LA Name	CCG Code	CCG Name	% CCG in HWB	% HWB in CCG
E09000002	Barking and Dagenham	07L	NHS Barking and Dagenham CCG	89.7%	88.4%
E09000002	Barking and Dagenham	08F	NHS Havering CCG	6.8%	8.3%
E09000002	Barking and Dagenham	08M	NHS Newham CCG	0.2%	0.4%
E09000002	Barking and Dagenham	08N	NHS Redbridge CCG	2.1%	2.9%
E09000003	Barnet	07M	NHS Barnet CCG	91.1%	92.9%
E09000003	Barnet	07P	NHS Brent CCG	2.0%	1.8%
E09000003	Barnet	07R	NHS Camden CCG	0.8%	0.5%
E09000003	Barnet	09A	NHS Central London (Westminster) CCG	0.1%	0.0%
E09000003	Barnet	07X	NHS Enfield CCG	2.9%	2.4%
E09000003	Barnet	08D	NHS Haringey CCG	2.1%	1.6%
E09000003	Barnet	08E	NHS Harrow CCG	1.2%	0.8%
E09000003	Barnet	08H	NHS Islington CCG	0.1%	0.0%
E09000003	Barnet	08Y	NHS West London (K&C & QPP) CCG	0.1%	0.0%
E08000016	Barnsley	02P	NHS Barnsley CCG	94.4%	98.2%
E08000016	Barnsley	02X	NHS Doncaster CCG	0.3%	0.3%
E08000016	Barnsley	03A	NHS Greater Huddersfield CCG	0.2%	0.2%
E08000016	Barnsley	03L	NHS Rotherham CCG	0.3%	0.3%
E08000016	Barnsley	03N	NHS Sheffield CCG	0.2%	0.4%
E08000016	Barnsley	03R	NHS Wakefield CCG	0.4%	0.6%
E06000022	Bath and North East Somerset	11E	NHS Bath and North East Somerset CCG	94.0%	98.3%
E06000022	Bath and North East Somerset	11H	NHS Bristol CCG	0.3%	0.8%
E06000022	Bath and North East Somerset	11X	NHS Somerset CCG	0.2%	0.5%
E06000022	Bath and North East Somerset	12A	NHS South Gloucestershire CCG	0.0%	0.1%
E06000022	Bath and North East Somerset	99N	NHS Wiltshire CCG	0.1%	0.3%
E06000055	Bedford	06F	NHS Bedfordshire CCG	37.5%	97.4%
E06000055	Bedford	06H	NHS Cambridgeshire and Peterborough CCG	0.4%	1.9%
E06000055	Bedford	04G	NHS Nene CCG	0.2%	0.7%
E09000004	Bexley	07N	NHS Bexley CCG	93.6%	89.4%
E09000004	Bexley	07Q	NHS Bromley CCG	0.0%	0.1%
E09000004	Bexley	09J	NHS Dartford, Gravesham and Swanley CCG	1.5%	1.6%
E09000004	Bexley	08A	NHS Greenwich CCG	7.7%	8.9%
E08000025	Birmingham	13P	NHS Birmingham Crosscity CCG	92.0%	57.3%
E08000025	Birmingham	04X	NHS Birmingham South and Central CCG	96.9%	20.5%
E08000025	Birmingham	05C	NHS Dudley CCG	0.2%	0.0%
E08000025	Birmingham	05J	NHS Redditch and Bromsgrove CCG	2.9%	0.4%
E08000025	Birmingham	05L	NHS Sandwell and West Birmingham CCG	40.1%	18.6%
E08000025	Birmingham	05P	NHS Solihull CCG	15.0%	3.0%
E08000025	Birmingham	05Y	NHS Walsall CCG	0.5%	0.1%
E06000008	Blackburn with Darwen	00Q	NHS Blackburn with Darwen CCG	89.0%	95.8%
E06000008	Blackburn with Darwen	00T	NHS Bolton CCG	1.2%	2.3%
E06000008	Blackburn with Darwen	00V	NHS Bury CCG	0.2%	0.2%
E06000008	Blackburn with Darwen	01A	NHS East Lancashire CCG	0.7%	1.6%
E06000009	Blackpool	00R	NHS Blackpool CCG	87.0%	97.5%
E06000009	Blackpool	02M	NHS Fylde & Wyre CCG	2.6%	2.5%
E08000001	Bolton	00T	NHS Bolton CCG	97.3%	97.6%
E08000001	Bolton	00V	NHS Bury CCG	1.3%	0.9%
E08000001	Bolton	00X	NHS Chorley and South Ribble CCG	0.2%	0.1%
E08000001	Bolton	01G	NHS Salford CCG	0.6%	0.5%
E08000001	Bolton	02H	NHS Wigan Borough CCG	0.8%	0.9%
E06000028 & E06000029	Bournemouth & Poole	11J	NHS Dorset CCG	45.7%	100.0%
E06000036	Bracknell Forest	10G	NHS Bracknell and Ascot CCG	82.1%	94.8%
E06000036	Bracknell Forest	99M	NHS North East Hampshire and Farnham CCG	0.6%	1.1%
E06000036	Bracknell Forest	10C	NHS Surrey Heath CCG	0.1%	0.1%
E06000036	Bracknell Forest	11C	NHS Windsor, Ascot and Maidenhead CCG	1.8%	2.2%
E06000036	Bracknell Forest	11D	NHS Wokingham CCG	1.4%	1.8%
E08000032	Bradford	02N	NHS Airedale, Wharfdale and Craven CCG	67.4%	18.7%
E08000032	Bradford	02W	NHS Bradford City CCG	99.4%	21.5%
E08000032	Bradford	02R	NHS Bradford Districts CCG	97.8%	58.4%
E08000032	Bradford	02T	NHS Calderdale CCG	0.1%	0.0%
E08000032	Bradford	02V	NHS Leeds North CCG	0.6%	0.2%
E08000032	Bradford	03C	NHS Leeds West CCG	1.7%	1.1%
E08000032	Bradford	03J	NHS North Kirklees CCG	0.1%	0.0%
E09000005	Brent	07M	NHS Barnet CCG	2.0%	2.1%
E09000005	Brent	07P	NHS Brent CCG	89.6%	87.2%
E09000005	Brent	07R	NHS Camden CCG	4.0%	2.7%
E09000005	Brent	09A	NHS Central London (Westminster) CCG	1.2%	0.6%
E09000005	Brent	07W	NHS Ealing CCG	0.5%	0.6%
E09000005	Brent	08C	NHS Hammersmith and Fulham CCG	0.2%	0.1%
E09000005	Brent	08E	NHS Harrow CCG	5.7%	3.9%
E09000005	Brent	08Y	NHS West London (K&C & QPP) CCG	4.4%	2.8%
E06000043	Brighton and Hove	09D	NHS Brighton and Hove CCG	97.8%	99.7%
E06000043	Brighton and Hove	09G	NHS Coastal West Sussex CCG	0.1%	0.2%
E06000043	Brighton and Hove	99K	NHS High Weald Lewes Havens CCG	0.3%	0.2%
E06000023	Bristol, City of	11H	NHS Bristol CCG	94.7%	97.9%
E06000023	Bristol, City of	12A	NHS South Gloucestershire CCG	3.8%	2.1%
E09000006	Bromley	07N	NHS Bexley CCG	0.2%	0.1%
E09000006	Bromley	07Q	NHS Bromley CCG	94.9%	95.3%
E09000006	Bromley	07V	NHS Croydon CCG	1.1%	1.3%
E09000006	Bromley	08A	NHS Greenwich CCG	1.5%	1.2%
E09000006	Bromley	08K	NHS Lambeth CCG	0.0%	0.1%
E09000006	Bromley	08L	NHS Lewisham CCG	2.0%	1.8%
E09000006	Bromley	99J	NHS West Kent CCG	0.1%	0.2%
E10000002	Buckinghamshire	10Y	NHS Aylesbury Vale CCG	91.2%	35.0%
E10000002	Buckinghamshire	06F	NHS Bedfordshire CCG	0.6%	0.5%
E10000002	Buckinghamshire	10H	NHS Chiltern CCG	96.1%	59.9%
E10000002	Buckinghamshire	06N	NHS Herts Valleys CCG	1.2%	1.4%
