EAST SUSSEX HEALTH AND WELLBEING BOARD

FRIDAY, 20 OCTOBER 2017

10.00 AM COUNCIL CHAMBER, COUNTY HALL, LEWES

MEMBERSHIP -	Councillor Keith Glazier, East Sussex County Council (Chair) Councillor Carl Maynard, East Sussex County Council Councillor John Ungar, East Sussex County Council Councillor Trevor Webb, East Sussex County Council Councillor Margaret Robinson, Eastbourne Borough Council Councillor Linda Wallraven, Lewes District Council Dr Elizabeth Gill, High Weald Lewes Havens CCG Dr Martin Writer, Eastbourne, Hailsham and Seaford CCG Amanda Philpott, Hastings and Rother CCG Keith Hinkley, Director of Adult Social Care and Health, ESCC Stuart Gallimore, Director of Children's Services, ESCC Cynthia Lyons, Acting Director of Public Health, ESCC John Routledge, Healthwatch East Sussex Sarah MacDonald, NHS England South (South East)
INVITED OBSERVERS WITH SPEAKING RIGHTS	Councillor Claire Dowling, Wealden District Council Councillor Sue Beaney, Hastings Borough Council Councillor John Barnes MBE, Rother District Council Becky Shaw, Chief Executive, ESCC Catherine Ashton, East Sussex Healthcare NHS Trust Siobhan Melia, Sussex Community NHS Trust Samantha Allen, Sussex Partnership NHS Foundation Trust Mark Andrews, East Sussex Fire and Rescue Service Katy Bourne, Sussex Police and Crime Commissioner Marie Casey, Voluntary and Community Sector Representative

A G E N D A

1 Minutes of meeting of Health and Wellbeing Board held on 25 July 2017 *(Pages 3 - 8)*

2 Apologies for absence

3 Disclosure by all members present of personal interests in matters on the agenda

4 Urgent items

Notification of items which the Chair considers to be urgent and proposes to take at the end of the agenda. Any members who wish to raise urgent items are asked, wherever possible, to notify the Chair before the start of the meeting. In so doing, they must state the special circumstances which they consider justify the matter being considered urgently

5 The New 111 Model *(Pages 9 - 18)*
– report by 111 Programme Director

6 Safeguarding Adults Board Annual Report *(Pages 19 - 84)*
– Report by Safeguarding Adults Board Independent Chair

7 East Sussex Joint Strategic Needs Assessment and Assets (JSNAA) Annual Report 2016/17 *(Pages 85 - 96)*
– Report by Acting Director of Public Health

8 Better Care Fund 2017/18 *(Pages 97 - 198)*

9 NHS Updates
- High Weald Lewes and Havens Clinical Commissioning Group (CCG)
- Eastbourne, Hailsham and Seaford CCG
- Hasting and Rother CCG

10 Any other items previously notified under agenda item 4

11 Date of next meeting: Tuesday, 19 December, 2.30pm

PHILIP BAKER
Assistant Chief Executive
County Hall, St Anne's Crescent
LEWES BN7 1UE

12 October 2017

Contact Harvey Winder, Democratic Services Officer, 01273 481796,

Email: harvey.winder@eastsussex.gov.uk

NOTE: As part of the County Council's drive to increase accessibility to its public meetings, this meeting will be broadcast live on its website and the record archived for future viewing. The broadcast/record is accessible at
www.eastsussex.gov.uk/yourcouncil/webcasts/default.htm

EAST SUSSEX HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the East Sussex Health and Wellbeing Board held at County Hall, Lewes on 25 July 2017.

PRESENT	Councillor Keith Glazier (Chair) Councillors Carl Maynard, John Ungar, Sue Beaney; Councillor Linda Wallraven, Amanda Philpott, Keith Hinkley, Ashley Scarff, Joanne Bernhaut and John Routledge
INVITED OBSERVERS	Councillor Claire Dowling, Councillor John Barnes, Councillor Margaret Robinson, Becky Shaw, Neil Waterhouse and Marie Casey
ALSO PRESENT	Councillors Sylvia Tidy and Colin Belsey

1 MINUTES OF MEETING HELD ON 23 JANUARY 2017

1.1 The minutes of the meeting held on 23 January 2017 were agreed.

2 APOLOGIES FOR ABSENCE

2.1 Apologies for absence were received from:

- Cynthia Lyons (substitute: Joanne Bernhaut)
- Cllr Trevor Webb
- Sarah Macdonald
- Dr Martin Writer
- Dr Elizabeth Gill (substitute: Ashley Scarff)

2.2 Cllr Colin Belsey and Cllr Sylvia Tidy were in attendance as observers.

3 DISCLOSURE BY ALL MEMBERS PRESENT OF PERSONAL INTERESTS IN MATTERS ON THE AGENDA

3.1 There were no disclosures of interest.

4 URGENT ITEMS

4.1 There were no urgent items.

5 STRATEGIC INVESTMENT PLAN (SIP)

5.1 The Board considered a report on the East Sussex Better Together (ESBT) Strategic Investment Plan (SIP) for 2017/18.

5.2 In response to questions from the Board, the following answers were provided:

- The SIP is a commissioning plan for the commissioning organisations within ESBT that allocate health and care resources in the ESBT area, i.e., East Sussex County Council and the two Clinical Commissioning Groups. Sussex Partnership NHS Foundation Trust (SPFT) and East Sussex Healthcare NHS Trust (ESHT) are healthcare providers so are part of the broader ESBT Alliance Agreement, but are not part of the commissioning budget, i.e., the SIP.
- The strength of the ESBT Alliance Agreement partnership is that there is a collective commitment to manage the resources available and work to a common outcomes framework. It is therefore robust and clear enough about how it reaches collective agreements to avoid being adversely effected by the new performance metrics in the Department of Health's changes to the Better Care Fund (BCF) planning guidance.

5.3 The Board resolved to note the report.

6 HEALTH AND WELLBEING IN THE NATIONAL PARK AND THE NEW NATIONAL ACCORD

6.1 The Board considered a presentation and report on the role of the South Downs National Park (SDNP) in improving the health and wellbeing or residents in East Sussex.

6.2 The following answers were provided in response to questions from the Board:

- The SDNP jointly funded the Green Open Spaces project with East Sussex County Council, which is now reaching the end of its funding cycle. SDNP is discussing with the ESCC Public Health Department about what best to do next with the project. The Public Health Department will also provide SDNP with information about how the project links in with Health Walks, along with other community and personal resilience projects.
- Wealden District Council has developed a health strategy that includes a dedicated walking website, called *Wealden do Sussex Walks,* that contains themed walks, health information, and the ability to allow people to submit their own walks. It has received a lot of hits and other organisations would be advised to invest in their own separate walking website rather than host it on their existing website.
- SDNP is actively working with ESCC and the district & borough councils on Miles Without Stiles to help disabled or visually impaired people access the countryside. Discussions are underway with the New Forest about Dementia Friendly Parks. There may be some lessons which South Downs can take from this work.
- The SDNP is working with bus and rail companies to advertise the South Downs National Park. There is potential for SDNP to map the entrances to the South Downs with bus routes to see where there are gaps in access using the SHAPE tool. It may be possible for SDNP officers to map the distance to the South Downs from GP practices so that the GP practices can promote how people can access the national park from their area. SDNP will share this learning with other parks such as the Hastings Country Park Nature Reserve to increase opportunities to improve health and wellbeing across the county.
- Public Health England has strong evidence as to the good countryside walking does for people's health and wellbeing. The next step is to integrate it into the broader preventative system so that people associate it with being a vital way to improve health and wellbeing.

6.3 The Board RESOLVED to:

1) Note the opportunities available for the SDNP to support the delivery of Health and Well Being in East Sussex;

2) Ensure future links with the South Downs National Park; and

3) Note that members are invited to attend the SDNP Health and Wellbeing conference on 11 Oct 2017 in Midhurst.

7 HEALTHWATCH EAST SUSSEX LOCALITY ENGAGEMENT PROJECT

7.1 The Board welcomed John Routledge as the new Chief Executive of Healthwatch East Sussex and Member of the Board.

7.2 The Board RESOLVED to agree that the Healthwatch East Sussex Locality Engagement Project should be deferred to the next meeting of the Board.

8 PHARMACEUTICAL NEEDS ASSESSMENT

8.1 The Board considered a draft of the 2017 East Sussex Pharmaceutical Needs Assessment.

8.2 In response to questions from the Board the following answers were provided:

- The Pharmaceutical Needs Assessment (PNA) is a comprehensive assessment of need for everybody and so does not mention specifically the needs of children and young people; the majority of pharmacy users tend to be older people. There is, however, mention of individual projects that are aimed at young people, for example, Chlamydia testing for 15-25 year olds, free emergency hormonal contraception for people under 25 and free pregnancy testing for people under 25. There are also details of community pharmacy providing tailored advice to parents and children for illnesses and ailments such as eczema and coughs/ colds.
- The PNA emphasises the importance of community pharmacies, which are a vital part of the East Sussex Better Together (ESBT) medicines optimisation workstream. The PNA will help ESBT to target areas for improvement in existing pharmacies and for NHS England to consider new market entries.
- The PNA indicates that a small number of rural areas are more than two hours away from a pharmacy by public transport on weekends and public holidays, which can make accessing medicine over the weekend difficult for some patients. East Sussex Healthcare NHS Trust (ESHT) hospital pharmacies provide sufficient medicine to patients being discharged to last them over the weekend period when local pharmacy access is more difficult.
- Pharmacies are independent businesses and as such are paid by NHS England to stay open on days where it would be uneconomical for them to do so, for example, on public holidays and Sundays they are paid £250 per hour. In larger rural areas it is also difficult to encourage pharmacies to be open for 100 hours a week over seven days, and those that do are usually in supermarkets and restricted by its Sunday opening hours. The pharmacy budget is a global sum and is apportioned to provide the best possible spread of pharmacy access for residents in East Sussex; paying pharmacies in rural areas to stay open beyond the hours they do now would, therefore, impact pharmacy availability elsewhere.
- Pharmacies are encouraged to maintain an online presence. NHS Choices contains a profile of all pharmacies, such as its hours of opening and services it provides. Since April 2017, as part of the new Quality Service for Communities, pharmacies qualified for a payment if their NHS Choice profile was updated – 9,700 0f 11,500 pharmacies submitted up-to-date profiles to qualify for this payment. Community pharmacies are also paid to include six health promotion campaigns per year in their window.

36.3 The Board RESOLVED to:

1) approve the final draft of the 2017 East Sussex Pharmaceutical Needs Assessment and agree to its publication; and

2) recommend that the final draft emphasises the pharmaceutical needs of and available pharmaceutical services for children and young people.

9 SUSSEX AND EAST SURREY SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP UPDATE

9.1 The Board considered a presentation providing an update on the progress of the Sussex and East Surrey Sustainability and Transformation Partnership (STP).

9.2 In response to questions from the Board, the following answers were provided:

- The recruitment of a Chair for the STP Executive Board is on hold following the national assessment of the progress of all STPs by NHS England. NHS England has recognised the size and scale of the challenges in East Surrey, and Sussex and the plans to address them, and has rated the STP in the category *needs most improvement*.
- The investments made so far through ESBT in crisis response and frailty services have led to a 78% reduction in readmissions to hospital after 90 days, which is bucking the trend of emergency admissions nationally. This shows the value in investing in community based care. The STP-wide workstreams, such as those around ICT and shared care records, will help to underpin these improvements.
- There is a recognition that the scale of the STP is important for certain workstreams, such as those around workforce, that are not economical at place-based plan level.
- The ESBT programme has taken considerable time and effort to make the progress it has made to date, and further integration is still required. ESBT is a lot further ahead than other place-based plans in the STP area, so the lessons and best practice from the ESBT programme need to be passed to the others.
- Engagement with stakeholders, staff and the public is critical to the success of the STP. The place-based plan level, however, is a more appropriate level for meaningful patient engagement on behalf of the STP.

9.3 The Board RESOLVED to note the presentation.

10 NHS UPDATES

10.1 The Board considered verbal updates from High Weald Lewes Havens Clinical Commissioning Group (HWLH CCG) and Eastbourne, Hailsham and Seaford Clinical Commissioning Group (EHS CCG)/ Hastings and Rother Clinical Commissioning Group (HR CCG).

10.2 The following key points were made:

HWLH CCG

- HWLH CCG was assessed by NHS England as ‘good’. Focus on quality, dementia initiatives, financial control and integrational working via Connecting 4 You (C4Y) were all identified as strengths. Underlying financial challenge was identified as an area for improvement.
- C4Y is progressing well. District councils, Healthwatch East Sussex and carer organisations are all on board with the programme; as are the key NHS providers – Sussex Community NHS Foundation Trust (SCFT) and Sussex Partnership NHS Foundation Trust (SPFT).

- HWLH CCG is working with colleagues in the STP and in West Kent to ensure that commissioning decisions are made at the most appropriate scale, e.g., on a local CCG footprint or across the whole regional area for more specialist services.

EHS CCG & HR CCG

- ESBT won the Fostering Partnerships across Health and Care award at the National Health and Care awards. The I-Rock youth mental health service in Hastings came second.
- The Legal vehicle for Accountable Care agreed by the East Sussex County Council Cabinet is to be discussed by the CCG and ESHT boards.
- NHS England rated EHS CCG as 'good' and HR CCG as 'requires improvement'. HR CCG received the lower rating because of the recruitment and retention of GP workforce in Hastings – everything else was identical.

11 DATE OF NEXT MEETING: TUESDAY, 12 SEPTEMBER,2.30PM

11.1 The Board RESOLVED to:

1) note that a report will be considered at its December meeting on what organisations in East Sussex are doing to train staff and raise awareness about dementia. and what they are planning to do to account for future increases in dementia prevalence; and

2) agree to postpone its September meeting to later in the year.

The meeting ended at 4.12 pm.

Councillor Keith Glazier (Chair)

This page is intentionally left blank

Report to:	**East Sussex Health and Wellbeing Board**
Date of meeting:	**20 October 2017**
By:	**111 Programme Director**
Title:	**The New 111 Model**
Purpose:	**To provide the Board with an update on the 111 Transformation Programme. It outlines the revised approach and timescales for the pan-Sussex procurement, the model and the key next steps.**

RECOMMENDATIONS

The Board is recommended to consider and note the report

---

1. Background

1.1 NHS 111 is the free NHS non-emergency number, available to everyone 24 hours a day, 365 days a year. Plans are underway for a Sussex-wide procurement exercise to appoint a future provider for this service in line with a new national specifications. This new national blueprint for the NHS 111 service is to provide a call handling and self-help service that is then integrated with local clinical hubs which will provide a comprehensive clinical triage and telephone assessment service. NHS 111 will therefore operate as the 'doorway' to access other urgent care services which are more locally based.

1.2 The re-procurement of NHS 111 is being led by Coastal West Sussex Clinical Commissioning Group (CCG) on behalf of all Sussex CCGs.

2. Supporting information

2.1 In line with the NHS Five Year Forward View, the redesign of urgent and emergency care services is developing across the Sussex and East Surrey Sustainability and Transformation Partnership (STP) footprint. The integration of urgent care services will provide the Sussex population (1.69m people) with an integrated seamless service for their urgent care needs and this includes the NHS 111 service.

2.2 Plans for achieving the vision of an integrated urgent care system will be enabled by progressing procurement of NHS 111 as a single point of entry supported by an integrated Clinical Assessment Service (CAS). A wider, joined-up approach to designing NHS 111 and the CAS will provide a more integrated, effective approach to these services.

2.3 The CAS will provide clinical advice to patients contacting NHS 111 or 999 and services, which enable patients to speak to a GP as well as providing clinical support to clinicians, such as ambulance staff and emergency technicians so no decision is made in isolation, as detailed within the Integrated Urgent and Emergency Care Commissioning Standards.

2.4 This system will be supported by being functionally integrated with all the local urgent care models that are in development with further support of the model to be achieved by the technical integration of IT systems enabling the sharing of single patient records and the

transfer of calls to available services to avoid re-triage at each step. The procurement will include the telephone triage aspects of the current out of hours' service. The face to face out of hours' service will be delivered locally but will be informed by the outputs from this model.

2.5 The model is developed in order to support navigation of patients away from Emergency Departments, when attending with symptoms appropriate for primary care intervention. It should be noted that although emergency services within the A&E departments are not part of this review, they should be positively affected by the programme, as patients attending these departments that do not require this level of expertise should be directed and treated appropriately elsewhere within the urgent care system.

2.6 This Sussex NHS 111 re-procurement is a pan-Sussex Transformation Programme, requiring collaboration across seven CCGs which will need to reflect local requirements.

2.7 Appendix 1 sets out the NHS 111 Transformation and Procurement Programme in more detail, including timescales for implementation. The go live date is 1 April 2019.