E10000002	Buckinghamshire	08G	NHS Hillingdon CCG	0.8%	0.5%
E10000002	Buckinghamshire	04F	NHS Milton Keynes CCG	1.2%	0.6%
E10000002	Buckinghamshire	04G	NHS Nene CCG	0.1%	0.2%
E10000002	Buckinghamshire	10Q	NHS Oxfordshire CCG	0.6%	0.8%
E10000002	Buckinghamshire	10T	NHS Slough CCG	2.8%	0.8%
E10000002	Buckinghamshire	11C	NHS Windsor, Ascot and Maidenhead CCG	1.3%	0.4%
E08000002	Bury	00T	NHS Bolton CCG	0.8%	1.2%
E08000002	Bury	00V	NHS Bury CCG	94.3%	94.3%
E08000002	Bury	01A	NHS East Lancashire CCG	0.1%	0.2%

HWB Code	LA Name	CCG Code	CCG Name	% CCG in HWB	% HWB in CCG
E08000002	Bury	01D	NHS Heywood, Middleton and Rochdale CCG	0.4%	0.5%
E08000002	Bury	01M	NHS North Manchester CCG	2.0%	2.0%
E08000002	Bury	01G	NHS Salford CCG	1.4%	1.8%
E08000033	Calderdale	02R	NHS Bradford Districts CCG	0.4%	0.7%
E08000033	Calderdale	02T	NHS Calderdale CCG	98.6%	98.8%
E08000033	Calderdale	03A	NHS Greater Huddersfield CCG	0.4%	0.4%
E08000033	Calderdale	01D	NHS Heywood, Middleton and Rochdale CCG	0.1%	0.1%
E10000003	Cambridgeshire	06F	NHS Bedfordshire CCG	1.1%	0.8%
E10000003	Cambridgeshire	06H	NHS Cambridgeshire and Peterborough CCG	72.1%	96.6%
E10000003	Cambridgeshire	06K	NHS East and North Hertfordshire CCG	0.9%	0.7%
E10000003	Cambridgeshire	99D	NHS South Lincolnshire CCG	0.4%	0.0%
E10000003	Cambridgeshire	07H	NHS West Essex CCG	0.2%	0.1%
E10000003	Cambridgeshire	07J	NHS West Norfolk CCG	1.5%	0.4%
E10000003	Cambridgeshire	07K	NHS West Suffolk CCG	4.0%	1.4%
E09000007	Camden	07M	NHS Barnet CCG	0.1%	0.2%
E09000007	Camden	07P	NHS Brent CCG	1.5%	2.2%
E09000007	Camden	07R	NHS Camden CCG	84.6%	88.4%
E09000007	Camden	09A	NHS Central London (Westminster) CCG	6.0%	5.1%
E09000007	Camden	08D	NHS Haringey CCG	0.5%	0.6%
E09000007	Camden	08H	NHS Islington CCG	3.4%	3.2%
E09000007	Camden	08Y	NHS West London (K&C & QPP) CCG	0.2%	0.2%
E06000056	Central Bedfordshire	10Y	NHS Aylesbury Vale CCG	2.1%	1.5%
E06000056	Central Bedfordshire	06F	NHS Bedfordshire CCG	56.8%	95.1%
E06000056	Central Bedfordshire	06K	NHS East and North Hertfordshire CCG	0.2%	0.5%
E06000056	Central Bedfordshire	06N	NHS Herts Valleys CCG	0.4%	0.8%
E06000056	Central Bedfordshire	06P	NHS Luton CCG	2.4%	2.0%
E06000049	Cheshire East	01C	NHS Eastern Cheshire CCG	96.3%	50.6%
E06000049	Cheshire East	04J	NHS North Derbyshire CCG	0.4%	0.3%
E06000049	Cheshire East	05G	NHS North Staffordshire CCG	1.1%	0.6%
E06000049	Cheshire East	05N	NHS Shropshire CCG	0.1%	0.0%
E06000049	Cheshire East	01R	NHS South Cheshire CCG	98.6%	45.3%
E06000049	Cheshire East	01W	NHS Stockport CCG	1.6%	1.3%
E06000049	Cheshire East	02A	NHS Trafford CCG	0.2%	0.1%
E06000049	Cheshire East	02D	NHS Vale Royal CCG	0.7%	0.2%
E06000049	Cheshire East	02E	NHS Warrington CCG	0.7%	0.4%
E06000049	Cheshire East	02F	NHS West Cheshire CCG	2.0%	1.3%
E06000050	Cheshire West and Chester	01C	NHS Eastern Cheshire CCG	1.1%	0.7%
E06000050	Cheshire West and Chester	01F	NHS Halton CCG	0.2%	0.0%
E06000050	Cheshire West and Chester	01R	NHS South Cheshire CCG	0.5%	0.2%
E06000050	Cheshire West and Chester	02D	NHS Vale Royal CCG	99.3%	29.3%
E06000050	Cheshire West and Chester	02E	NHS Warrington CCG	0.4%	0.3%
E06000050	Cheshire West and Chester	02F	NHS West Cheshire CCG	96.8%	69.4%
E06000050	Cheshire West and Chester	12F	NHS Wirral CCG	0.3%	0.2%
E09000001	City of London	07R	NHS Camden CCG	0.2%	6.0%
E09000001	City of London	09A	NHS Central London (Westminster) CCG	0.0%	0.8%
E09000001	City of London	07T	NHS City and Hackney CCG	1.9%	74.1%
E09000001	City of London	08H	NHS Islington CCG	0.1%	3.1%
E09000001	City of London	08Q	NHS Southwark CCG	0.0%	0.1%
E09000001	City of London	08V	NHS Tower Hamlets CCG	0.4%	15.8%
E06000052	Cornwall & Scilly	11N	NHS Kernow CCG	99.7%	99.4%
E06000052	Cornwall & Scilly	99P	NHS North, East, West Devon CCG	0.4%	0.6%
E06000047	County Durham	00D	NHS Durham Dales, Easington and Sedgefield CCG	97.4%	53.0%
E06000047	County Durham	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.1%	0.0%
E06000047	County Durham	13T	NHS Newcastle Gateshead CCG	0.7%	0.7%
E06000047	County Durham	00J	NHS North Durham CCG	96.6%	45.7%
E06000047	County Durham	00P	NHS Sunderland CCG	1.2%	0.6%
E08000026	Coventry	05A	NHS Coventry and Rugby CCG	74.0%	99.9%
E08000026	Coventry	05H	NHS Warwickshire North CCG	0.3%	0.1%
E09000008	Croydon	07Q	NHS Bromley CCG	1.5%	1.3%
E09000008	Croydon	07V	NHS Croydon CCG	95.6%	93.7%
E09000008	Croydon	09L	NHS East Surrey CCG	3.0%	1.3%
E09000008	Croydon	08K	NHS Lambeth CCG	2.7%	2.6%
E09000008	Croydon	08R	NHS Merton CCG	0.8%	0.4%
E09000008	Croydon	08T	NHS Sutton CCG	0.8%	0.4%
E09000008	Croydon	08X	NHS Wandsworth CCG	0.4%	0.4%
E10000006	Cumbria	01H	NHS Cumbria CCG	97.4%	100.0%
E10000006	Cumbria	01K	NHS Lancashire North CCG	0.2%	0.0%
E06000005	Darlington	00C	NHS Darlington CCG	98.2%	96.3%
E06000005	Darlington	00D	NHS Durham Dales, Easington and Sedgefield CCG	1.2%	3.1%
E06000005	Darlington	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.0%	0.1%
E06000005	Darlington	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.5%
E06000015	Derby	04R	NHS Southern Derbyshire CCG	50.1%	100.0%
E10000007	Derbyshire	02Q	NHS Bassetlaw CCG	0.2%	0.0%
E10000007	Derbyshire	05D	NHS East Staffordshire CCG	8.1%	1.4%
E10000007	Derbyshire	01C	NHS Eastern Cheshire CCG	0.3%	0.0%
E10000007	Derbyshire	03X	NHS Erewash CCG	92.2%	11.3%
E10000007	Derbyshire	03Y	NHS Hardwick CCG	94.6%	12.2%
E10000007	Derbyshire	04E	NHS Mansfield and Ashfield CCG	1.9%	0.5%
E10000007	Derbyshire	04J	NHS North Derbyshire CCG	98.3%	36.0%
E10000007	Derbyshire	04L	NHS Nottingham North and East CCG	0.2%	0.0%
E10000007	Derbyshire	04M	NHS Nottingham West CCG	5.0%	0.6%
E10000007	Derbyshire	03N	NHS Sheffield CCG	0.5%	0.4%
E10000007	Derbyshire	04R	NHS Southern Derbyshire CCG	48.2%	33.0%
E10000007	Derbyshire	01W	NHS Stockport CCG	0.1%	0.0%
E10000007	Derbyshire	01Y	NHS Tameside and Glossop CCG	14.1%	4.3%
E10000007	Derbyshire	04V	NHS West Leicestershire CCG	0.5%	0.2%
E10000008	Devon	11J	NHS Dorset CCG	0.3%	0.3%
E10000008	Devon	11N	NHS Kernow CCG	0.3%	0.2%
E10000008	Devon	99P	NHS North, East, West Devon CCG	70.0%	80.5%
E10000008	Devon	11X	NHS Somerset CCG	0.4%	0.3%
E10000008	Devon	99Q	NHS South Devon and Torbay CCG	51.1%	18.7%
E08000017	Doncaster	02P	NHS Barnsley CCG	0.4%	0.3%
E08000017	Doncaster	02Q	NHS Bassetlaw CCG	1.2%	0.5%
E08000017	Doncaster	02X	NHS Doncaster CCG	96.7%	97.8%
E08000017	Doncaster	03L	NHS Rotherham CCG	1.5%	1.3%
E08000017	Doncaster	03R	NHS Wakefield CCG	0.1%	0.1%
E10000009	Dorset	11J	NHS Dorset CCG	52.7%	95.9%

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

HWB Code	LA Name	CCG Code	CCG Name	% CCG in HWB	% HWB in CCG
E09000014	Haringey	07M	NHS Barnet CCG	1.1%	1.6%
E09000014	Haringey	07R	NHS Camden CCG	0.5%	0.5%
E09000014	Haringey	07T	NHS City and Hackney CCG	3.0%	3.1%
E09000014	Haringey	07X	NHS Enfield CCG	1.3%	1.4%
E09000014	Haringey	08D	NHS Haringey CCG	87.7%	91.6%
E09000014	Haringey	08H	NHS Islington CCG	2.3%	1.9%
E09000015	Harrow	07M	NHS Barnet CCG	4.3%	6.3%
E09000015	Harrow	07P	NHS Brent CCG	3.7%	5.0%
E09000015	Harrow	07W	NHS Ealing CCG	1.3%	1.9%
E09000015	Harrow	08E	NHS Harrow CCG	90.0%	84.3%
E09000015	Harrow	06N	NHS Herts Valleys CCG	0.2%	0.4%
E09000015	Harrow	08G	NHS Hillingdon CCG	1.7%	1.9%
E09000015	Harrow	08Y	NHS West London (K&C & QPP) CCG	0.1%	0.1%
E06000001	Hartlepool	00D	NHS Durham Dales, Easington and Sedgefield CCG	0.1%	0.4%
E06000001	Hartlepool	00K	NHS Hartlepool and Stockton-On-Tees CCG	32.6%	99.6%
E09000016	Havering	07L	NHS Barking and Dagenham CCG	4.0%	3.3%
E09000016	Havering	08F	NHS Havering CCG	92.0%	95.9%
E09000016	Havering	08M	NHS Newham CCG	0.0%	0.1%
E09000016	Havering	08N	NHS Redbridge CCG	0.5%	0.6%
E09000016	Havering	07G	NHS Thurrock CCG	0.1%	0.1%
E06000019	Herefordshire, County of	11M	NHS Gloucestershire CCG	0.3%	0.9%
E06000019	Herefordshire, County of	05F	NHS Herefordshire CCG	98.1%	97.3%
E06000019	Herefordshire, County of	05N	NHS Shropshire CCG	0.3%	0.5%
E06000019	Herefordshire, County of	05T	NHS South Worcestershire CCG	0.8%	1.3%
E10000015	Hertfordshire	10Y	NHS Aylesbury Vale CCG	0.4%	0.0%
E10000015	Hertfordshire	07M	NHS Barnet CCG	0.2%	0.0%
E10000015	Hertfordshire	06F	NHS Bedfordshire CCG	0.1%	0.0%
E10000015	Hertfordshire	06H	NHS Cambridgeshire and Peterborough CCG	2.1%	1.6%
E10000015	Hertfordshire	10H	NHS Chiltern CCG	0.1%	0.0%
E10000015	Hertfordshire	06K	NHS East and North Hertfordshire CCG	96.8%	46.6%
E10000015	Hertfordshire	07X	NHS Enfield CCG	0.3%	0.0%
E10000015	Hertfordshire	08E	NHS Harrow CCG	0.5%	0.1%
E10000015	Hertfordshire	06N	NHS Herts Valleys CCG	98.1%	50.9%
E10000015	Hertfordshire	08G	NHS Hillingdon CCG	2.3%	0.6%
E10000015	Hertfordshire	06P	NHS Luton CCG	0.4%	0.0%
E10000015	Hertfordshire	07H	NHS West Essex CCG	0.7%	0.2%
E09000017	Hillingdon	10H	NHS Chiltern CCG	0.1%	0.1%
E09000017	Hillingdon	07W	NHS Ealing CCG	5.2%	6.9%
E09000017	Hillingdon	08C	NHS Hammersmith and Fulham CCG	0.5%	0.3%
E09000017	Hillingdon	08E	NHS Harrow CCG	2.2%	1.8%
E09000017	Hillingdon	08G	NHS Hillingdon CCG	94.3%	90.0%
E09000017	Hillingdon	07Y	NHS Hounslow CCG	1.0%	0.9%
E09000018	Hounslow	07W	NHS Ealing CCG	5.8%	8.0%
E09000018	Hounslow	08C	NHS Hammersmith and Fulham CCG	1.0%	0.6%
E09000018	Hounslow	08G	NHS Hillingdon CCG	0.2%	0.2%
E09000018	Hounslow	07Y	NHS Hounslow CCG	88.0%	87.1%
E09000018	Hounslow	09Y	NHS North West Surrey CCG	0.3%	0.4%
E09000018	Hounslow	08P	NHS Richmond CCG	5.3%	3.6%
E09000018	Hounslow	08Y	NHS West London (K&C & QPP) CCG	0.1%	0.1%
E06000046	Isle of Wight	10L	NHS Isle of Wight CCG	100.0%	100.0%
E09000019	Islington	07R	NHS Camden CCG	4.4%	4.9%
E09000019	Islington	09A	NHS Central London (Westminster) CCG	0.4%	0.4%
E09000019	Islington	07T	NHS City and Hackney CCG	3.2%	4.1%
E09000019	Islington	08D	NHS Haringey CCG	1.3%	1.7%
E09000019	Islington	08H	NHS Islington CCG	89.8%	89.0%
E09000020	Kensington and Chelsea	07P	NHS Brent CCG	0.0%	0.1%
E09000020	Kensington and Chelsea	07R	NHS Camden CCG	0.2%	0.4%
E09000020	Kensington and Chelsea	09A	NHS Central London (Westminster) CCG	4.1%	5.1%
E09000020	Kensington and Chelsea	08C	NHS Hammersmith and Fulham CCG	0.9%	1.2%
E09000020	Kensington and Chelsea	08Y	NHS West London (K&C & QPP) CCG	64.1%	93.2%
E10000016	Kent	09C	NHS Ashford CCG	100.0%	8.3%
E10000016	Kent	07N	NHS Bexley CCG	1.1%	0.2%
E10000016	Kent	07Q	NHS Bromley CCG	0.8%	0.2%
E10000016	Kent	09E	NHS Canterbury and Coastal CCG	100.0%	14.1%