3. Conclusions and reasons for recommendations

3.1 The Board is recommended to consider and note the emerging new model for the NHS 111 service.

COLIN SIMMONS
111 Programme Director

Contact Officer: Colin Simmons
Tel. No. 01903 708644 / 07525 303692
Email: colinsimmons@nhs.net

BACKGROUND DOCUMENTS

None

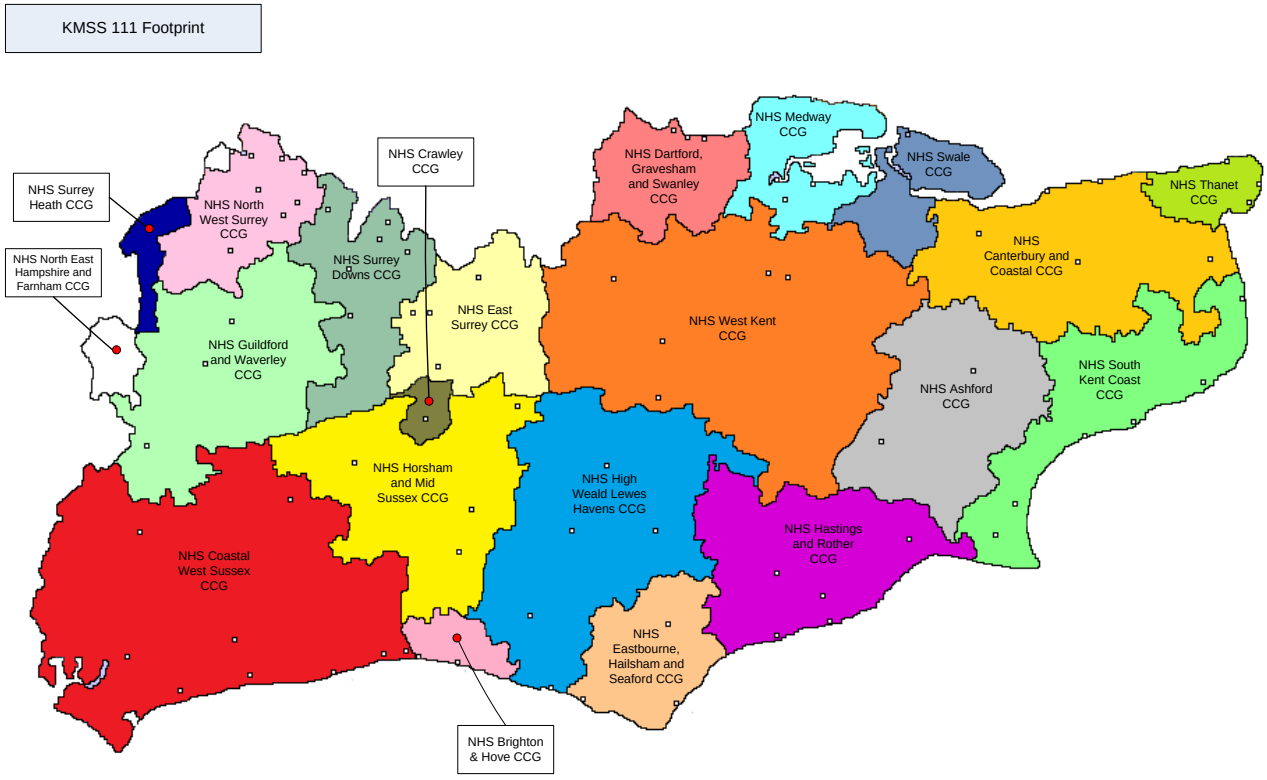
NHS 111 Transformation and Procurement Programme

1. Background

NHS 111 - is the non-emergency number that people should call if they need medical help or advice but feel it's not a life-threatening situation. There are experienced call handlers and clinicians who are available to assess a person's needs and situation and direct them to the best local services for the care they need. The NHS 111 service is currently provided by South East Coast Ambulance service (SECAmb).

GP Out of Hours (OOH) – the service is provided by Integrated Care 24 (IC24) and works with our local GPs to provide out of hours' services to our local population.

The original contract for the NHS 111 service was a South East regional contract for Kent, Medway, Sussex and Surrey (KMSS) and consisted of 21 CCGs. The original contract expired on 31 March 2017. Out of the 21 CCGs across Kent, Medway, Sussex and Surrey (KMSS), 17 CCGs agreed to a two-year contract extension with South East Coast Ambulance service (SECAmb) until 31 March 2019. This includes the area covered by East Sussex. NHS Swale CCG is the lead commissioner for this service across our area and our local CCGs are involved in this process.

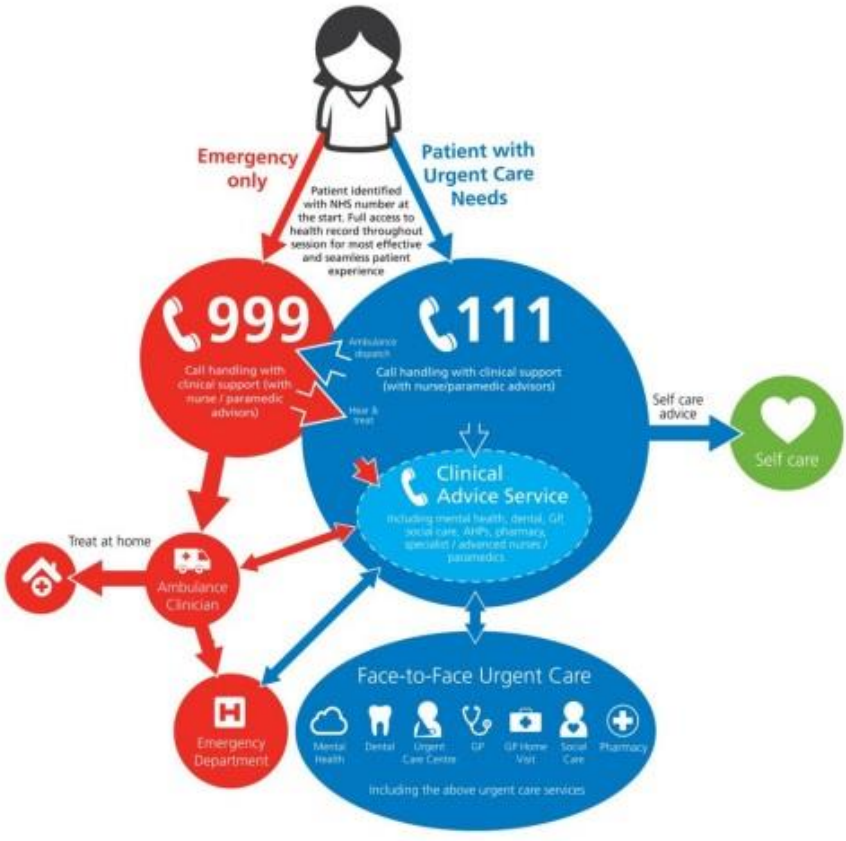


2. 111/Integration of Urgent Care Transformation Programme

In line with the NHS Five Year Forward View the redesign of urgent and emergency care services is developing across the Sussex and East Surrey STP footprint. The integration of urgent care services will provide the Sussex population (1.69m people) with an integrated seamless service for their urgent care needs and this includes the NHS 111 service.

The Urgent and Emergency Care Route Map was published in November 2015 as part of the Keogh Review. Included in the report was the deliverables for NHS 111 and the development of integrated Clinical Assessment Services (CAS).

The CAS modelling is seen as pivotal to bring urgent care services together with an Integrated Urgent Care model and the NHS 111 service is integral within its design - as shown below:



2a. Programme Objectives

The objectives of this programme are:

- To re-procure NHS 111 supported by an integrated Clinical Assessment Service (CAS) with all seven pan-Sussex CCGs
- To detail the options for the design and locations of face to face urgent and emergency care services and procure services as part of the wider urgent care model in line with the national recommendations, best practice and local need
- Ensure that our patients and public, providers, voluntary sector and social care partners are co-designers and formally consulted (as required) on the service model options
- Agree and seek the relevant approval to the chosen service model
- Decommission current services as appropriate
- Procure and implement the new service model
- Ensure the CCGs and local health economy remains on a sound financial footing in the future
- Ensure that the urgent and emergency care model complements and aligns with the aspirations for the Sustainability and Transformation Plan (STP)
- Ensure key lessons learned from other large scale procurements in Sussex (for example Patient Transport Services), but also around the country are followed :-
    - Do not allow the programme to become isolated from the business / services / organisations (need to ensure all stakeholders are aware, understand and support the proposed approach).
    - A phased rollout rather than a big bang approach will be the approach for the go live of this service
    - Transition planning is key and should be tested and robustly challenged
    - As part of the transition planning, there should be specific planning around transfer of key data between the old and new providers. Business critical data should be identified and failure to transfer should be a go / no go issue.
    - Resourcing for procurement should not be underestimated. Key roles should be identified and filled with clear understanding of the requirements for each role and the time commitment required to deliver. The programme will use external sourcing for specialist roles where this cannot be met appropriately from within the organisation(s).

2b. Redesign Principles

In aligning to the national recommendations, a number of principles are suggested:

- The NHS 111 service will be part of an urgent and emergency care system that is able to meet the needs of the whole population, within the resources available, delivering improved quality and patient experience
- The patient will experience a service that is working as one integrated and whole system although provided by multiple agencies
- The patient will be seen at the right time, by the right person with the right skills to manage their needs, in the right place
- The patient will not experience any delay in receiving the most appropriate interventions through the whole pathway being able to respond to unpredictable fluctuations in demand
- Provide highly responsive urgent care services outside of the Accident and Emergency Department (A&E) so people no longer choose to attend A&E when they do not need to
- A single point of access to urgent care services
- Provide improved access to GPs or nurses working from community bases equipped to provide a much greater range of tests and treatments
- Empower ambulance services to make more decisions to treat more patients and allow them to make referrals in a more flexible way
- Provide better support and education for people to self-care and to enable a greater use of pharmacists
- Improved utilisation of the voluntary sector.

3. The Model

Plans for achieving the vision of an integrated urgent care system will be enabled by progressing procurement of NHS 111 as a single point of entry supported by an integrated Clinical Assessment Service (CAS). A wider, joined-up approach to designing NHS 111 and the CAS will provide a more integrated, effective approach to these services.

The CAS will provide clinical advice to patients contacting NHS 111 or 999 and services, which enable patients to speak to a GP as well as providing clinical support to clinicians, such as ambulance staff and emergency technicians so no decision is made in isolation, as detailed within the Integrated Urgent and Emergency Care Commissioning Standards.

This system will be supported by being functionally integrated with all the local urgent care models that are in development with further support of the model to be achieved by the technical integration of IT systems enabling the sharing of single patient records and the transfer of calls to available services to avoid re-triage at each step. The procurement will include the telephone triage aspects of the current

out of hours' service. The face to face out of hours' service will be delivered locally but will be informed by the outputs from this model.

The model is developed in order to support navigation of patients away from Emergency Departments, when attending with symptoms appropriate for primary care intervention. It should be noted that although emergency services within the A&E departments are not part of this review, they should be positively affected by the programme, as patients attending these departments that do not require this level of expertise should be directed and treated appropriately elsewhere within the urgent care system.

The component parts of the Integrated Urgent Care Service are shown below, aspects of this will be delivered through the NHS 111 / Clinical Assessment Service (CAS) procurement and other functions will be delivered locally.

Key Principles of the new model		
	Current model	**Proposed model**
Contract	One organisation providing NHS111 for all of Kent, Surrey and Sussex OOH services for Sussex and East Surrey - IC24 • Area 1: Coastal West Sussex CCG • Area 2: Brighton & Hove CCG • Area 3: Hastings & Rother CCG, Eastbourne, Hailsham & Seaford CCG and High Weald Lewes & Havens CCG • Area 4: Crawley CCG, Horsham & Mid Sussex CCG and East Surrey CCG	A single contract with responsibility for 24/7 integrated service for NHS 111 across Sussex, and possibly larger. This may be delivered by a single organisation or (more likely) by a group of organisations working together. Access to face to face services would be delivered locally. A single contract, with a clearly designed specification, would make it easier for CCGs to hold providers to account for delivering the right outcomes and care for patients.
Clinical support	Heavily reliant on GPs for clinical support. Recruitment of GPs is increasingly difficult as there is a shortage of GPs nationally.	A range of clinical skills is available (nurses, paramedics, pharmacists and GPs) who could be used flexibly to provide clinical support. This means callers would be directed to the most appropriate clinician for what they need.
Assessment	People who require a GP urgently have to speak to at least two people (typically more) before they can get definitive clinical advice or an appointment.	People would be directed to the most appropriate service; usually by the first person they speak to.
Appointments	Some direct bookings –but patients	Direct bookings for appointments for

	usually need to hang up and call a different number to make an appointment with the appropriate service	identified services. Patients who needs are identified as best et by their GP (in hours) will be transferred to their GP surgery reception and then the processes of the practice will be used to arrange an appointment
Medical history	Services have limited access to special patient notes for people with complex health and/or social care needs, and no access to routine medical history for NHS111 or OOH	Those involved directly in patient care would have consistent access to special patient notes and routine medical history for patients using the service
Equity of access	Access to OOH services is different depending on where people live	Access to OOH services would be the same, regardless of where people live and patients would have more choice
Professional contact	Currently unclear and inconsistent access to clinicians and other professionals	One place for all professionals to go to request advice, information and contact
Signposting	Currently signposting to information or appropriate services is limited (5%)	Increase of signposting (where appropriate and safe) and advice lines with existing conditions e.g. diabetes, cancer

4. Communication and Engagement

A stakeholder mapping has been undertaken to ensure we communicate and engage properly with all relevant stakeholders, including patients and the public. The communications and engagement plan, for the programme, aims to engage and fully communicate the NHS 111/ Integrated Urgent Care programme. It will build people's trust and confidence not only in the 111 service but also in integration of urgent care services.

It will ensure the appropriate information and guidance is available in the right place, at the right time for both internal and external audiences.

Objectives

- To communicate and engage with patients and the public around the re-procurement of the pan-Sussex 111 service - **Public**
- To raise positive awareness of the 111 re-procurement and the changes GPs, Partners and Providers will see – **Clinical Services**
- To communicate and engage internally with staff across the seven CCGs, five acute trusts, three community trusts and two mental health trusts about their

role to support the 111 communications and engagement activity – **Internal Chairs, Executives, Managers and Staff**
- To enhance patients' confidence and engagement with the 111 service and ensuring their voice and experience informs the design and procurement process - **Lay Members, Patients and Public**
- To ensure patients have the information and support to make informed choices about their health care and to encourage patients to use the appropriate services depending on their health care needs – **Public**
- To increase positive awareness and understanding of the NHS 111, pharmacies and the minor injuries unit – **Public**

5. Next Steps and Recommendations

The timescales for the programme are as follows:-

Stage 1: Service Redesign • Soft market testing and development of technology options • Process mapping and pathways • Business analysis & financial modelling • Agreement of operating model and blueprint • Completion of Project documentation • Business case and service design signed off	November 2016 – September 2017
Stage 2: Procurement Readiness • Further patient engagement • Approval of service specification • Procurement Documentation • Clinical engagement	September 2017- December 2017
Stage 3: Procurement - the procurement approach is still to be confirmed • Commencement of Pre-Qualification Questionnaire (PQQ) and Invitation to Tender (ITT) procurement process • Decision regarding appropriate procurement process (most capable provider, open tender)	January - September 2018
Stage 3: Deployment • Development of deployment and mobilisation plan, stakeholder list & benefits realisation plan • Engagement of incoming and outgoing providers in order to facilitate seamless transfer • Management of go-live activities, floor walking support, bug-fix and post go-live evaluation • Management of deployment to steady state and withdrawal, based on agreed criteria • Production of a project exit report detailing actions, issues and lessons learned	September – April 2019
Go Live	1 April 2019

This page is intentionally left blank

Report to:	**East Sussex Health and Wellbeing Board**
Date of meeting:	**20 October 2017**
By:	**Independent Chair, East Sussex Safeguarding Adults Board (SAB)**
Title:	**Safeguarding Adults Board (SAB) Annual Report 2016- 2017**
Purpose:	**To present the SAB Annual Report as required by the Care Act 2014**

RECOMMENDATIONS -

The Health and Wellbeing Board is recommended to consider and note the report

---

1 Introduction

1.1 The SAB Annual Report (Appendix 1) outlines the multi-agency safeguarding activity for vulnerable adults in East Sussex between April 2016 and March 2017, the key elements of this are highlighted in the following paragraphs.

2 Supporting information

Priority 1.1: Ensure the effectiveness and transparency of the SAB to oversee and lead adult safeguarding and the prevention of abuse

- This year saw the launch of the SAB website, for increased accessibility and transparency of the work of the Board.
- Learning - A quarterly multi-agency forum has been established during 2016-17 focussing on the use and application of the Mental Capacity Act 2005, using case studies in order for learning and practice development to be achieved.

Priority 2.1: Ensure Section 42 safeguarding arrangements are in place under the Care Act 2014, with appropriate feedback and review arrangements

- A multi-agency safeguarding case audit was undertaken by several representatives of the SAB, with the main focus on Domestic Abuse (DA). Good practice included engagement with the adult in several cases and referrals and involvement of specialist DA services was evident in the majority of cases. Development areas included the need to find creative ways of seeing the victim of DA by themselves, and sufficient information sharing to make robust decisions within the MARAC process.
- Three Safeguarding Adult Review (SAR) referrals were made in 2016-17. Of these referrals, one met the criteria for a SAR and findings from this are due to be published within the next month. Of the other two referrals, one case was taken forward as part of the safeguarding quality audit. Actions are being taken forward in the remaining case via the Operational Practice subgroup in respect of coordinating activity and knowledge of a range of professionals in contact with difficult to reach vulnerable adult groups.

Priority 3.1: Focus on personalising and integrating safeguarding responses, and measure safeguarding outcomes that bring safety and people's wishes together

- The number of recorded safeguarding enquiries has increased by 126% since 2015/16 (increasing from 1,868 to 4,222). This is, in part, because of a change in the way safeguarding activity was recorded following the introduction of a new client activity

database. In effect, all safeguarding concerns were recorded as enquiries and these enquiries were managed in proportion with the degree of risk associated with each concern raised. Moving forward, recording will capture the number of safeguarding concerns raised, and those that are subsequently taken into a safeguarding enquiry.

- Neglect and physical abuse remain the highest types of abuse investigated. Emotional/Psychological abuse is now the third most common form of abuse, whereas financial abuse was the third most common in 2015-16. This change is likely due to increased awareness that abuse such as physical and financial often involve elements of emotional and psychological abuse as well.

Priority 4.1: Allow the voice of client's, carer's, and the local community to be heard in safeguarding policy and practice.

- In 90% of cases where there was action under safeguarding arrangements, risk was reduced or removed. This is an increase from 86% in 2015-16. The proportion of people receiving support from an advocate, family member or friend where they lacked capacity in this period was 96%. This is an increase from 92% in the previous year, and compares favourably to the national average of 62%.

Priority 4.2: Ensure that people are aware of safeguarding and know what to do if they have a concern

- In partnership with the Local Safeguarding Children's Board (LSCB) and the East Sussex Safer Communities Partnership, the SAB hosted a conference on 'Coercive Control and Domestic Abuse: Impact within the Family'. Approximately 170 delegates attended, representing a broad range of agencies.

Priority 5.1: Ensure that all people involved in safeguarding have the appropriate skills, knowledge and competencies

- Key training figures from partner agencies included in the report evidence the fact that there has been a particular focus on Domestic Abuse training this year.

Priority 5.2: Ensure clear links exist between Partnership Boards with accountability arrangements documented and understood to avoid duplication of work-streams

- A protocol for safeguarding relationships, including the SAB, LSCB, Safer Communities, Children's Trust Board and the Health and Wellbeing Board, was developed and agreed in 2016-17. It clarifies priorities, accountabilities, and joint working opportunities and can be accessed on the SAB website.

3. Conclusion and reasons for recommendations

3.1 This report has shown the continued effort of the County Council and partner agencies to work together to safeguard adults. The SAB will ensure learning from the first SAR conducted under the Care Act 2014 is shared and embedded into practice appropriately in the coming year.

GRAHAM BARTLETT
Independent Chair, East Sussex Safeguarding Adults Board

BACKGROUND DOCUMENTS

None

East Sussex Safeguarding Adults Board

East Sussex Safeguarding Adults Board

Annual Report

April 2016 to March 2017

You can get all our publications in a format to suit you. If you would prefer this report in an alternative format or language please ask us. Please phone Health and Social Care Connect on 0345 60 80 191.

Contents

Foreword

Welcome to the East Sussex Safeguarding Adults Board Annual Report 2016 – 17.

The Safeguarding Adults Board (SAB) oversees work to protect vulnerable people, and ensures that we have safeguarding arrangements that are working well and improving.

This year has seen the introduction of monthly panels to consider safeguarding adult review (SAR) referrals, one of the statutory duties of SABs under the Care Act. One referral has been progressed to a SAR and findings from this are due in the summer this year.

The SAB has continued to implement its strategic plan to ensure the best outcome for adults in East Sussex can be realised, and I would like to thank all partner agencies of the SAB for their continued commitment to this important agenda.

We hope you find this report interesting and are reassured of the commitment of the East Sussex SAB to continual improvement and decisive action when things go wrong.

Graham Bartlett
Independent Chair, East Sussex Safeguarding Adults Board

Comments from Healthwatch East Sussex

As Chair of the Clients and Carers Safeguarding Advisory Network, which provides a key mechanism to consult with the local community, I am pleased to report on the progress made in 2016 – 17 in listening and responding to the views of adults with care and support needs as we have welcomed new members to the network.

I have been involved again this year in the recruitment process for a Lay member for the SAB, and am encouraged by the commitment of the SAB to seek the views of adults, carers and partner agencies when implementing its strategic plan.

In the coming year, Healthwatch will continue to seek the views of those who use care and support services, assist in raising awareness of the safeguarding agenda, and ensure appropriate challenges can be made to hold partner agencies to account where required.

Elizabeth Mackie
Volunteer & Community Liaison Manager, Healthwatch East Sussex

Executive summary

This annual report outlines safeguarding activity and performance in East Sussex between April 2016 and March 2017, as well as some of the main developments that have taken place to prevent abuse from occurring.

Highlights contained in the report are as follows:

Priority 1.1: Ensure the effectiveness and transparency of the Safeguarding Adults Board to oversee and lead adult safeguarding and the prevention of abuse

- The Safeguarding Adults Board (SAB) website was launched this year to increase the accessibility and transparency of the work of the Board. The website contains information relating to the work, structure and priorities of the SAB, what adult safeguarding is and how people can raise a concern.

- A monthly panel has been set up to consider Safeguarding Adult Review (SAR) referrals, and to establish an effective decision making framework.

- Links continue to be maintained with the SABs of Brighton & Hove and West Sussex, in the form of the Sussex Policy and Procedures Review Group.

- A multi-agency forum focussing on the use and application of the Mental Capacity Act has been established. This forum meets quarterly, and is centred on case studies that partner agencies identify in order for learning and practice development to be achieved.

- Following on from learning events held in 2015 – 16 regarding the experience of domestic abuse among older people, SAB member agencies completed an assurance tool on their safeguarding arrangements specifically in relation to domestic violence and abuse, and a subsequent action plan for improvements is being overseen by the Performance, Quality and Audit Sub-group.

Priority 2.1: Ensure Section 42 safeguarding arrangements are in place under the Care Act, with appropriate feedback and review arrangements

- A multi-agency safeguarding case audit was undertaken again this year by several representatives of the SAB, with the main focus on domestic abuse and the implementation of the Section 42 Care Act safeguarding duties. Good practice included engagement, or attempts to engage, with the adult in several cases, the needs of alleged perpetrators were considered in all cases, and referrals and involvement of specialist domestic abuse services was evident in the majority of cases. Development areas included the need

to find creative ways of seeing the victim by themselves, identifying and recording indicators of domestic abuse, and sufficient information sharing to make robust decisions within the MARAC process.

- Three safeguarding adult review (SAR) referrals were made in 2016 – 17. Of these referrals, one met the criteria and a SAR is currently underway with findings due to be reported to the SAB in July 2017. Of the two other referrals, one case was taken forward as part of the multi-agency safeguarding audit as described above. Actions will be taken forward in the remaining case via the Operational Practice Sub-group in terms of a preventive strategy to co-ordinate the activity and knowledge of a range of professionals and agencies in contact with difficult to reach vulnerable adult groups.

Priority 2.2: Develop clear mechanisms for responding to and monitoring quality concerns

- A review of the Adult Social Care (ASC) Quality Monitoring Team has taken place to ensure safeguarding concerns are appropriately responded to.

- The Clinical Commissioning Groups have established an information sharing group of health and social care professionals to develop networks for information sharing and to ensure quality concerns regarding providers can be addressed by early intervention.

Priority 3.1: Focus on personalising and integrating safeguarding responses, and measure safeguarding outcomes that bring safety and people's wishes together

- The number of safeguarding enquiries has increased significantly since 2015 – 16 (increasing from 1,868 to 4,222). This is, in part, because of a change in the way safeguarding activity was recorded following the introduction of a new client database. In effect, all safeguarding concerns were recorded as enquiries, and these enquiries were managed in proportion with the degree of risk associated with the concern raised. The recording of safeguarding activity moving forward will capture the number of safeguarding concerns raised, and those that are subsequently taken into a safeguarding enquiry.

- Neglect and physical abuse remain the types of abuse most frequently investigated. Emotional or psychological abuse is now the third most common form of abuse investigated, whereas financial abuse was the third most common in 2015 – 16. This change is likely due to increased awareness that physical and financial abuse often involve elements of emotional and psychological abuse as well. Proportionately, there has been little change in the number of financial abuse investigations, which account for 18% of all enquiries compared with 19.5% in 2015 – 16.

- The most significant differences to 2015 – 16 are domestic abuse increasing from 2% of completed enquiries to 9%; neglect reducing from 49% of completed enquiries to 44%; and emotional or psychological abuse increasing from 16% of completed enquiries to 20%. The increase in the number of domestic abuse enquiries is thought to be due to increased awareness of this type of abuse following the refreshed training programme and conferences that have been held, together with media coverage and campaigns to raise awareness amongst the public.

- The most common location of abuse is in care home settings (both residential and nursing), with the adult at risk's own home being the second most frequent location, continuing the trend for the last four years.

Priority 4.1: Allow the voice of clients, carers, and the local community to be heard in safeguarding policy and practice

- In 90% of cases where action was taken under our safeguarding arrangements, risk was reduced or removed. This is an increase from 86% in 2015 – 16. It is unlikely that risk will be reduced or removed in 100% of cases, as individuals may exercise choice and control over the steps taken by authorities to mitigate the risk.

- The proportion of people receiving support from an advocate, family member or friend where they lacked capacity was 96%. This is an increase from 92% in the previous year, and compares favourably to the national average of 62% for 2015 – 16, but a target of 100% remains in place.

Priority 4.2: Ensure that people are aware of safeguarding and know what to do if they have a concern

- In February 2017, in partnership with the Local Safeguarding Children's Board and the East Sussex Safer Communities Partnership, the SAB hosted a conference on 'Coercive Control and Domestic Abuse: Impact within the Family'. Approximately 170 delegates attended representing a broad range of agencies supporting vulnerable adults and children. The keynote speech was delivered by Jane Monckton-Smith, a former police officer who lectures on criminology at the University of Gloucestershire.

- A focus to increase safeguarding awareness and training within primary care has continued in 2016 – 17. There have been 150 attendees over 10 sessions. Recruitment of a named GP for safeguarding is planned in 2017 – 18, and has already been achieved for two of the three CCGs within the county.

Priority 4.3: Ensure transition arrangements from children's to adult services, for those at risk of child sexual exploitation, are addressed in a multi-agency context

- Online training to increase awareness of child sexual exploitation was circulated again in 2016 – 17 and, following an audit of cases involving transition arrangements from Children's Services to ASC, a new post has been created and situated within Children's Services.

Priority 5.1: Ensure that all people involved in safeguarding have the appropriate skills, knowledge and competencies

- Internal processes within Sussex Police in relation to Domestic Violence Protection Orders (DVPO) and Domestic Violence Protection Notices (DVPN) have been streamlined. These changes aim to increase the number of DVPNs and DVPOs, helping to safeguard victims of domestic abuse.

- Key training figures from partner agencies are included in this annual report, and there has been a particular focus on domestic abuse training.

- The National Competency Framework for Safeguarding Adults was updated by Bournemouth University in association with Learn to Care to include the implications of the Care Act 2014. SAB member agencies have been encouraged to adopt this framework and use supervision arrangements to ensure competency is evidenced. The health Intercollegiate Document is anticipated in 2017 – 18 to guide standards for health staff.

Priority 5.2: Ensure clear links exist between partnership boards with accountability arrangements documented and understood to avoid duplication of workstreams

- A partnership protocol between the SAB, LSCB, Safer Communities Partnership, Children's and Young People's Trust and the Health and Wellbeing Board, was developed and agreed in 2016 – 17. This protocol clarifies priorities, accountabilities, and joint working opportunities for areas such as child sexual exploitation, domestic abuse, and modern slavery.

Conclusion

This annual report has presented the progress of the Safeguarding Adults Board (SAB) against its key priorities for 2016 – 17, and has shown the continued effort of the county council and partner agencies to work together to safeguard adults from abuse and neglect. The SAB will ensure learning from the first Safeguarding Adult Review conducted under the Care Act 2014 is shared and embedded into practice appropriately in the coming year. The Board also looks forward to its first peer challenge event in partnership with the Brighton & Hove and West Sussex SABs to ensure safeguarding arrangements within partner agencies across Sussex are robust and that support can be offered where required.

Progress on 2016 – 17 priorities

1.1 Ensure the effectiveness and transparency of the SAB to oversee and lead adult safeguarding and the prevention of abuse

SAB budget

The SAB budget for 2016 – 17 consisted of financial contributions from the core partners of the SAB, namely Adult Social Care (ASC), Sussex Police and the Clinical Commissioning Groups (CCGs). East Sussex Healthcare NHS Trust (ESHT) and East Sussex Fire and Rescue Service (ESFRS) also contributed financially to the working of the Board.

The following areas were identified for the budget to support the SAB in what is required of it under the Care Act, and to inform future business planning:

- Independent Chair
- SAB Development Manager
- SAB Administrator (0.5 FTE)
- Multi-agency training and safeguarding promotions / awareness
- Safeguarding policy and procedures
- SAB website
- Safeguarding adult reviews / other case reviews

Please see Appendix 1 for more details on the end of year budget.

SAB website

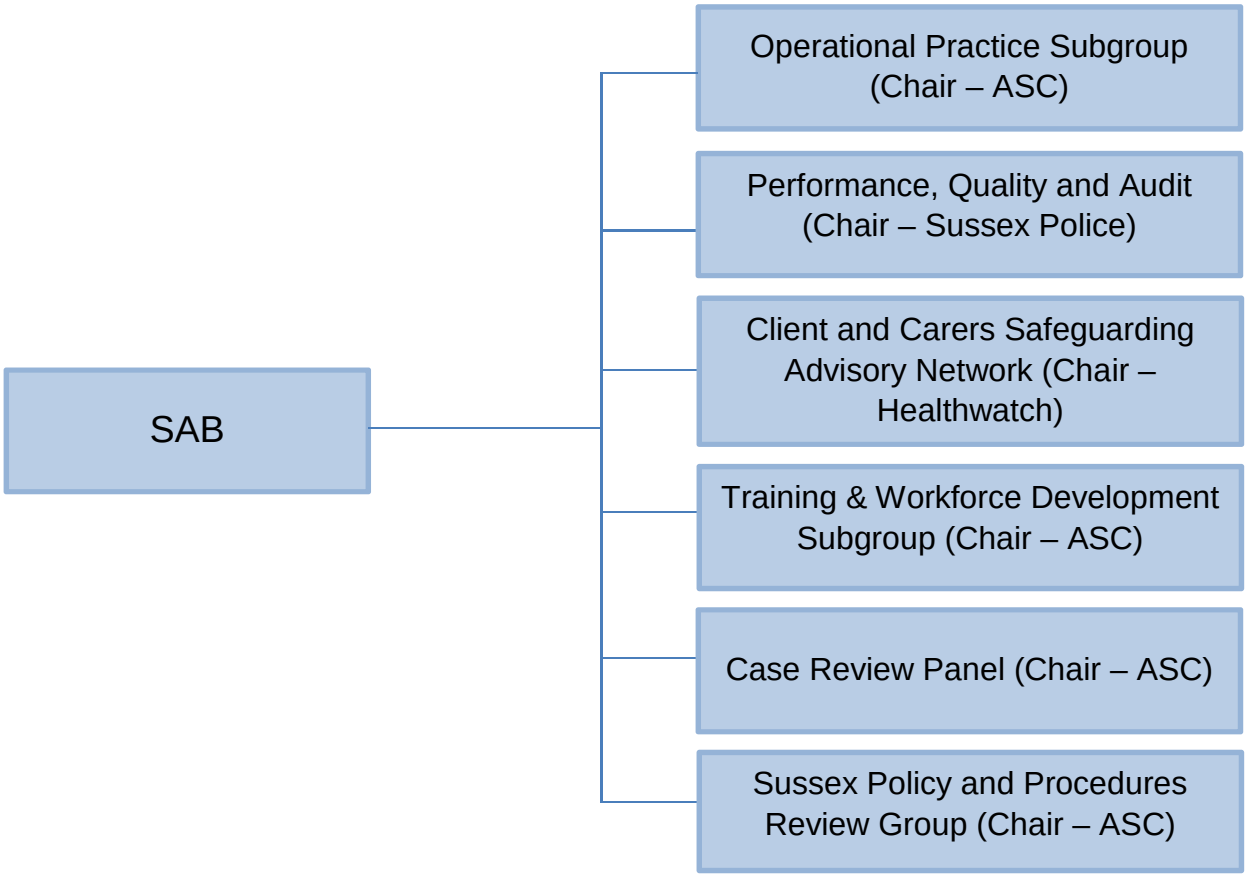
The Safeguarding Adults Board (SAB) website was launched this year to increase the accessibility and transparency of the work of the Board. The website contains information relating to the work, structure and priorities of the SAB, what adult safeguarding is and how people can raise a concern.

Governance and structure of the SAB

The governance and structure of the SAB is kept under regular review to ensure continued effectiveness. During 2016 – 2017, a monthly panel was set up to consider safeguarding adult review (SAR) referrals, and to establish an effective decision making framework.