E10000016	Kent	09J	NHS Dartford, Gravesham and Swanley CCG	98.3%	16.5%
E10000016	Kent	09L	NHS East Surrey CCG	0.1%	0.0%
E10000016	Kent	08A	NHS Greenwich CCG	0.1%	0.0%
E10000016	Kent	09P	NHS Hastings and Rother CCG	0.3%	0.0%
E10000016	Kent	99K	NHS High Weald Lewes Havens CCG	0.6%	0.0%
E10000016	Kent	09W	NHS Medway CCG	6.0%	1.1%
E10000016	Kent	10A	NHS South Kent Coast CCG	100.0%	13.0%
E10000016	Kent	10D	NHS Swale CCG	99.9%	7.1%
E10000016	Kent	10E	NHS Thanet CCG	100.0%	9.3%
E10000016	Kent	99J	NHS West Kent CCG	98.7%	30.4%
E06000010	Kingston upon Hull, City of	02Y	NHS East Riding of Yorkshire CCG	1.3%	1.5%
E06000010	Kingston upon Hull, City of	03F	NHS Hull CCG	90.6%	98.5%
E09000021	Kingston upon Thames	08J	NHS Kingston CCG	87.1%	95.8%
E09000021	Kingston upon Thames	08R	NHS Merton CCG	1.0%	1.2%
E09000021	Kingston upon Thames	08P	NHS Richmond CCG	0.7%	0.8%
E09000021	Kingston upon Thames	99H	NHS Surrey Downs CCG	0.9%	1.5%
E09000021	Kingston upon Thames	08T	NHS Sutton CCG	0.1%	0.1%
E09000021	Kingston upon Thames	08X	NHS Wandsworth CCG	0.3%	0.5%
E08000034	Kirklees	02P	NHS Barnsley CCG	0.1%	0.0%
E08000034	Kirklees	02R	NHS Bradford Districts CCG	1.0%	0.8%
E08000034	Kirklees	02T	NHS Calderdale CCG	1.3%	0.6%
E08000034	Kirklees	03A	NHS Greater Huddersfield CCG	99.5%	54.8%
E08000034	Kirklees	03C	NHS Leeds West CCG	0.3%	0.2%
E08000034	Kirklees	03J	NHS North Kirklees CCG	99.0%	42.4%
E08000034	Kirklees	03R	NHS Wakefield CCG	1.5%	1.2%
E08000011	Knowsley	01F	NHS Halton CCG	1.1%	0.9%
E08000011	Knowsley	01J	NHS Knowsley CCG	86.9%	88.2%
E08000011	Knowsley	99A	NHS Liverpool CCG	2.5%	8.0%
E08000011	Knowsley	01T	NHS South Sefton CCG	0.2%	0.1%
E08000011	Knowsley	01X	NHS St Helens CCG	2.3%	2.9%
E09000022	Lambeth	09A	NHS Central London (Westminster) CCG	0.7%	0.4%
E09000022	Lambeth	07V	NHS Croydon CCG	0.7%	0.8%
E09000022	Lambeth	08K	NHS Lambeth CCG	86.8%	92.7%

HWB Code	LA Name	CCG Code	CCG Name	% CCG in HWB	% HWB in CCG
E09000022	Lambeth	08R	NHS Merton CCG	1.2%	0.7%
E09000022	Lambeth	08Q	NHS Southwark CCG	1.8%	1.6%
E09000022	Lambeth	08X	NHS Wandsworth CCG	3.6%	3.8%
E10000017	Lancashire	02N	NHS Airedale, Wharfdale and Craven CCG	0.2%	0.0%
E10000017	Lancashire	00Q	NHS Blackburn with Darwen CCG	11.0%	1.5%
E10000017	Lancashire	00R	NHS Blackpool CCG	13.0%	1.8%
E10000017	Lancashire	00T	NHS Bolton CCG	0.3%	0.0%
E10000017	Lancashire	00V	NHS Bury CCG	1.4%	0.2%
E10000017	Lancashire	00X	NHS Chorley and South Ribble CCG	99.8%	14.5%
E10000017	Lancashire	01H	NHS Cumbria CCG	1.4%	0.6%
E10000017	Lancashire	01A	NHS East Lancashire CCG	98.9%	30.0%
E10000017	Lancashire	02M	NHS Fylde & Wyre CCG	97.4%	11.9%
E10000017	Lancashire	01E	NHS Greater Preston CCG	100.0%	17.1%
E10000017	Lancashire	01D	NHS Heywood, Middleton and Rochdale CCG	0.9%	0.2%
E10000017	Lancashire	01J	NHS Knowsley CCG	0.1%	0.0%
E10000017	Lancashire	01K	NHS Lancashire North CCG	99.8%	12.8%
E10000017	Lancashire	01T	NHS South Sefton CCG	0.5%	0.0%
E10000017	Lancashire	01V	NHS Southport and Formby CCG	3.0%	0.3%
E10000017	Lancashire	01X	NHS St Helens CCG	0.5%	0.0%
E10000017	Lancashire	02G	NHS West Lancashire CCG	97.1%	8.8%
E10000017	Lancashire	02H	NHS Wigan Borough CCG	0.8%	0.2%
E08000035	Leeds	02W	NHS Bradford City CCG	0.6%	0.0%
E08000035	Leeds	02R	NHS Bradford Districts CCG	0.7%	0.3%
E08000035	Leeds	02V	NHS Leeds North CCG	96.4%	24.3%
E08000035	Leeds	03G	NHS Leeds South and East CCG	98.5%	31.9%
E08000035	Leeds	03C	NHS Leeds West CCG	97.9%	42.7%
E08000035	Leeds	03J	NHS North Kirklees CCG	0.3%	0.0%
E08000035	Leeds	03Q	NHS Vale of York CCG	0.6%	0.2%
E08000035	Leeds	03R	NHS Wakefield CCG	1.5%	0.6%
E06000016	Leicester	03W	NHS East Leicestershire and Rutland CCG	2.5%	2.2%
E06000016	Leicester	04C	NHS Leicester City CCG	92.5%	95.2%
E06000016	Leicester	04V	NHS West Leicestershire CCG	2.6%	2.6%
E10000018	Leicestershire	03V	NHS Corby CCG	0.6%	0.0%
E10000018	Leicestershire	03W	NHS East Leicestershire and Rutland CCG	85.3%	40.1%
E10000018	Leicestershire	04C	NHS Leicester City CCG	7.5%	4.2%
E10000018	Leicestershire	04N	NHS Rushcliffe CCG	5.4%	1.0%
E10000018	Leicestershire	04Q	NHS South West Lincolnshire CCG	5.7%	1.1%
E10000018	Leicestershire	04R	NHS Southern Derbyshire CCG	0.6%	0.5%
E10000018	Leicestershire	05H	NHS Warwickshire North CCG	1.6%	0.4%
E10000018	Leicestershire	04V	NHS West Leicestershire CCG	96.2%	52.7%
E09000023	Lewisham	07Q	NHS Bromley CCG	1.3%	1.5%
E09000023	Lewisham	09A	NHS Central London (Westminster) CCG	0.1%	0.1%
E09000023	Lewisham	08A	NHS Greenwich CCG	2.2%	2.0%
E09000023	Lewisham	08K	NHS Lambeth CCG	0.2%	0.3%
E09000023	Lewisham	08L	NHS Lewisham CCG	92.1%	92.5%
E09000023	Lewisham	08Q	NHS Southwark CCG	3.7%	3.7%
E10000019	Lincolnshire	06H	NHS Cambridgeshire and Peterborough CCG	0.2%	0.2%
E10000019	Lincolnshire	03W	NHS East Leicestershire and Rutland CCG	0.2%	0.0%
E10000019	Lincolnshire	03T	NHS Lincolnshire East CCG	99.2%	32.1%
E10000019	Lincolnshire	04D	NHS Lincolnshire West CCG	98.5%	30.4%
E10000019	Lincolnshire	04H	NHS Newark & Sherwood CCG	2.4%	0.4%
E10000019	Lincolnshire	03H	NHS North East Lincolnshire CCG	2.7%	0.6%
E10000019	Lincolnshire	03K	NHS North Lincolnshire CCG	2.6%	0.6%