Links continue to be maintained with the SABs of Brighton & Hove and West Sussex, in the form of the Sussex Policy and Procedures Review Group.

The descriptions below give further information on the role and make up of these sub-groups and workstreams.



Operational Practice Sub-group This group co-ordinates local safeguarding work, and ensures the priorities of the SAB are put into place operationally. Currently, its particular focus is to ensure an outcomes-focused approach is embedded in safeguarding practice, as well as ensuring advocacy provision will meet the Care Act duties.

Performance, Quality & Audit Sub-group This group establishes effective systems for monitoring, reporting and evaluating performance across agencies,

and links annual reporting to improvement planning. The group highlights staffing groups or service areas that require further awareness or training.

Multi-agency Training & Workforce Development Sub-group This group is responsible for delivering the objectives of the training strategy 2015 – 18, and overseeing training opportunities in key safeguarding matters affecting a number of agencies. Currently, the group is focused on developing multi-agency self-neglect training.

Sussex Policy and Procedures Review Group This consists of the statutory partners of the SABs across Sussex, with the purpose of reviewing and updating the safeguarding procedures in line with any policy and legal updates.

Clients & Carers Safeguarding Advisory Network This network enables two-way communication and exchange of information between the SAB and clients and carers to improve safeguarding experiences and inform policy development.

The network has expanded its membership to include organisations that support and represent people with disabilities, mental ill health and learning disabilities, together with older adults and carers.

Case Review Panel This consists of the statutory partners of the East Sussex SAB, and meets monthly with the purpose of considering cases that may require a safeguarding adult review, and makes a recommendation to the SAB Chair.

Learning

A quarterly multi-agency forum has been established during 2016 – 17, focussing on the use and application of the Mental Capacity Act. This forum is centred on case studies that partner agencies have identified in order for learning and practice development to be achieved. An example of practice development shared within this forum has been an updated mental capacity assessment form to be used by South East Coast Ambulance NHS Foundation Trust staff, to ensure issues of mental capacity are better captured by frontline paramedics.

Following on from learning events held in 2015 – 16 regarding the experience of domestic abuse among older people, SAB member agencies completed an assurance tool on their safeguarding arrangements specifically in relation to domestic violence and abuse, and a subsequent action plan for improvements is being overseen by the Performance, Quality and Audit Sub-group.

Future plans

- Recruitment of a Quality Assurance & Learning Development Officer, shared between East Sussex and Brighton & Hove SABs, to focus on implementation of learning and action plan improvements.

- Learning briefings following any safeguarding adult review or multi-agency review to continue, and consideration to be made of academic research and evaluation that could be utilised.

- A business development day will be held to update the SAB strategic plan for 2018.

- A peer challenge event will be held in July 2017 for accountability, support and improvements to be enabled with partner agency safeguarding arrangements.

2.1 Ensure Section 42 safeguarding arrangements are in place under the Care Act, with appropriate feedback and review arrangements

Care Act 2014 duties

Edition 3 of the Sussex Safeguarding Adults Policy and Procedures is available online.

The definition of adults within the Care Act which the Board seeks to protect is any person aged 18 years or over who:

- has needs for care and support (whether or not the local authority is meeting any of those needs), and
- is experiencing, or at risk of, abuse or neglect, and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

These three criteria are referred to as the 'three key tests'.

The Care Act places statutory duties on SABs as follows:

- It **must** publish a strategic plan for each year that sets out how it will meet its objectives. In developing this plan the SAB **must** consult Healthwatch and the local community.
- It **must** publish an annual report.
- It **must** develop policies and procedures, promote multi-agency training and develop preventative strategies.
- It **must** conduct any safeguarding adult reviews.

Fire safety and prevention

Multi-agency activity to reduce the risk of fire-related harm in the community is closely monitored. A data sharing agreement between East Sussex Fire and Rescue Service and ASC was implemented in October 2014 to support the strategy to reduce the number of fire deaths, fire injuries and fires in domestic dwellings. The effectiveness of this agreement continues to be monitored. Since April 2016, approximately 900 clients have received, or have a confirmed appointment to receive, a home safety visit as a specific result of the agreement.

Multi-agency safeguarding audit 2016 – 2017

The SAB undertakes an annual audit of cases requiring multi-agency involvement to promote continuous improvement in safeguarding practice.

This year's audit focussed on domestic abuse and the implementation of the Section 42 Care Act safeguarding duties. The audit was undertaken by representatives from Adult Social Care, Clinical Commissioning Groups, East Sussex Healthcare NHS Trust, Sussex Partnership NHS Foundation Trust, South East Coast Ambulance Service NHS Foundation Trust, Sussex Police, Partnership Community Safety Team, and specialist domestic abuse services (Change, Grow, Live (CGL) / The Portal).

The key findings were as follows:

Strengths

- The value of the Health Independent Domestic Violence Advocate (IDVA) was highlighted by recognition of possible domestic abuse before this was explicitly reported.
- When clear disclosure of alleged abuse was given in a particular case, agencies worked swiftly to ensure the safety of the victim, the alleged perpetrator was arrested, and the case was heard at the Multi-agency Risk Assessment Conference (MARAC).
- Engagement with the adult or attempts to engage by a range of professionals.
- The desired outcomes of the adult were sought by professionals and reviewed where possible in the majority of cases.
- The needs of alleged perpetrators were considered in all cases.
- Referrals to and involvement, or attempted involvement, of specialist domestic abuse services in the majority of cases (although this involvement could have been considered sooner in two of the cases – see below).

Areas for development and learning

- The need to find creative ways of seeing the victim of domestic abuse by themselves, separate from the alleged perpetrator. This is to provide an opportunity for thorough risk or threat assessment, and consideration of desired outcomes away from coercion and control factors, and fear factors.
- Indicators of domestic abuse were not always identified or recorded.

- Information not always sufficient at MARACs to make robust decisions regarding outcomes.

- Ongoing communication channels between the police and other agencies where there are criminal and Section 42 safeguarding processes running in parallel.

- Information sharing with primary care regarding risk and safeguarding concerns did not always occur.

- Timely completion of the DASH RIC and referral to specialist domestic abuse services.

In light of these development areas, the SAB has agreed the following actions will be implemented in 2017 – 18:

- Coercion and control awareness training for relevant staff, and implementation of actions or assessments when these factors are identified.

- Support in working with complex family units, for example in the form of reflective practice sessions to develop professional curiosity.

- Ensure frontline staff have access to training on the DASH RIC and referral to the MARAC.

- Agencies to nominate a domestic abuse champion or lead for their agency (or teams within their agency) to ensure further support can be given to professionals working with complex cases.

Safeguarding adult reviews

Safeguarding Adults Boards have a statutory duty under the Care Act to undertake safeguarding adult reviews (SARs) – formerly known as serious case reviews. This is when:

- An adult dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult.

- An adult is still alive but has experienced serious abuse or neglect and there is concern that partner agencies could have worked more effectively to protect the adult.

Three referrals were made in 2016 – 17. Of these referrals, one met the criteria and a SAR is currently underway with findings due to be reported to the SAB in July 2017.

Of the two other referrals, one case was taken forward as part of the multi-agency safeguarding audit as described above.

Actions will be taken forward in the remaining case via the Operational Practice Sub-group in terms of a preventive strategy to co-ordinate the activity and knowledge of a range of professionals and agencies in contact with difficult to reach vulnerable adult groups.

An updated SAR protocol, shared between the East Sussex, Brighton & Hove and West Sussex Safeguarding Adults Boards, will be launched in 2017 – 18. This will coincide with raising awareness of the SAR referral process. These measures aim to address low referral rates, and to try to achieve more consistency in referral rates across Sussex.

Managing allegations against people in a position of trust

In line with Care Act 2014 requirements, a framework and process has been established for how allegations against people in positions of trust, working with adults with care and support needs, should be responded to, in order to promote an individual's suitability to work with adults. Responsibility for this lies with the ASC Local Authority Designated Officer (LADO).

The concerns managed have related to individuals who:

- Work with adults with care and support needs.
- Have behaved in ways that have harmed an adult or child.
- Have committed criminal offences against adults or children.
- Have behaved towards adults or children with conduct that indicates they may pose a risk of harm.

The key behaviours that have required the LADO's involvement, at times working in partnership with the Children's Services LADO, are:

- Allegations and incidents of sexual assault or offences.
- Allegations and incidents of domestic violence.

- Allegations and incidents of inappropriate conduct outside of the workplace that may pose a risk to adults with care and support needs, and potential to bring their employer or their profession into disrepute.

- Involvement of Children's Services relating to the child(ren) of a person employed or volunteering with adults with care and support needs.

- Misuse or inappropriate use of social media including WhatsApp, Twitter and KiK and, where appropriate, involvement from POLIT (Paedophile On-Line Investigation Team).

Key outcomes of the LADO's activity include:

- Staff who are unsuitable to work in health and social care settings have been removed from their professional role and referred to their professional body, where appropriate. Thereby, the risk of abuse or misconduct has been reduced or eliminated.

- Proportionate information has been shared consistently by the LADO with employers, student bodies and voluntary organisations to enable personnel procedures to be invoked, or risk assessments and effective risk management to be undertaken.

- The LADO has ensured employers have clear safeguarding and personnel procedures in place, and are carrying out investigations accordingly. The ASC LADO and Children's Services LADO have worked jointly in collaboration with key partners to review and support the Sussex safeguarding adults policy and procedures.

- A protocol for managing allegations in respect of people in positions of trust has been developed for ESCC Adult Social Care staff.

- Strong links have been made with Children's Services colleagues, and regular meetings take place between both departments' LADOs. Links have also been forged with Brighton & Hove City Council ASC & Children's LADO to support cases involving geographical boundaries, and this is proving effective in practice.

The SAB will continue to monitor the LADO's activity in 2017 – 18, and ensure there is clarity on the guidance and response to managing allegations about people in a position of trust.

2.2 Develop clear mechanisms for responding to and monitoring quality concerns

When referring to the quality of service provision, the Care Act guidance notes that safeguarding is not a substitute for:

- providers' responsibilities to provide safe and high quality care and support,
- commissioners regularly assuring themselves of the safety and effectiveness of services that are commissioned,
- the Care Quality Commission ensuring that regulated providers comply with the fundamental standard of care.

In order to achieve these aims, local authorities must clarify how they respond to safeguarding concerns deriving from the poor quality and inadequacy of service provision, including patient safety in the health sector.

A review of the ASC Quality Monitoring Team has taken place to ensure safeguarding concerns are responded to appropriately, as well as a developmental approach to support providers.

In addition, the Clinical Commissioning Groups have established an information sharing group of health and social care professionals to develop networks for information sharing and to ensure quality concerns regarding providers can be addressed by early intervention.

Sussex Clinical Commissioning Groups safeguarding standards assurance tool

A safeguarding standards assurance tool was jointly developed by adult and child CCG safeguarding professionals across Sussex in 2015 – 16. This was reviewed in 2016 – 17, and continues to be used to seek assurance about safeguarding standards from providers in East Sussex.

In addition, visits to providers to monitor quality and safeguarding arrangements have been rolled out.

Transforming Care Programme

Work in East Sussex to improve health and social outcomes for people with learning disabilities, in line with the national Transforming Care Programme (TCP), has continued.

All learning disability transforming care work across Sussex is now co-ordinated and overseen by the Sussex Transforming Care Partnership. The Partnership is responsible for meeting national requirements, and reporting on progress to NHS England.

There are a number of workstreams being implemented, including the roll-out of LEDER (learning disability mortality programme) and improving uptake of learning disability annual health checks to address health inequalities.

In order to ensure people with learning disabilities are supported effectively in the most appropriate setting to meet their needs, the following measures have been implemented:

- Care and Treatment Review and Blue Light processes have been rolled-out and embedded in practice.
- Registers of people at risk of admission continue to be developed, and are being looked at jointly from a Sussex-wide perspective.
- Inpatient placements are only utilised when absolutely necessary to meet an individual's needs, and the person is supported to move to an appropriate community setting as soon as possible following assessment and treatment.

Future plans

- Edition 4 of the Sussex Safeguarding Adults Policy and Procedures will be launched.
- An updated Safeguarding Adult Review protocol will be launched outlining the purpose, criteria and procedure for making a SAR referral. This will be a shared protocol between the East Sussex, Brighton & Hove and West Sussex Safeguarding Adults Boards.
- The SAB Information Sharing Protocol will be updated in light of upcoming changes to the Data Protection Act.

3.1 Focus on personalising and integrating safeguarding responses, and measure safeguarding outcomes that bring safety and people's wishes together

Domestic violence and abuse

The Portal continues to provide a single point of access, and helps victims and survivors of domestic and sexual violence and abuse to find advice and support in East Sussex and Brighton & Hove. Other commissioned services also provide support to victims of domestic violence and abuse across the county, including Refuge (which operates five refuges in East Sussex) and Home Works (which provides flexible and tailored support to prevent homelessness).

During 2016 new service offers have been funded or tested, including:

- Work in health care settings, with domestic violence and abuse specialists located in a local hospital and primary care settings (funded by the Hastings & Rother Clinical Commissioning Group).

- Piloting joint work with Adult Social Care through co-location of a specialist worker from The Portal in Health and Social Care Connect (funded by the Office of the Police and Crime Commissioner).

- Developing a children and adult safeguarding response for vulnerable young people and adults who have been identified as suspected victims of exploitation, coercion and control (funded by Public Health).

We have continued to work to raise awareness, and ensure staff have the right skills and knowledge, by:

- Reviewing domestic abuse training, and launching a new course for practitioners from Children's Services and Adult Social Care, and other professionals. This is delivered, in partnership, by the Local Safeguarding Children's Board (LSCB), Safeguarding Adults Board (SAB) and Safer Communities Partnership to reflect the need to adopt the 'Whole Family' approach.

- Launching a Champions Network, to bring together practitioners from a range of agencies, and to further strengthen community and agency responses across the county.

- Marking the 16 Days of Action and securing White Ribbon Status, alongside a range of events and activities hosted by district and borough Community Safety Partnerships. Locally, the Eastbourne, Lewes, Wealden and

Hastings district and borough councils have all secured White Ribbon status.

We have also continued to deliver the Multi-Agency Risk Assessment Conference (MARAC) for the highest risk victims of domestic violence and abuse, with a focus on continuous improvement and ensuring that professionals can access training with the roll-out of courses on risk identification and referral.

Financial abuse and scams

There is a range of frauds impacting on East Sussex, primarily targeting vulnerable older people. These offences are likely to be committed by organised crime groups that are regional or national in their scope, making joint working with other police forces, regional units, trading standards, third sector organisations and the National Crime Agency (NCA) of particular importance.

The Safer East Sussex Team has built effective links between Trading Standards, Sussex Police, National Scams Team, East Sussex Fire and Rescue Service, Adult Social Care and the voluntary, community and housing sectors to bring together individuals responsible for protecting vulnerable victims of fraud.

This work has been cemented by the establishment of the Scams Working Group, which has been successful in promoting partnership working and assisting in targeting and focusing the use of partners' resources. The group has been working together to develop a shared understanding of the profile of victims and their location to focus preventative activities in areas identified as having a high risk population.

Going forward, the Scams Working Group will evolve into the 'Scams Network and Engagement Event' – a bi-annual event which will provide a platform for continued networking and information sharing in East Sussex. The group will continue to work together to develop a shared understanding of the profile of victims and their location, and work collectively in line with safeguarding adults principles to prevent adults vulnerable to abuse and neglect from falling victim to scams and fraud.

As part of a National Trading Standards Scams Team initiative, Friends Against Scams, the East Sussex Against Scams Partnership (ESASP) has been established. This is a partnership of organisations committed to taking a stand against scams, and aims to make East Sussex a scam-free county. A charter has been developed and partners have joined together to commit to the East Sussex Against Scams Partnership Charter.

ESASP has implemented a Scamnesty campaign aimed to reach people in vulnerable circumstances, especially those who are the most socially isolated, and protect them from being targeted by criminals. The Scamnesty campaign encourages East Sussex residents to anonymously deposit unwanted scam mail which is then disposed of confidentially. Friends Against Scams has also been

running free scams awareness sessions in East Sussex libraries designed to protect and prevent people from becoming victims of scams by empowering communities to 'Take a Stand Against Scams'.

Network meeting pilot and evaluation

Network meetings can be held to respond to safeguarding and other situations in an adult's life that appear to be complex and involve family members within an adult's network. The aim of a network meeting is to work towards resolving difficulties and to develop a plan to safeguard the adult from harm and support them in their life choices. Network meetings can be helpful in a wide range of scenarios, including disagreements between an adult and their support network, tensions within relationships and issues concerning choices and risk.

A low referral rate for network meetings was seen in 2016 – 17 during the pilot of this model. Nine formal referrals for network meetings were made alongside several informal enquiries about the approach. Other referrals which did not meet the criteria for a network meeting were responded to in an appropriate way.

Evaluation of the network meeting pilot identified the benefits of flexible response approaches to safeguarding meetings, and as a result models involving mediation, alongside planned projects on resilience, will be explored in 2017 – 18.

Deprivation of liberty safeguards (DoLS)

In March 2014, the Supreme Court passed a judgement that widened the criteria for people's circumstances that required assessment under DoLS legislation. The figures below show the impact of this decision on referral rates for East Sussex. This level of increase is reflected across the country. National figures are not yet available for 2016 – 17.