E10000019	Lincolnshire	99D	NHS South Lincolnshire CCG	90.6%	19.5%
E10000019	Lincolnshire	04Q	NHS South West Lincolnshire CCG	93.2%	16.2%
E08000012	Liverpool	01J	NHS Knowsley CCG	8.5%	2.8%
E08000012	Liverpool	99A	NHS Liverpool CCG	94.3%	96.2%
E08000012	Liverpool	01T	NHS South Sefton CCG	3.3%	1.0%
E06000032	Luton	06F	NHS Bedfordshire CCG	2.3%	4.5%
E06000032	Luton	06P	NHS Luton CCG	97.2%	95.5%
E08000003	Manchester	00V	NHS Bury CCG	0.3%	0.1%
E08000003	Manchester	00W	NHS Central Manchester CCG	93.7%	36.9%
E08000003	Manchester	01D	NHS Heywood, Middleton and Rochdale CCG	0.5%	0.2%
E08000003	Manchester	01M	NHS North Manchester CCG	85.1%	30.3%
E08000003	Manchester	00Y	NHS Oldham CCG	0.9%	0.4%
E08000003	Manchester	01G	NHS Salford CCG	2.5%	1.1%
E08000003	Manchester	01N	NHS South Manchester CCG	93.9%	28.2%
E08000003	Manchester	01W	NHS Stockport CCG	1.5%	0.8%
E08000003	Manchester	01Y	NHS Tameside and Glossop CCG	0.4%	0.2%
E08000003	Manchester	02A	NHS Trafford CCG	4.3%	1.8%
E06000035	Medway	09J	NHS Dartford, Gravesham and Swanley CCG	0.2%	0.2%
E06000035	Medway	09W	NHS Medway CCG	94.0%	99.5%
E06000035	Medway	10D	NHS Swale CCG	0.1%	0.0%
E06000035	Medway	99J	NHS West Kent CCG	0.2%	0.3%
E09000024	Merton	07V	NHS Croydon CCG	0.5%	0.8%
E09000024	Merton	08J	NHS Kingston CCG	3.5%	3.0%
E09000024	Merton	08K	NHS Lambeth CCG	0.9%	1.4%
E09000024	Merton	08R	NHS Merton CCG	87.7%	81.5%
E09000024	Merton	08T	NHS Sutton CCG	3.4%	2.7%
E09000024	Merton	08X	NHS Wandsworth CCG	6.5%	10.5%
E06000002	Middlesbrough	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.2%	0.2%
E06000002	Middlesbrough	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.3%
E06000002	Middlesbrough	00M	NHS South Tees CCG	52.0%	99.5%
E06000042	Milton Keynes	06F	NHS Bedfordshire CCG	1.5%	2.5%
E06000042	Milton Keynes	04F	NHS Milton Keynes CCG	95.5%	96.1%
E06000042	Milton Keynes	04G	NHS Nene CCG	0.6%	1.4%
E08000021	Newcastle upon Tyne	13T	NHS Newcastle Gateshead CCG	58.0%	95.0%
E08000021	Newcastle upon Tyne	99C	NHS North Tyneside CCG	6.0%	4.2%
E08000021	Newcastle upon Tyne	00L	NHS Northumberland CCG	0.8%	0.8%
E09000025	Newham	07L	NHS Barking and Dagenham CCG	0.5%	0.3%
E09000025	Newham	09A	NHS Central London (Westminster) CCG	0.1%	0.0%
E09000025	Newham	07T	NHS City and Hackney CCG	0.1%	0.0%
E09000025	Newham	08M	NHS Newham CCG	96.9%	97.9%
E09000025	Newham	08N	NHS Redbridge CCG	0.2%	0.2%
E09000025	Newham	08V	NHS Tower Hamlets CCG	0.2%	0.2%
E09000025	Newham	08W	NHS Waltham Forest CCG	1.7%	1.4%
E10000020	Norfolk	06H	NHS Cambridgeshire and Peterborough CCG	0.7%	0.7%

HWB Code	LA Name	CCG Code	CCG Name	% CCG in HWB	% HWB in CCG
E10000020	Norfolk	06M	NHS Great Yarmouth and Waveney CCG	47.5%	12.3%
E10000020	Norfolk	06L	NHS Ipswich and East Suffolk CCG	0.1%	0.0%
E10000020	Norfolk	06V	NHS North Norfolk CCG	100.0%	18.8%
E10000020	Norfolk	06W	NHS Norwich CCG	100.0%	23.7%
E10000020	Norfolk	99D	NHS South Lincolnshire CCG	0.2%	0.0%
E10000020	Norfolk	06Y	NHS South Norfolk CCG	98.8%	25.3%
E10000020	Norfolk	07J	NHS West Norfolk CCG	98.5%	18.5%
E10000020	Norfolk	07K	NHS West Suffolk CCG	2.6%	0.7%
E06000012	North East Lincolnshire	03T	NHS Lincolnshire East CCG	0.8%	1.2%
E06000012	North East Lincolnshire	03H	NHS North East Lincolnshire CCG	95.9%	98.7%
E06000012	North East Lincolnshire	03K	NHS North Lincolnshire CCG	0.1%	0.2%
E06000013	North Lincolnshire	02Q	NHS Bassetlaw CCG	0.2%	0.1%
E06000013	North Lincolnshire	02X	NHS Doncaster CCG	0.0%	0.1%
E06000013	North Lincolnshire	02Y	NHS East Riding of Yorkshire CCG	0.0%	0.1%
E06000013	North Lincolnshire	04D	NHS Lincolnshire West CCG	1.0%	1.4%
E06000013	North Lincolnshire	03H	NHS North East Lincolnshire CCG	1.4%	1.4%
E06000013	North Lincolnshire	03K	NHS North Lincolnshire CCG	97.2%	96.8%
E06000024	North Somerset	11E	NHS Bath and North East Somerset CCG	1.7%	1.6%
E06000024	North Somerset	11H	NHS Bristol CCG	0.3%	0.6%
E06000024	North Somerset	11T	NHS North Somerset CCG	99.1%	97.7%
E06000024	North Somerset	11X	NHS Somerset CCG	0.0%	0.2%
E08000022	North Tyneside	13T	NHS Newcastle Gateshead CCG	1.0%	2.5%
E08000022	North Tyneside	99C	NHS North Tyneside CCG	93.1%	96.4%
E08000022	North Tyneside	00L	NHS Northumberland CCG	0.7%	1.1%
E10000023	North Yorkshire	02N	NHS Airedale, Wharfdale and Craven CCG	32.4%	8.3%
E10000023	North Yorkshire	01H	NHS Cumbria CCG	1.2%	1.0%
E10000023	North Yorkshire	00C	NHS Darlington CCG	1.3%	0.2%
E10000023	North Yorkshire	02X	NHS Doncaster CCG	0.2%	0.1%
E10000023	North Yorkshire	00D	NHS Durham Dales, Easington and Sedgefield CCG	0.2%	0.1%
E10000023	North Yorkshire	01A	NHS East Lancashire CCG	0.1%	0.0%
E10000023	North Yorkshire	02Y	NHS East Riding of Yorkshire CCG	1.3%	0.7%
E10000023	North Yorkshire	03D	NHS Hambleton, Richmondshire and Whitby CCG	98.7%	22.9%
E10000023	North Yorkshire	03E	NHS Harrogate and Rural District CCG	99.9%	26.3%
E10000023	North Yorkshire	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.0%
E10000023	North Yorkshire	02V	NHS Leeds North CCG	3.0%	1.0%
E10000023	North Yorkshire	03G	NHS Leeds South and East CCG	0.5%	0.2%
E10000023	North Yorkshire	03M	NHS Scarborough and Ryedale CCG	99.3%	19.2%
E10000023	North Yorkshire	03Q	NHS Vale of York CCG	32.6%	18.7%