Year	East Sussex referrals	East Sussex referrals assessed in that year	National referrals	National referrals assessed in that year
2013/14	166	100%	13,715	95%
2014/15	1,493	42%	137,861	50%
2015/16	2,643	42%	195,840	53%
2016/17	2,504	46%	Not available	Not available

The impact of DoLS has varied across counties depending on factors such as demographics and care home numbers. In 2015 – 16, East Sussex had the twenty-first highest number of DoLS referrals of all 152 local authorities. For

counties such as East Sussex that receive a comparatively high number of referrals, the challenge to assess them all will be greater than counties with less referrals.

The Association of Directors of Social Services (ADASS) developed a risk assessment tool to assist in the management of unassessed referrals. This tool has been used by East Sussex County Council for the last two years. The tool is applied to each referral and results in a priority classification for assessment. The East Sussex DoLS Service has refined this tool further to identify those cases where an assessment is most urgent, effectively producing an 'urgent' classification; this group of referrals is allocated on a weekly basis.

This approach has safeguarded those people whose situations were most likely to raise concerns about their rights to liberty and their physical safety. ASC has not identified any cases where people have been harmed due to delays in authorising DoLS, eg. by letting someone clearly at risk leave a care home. Neither have any safeguarding concerns directly attributable to delays in assessment been identified.

Although to date the application of risk assessment processes has helped to manage the risks associated with unassessed referrals, it remains a concern that of the 6,684 referrals received by ESCC in the last three years, 37% remained unassessed at the end of March 2017. East Sussex recognises the importance of increasing its assessment rate to further reduce the risks of harm and safeguard this group of clients. In the last year East Sussex has taken the measures below to achieve this:

- Continued to raise the profile of Best Interests Assessor (BIA) work amongst the department's teams so that more people train to become BIAs which will allow more assessments to be completed. East Sussex is now working to a position where all its social workers are trained as BIAs.

- 17 people completed the DoLS BIA training in 2016 – 17. The department now has 41 BIAs which is the highest number of BIAs it has had since DoLS was introduced.

- The DoLS Service instigated a project in March 2017 to increase the productivity of the DoLS assessment process in order that more assessments can be completed in a shorter period of time. Learning from the project will be disseminated throughout the DoLS Service to increase assessment productivity amongst all BIAs.

- East Sussex has maintained the level of DoLS authorisers necessary to authorise assessments once they are completed in order that there is no delay in this part of the process. East Sussex has 18 authorisers spread across the department's teams, all of whom are of LMG 2 seniority or above.

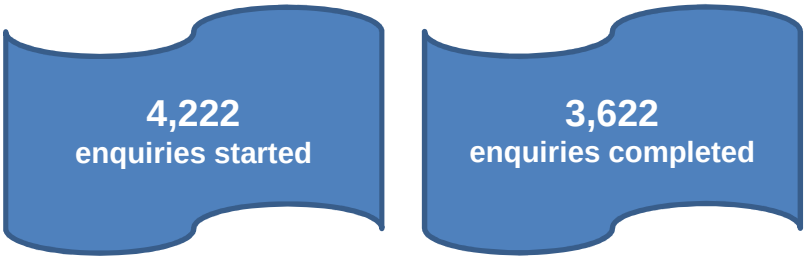
National developments

The Law Commission has reviewed DoLS and submitted proposals to the Government for significant change. Their proposals are for a new system called the Liberty Protection Safeguards. This aims to reduce the bureaucracy of the current system while ensuring that safeguarding is provided to people who lack mental capacity in a wider range of accommodation and care settings.

If the Government accepts these proposals, then safeguarding people deprived of their liberty will become a much greater part of frontline casework rather than the specialist role of BIAs. The proposals envisage a role for some specialists in this area of work, to be called Approved Mental Capacity Professionals (AMCPs), but the majority of the work will be completed by our generic case workers as part of their general duties. A thorough understanding of the Mental Capacity Act, best interests' decision making and deprivation of liberty will become a requirement of the entire department's frontline staff.

Even if the Government accepts the Law Commission's proposals, it is unlikely that a new system will be in place in the near future. For the time being, training more BIAs and looking for the most efficient way to conduct our present DoLS work continues to provide the greatest assurance that we are safeguarding clients who lack mental capacity and may be deprived of their liberty as a result of their accommodation and care arrangements.

Analysing safeguarding activity

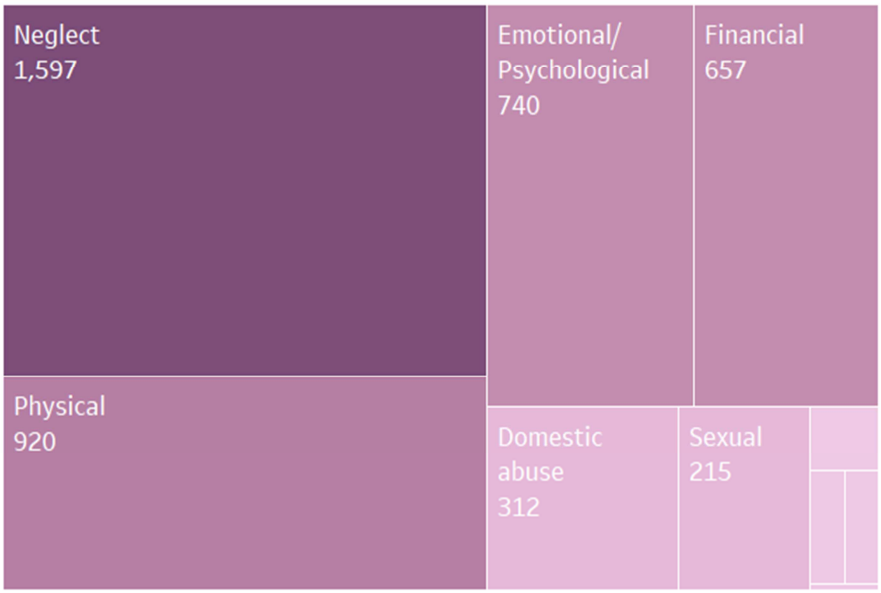


Note The number of completed enquiries includes some concerns received prior to April 2016, and correspondingly some enquiries started in 2016 – 17 will still be ongoing at the end of the financial year.

The number of safeguarding enquiries appears to have increased significantly since 2015 – 16 (increasing from **1,868** to **4,222**). This is, in part, because of a change in the way safeguarding activity has been recorded following the introduction of a new client database. In effect, all safeguarding concerns were recorded as enquiries and these enquiries were managed in proportion with the degree of risk associated with the concern raised. The recording of safeguarding activity moving forward will capture the number of safeguarding concerns raised, and those that are subsequently taken into a safeguarding enquiry.

The increase in enquiries is also likely to be due to greater professional and public awareness of adult safeguarding as the Care Act 2014 becomes further established within social care practice.

Types of abuse investigated in 2016 – 17

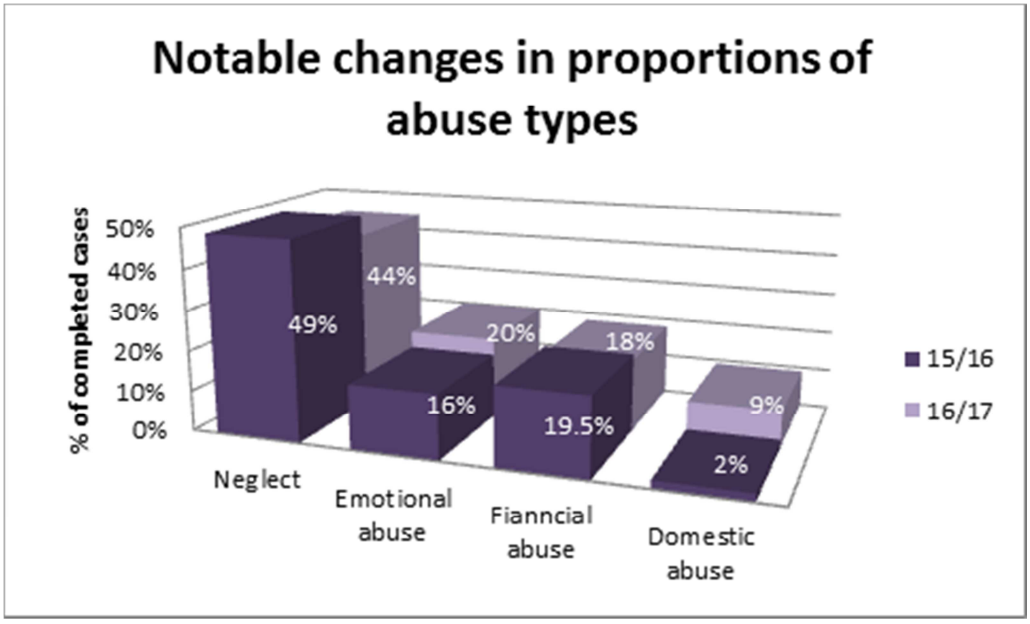


Type of abuse	
Neglect	1,597
Physical	920
Emotional/ Psychological	740
Financial	657
Domestic abuse	312
Sexual	215
Organisational	39
Self-neglect	35
Discriminatory	33
Modern slavery	4
Grand Total	4,552

Note The total types of abuse will exceed the total completed enquiries as some enquiries involve multiple types of abuse.

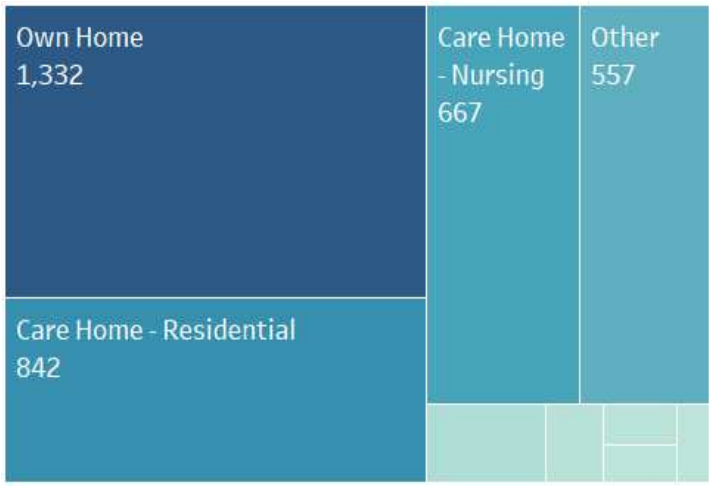
In 2015 – 16, the most common form of abuse investigated was neglect followed by physical and then financial abuse. In 2016 – 17, neglect is still the most common type of abuse with **44%** of all enquiries undertaken comprising, at least in part, neglect. Physical abuse is still the second most commonly reported type of abuse. However, emotional or psychological abuse is now the third most common. This change is likely to be due to increased awareness that abuse such as physical and financial often involve elements of emotional and psychological abuse as well.

Financial abuse is now the fourth most commonly reported type of abuse. Proportionately, there has been little change in the number of financial abuse enquiries, which have accounted for **18%** of all enquiries compared with **19.5%** in 2015 – 16.



The increase in domestic abuse enquiries is thought to be due to increased awareness of this type of abuse as a result of the refreshed training programme and conferences that have been held, together with media coverage and campaigns to raise awareness amongst the public.

Locations of abuse



Location of abuse	
Own Home	1,332
Care Home - Residential	842
Care Home - Nursing	667
Other	557
Hospital - Acute	102
Hospital - Mental Health	49
In a community service	33
In the community (excl. community services)	30
Hospital - Community	27
Grand Total	3,639

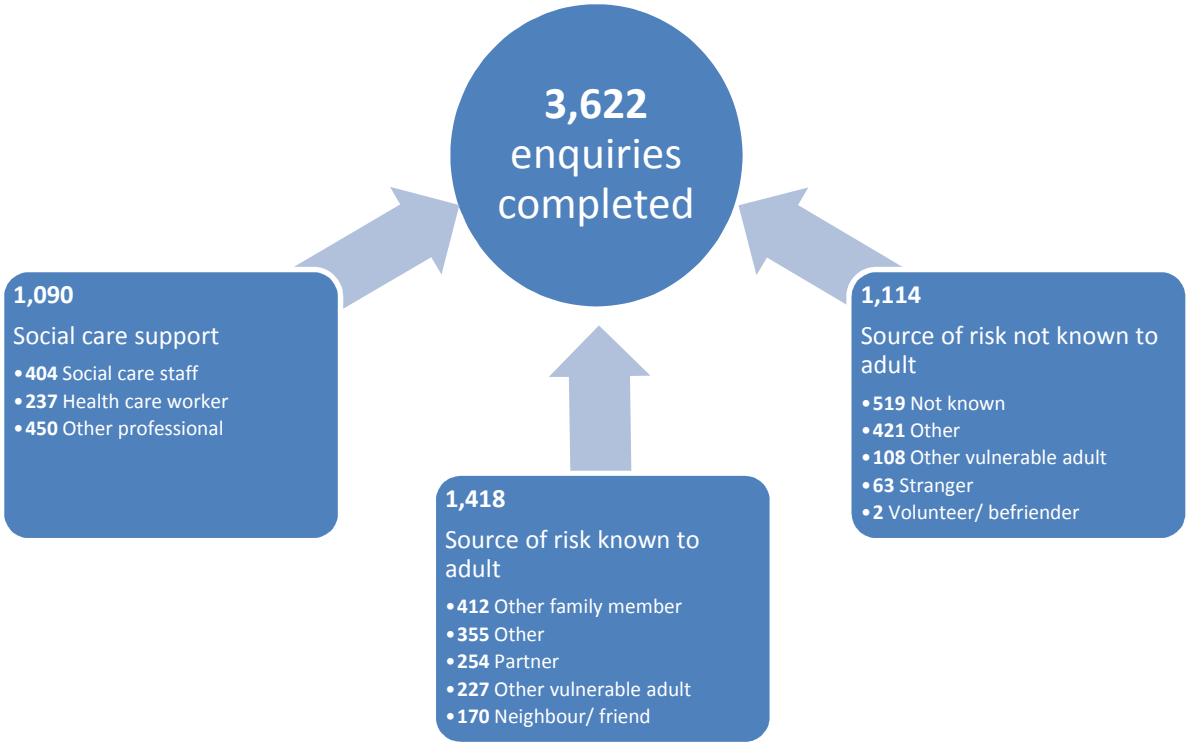
The statistics show that the most common location of abuse is in care home settings (both residential and nursing), with the adult at risk's own home being the second most frequent location, continuing the trend for the last four years.

Abuse in care homes accounts for **41%** of completed enquiries, the same proportion as in 2015 – 16. Abuse in the adult at risk's own home now accounts for **37%** of completed enquiries whereas it previously accounted for **33%**.

The number of enquiries where the location of abuse has been reported as 'other' has significantly increased. This is due to a change in the national reporting requirements which have shifted from looking at individual settings to the groups as presented in the accompanying chart. Further investigation into a sample of 44 cases recorded as 'other' has found that in just over half of the sample, these cases could have been included in one of the available categories. Work has been undertaken to ensure that the location of abuse is more accurately recorded moving forward.

For those cases that have been appropriately recorded as 'other', in the majority of cases the alleged abuse took place in a public place or the home of the person thought to be the cause of risk. Changes to the national reporting requirements mean that abuse in these settings will in future be recorded as occurring 'in the community'.

Source of risk



In **39%** of the enquiries completed, the source of risk was known to the adult. In **31%** of cases, the source of risk was not known to the adult, and in the remaining **30%** of cases the source of risk was care staff.

Future plans

- Roadshow in July facilitated by Healthwatch for increased awareness of safeguarding among the public.
- Resilience project to be piloted to support people's resilience following abuse.
- Data will be kept under review to inform future planning alongside integration as part of the Accountable Care Model, relating to where resources are best located for initial safeguarding decisions and responses.
- The existing Domestic Abuse Strategy will be reviewed and a strategy for domestic violence and abuse, sexual violence and other forms of violence against women and girls will be developed with Brighton & Hove. This strategy will set out our shared strategic aims, as well as identifying priorities specific to East Sussex including how we will work with district and borough councils.

4.1 Allow the voice of clients, carers, and the local community to be heard in safeguarding policy and practice

Quality assurance activity in Adult Social Care

Quality assurance activity in Adult Social Care includes analysis of audits, and feedback from stakeholders and adults at risk.

Between April 2016 and March 2017, the Safeguarding Development Team (SDT):

- Completed approximately **28** in-depth audits, consisting of full case audits and responsive audits which included some transition cases from children's to adult services.

- Received feedback from **12** stakeholders from questionnaires and interviews.

From this quality assurance activity, the following strengths and areas for development were identified:

Strengths

- Multi-agency partnership working fully embedded within practice.

- Wellbeing principle evidenced within a Making Safeguarding Personal approach which included gaining views from adults and their representatives.

- Risks identified and protective measures implemented with the welfare and safety of adults central to enquiry activity.

Key areas for development

- To improve provision of more detailed evidence of mental capacity decisions.

- To continue to improve consistency of safeguarding documentation.

- To increase identification of adult's, or their representative's, desired outcomes from the outset of each safeguarding enquiry.

Emma's story

Emma has care and support needs around her diabetes and physical needs. She lives in supported accommodation and employs a personal assistant.

Her daughter raised a safeguarding concern as Emma had disclosed that her personal assistant had been verbally abusive towards her over the past 18 months.

Emma identified her desired outcomes as:

- Wanting her personal assistant to "stop being horrible about her".
- That she should be "sacked "and wanted another "nicer personal assistant".

Emma was consulted throughout the enquiry, and her desired outcomes resulted in the following safeguarding measures being put in place:

- The personal assistant was dismissed and referred to the Disclosure and Barring Service.
- Emma was helped to recruit a new personal assistant, who she felt safe and secure with.
- Emma was supported to build up her resilience to empower her to raise any future concerns at an earlier stage.

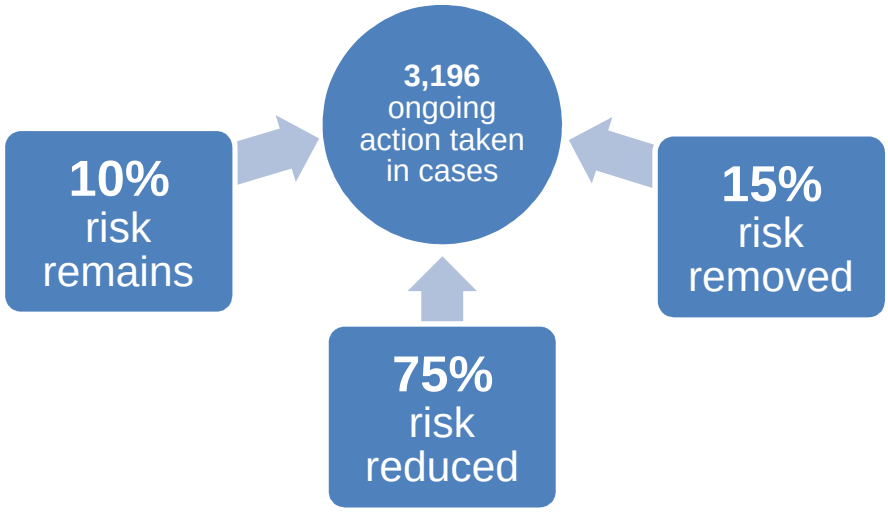
Making Safeguarding Personal (MSP) audit in Sussex Community Foundation Trust (SCFT)

To establish whether Making Safeguarding Personal (MSP) principles are being considered, and that the wishes and outcomes of patients and family or carers are being met, the Adult Safeguarding Team completed an audit of all requests to enquiry from the Local authority within 2016 – 17. 68% of enquiries evidenced MSP principles being appropriately considered, an increase from 44% in 2015 – 16.

MSP will be included in the Quality Account in 2017 – 18 and will be reported on quarterly, using 2016 – 17 data as a baseline measurement of success.

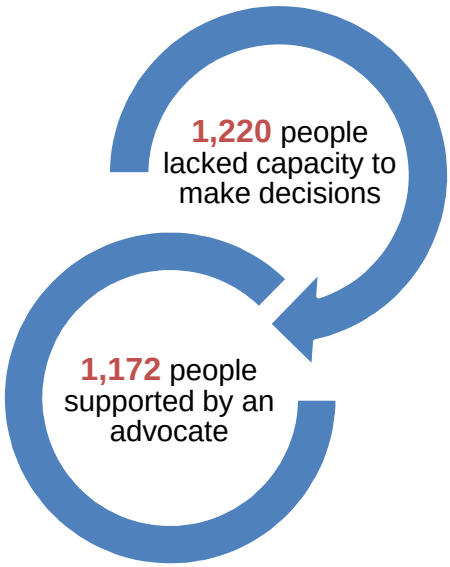
Analysis of outcome data

Impact on risk



In **90%** of cases where action was taken under our safeguarding arrangements, risk was reduced or removed. This is an increase from **86%** in 2015 – 16. It is unlikely that risk will be reduced or removed in 100% of cases, as individuals may exercise choice and control over the steps taken by authorities to mitigate the risk.

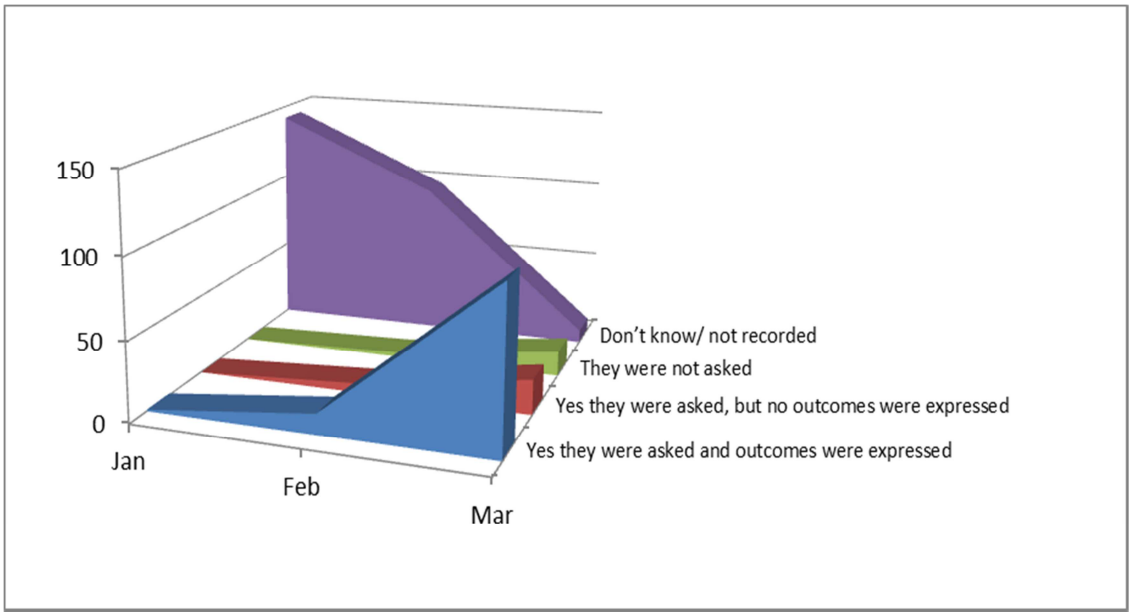
Support for adults at risk who lack capacity to make informed decisions



Nationally, **62%** of adults who lack capacity to make informed decisions about the enquiry receive support. In East Sussex, **96%** receive support. This is an increase on the **92%** achieved last year, but a target of 100% remains in place.

Outcomes achieved through safeguarding

Number of adults who were asked for their desired outcomes:

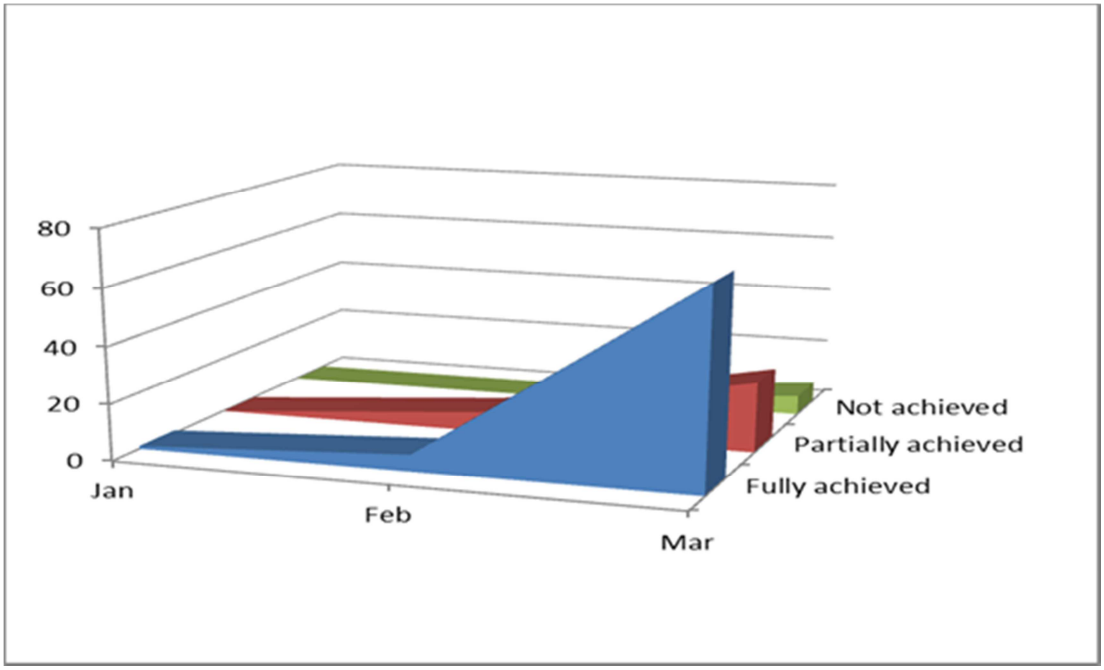


Changes have been made to the recording of people's desired outcomes. It is encouraging to see that in the last quarter of 2016 – 17, outcomes were asked for and expressed in the vast majority of cases.

The increase in the number of cases where outcomes have been expressed, and corresponding drop in cases with no desired outcomes recorded, is due to information on client outcomes only recently being made available.

A review of cases where outcomes were not asked for found that these were all cases where the adult lacked capacity to make decisions during the enquiry.

Of those who identified outcomes, the proportion whose outcomes were met:



In the majority of enquiries that have been completed, the adult's desired outcomes have been achieved or partially achieved (**93%**). It is acknowledged that there will always be cases where outcomes will not be achieved, for example, where desired outcomes are beyond the remit of the enquiry, when a person changes their mind about the initial outcomes identified, or when other circumstances have changed.

Learning from complaints

The total number of complaints recorded for Adult Social Care for 2016 – 17 was 425. Of these 18 related to safeguarding, this is **4.25%** of the total complaints received.

In addition to these 18 complaints, four MP / councillor enquiries were received. This represents **4%** of the total number of MP / councillor enquiries received in 2016 – 17, which was 101 enquiries.

This compares to 19 complaints and four MP / councillor enquiries in 2015 – 16.

The 18 complaints received can be broken down as follows:

Complaint outcome	
Not upheld	9
Partially upheld	4
Upheld	1

Other 1. Taken forward by Legal Services – no input required from ASC Complaints and Feedback Team 2. Advice and information given 3. Resolved by a meeting	3
No outcome recorded – enquiry is ongoing	1
Total	**18**

Complaint category	
Damage	1
Decision	4
Delay	1
Dispute outcome	2
Quality	3
Appropriateness	4
Decision	1
Responsiveness	1
Policy	1
Total	**18**

Key themes

Twelve complaints were received from clients or their representatives. The themes of these complaints were:

- Six complaints were querying decisions not to take concerns into safeguarding enquiries.
- Two complaints were about outcomes of safeguarding enquiries.
- Four complaints were about communication during safeguarding enquiries.

Three complaints were received from owners / directors / managers of care providers.

- Two complaints were about lack of support and / or response when raising a safeguarding concern.

- One complaint raised concerns about the minutes of a safeguarding meeting.

Three complaints were received from persons thought to be the cause of risk. These complaints all raised concerns about the allegations and outcomes.

Learning and actions

- Worker advised to clarify the mutual understanding of the way forward if issues arise again in the future.
- Review of the client's social care needs arranged.
- Apology given and the manager of the care provider contacted the complainant to discuss their concerns.
- Worker reminded of the importance of giving feedback about the safeguarding enquiry to families.
- Meeting took place to agree the way forward with regard to managing relationships and sharing information.
- Practice Manager to look at the issues of communication to ensure a more joined up approach when dealing with safeguarding issues.
- Practice Manager to liaise with commissioners regarding Mental Capacity Act advocacy services and best interest meetings and decisions.
- Discussion with worker and team about the inclusion of safeguarding information in assessment documentation.

Local Government Ombudsman (LGO) cases

The LGO asked Adult Social Care to look at two complaints about safeguarding in 2016 – 2017. Both these complaints were querying our decision not take a concern into a safeguarding enquiry. Both complaints were not upheld.

In 2015 – 2016 the LGO did not ask the department to look at any safeguarding-related complaints.

All complaints about safeguarding processes are taken seriously, and can help us to learn and improve how we do things in the future.

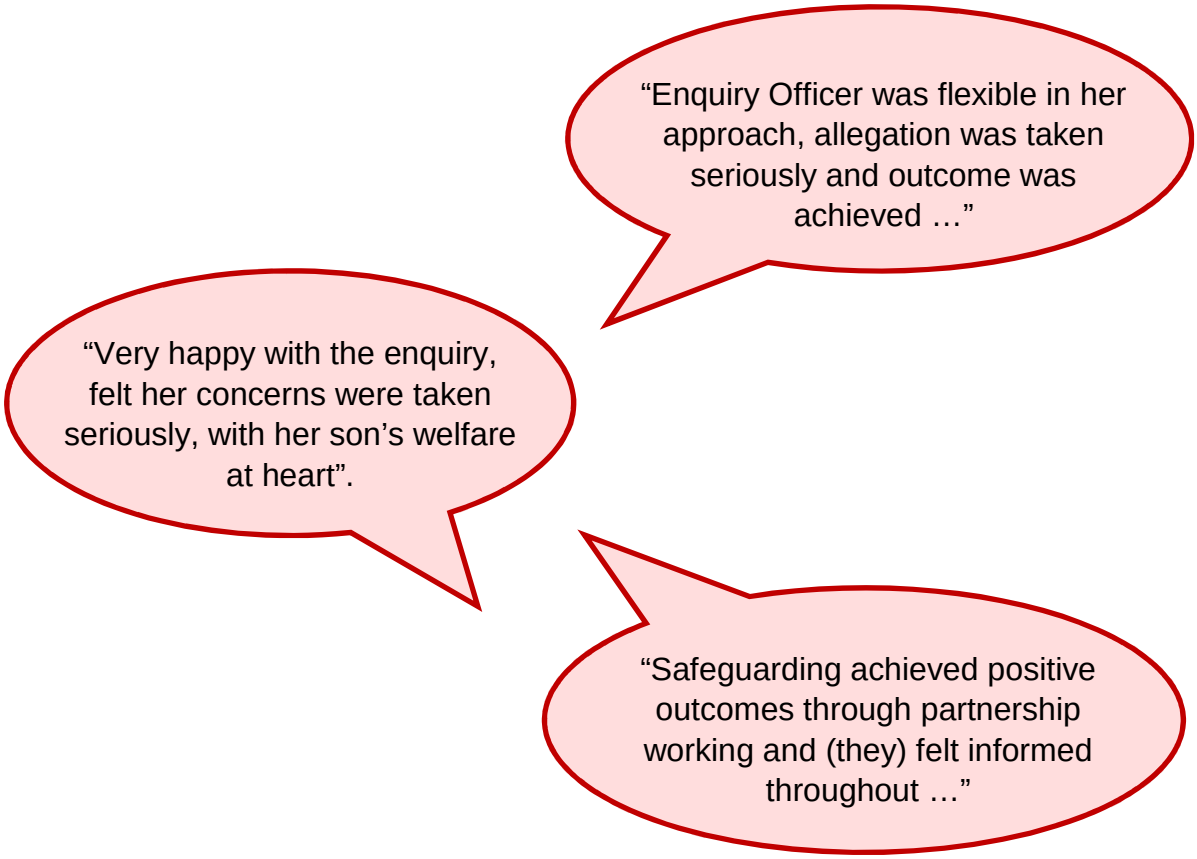
We aim to work with complainants in a mutually respectful way and respond to their concerns fairly and openly. Managers will look into the concerns when the safeguarding enquiry has finished. Findings are informed by looking at whether

we have followed our processes in the way that we would expect. This is done through discussions with complainants and practitioners, and looking at records. When things have gone wrong we want to put things right to avoid someone else having the same experience in the future.

Because of the nature of safeguarding we can expect that some people will not agree with the decisions or the outcomes of the enquiry. We will, however, always try to explain the actions we have taken and resolve any ongoing issues, wherever possible.

Compliments

The Safeguarding Development Team received the following feedback from adults and their representatives:



Lay members

The role of lay members is to enable effective ties to be developed between the SAB and the local community, and to ensure the work of the SAB is transparent and accessible.

Lay members support the work of the Board by:

- Contributing to the development of strategies and plans to respond to and prevent abuse and neglect.
- Challenging the work of the SAB where required.
- Bringing an awareness and knowledge of the diverse communities and individuals living in East Sussex.

"Having joined the Safeguarding Adults Board as a lay member in the summer of 2016 I have had the opportunity to participate in various board meetings, and meetings of the Board's sub-committees which operate with the joint responsibility of ensuring vulnerable adults are protected in the community. I have been impressed by the structure, commitment and broad oversight taken by the SAB in effectively fulfilling its remit to develop an ethos and culture of working across the community, with rigorous professional standards and appropriate challenge to ensure safeguarding is a top priority across the county.

It is evident that systems are in place to continuously monitor, appraise and challenge safeguarding practice and to ensure client voices are heard in striving to ensure vulnerable people are safeguarded from harm."