E10000023	North Yorkshire	03R	NHS Wakefield CCG	2.0%	1.2%
E10000021	Northamptonshire	10Y	NHS Aylesbury Vale CCG	0.1%	0.0%
E10000021	Northamptonshire	06F	NHS Bedfordshire CCG	0.1%	0.0%
E10000021	Northamptonshire	06H	NHS Cambridgeshire and Peterborough CCG	1.6%	1.9%
E10000021	Northamptonshire	03V	NHS Corby CCG	99.1%	9.6%
E10000021	Northamptonshire	05A	NHS Coventry and Rugby CCG	0.3%	0.2%
E10000021	Northamptonshire	03W	NHS East Leicestershire and Rutland CCG	1.9%	0.8%
E10000021	Northamptonshire	04F	NHS Milton Keynes CCG	3.2%	1.2%
E10000021	Northamptonshire	04G	NHS Nene CCG	98.8%	85.0%
E10000021	Northamptonshire	10Q	NHS Oxfordshire CCG	1.2%	1.1%
E10000021	Northamptonshire	99D	NHS South Lincolnshire CCG	0.9%	0.2%
E06000057	Northumberland	01H	NHS Cumbria CCG	0.0%	0.1%
E06000057	Northumberland	13T	NHS Newcastle Gateshead CCG	0.3%	0.4%
E06000057	Northumberland	00J	NHS North Durham CCG	0.2%	0.2%
E06000057	Northumberland	99C	NHS North Tyneside CCG	0.9%	0.6%
E06000057	Northumberland	00L	NHS Northumberland CCG	98.0%	98.7%
E06000018	Nottingham	04K	NHS Nottingham City CCG	89.7%	94.8%
E06000018	Nottingham	04L	NHS Nottingham North and East CCG	4.7%	2.1%
E06000018	Nottingham	04M	NHS Nottingham West CCG	5.7%	1.6%
E06000018	Nottingham	04N	NHS Rushcliffe CCG	4.1%	1.5%
E10000024	Nottinghamshire	02Q	NHS Bassetlaw CCG	97.5%	13.5%
E10000024	Nottinghamshire	02X	NHS Doncaster CCG	1.7%	0.6%
E10000024	Nottinghamshire	03W	NHS East Leicestershire and Rutland CCG	0.3%	0.1%
E10000024	Nottinghamshire	03X	NHS Erewash CCG	7.8%	0.9%
E10000024	Nottinghamshire	03Y	NHS Hardwick CCG	5.1%	0.6%
E10000024	Nottinghamshire	04D	NHS Lincolnshire West CCG	0.4%	0.1%
E10000024	Nottinghamshire	04E	NHS Mansfield and Ashfield CCG	98.1%	22.5%
E10000024	Nottinghamshire	04H	NHS Newark & Sherwood CCG	97.6%	15.5%
E10000024	Nottinghamshire	04K	NHS Nottingham City CCG	10.3%	4.4%
E10000024	Nottinghamshire	04L	NHS Nottingham North and East CCG	95.0%	17.3%
E10000024	Nottinghamshire	04M	NHS Nottingham West CCG	89.3%	10.2%
E10000024	Nottinghamshire	04N	NHS Rushcliffe CCG	90.5%	13.6%
E10000024	Nottinghamshire	04Q	NHS South West Lincolnshire CCG	0.7%	0.1%
E10000024	Nottinghamshire	04R	NHS Southern Derbyshire CCG	0.6%	0.4%
E10000024	Nottinghamshire	04V	NHS West Leicestershire CCG	0.1%	0.0%
E08000004	Oldham	01D	NHS Heywood, Middleton and Rochdale CCG	1.4%	1.3%
E08000004	Oldham	01M	NHS North Manchester CCG	2.6%	2.1%
E08000004	Oldham	00Y	NHS Oldham CCG	94.7%	96.3%
E08000004	Oldham	01Y	NHS Tameside and Glossop CCG	0.2%	0.2%
E10000025	Oxfordshire	10Y	NHS Aylesbury Vale CCG	6.2%	1.8%
E10000025	Oxfordshire	11M	NHS Gloucestershire CCG	0.2%	0.2%
E10000025	Oxfordshire	04G	NHS Nene CCG	0.1%	0.1%
E10000025	Oxfordshire	10M	NHS Newbury and District CCG	0.1%	0.0%
E10000025	Oxfordshire	10N	NHS North & West Reading CCG	2.0%	0.3%
E10000025	Oxfordshire	10Q	NHS Oxfordshire CCG	97.3%	96.6%
E10000025	Oxfordshire	05R	NHS South Warwickshire CCG	0.7%	0.3%
E10000025	Oxfordshire	12D	NHS Swindon CCG	2.6%	0.8%
E06000031	Peterborough	06H	NHS Cambridgeshire and Peterborough CCG	22.6%	96.1%
E06000031	Peterborough	99D	NHS South Lincolnshire CCG	5.2%	3.9%
E06000026	Plymouth	99P	NHS North, East, West Devon CCG	29.3%	100.0%
E06000044	Portsmouth	10K	NHS Fareham and Gosport CCG	1.4%	1.3%
E06000044	Portsmouth	10R	NHS Portsmouth CCG	95.5%	98.4%
E06000044	Portsmouth	10V	NHS South Eastern Hampshire CCG	0.3%	0.3%
E06000038	Reading	10N	NHS North & West Reading CCG	61.2%	36.6%
E06000038	Reading	10Q	NHS Oxfordshire CCG	0.2%	0.6%
E06000038	Reading	10W	NHS South Reading CCG	79.9%	60.1%
E06000038	Reading	11D	NHS Wokingham CCG	3.1%	2.7%
E09000026	Redbridge	07L	NHS Barking and Dagenham CCG	5.6%	3.8%
E09000026	Redbridge	08F	NHS Havering CCG	0.9%	0.8%

HWB Code	LA Name	CCG Code	CCG Name	% CCG in HWB	% HWB in CCG
E09000026	Redbridge	08M	NHS Newham CCG	1.5%	1.8%
E09000026	Redbridge	08N	NHS Redbridge CCG	92.6%	88.7%
E09000026	Redbridge	08W	NHS Waltham Forest CCG	3.4%	3.2%
E09000026	Redbridge	07H	NHS West Essex CCG	1.8%	1.7%
E06000003	Redcar and Cleveland	03D	NHS Hambleton, Richmondshire and Whitby CCG	1.0%	1.0%
E06000003	Redcar and Cleveland	00M	NHS South Tees CCG	47.7%	99.0%
E09000027	Richmond upon Thames	08C	NHS Hammersmith and Fulham CCG	0.4%	0.4%
E09000027	Richmond upon Thames	07Y	NHS Hounslow CCG	5.0%	7.1%
E09000027	Richmond upon Thames	08J	NHS Kingston CCG	1.6%	1.5%
E09000027	Richmond upon Thames	08P	NHS Richmond CCG	92.2%	90.3%
E09000027	Richmond upon Thames	99H	NHS Surrey Downs CCG	0.0%	0.1%
E09000027	Richmond upon Thames	08X	NHS Wandsworth CCG	0.3%	0.6%
E08000005	Rochdale	00V	NHS Bury CCG	0.6%	0.5%
E08000005	Rochdale	01A	NHS East Lancashire CCG	0.2%	0.3%
E08000005	Rochdale	01D	NHS Heywood, Middleton and Rochdale CCG	96.6%	96.6%
E08000005	Rochdale	01M	NHS North Manchester CCG	1.8%	1.6%
E08000005	Rochdale	00Y	NHS Oldham CCG	0.8%	0.9%
E08000018	Rotherham	02P	NHS Barnsley CCG	3.4%	3.2%
E08000018	Rotherham	02Q	NHS Bassetlaw CCG	0.9%	0.4%
E08000018	Rotherham	02X	NHS Doncaster CCG	1.1%	1.3%
E08000018	Rotherham	03L	NHS Rotherham CCG	97.9%	93.5%
E08000018	Rotherham	03N	NHS Sheffield CCG	0.7%	1.6%
E06000017	Rutland	06H	NHS Cambridgeshire and Peterborough CCG	0.0%	0.3%