Board lay member, 2017

4.2 Ensure that people are aware of safeguarding and know what to do if they have a concern

Healthwatch roadshow

In July 2016, Healthwatch East Sussex organised a 'red bus roadshow' across different locations in the county, engaging with the public on health and social care matters, including adult safeguarding.

During these events, **29** surveys were completed with members of the public to gauge people's awareness and understanding of adult safeguarding, and whether people knew where to go if they had concerns. Results indicated that **66%** had

heard of the term 'safeguarding'; **83%** would know of somewhere they would go if they had a concern (including police, social services, GP, and care agency); **90%** believed more information was required for the public and in a variety of formats.

In addition to the survey, **163** contacts (conversations and information giving) were achieved over the five day bus tour period.

The SAB continues to make information available to the public in a variety of formats, and now has an easy read safeguarding information leaflet and plans to use radio coverage for upcoming financial abuse campaigns.

Safeguarding conference

On 14th February 2017 the SAB, in partnership with the Local Safeguarding Children's Board and the East Sussex Safer Communities Partnership, hosted a conference that was open to any professional working with children and / or adults. Approximately 170 delegates attended.

The conference focussed on coercive control and domestic abuse, and its impact within the family. Legislation has recently been passed to make coercive control a 'course of conduct' criminal offence, like stalking. The conference aimed to highlight the importance of being aware of coercive control, how to manage the risks and how to help victims escape from it.

Graham Bartlett; Jane Monckton-Smith; Reg Hooke

The keynote speech was delivered by Jane Monckton-Smith, a former police officer who lectures on criminology at the University of Gloucestershire. Jane's expertise is in the area of homicide and violence, particularly when linked to domestic abuse.

After a lively question and answer session, delegates moved on to a series of workshops and had the opportunity to network and visit information stands. Representatives of Sussex Police, Safer Communities, Refuge, Victim Support, the Safeguarding Development Team and The Portal were on hand to offer advice, information and guidance.

In the afternoon, delegates watched a powerful drama production 'Behind Closed Doors' which involved an adult couple with a baby, and covered risk factors within domestic abuse and coercion and control.

Feedback from attendees was overwhelmingly positive. All those who completed evaluation forms (109 attendees) rated the event as 'Excellent' or 'Good' overall, and commitment was shown to share and embed the learning and practice developments throughout organisations represented.

Staff representing the Adult Social Care Safeguarding Development Team and East Sussex Healthcare NHS Trust

National Safeguarding Day awareness campaign

Staff members from the Adult Social Care Safeguarding Development Team visited five NHS hospital settings across East Sussex on National Safeguarding Day on 28th February 2017.

Information leaflets and posters were handed out to patients, family members and the public.

Representatives from East Sussex Healthcare NHS Trust also attended and were involved in the discussions.

The tagline ‘Don’t turn your back on abuse’ was used for the posters and also on social media. The posters were shared with colleagues in Sussex Police, South East Coast Ambulance NHS Foundation Trust, Sussex Partnership NHS Foundation Trust, Refuge and many more. Posters were also disseminated to all GP surgeries in the three CCG areas to display in their waiting rooms.

A slight increase was seen in concerns being reported to Adult Social Care in the week surrounding this, where Twitter was used to promote safeguarding awareness.

Primary care safeguarding awareness

A focus on increasing safeguarding awareness and training within primary care has continued in 2016 – 17. There have been 150 attendees over 10 sessions, including:

- 83 GPs
- 3 advanced nurse practitioners
- 35 practice nurses
- 12 health care assistants
- 1 paramedic practitioner
- 10 practice managers
- 6 admin. staff

Quality visits to GP practices across Eastbourne, Hailsham and Seaford and Hastings and Rother Clinical Commissioning Groups (CCGs) have commenced, supported by the CCG Designated Nurse. Additional visits are planned with the aim of increasing the profile of adult safeguarding, promoting a consistent approach to concerns, and monitoring training and awareness.

Recruitment of a named GP for safeguarding is planned in 2017 – 18.

4.3 Ensure transition arrangements from children’s to adult services, for those at risk of child exploitation, are addressed in a multi-agency context

Online training to increase awareness of child sexual exploitation was circulated again in 2016 – 17.

Following an audit of cases involving transition arrangements from Children’s Services to ASC, a new post has been created situated within Children’s Services.

Future plans

- Social media to be developed for use by the SAB for further community engagement.
- Recruitment of a named GP for safeguarding.
- Develop and implement a financial abuse strategy to have an informed and uniform approach to all aspects of financial abuse.
- Undertake campaign to raise awareness of financial abuse.
- Roll-out of 'Scams Awareness Month' in July 2017 with the planning of local events and the raising of awareness regarding this form of financial abuse.
- Trading Standards will support the Banking Protocol which sees all banks, building societies and post offices trained to identify customers who are subject of fraud and financial abuse, to ensure a response to support that individual.

5.1 Ensure that all people involved in safeguarding have the appropriate skills, knowledge and competencies

Key training figures and initiatives

Adult Social Care training

April 2016 – March 2017

Course title	No. of courses	No. of attendees
Safeguarding Adults: Basic Awareness	16	321
Safeguarding Adults and the Law	1	20
Safeguarding and the Care Act	4	90
Safeguarding Adults: Refresher	17	326
Making Safeguarding Enquiries for Enquiry Managers / Officers	8	131
Safeguarding Adults – Train the Trainer / Train the Trainer Forum	4	54
Reflective Practice for Enquiry Managers / Officers	2	19
Mental Capacity Act 2005	22	479
Deprivation of Liberty Safeguards	17	409
Bespoke courses (safeguarding, MCA / DoLS)	17	221
Domestic Abuse and DASH	20	195

KWANGO safeguarding adults e-learning

April 2016 – March 2017

Organisation	Number of learners
ESCC	4,155
Hospitals and Clinical Commissioning Groups	1,032
Independent care sector	5,990

Sussex Police

During 2016 – 17, there has continued to be a particular focus on training staff and officers in relation to domestic abuse and stalking. All new police officers and staff undertook comprehensive training during their induction period, and this training covers public protection and adult safeguarding.

Adult safeguarding activity / initiatives

- A new safeguarding plan template has been created to supplement the initial investigation template. The safeguarding plan has been developed to support officers to understand vulnerability and risk, and ensure consistency across the force.

- Internal processes in relation to Domestic Violence Protection Orders (DVPO) and Domestic Violence Protection Notices (DVPN) have been streamlined. These changes aim to increase the number of DVPNs and DVPOs, helping to safeguard victims of domestic abuse.

- Internal communications have increased within the force surrounding modern slavery which has helped to promote awareness. Additional training in modern slavery has been provided and has been completed by just over 80% of the force.

- An internal assessment was carried out in order to understand the scope of harmful practices in Sussex, and has been sent to the Harmful Practice Management Board. Sussex Police awaits a response from the executive board.

- Operation Signature (scam mail fraud) and Operation Edisto (courier fraud) has continued to identify and support vulnerable, and often elderly, victims of these types of fraud within Sussex. The force continues to raise awareness internally and externally to ensure the public are aware of the support available for these victims.

Priorities for 2017 – 18

- Domestic abuse will remain a focus, with an increased emphasis on stalking in line with new legislation. Training will be hosted by Safe Lives (Domestic Abuse Matters Training) to support officers dealing with incidents of domestic abuse.

- Vulnerable elderly missing persons: Sussex Police is looking into creating a process which informs local authorities if a vulnerable adult is missing. This process will aim to improve information sharing and partnership working across agencies.

- Raising awareness in relation to dementia (Dementia Friends Champions): Sussex Police is currently offering the opportunity for five staff and officers per division to become Dementia Friends Champions, a scheme run by the Alzheimer's Society. This will help to gain an understanding of dementia, and become a named point of contact for the division.

East Sussex Fire and Rescue Service (ESFRS)

Adult safeguarding activity / initiatives

- ESFRS has worked collaboratively with ASC, Trading Standards, Sussex Police and the National Scams Team in scams prevention.

- ESFRS became a member of the mental capacity multi-agency forum set up in 2016 – 17, and will be developing training requirements for its workforce and volunteers in 2017 – 18.

Priorities for 2017 – 18

- Develop our safeguarding audit process to provide improved internal reporting.

- Embed modern slavery training.

- Embed training on the identification and classification of hoarding, and implement a multi-agency hoarding framework.

South East Coast Ambulance Service NHS Foundation Trust (SECAmb)

Extra support from external designated nurses was provided in 2016 – 17 to progress the safeguarding agenda, and a review was completed of all policies and procedures to ensure proportionality of all referrals and concerns raised and to increase awareness of SECAmb's role in protecting individuals.

Adult safeguarding activity / initiatives

- Development of safeguarding pocket-book guidance for staff.

- Development of mental capacity and best interests forms.

- Face-to-face Prevent training was delivered, with 83.3% of staff receiving this training.

- Level 2 e-learning safeguarding training is mandatory for frontline staff, and a 90.9% compliance rate was achieved in 2016 – 17.

Priorities for 2017 – 18

- Increase capacity in the safeguarding team to ensure safeguarding requirements are met

- Delivery of Level 3 safeguarding training

East Sussex Healthcare NHS Trust (ESHT)

This period has seen the publication of the NHS England Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework, and mandatory reporting of female genital mutilation. ESHT's safeguarding responsibilities include embedding such national legislation into policy and practice.

Internal quality assurance work has continued alongside participation in LSCB and SAB audit programmes.

ESHT underwent a CQC inspection in September 2016, which included a review of adult and child safeguarding within ESHT. This reported reasonable assurance other than inconsistencies in the documentation and understanding of mental capacity assessments.

Training figures show a steady increase over the past year in line with the three year training plan and 90% compliance requirement:

Monthly trend	Safeguarding Level 2	Mental Capacity Act	Deprivation of Liberty Safeguards
May 2016		93.37%	95.4%
June 2016		94.1%	95%
July 2016		94.09%	95.68%
August 2016		93.8%	95.6%
September 2016		94.45%	95.64%
October 2016		94.7%	96%
November 2016	86%	94.7%	96%
December 2016	87%	95%	96.9%
January 2017	87%	95%	97%
February 2017	87%	95%	98%
March 2017	88%	96%	98%

Adult safeguarding activity / initiatives

- Introduction of a Head of Safeguarding post that aims to provide assurance to key stakeholders, and to progress the local safeguarding strategy and the national safeguarding agenda at a local level.

- Development of Key Performance Indicators for safeguarding.

- ESHT's involvement in case reviews has led to recommendations that impact upon ESHT services, and the development of action plans, training and the annual work plan.

- Supported the introduction of the externally-funded Independent Domestic Violence Advocate (IDVA) role. Working within our most vulnerable areas such as the Emergency Department, Special Care Baby Unit and Maternity Unit, this has raised awareness of domestic violence at the Conquest Hospital site.

- The delivery of safeguarding training has been reviewed, and a training pool established resulting in significantly improved compliance.

- A thorough review of mental capacity assessments has been undertaken through an audit and a training review. Modern accessible means of information gathering such as apps and podcasts are being promoted.

- Identified that Mental Health Act assessments are not fully understood and implemented, and as a result a programme of training is planned for 2017 – 18 with the support of SPFT.

Priorities for 2017 – 18

- Improve consistency in recording mental capacity by reviewing documentation, training and encouraging staff to access advocacy where appropriate.

- Take steps to ensure that information is available to adults and their families about safeguarding adults and who to contact if they have a concern, including access to the SAB website.

- A review of the information available to ensure it is in a variety of formats for those with specific communication needs.

Sussex Partnership NHS Foundation Trust (SPFT)

SPFT has continued to be actively involved in the work of the SAB and its sub-groups, and has supported multi-agency audit processes.

Training figures for 2016 – 17 are as follows:

Safeguarding adults e-learning	Completions	Overall compliance
Safeguarding Adults Level 1	1,137	84%
Safeguarding Adults Level 2	691	85%

Staff have also accessed face-to-face training run by ESCC aimed at staff who are going to undertake the enquiry officer role. Seconded social work staff in the Forensic Service have also completed a safeguarding competency assessment.

Adult safeguarding activities / initiatives

- A review of adult and children's safeguarding taking into account the NHS England guidance was undertaken, and it was recognised that both functions were under-resourced. Funding for new posts was identified and it is anticipated that the new team will be in place during 2017 – 18.

- Approximately one third of all clinical staff have undertaken the Prevent WRAP training, and basic awareness of Prevent forms part of the induction for all staff.

Priorities for 2017 – 18

- Improvements to the clinical record system (Carenotes) with regard to the recording of safeguarding activity including the development of a specific safeguarding flag.

- Improvements to data collection and reporting to ensure data is both more accessible and more accurate.

- Introduction of a new safeguarding team enabling greater emphasis on advice, scrutiny and training for staff.

- Ensuring learning from safeguarding adult reviews and other reviews is prioritised and undertaken.

- Review of Safeguarding Adults Policy, and development of a specific Prevent Strategy.

- Identify safeguarding leads in all care groups and areas.

- Develop consistent face-to-face training to meet Level 3 competency requirements.

Care for the Carers

97% of the workforce completed safeguarding e-learning training or a more in-depth face-to-face course in 2016 – 17. The remaining 3% of the workforce are scheduled to complete training in 2017 – 18. Additionally, several staff have also attended MCA, DoLS, and mental health first aid training.

Adult safeguarding activity / initiatives

- Our Safeguarding Policy and Procedures were revised in 2016 – 17 and staff training was delivered on the revised documents, with a particular focus on recognising indicators of abuse and the safeguarding process.

- The Operations Manager jointly facilitated a workshop with ASC on informal carers and domestic abuse at the SAB coercive control and domestic abuse conference in February 2017.

Priorities for 2017 – 18

- Ongoing training and reflective practice with frontline staff.

Sussex Community Foundation Trust (SCFT)

SCFT commenced delivery of community nursing services in the High Wealds, Lewes and Havens area of East Sussex in November 2015.

SCFT has designed Level 2 and Level 3 adult safeguarding training packages. 97.1% of staff have completed Level 2 safeguarding training and 88.2% have completed Level 3.

Adult safeguarding activity / initiatives

- Ongoing support to staff involved in safeguarding processes via the SCFT Adult Safeguarding Line. This provides frontline staff with live supervision to facilitate support to adults receiving SCFT care who are involved in a safeguarding enquiry.

- Designing and embedding a mental capacity assessment tool and best interest decision tool into a ratified document accessible to all nursing and allied health professional staff.

- Partnership working with the Quality and Improvement Patient Safety Leads within the NHS Serious Incident process to support an enquiry response that is proportionate, relevant, and pertinent to the safeguarding concern.

Priorities for 2017 – 18

- Ongoing audit of Making Safeguarding Personal.

- Continue to monitor and develop advice line processes.

- Develop further assurance and governance processes for Section 42 safeguarding enquiries and Individual Management Reviews.

Clinical Commissioning Groups (CCGs)

Safeguarding training has continued on an upwards trajectory with an e-learning programme rolled out to staff groups requiring Level 1 training. Level 3 training has been delivered by the Designated Nurse to clinical facing staff.

Clinical Commissioning Group	Percentage of staff undertaking training	
	Level 1	Level 3
High Weald Lewes and Havens	89%	100%
Eastbourne, Hailsham and Seaford / Hastings and Rother	75%	89%

The CCGs have worked with ASC in 2016 – 17 to promote access to adult safeguarding training across primary care to enable primary care practices to establish appropriate safeguarding arrangements. A total of 150 members of the primary care workforce have attended sessions.

Adult safeguarding activity / initiatives

- A stand-alone Domestic Abuse Policy has been introduced, as well as a Domestic Abuse Toolkit for employers.

- The MCA / DoLS policy has been ratified and rolled out across the CCGs, and made available to primary care colleagues.

- Increased awareness of domestic abuse has been achieved with the appointment of a MARAC primary care representative. This representative ensures the appropriate flow of information between the MARAC and primary care. They also attend surgeries to offer domestic abuse awareness training and signposting to local support services. The representative also acts as clinical lead for the IRIS programme in Hastings and St. Leonards GP surgeries.

Priorities for 2017 – 18

- Continue to increase awareness of MCA / DoLS and its application in practice.

- Continue to work with primary care colleagues to promote understanding of safeguarding issues including MCA, domestic violence and abuse, modern slavery, Prevent and self-neglect.

- Continue partnership working to improve the health and wellbeing of adults who may be at risk across East Sussex.

- Continue with the Transforming Care Programme.

- Ensure learning from safeguarding adult reviews and domestic homicide reviews are disseminated across health and social care.

National Probation Service

All operational frontline staff and their line managers across Sussex completed mandatory Ministry of Justice (MoJ) e-learning on safeguarding adults in 2016 – 17.

In 2017 – 18, all frontline practitioners will be expected to attend either a local SAB training event or the MoJ face-to-face training programme.

Kent, Surrey, Sussex Community Rehabilitation Company (KSS CRC)

Seventy-five CRC staff are based in Sussex, and 100% of the workforce has been trained to an appropriate safeguarding standard over the last three years. This training included:

- Child sexual exploitation

- Domestic violence and abuse

- Female genital mutilation

- Safeguarding adults

Adult safeguarding activity / initiatives

- The safeguarding accountability structure within the organisation has been revised to ensure clear lines of responsibility and a known escalation pathway.

- A safeguarding week to enhance staff awareness and confidence in identifying and managing safeguarding concerns was facilitated.