E06000017	Rutland	03V	NHS Corby CCG	0.3%	0.6%
E06000017	Rutland	03W	NHS East Leicestershire and Rutland CCG	9.8%	85.6%
E06000017	Rutland	99D	NHS South Lincolnshire CCG	2.7%	12.0%
E06000017	Rutland	04Q	NHS South West Lincolnshire CCG	0.4%	1.5%
E08000006	Salford	00T	NHS Bolton CCG	0.2%	0.3%
E08000006	Salford	00V	NHS Bury CCG	1.8%	1.4%
E08000006	Salford	00W	NHS Central Manchester CCG	0.3%	0.3%
E08000006	Salford	01M	NHS North Manchester CCG	2.1%	1.7%
E08000006	Salford	01G	NHS Salford CCG	93.9%	95.1%
E08000006	Salford	02A	NHS Trafford CCG	0.2%	0.1%
E08000006	Salford	02H	NHS Wigan Borough CCG	0.9%	1.2%
E08000028	Sandwell	13P	NHS Birmingham Crosscity CCG	2.8%	6.2%
E08000028	Sandwell	04X	NHS Birmingham South and Central CCG	0.2%	0.2%
E08000028	Sandwell	05C	NHS Dudley CCG	3.0%	2.8%
E08000028	Sandwell	05L	NHS Sandwell and West Birmingham CCG	54.3%	89.2%
E08000028	Sandwell	05Y	NHS Walsall CCG	1.6%	1.3%
E08000028	Sandwell	06A	NHS Wolverhampton CCG	0.3%	0.3%
E08000014	Sefton	01J	NHS Knowsley CCG	1.8%	1.0%
E08000014	Sefton	99A	NHS Liverpool CCG	2.9%	5.2%
E08000014	Sefton	01T	NHS South Sefton CCG	96.1%	51.9%
E08000014	Sefton	01V	NHS Southport and Formby CCG	97.0%	41.9%
E08000014	Sefton	02G	NHS West Lancashire CCG	0.3%	0.1%
E08000019	Sheffield	02P	NHS Barnsley CCG	0.8%	0.4%
E08000019	Sheffield	03Y	NHS Hardwick CCG	0.4%	0.0%
E08000019	Sheffield	04J	NHS North Derbyshire CCG	0.7%	0.3%
E08000019	Sheffield	03L	NHS Rotherham CCG	0.3%	0.1%
E08000019	Sheffield	03N	NHS Sheffield CCG	98.6%	99.2%
E06000051	Shropshire	05F	NHS Herefordshire CCG	0.5%	0.3%
E06000051	Shropshire	05G	NHS North Staffordshire CCG	0.4%	0.3%
E06000051	Shropshire	05N	NHS Shropshire CCG	96.5%	95.4%
E06000051	Shropshire	01R	NHS South Cheshire CCG	0.5%	0.3%
E06000051	Shropshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	1.2%	0.9%
E06000051	Shropshire	05T	NHS South Worcestershire CCG	1.0%	1.0%
E06000051	Shropshire	05X	NHS Telford and Wrekin CCG	2.4%	1.4%
E06000051	Shropshire	02F	NHS West Cheshire CCG	0.2%	0.1%
E06000051	Shropshire	06D	NHS Wyre Forest CCG	0.7%	0.3%
E06000039	Slough	10H	NHS Chiltern CCG	3.2%	6.7%
E06000039	Slough	10T	NHS Slough CCG	96.6%	92.9%
E06000039	Slough	11C	NHS Windsor, Ascot and Maidenhead CCG	0.4%	0.4%
E08000029	Solihull	13P	NHS Birmingham Crosscity CCG	2.0%	6.8%
E08000029	Solihull	04X	NHS Birmingham South and Central CCG	0.3%	0.3%
E08000029	Solihull	05A	NHS Coventry and Rugby CCG	0.0%	0.1%
E08000029	Solihull	05J	NHS Redditch and Bromsgrove CCG	0.4%	0.3%
E08000029	Solihull	05P	NHS Solihull CCG	83.8%	91.7%
E08000029	Solihull	05R	NHS South Warwickshire CCG	0.4%	0.5%
E08000029	Solihull	05H	NHS Warwickshire North CCG	0.2%	0.2%
E10000027	Somerset	11E	NHS Bath and North East Somerset CCG	3.1%	1.1%
E10000027	Somerset	11J	NHS Dorset CCG	0.5%	0.7%
E10000027	Somerset	11T	NHS North Somerset CCG	0.9%	0.3%
E10000027	Somerset	99P	NHS North, East, West Devon CCG	0.3%	0.5%
E10000027	Somerset	11X	NHS Somerset CCG	98.5%	97.3%
E10000027	Somerset	99N	NHS Wiltshire CCG	0.1%	0.0%
E06000025	South Gloucestershire	11E	NHS Bath and North East Somerset CCG	0.6%	0.4%
E06000025	South Gloucestershire	11H	NHS Bristol CCG	4.7%	8.2%
E06000025	South Gloucestershire	11M	NHS Gloucestershire CCG	0.8%	1.8%
E06000025	South Gloucestershire	12A	NHS South Gloucestershire CCG	95.0%	89.4%
E06000025	South Gloucestershire	99N	NHS Wiltshire CCG	0.0%	0.1%
E08000023	South Tyneside	13T	NHS Newcastle Gateshead CCG	0.0%	0.1%
E08000023	South Tyneside	00N	NHS South Tyneside CCG	99.3%	99.2%
E08000023	South Tyneside	00P	NHS Sunderland CCG	0.3%	0.6%
E06000045	Southampton	10X	NHS Southampton CCG	94.5%	99.6%
E06000045	Southampton	11A	NHS West Hampshire CCG	0.2%	0.4%
E06000033	Southend-on-Sea	99F	NHS Castle Point and Rochford CCG	4.6%	4.5%
E06000033	Southend-on-Sea	99G	NHS Southend CCG	96.6%	95.5%
E09000028	Southwark	07R	NHS Camden CCG	0.5%	0.4%
E09000028	Southwark	09A	NHS Central London (Westminster) CCG	2.0%	1.3%
E09000028	Southwark	08K	NHS Lambeth CCG	6.6%	7.6%
E09000028	Southwark	08L	NHS Lewisham CCG	1.9%	1.8%
E09000028	Southwark	08Q	NHS Southwark CCG	94.5%	88.9%
E09000028	Southwark	08X	NHS Wandsworth CCG	0.0%	0.1%
E08000013	St. Helens	01F	NHS Halton CCG	0.2%	0.1%
E08000013	St. Helens	01J	NHS Knowsley CCG	2.6%	2.3%
E08000013	St. Helens	01X	NHS St Helens CCG	91.1%	96.5%
E08000013	St. Helens	02H	NHS Wigan Borough CCG	0.6%	1.1%

HWB Code	LA Name	CCG Code	CCG Name	% CCG in HWB	% HWB in CCG
E10000028	Staffordshire	13P	NHS Birmingham Crosscity CCG	0.5%	0.4%
E10000028	Staffordshire	04Y	NHS Cannock Chase CCG	99.3%	14.9%
E10000028	Staffordshire	05C	NHS Dudley CCG	1.4%	0.5%
E10000028	Staffordshire	05D	NHS East Staffordshire CCG	91.9%	14.5%
E10000028	Staffordshire	01C	NHS Eastern Cheshire CCG	0.6%	0.1%
E10000028	Staffordshire	04J	NHS North Derbyshire CCG	0.7%	0.2%
E10000028	Staffordshire	05G	NHS North Staffordshire CCG	95.1%	23.5%
E10000028	Staffordshire	05N	NHS Shropshire CCG	1.1%	0.4%
E10000028	Staffordshire	01R	NHS South Cheshire CCG	0.5%	0.1%
E10000028	Staffordshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	96.2%	23.7%
E10000028	Staffordshire	04R	NHS Southern Derbyshire CCG	0.5%	0.3%
E10000028	Staffordshire	05V	NHS Stafford and Surrounds CCG	99.5%	16.6%
E10000028	Staffordshire	05W	NHS Stoke on Trent CCG	8.9%	2.9%
E10000028	Staffordshire	05X	NHS Telford and Wrekin CCG	1.0%	0.2%
E10000028	Staffordshire	05Y	NHS Walsall CCG	1.6%	0.5%
E10000028	Staffordshire	05H	NHS Warwickshire North CCG	1.2%	0.2%
E10000028	Staffordshire	06A	NHS Wolverhampton CCG	2.8%	0.9%
E10000028	Staffordshire	06D	NHS Wyre Forest CCG	0.2%	0.0%
E08000007	Stockport	00W	NHS Central Manchester CCG	0.7%	0.6%
E08000007	Stockport	01C	NHS Eastern Cheshire CCG	1.6%	1.1%
E08000007	Stockport	01N	NHS South Manchester CCG	2.9%	1.7%
E08000007	Stockport	01W	NHS Stockport CCG	95.2%	96.5%
E08000007	Stockport	01Y	NHS Tameside and Glossop CCG	0.2%	0.2%
E06000004	Stockton-on-Tees	00C	NHS Darlington CCG	0.4%	0.2%
E06000004	Stockton-on-Tees	00D	NHS Durham Dales, Easington and Sedgefield CCG	0.3%	0.5%
E06000004	Stockton-on-Tees	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.1%	0.1%
E06000004	Stockton-on-Tees	00K	NHS Hartlepool and Stockton-On-Tees CCG	66.8%	98.7%
E06000004	Stockton-on-Tees	00M	NHS South Tees CCG	0.3%	0.5%
E06000021	Stoke-on-Trent	05G	NHS North Staffordshire CCG	3.4%	2.7%
E06000021	Stoke-on-Trent	05V	NHS Stafford and Surrounds CCG	0.5%	0.3%
E06000021	Stoke-on-Trent	05W	NHS Stoke on Trent CCG	91.1%	97.0%
E10000029	Suffolk	06H	NHS Cambridgeshire and Peterborough CCG	0.1%	0.2%
E10000029	Suffolk	06M	NHS Great Yarmouth and Waveney CCG	52.5%	16.5%
E10000029	Suffolk	06L	NHS Ipswich and East Suffolk CCG	99.6%	52.8%
E10000029	Suffolk	06T	NHS North East Essex CCG	1.3%	0.6%
E10000029	Suffolk	06Y	NHS South Norfolk CCG	1.2%	0.4%
E10000029	Suffolk	07K	NHS West Suffolk CCG	91.0%	29.6%
E08000024	Sunderland	00D	NHS Durham Dales, Easington and Sedgefield CCG	0.7%	0.7%
E08000024	Sunderland	13T	NHS Newcastle Gateshead CCG	0.5%	0.8%
E08000024	Sunderland	00J	NHS North Durham CCG	2.3%	2.0%
E08000024	Sunderland	00N	NHS South Tyneside CCG	0.4%	0.2%
E08000024	Sunderland	00P	NHS Sunderland CCG	98.5%	96.2%
E10000030	Surrey	10G	NHS Bracknell and Ascot CCG	1.7%	0.2%
E10000030	Surrey	07Q	NHS Bromley CCG	0.4%	0.1%
E10000030	Surrey	09G	NHS Coastal West Sussex CCG	0.2%	0.0%
E10000030	Surrey	09H	NHS Crawley CCG	6.6%	0.7%
E10000030	Surrey	07V	NHS Croydon CCG	1.2%	0.4%
E10000030	Surrey	09L	NHS East Surrey CCG	96.6%	14.1%
E10000030	Surrey	09N	NHS Guildford and Waverley CCG	94.0%	16.9%
E10000030	Surrey	09X	NHS Horsham and Mid Sussex CCG	1.6%	0.3%
E10000030	Surrey	07Y	NHS Hounslow CCG	0.5%	0.1%
E10000030	Surrey	08J	NHS Kingston CCG	4.4%	0.7%
E10000030	Surrey	08R	NHS Merton CCG	0.2%	0.0%
E10000030	Surrey	99M	NHS North East Hampshire and Farnham CCG	23.0%	4.2%
E10000030	Surrey	10J	NHS North Hampshire CCG	0.1%	0.0%
E10000030	Surrey	09Y	NHS North West Surrey CCG	99.5%	29.6%
E10000030	Surrey	08P	NHS Richmond CCG	0.5%	0.0%
E10000030	Surrey	10V	NHS South Eastern Hampshire CCG	0.1%	0.0%
E10000030	Surrey	99H	NHS Surrey Downs CCG	97.1%	23.9%
E10000030	Surrey	10C	NHS Surrey Heath CCG	99.0%	7.6%
E10000030	Surrey	08T	NHS Sutton CCG	1.2%	0.2%
E10000030	Surrey	99J	NHS West Kent CCG	0.2%	0.0%
E10000030	Surrey	11C	NHS Windsor, Ascot and Maidenhead CCG	7.7%	1.0%
E09000029	Sutton	07V	NHS Croydon CCG	1.0%	1.9%
E09000029	Sutton	08J	NHS Kingston CCG	3.3%	3.2%
E09000029	Sutton	08K	NHS Lambeth CCG	0.1%	0.2%
E09000029	Sutton	08R	NHS Merton CCG	6.2%	6.5%
E09000029	Sutton	99H	NHS Surrey Downs CCG	1.4%	2.0%
E09000029	Sutton	08T	NHS Sutton CCG	94.5%	86.0%
E09000029	Sutton	08X	NHS Wandsworth CCG	0.1%	0.2%
E06000030	Swindon	11M	NHS Gloucestershire CCG	0.0%	0.2%
E06000030	Swindon	12D	NHS Swindon CCG	96.3%	98.4%
E06000030	Swindon	99N	NHS Wiltshire CCG	0.6%	1.4%
E08000008	Tameside	00W	NHS Central Manchester CCG	0.5%	0.5%
E08000008	Tameside	01M	NHS North Manchester CCG	6.4%	5.5%
E08000008	Tameside	00Y	NHS Oldham CCG	3.6%	3.8%
E08000008	Tameside	01W	NHS Stockport CCG	1.6%	2.1%
E08000008	Tameside	01Y	NHS Tameside and Glossop CCG	85.1%	88.1%
E06000020	Telford and Wrekin	05N	NHS Shropshire CCG	1.8%	3.0%
E06000020	Telford and Wrekin	05X	NHS Telford and Wrekin CCG	96.7%	97.0%
E06000034	Thurrock	07L	NHS Barking and Dagenham CCG	0.2%	0.2%
E06000034	Thurrock	99E	NHS Basildon and Brentwood CCG	0.2%	0.2%
E06000034	Thurrock	08F	NHS Havering CCG	0.1%	0.2%
E06000034	Thurrock	07G	NHS Thurrock CCG	98.4%	99.3%
E06000027	Torbay	99Q	NHS South Devon and Torbay CCG	48.9%	100.0%
E09000030	Tower Hamlets	07R	NHS Camden CCG	1.1%	0.9%
E09000030	Tower Hamlets	09A	NHS Central London (Westminster) CCG	0.3%	0.2%
E09000030	Tower Hamlets	07T	NHS City and Hackney CCG	0.8%	0.8%
E09000030	Tower Hamlets	08M	NHS Newham CCG	0.2%	0.3%
E09000030	Tower Hamlets	08V	NHS Tower Hamlets CCG	98.9%	97.7%
E08000009	Trafford	00W	NHS Central Manchester CCG	4.7%	4.3%
E08000009	Trafford	01G	NHS Salford CCG	0.1%	0.1%
E08000009	Trafford	01N	NHS South Manchester CCG	3.2%	2.2%
E08000009	Trafford	02A	NHS Trafford CCG	95.3%	93.2%
E08000009	Trafford	02E	NHS Warrington CCG	0.1%	0.1%
E08000036	Wakefield	02P	NHS Barnsley CCG	0.8%	0.6%
E08000036	Wakefield	03G	NHS Leeds South and East CCG	1.0%	0.8%

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

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