- Safeguarding policies have been read by all operational staff in supervision and team meetings.

Priorities for 2017 – 18

- Ensure frontline staff have access to SAB training to consolidate prior learning and experience.

- Embed the updated Sussex Safeguarding Adults Policy and Procedures to ensure staff feel confident in managing safeguarding concerns.

- Our Strategic Lead to review how serious case review, safeguarding adult review and serious further offence learning is shared across the organisation and incorporated at local team level.

Multi-agency training

Self-neglect

It has long been recognised that self-neglect can pose significant challenges to staff. As such, a multi-agency self-neglect training programme was rolled out in 2016 – 17.

Based on recent research which reinforced the need for agencies to work together to support clients, the workshops aim to support staff involved in planning and delivery of interventions. In addition to the benefits to clients, these sessions have highlighted the importance of improved communication and co-operation between services when working with challenging and complex situations.

Five multi-agency workshops were held, with 85 professionals attending from agencies including Adult Social Care, South East Coast Ambulance Service NHS Foundation Trust, probation, housing services, East Sussex Healthcare NHS Trust, and Sussex Police.

Human trafficking and modern slavery

The Local Safeguarding Children Board (LSCB) and the Safeguarding Adults Board (SAB) have jointly commissioned 'Human trafficking prevention and identification' training, with this being delivered by A21. This training is designed to educate frontline professionals about the issue of human trafficking, how to identify victims and how to respond and communicate appropriately with them.

There were 14 evaluations of the course (from 26 attendees), and of those, 11 rated the course overall as 'excellent' and three gave an overall rating as 'good'. Twelve said that they had a 'good' level of confidence in applying knowledge / using skills following the course and two rated their level of confidence as 'excellent'. All 14 attendees rated the trainer's knowledge as 'excellent' and all 14 took the time to write comments in the dialogue boxes.

As victims and perpetrators of modern slavery move across local authority boundaries, the Safer East Sussex Team will be identifying opportunities to work collaboratively with other statutory and voluntary partners across Sussex. The focus regionally will be to ensure robust policy and practice including referral pathways. One of the SAB's aims will be to incorporate any updated policy and practice information within the Sussex Safeguarding Policy and Procedures.

The Safer East Sussex Team will be undertaking research to gain a better understanding of this area. Working in partnership with the LSCB and the SAB, the team will explore different sources of information and attempt to build a more robust picture of modern slavery in East Sussex. The focus of this work will be developing information and resources to promote general awareness, and delivering targeted awareness raising activities for specific groups.

In February 2017 there was a range of free training sessions for licensed traders (such as taxi drivers) focussing on child sexual exploitation, rape and sexual offences, and also modern slavery and human trafficking.

National Competency Framework for Safeguarding Adults

This framework was updated by Bournemouth University in association with Learn to Care to include the implications of the Care Act 2014. It is a national framework to be used across a range of organisations and staff groups. SAB member agencies have been encouraged to adopt this framework and use supervision arrangements to ensure competency is evidenced.

The health Intercollegiate Document is anticipated in 2017 – 18 to guide standards for health staff.

5.2 Ensure clear links exist between partnership boards with accountability arrangements documented and understood to avoid duplication of workstreams

A partnership protocol between the SAB, LSCB, Safer Communities Partnership, Children's and Young People's Trust and the Health and Wellbeing Board, was developed and agreed in 2016 – 17. This protocol clarifies priorities, accountabilities, and joint working opportunities, for areas such as child sexual exploitation, domestic abuse, and modern slavery.

The protocol can be accessed from the SAB website, and it will be reviewed in 2017 – 18.

Future plans

- Further development of multi-agency training opportunities including Making Safeguarding Personal and coaching skills, and implementation of the SAB training strategy
- Establish local strategic oversight of, and accountability for, the modern slavery agenda. The East Sussex Safer Communities Partnership, along with the LSCB and SAB, will ensure that leadership and accountability for modern slavery is clear, and that information is effectively shared in order to protect vulnerable adults and children from harm.

Conclusion

This annual report has presented the progress of the Safeguarding Adults Board (SAB) against its key priorities for 2016 – 17, and has shown the continued effort of the County Council and partner agencies to work together to safeguard adults from abuse and neglect.

As with last year, the SAB had a particular focus on ensuring adults who lacked capacity, or had substantial difficulty in understanding the safeguarding process, had appropriate advocacy arrangements in place. This is important to ensure the voice and wishes of adults are central to the safeguarding process even where they may lack mental capacity, and became a duty under the Care Act. The number of adults being supported by an advocate continued to increase in 2016 – 17, with 96% of those lacking capacity being supported by an advocate, compared with 92% in 2015 – 16.

A particular focus for the coming year will be to ensure all adults are asked for their desired outcomes and that these are achieved, wherever possible. The department's client database has been updated so that this data can be captured robustly. Ensuring a high level of compliance relating to outcomes in line with the Making Safeguarding Personal approach (MSP) will be a priority for 2017 – 18.

The SAB was pleased to again have joined with the Local Safeguarding Children's Board and Safer Communities Partnership to host an event for professionals: 'Coercive Control and Domestic Abuse: Impact within the Family'. The crossover between these Boards and the Partnership in safeguarding matters affecting both children and adults continues to be recognised, and the development and implementation of a partnership protocol is evidence of the commitment to work collaboratively to safeguard adults and their families.

The SAB will ensure learning from the first safeguarding adult review conducted under the Care Act 2014 is shared and embedded into practice appropriately in the coming year. The Board also looks forward to its first peer challenge event in partnership with the Brighton & Hove and West Sussex SABs to ensure safeguarding arrangements within partner agencies across Sussex are robust and that support can be offered where required. This will assist in driving forward the SAB's key objectives, and supporting the vision for the adults of East Sussex to live a life free from abuse and neglect.

Appendix 1 – SAB Budget 2016 – 17

Income		Expenditure (excluding VAT)	
East Sussex County Council	£66,000	SAB Development Manager	£58,402
Sussex Police	£10,000	SAB Administrator	£10,804
East Sussex Healthcare NHS Trust (ESHT)	£10,000	Independent Chair	£7,275
NHS Hastings and Rother Clinical Commissioning Group (CCG)	£5,000	Training programme (inc. admin. and safeguarding promotional materials)	£12,274
NHS Eastbourne, Hailsham and Seaford CCG	£5,000	Safeguarding Network (venue / reward and recognition payments)	£410
NHS High Weald Lewes Havens CCG	£5,000	Policy and procedures	£2,183
		SAB website	£2,499
		SARs / Multi-Agency Reviews (facilitator and venue costs)	£3,317
East Sussex Fire and Rescue Service (ESFRS)	5,000		
East Sussex Local Safeguarding Children Board (LSCB)	500		
Totals	**£106,500**		**£97,164**

Appendix 2 – Work plan 2017 – 18

Strategic Aim 1 – Accountability and leadership

SAB Priority 1.1 Ensure the effectiveness and transparency of the SAB to oversee and lead adult safeguarding and the prevention of abuse

Desired outcome for clients: Confidence in Multi-agency safeguarding responses, and safeguarded from abuse and neglect

Action / Measure	Lead	Timescale	Progress	RAG
Oversee and lead on adult safeguarding activities that contribute to prevention of abuse, regularly reviewing priorities and SAB membership. This will be evidenced by participation, challenge and transparency in SAB meetings and by holding annual Business planning day	SAB	Ongoing	Business Planning day planned for February 18 to ensure priorities and membership can be reviewed Peer challenge event following completion of safeguarding self-audit tool planned for July 2017.	G
Ensure SAB budget plan reflects fair and appropriate partner contributions, evidenced by a report on budget spend given annually.	SAB	July 2017	Review and negotiation of contributions for 2017 - 18 underway.	G
Work of the SAB to be fully informed, owned and driven by a Multi-agency approach, and client experience and voice. This is by way of multi-agency chairing of subgroups, and evidenced by the TOR for each subgroup including 6 and 12 month milestones, with regular feedback to the SAB on progress.	PQA / CCSAN / Ops	October 2017	PQA chaired by Police, CCSAN by Healthwatch, Ops subgroup by ASC. SAB to review effectiveness of current chairing arrangements and progress made in October 2017.	G
Peer review to be undertaken to reflect	SAB/	March 18	Scoping underway	G

commitment to continual improvement and transparency. The proposed focus would be wider than the remit of the SAB, covering all section 42 arrangements and how partnership arrangements are working. Success criteria for this action will reflect a focus on development needs within this review and a clear plan of how improvements will be made by all agencies.	Ops			
Develop strategic learning across agencies, boards and borders, learning from national best practice and Safeguarding Adults Reviews (SAR). Learning from recent Multi-agency review to be carried forward by way of learning events. This will be evidenced by an open and honest culture, and attendance at learning sessions.	Ops / PQA / Training	Ongoing	Topic based multi-agency workshops have commenced. Learning briefings to continue following any SAR or Multi-agency review, and consideration to be made of academic research and evaluation that could be utilised. Recruitment of Quality Assurance and Learning Development Officer being planned, shared between East Sussex, and B&H SABs, to focus on implementation of learning and action plan improvements	G

Strategic Aim 2 – Policies, procedures and Care Act implementation

Action / Measure	Lead	Timescale	Progress	RAG
Ensure SAB members are aware of and carrying out their responsibilities under the Care Act to Safeguard Adults.	Ops / PQA	October 2017	Sussex wide Self-audit tool agreed by PQA group in April. Peer challenge event being	G

This will be demonstrated by ensuring the self - audit tool to be completed by members is up to date and consistent across Sussex, and an action plan will be monitored by the SAB to ensure compliance and improvement. Multi-agency case audits will be undertaken regularly to address and monitor areas identified as requiring improvement.			planned for July 2017 following completion of safeguarding self-audit tool. Learning from the Multi-agency safeguarding case audit has been taken forward through the PQA, subgroup.	
Review the SAB Information sharing agreement and ensure all agencies sign up to this and embed its use in multi-agency safeguarding. This will be evidenced by way of audit returns, case audits and successful development of a multi-agency data set.	PQA	October 2017	Review of agreement underway	G
Sussex Safeguarding Adults Policy and Procedures to reflect up to date guidance, case law and legislation and enable staff to undertake Care Act safeguarding duties effectively. This will be evidenced by feedback gained from professionals and clients.	SAB	Autumn 2017	Edition 4 of the procedures is underway, planned launch Autumn 17, and will involve a consultation process with professionals and clients/carers subgroup.	A
Embed and raise awareness of the Safeguarding Adult Review (SAR) referral and panel process, to ensure increased awareness, accountability and transparency in referral and decision making processes are achieved. This will be in line with regional development work, by maintaining contact with regional networks.	PQA	July 2017	Monthly East Sussex SAR Panel now in place to consider all SAR referrals. Launch of updated SAR protocol planned for April/May 2017.	G

Ensure the voice and views of clients within safeguarding enquiries are heard, including when client's lack capacity, by way of appropriate Advocacy and support arrangements being in place. This will be regularly monitored via Ops sub-group, which includes the advocacy commissioner, provider, and practitioners where required.	Ops	Ongoing	Commissioning and provider arrangements for advocacy in place. Referral rates to continue to be monitored via Operational practice subgroup.	G

Strategic Aim 3 – Performance, Quality and Audit

SAB Priority 3.1 Focus on personalising and integrating safeguarding responses, and measure safeguarding outcomes that bring safety and people's wishes together

Desired outcome for clients: Offered choice and control in safeguarding responses

Action / Measure	Lead	Timescale	Progress	RAG
Embed outcomes focused engagement with clients through the Making Safeguarding Personal (MSP) roll-out. This will be achieved by reflecting the 'story' behind the outcomes in reporting arrangements, such as case audits, and client feedback.	Ops / PQA / CCSAN/TWD	Ongoing	Workshops and training emphasise MSP approach with case study learning. Multi-agency MSP workshops being developed by TWD subgroup MSP Leaflets for adults and carers being developed through the CCSAN	G
Develop model of resilience to support people post section 42 safeguarding enquiry, promoting opportunities for self-protection.	Ops	October 2017		G
Consider and keep under review opportunities to promote effective risk assessment and decision making at initial concern stage.	Ops	January 2018	Data over the past year for referrals to and from Children's Single Point of	G

Peer review being planned will also consider current arrangements and opportunities			Advice (SPOA) and Health and Social Care Connect (HSCC) has been collated. At this point, there is not enough activity to warrant moving resources from Adult services in the Children's Multi-Agency Safeguarding Hub (MASH). This will be kept under review with further data collated to inform future planning alongside integration opportunities as part of the Accountable Care Model.	

Strategic Aim 4 – Prevention and engagement

SAB Priority 4.1 Allow the voice of clients, carers, and the local community to be heard in safeguarding policy and practice

Desired outcome for clients: Influence over service delivery

Action / Measure	Lead	Timescale	Progress	RAG
Clients and Carers to be involved in the work of the SAB, by way of attendance and contribution in the CCSAN.	CCSAN	Ongoing	Healthwatch continue to chair the CCSAN. Carer representation now in place. Client representation to be increased with involvement in MSP leaflet development	G

Client feedback to be obtained and presented to SAB, by way of regular updates from the CCSAN, and Healthwatch attendance at SAB meetings.	CCSAN / PQA	Ongoing	Updates to SAB and Healthwatch attendance in place.	G
Feedback from CCSAN members to be incorporated into SAB annual report	CCSAN	July 2017	Feedback to be sought	G
Promote use of website and social media to increase engagement with public and accessibility of the SAB. Success criteria will reflect an accessible and interactive website, and social media linked with all partners for consistent safeguarding message.	SAB	October 2017	Website in place – requires further promotion. Social media to be developed for further community engagement.	G
SAB Priority 4.2 Ensure that people are aware of safeguarding and know what to do if they have a concern				
Action / Measure	**Lead**	**Timescale**	**Progress**	**RAG**
Continue safeguarding training and awareness for primary care, and evaluate impact by way of monitoring safeguarding referral rates. Success criteria would reflect an increase in referrals from primary care from April 2017 compared with previous year.	PQA/TWD/Ops	October 2017	To date, there have been 150 primary care attendees over 10 sessions. CCG Lead nurse for safeguarding will be visiting GP surgeries to support and monitor training and awareness. Recruitment process of named GP recently completed by CCG.	G
Develop and implement a financial abuse strategy to have an informed and uniformed approach to all	SAB/Ops	July 2017	Campaign to be carried out in May 17.	G

aspects of financial abuse. Undertake financial abuse campaign to raise awareness. Evaluate impact of campaign by monitoring safeguarding referral rates, and the number of questions and queries raised by the public and professionals.				
SAB to take part in roadshow planned by Healthwatch in Summer 2017, as another mechanism to raise public awareness of Safeguarding.	CCSAN	July 2017		G
Strategic Aim 5 – Integration/Training and workforce development				
SAB Priority 5.1 Ensure that all people involved in safeguarding have the appropriate skills, knowledge and competencies **Desired outcome for clients: Consistency received in safeguarding responses**				
Action / Measure	**Lead**	**Timescale**	**Progress**	
SAB members to consider adopting National Safeguarding Competency framework and/or Health Intercollegiate document, within induction and ongoing supervision arrangements, as evidenced by audit returns.	Ops/TWD	October 2017	SAB members have received the competency framework and encouraged to adopt with staff. Health Intercollegiate document still awaiting publication.	A
SAB members to consider adopting National MCA Competency Framework.	Ops/TWD	October 2017		G
Refresh Training and Workforce development strategy to be in line with developments in policy, and findings from safeguarding case audits.	TWD	October 2017		G

SAB to take forward recommendations from the recent Multi-agency safeguarding audit with a focus on Domestic Abuse. Individual agencies to implement actions on training, awareness and practice. This will be evidenced via future audit activity. SAB to feed audit recommendations into the review of the refreshed DA training programme, in partnership with LSCB and Safer Communities Partnership.	SAB/Training subgroup/PQA	October 2017	To be discussed in April 17 SAB meeting.	G

SAB Priority 5.2 Ensure clear links exist between Partnership Boards with accountability arrangements documented and understood to avoid duplication of work-streams

Action / Measure	Lead	Timescale	Progress	RAG
Embed and review the effectiveness of the Partnership Protocol for safeguarding relationships, including the SAB, LSCB, Safer Communities, Children's Trust and the Health and Wellbeing Board. This is to clarify priorities, accountabilities, and joint working opportunities, such as with CSE, Domestic Abuse, Modern Slavery and online safety.	PQA	April 18	Partnership protocol now in place. To be reviewed 2018.	G

Key:

SAB	Safeguarding Adults Board**;**	PQA	Performance, Quality & Audit Sub-group
Ops	Operational Practice Sub-group;	CCSAN	Client & Carer Safeguarding Advisory Network
TWD	Training & Workforce Development subgroup		

Appendix 3 – Partners of the East Sussex SAB

Partners of the East Sussex Safeguarding Adults Board are:

- East Sussex Adult Social Care
- Sussex Police
- Sussex Partnership NHS Foundation Trust
- East Sussex Healthcare NHS Trust
- Sussex Community Foundation Trust
- Trading Standards
- East Sussex Fire & Rescue Service
- South East Coast Ambulance Service NHS Foundation Trust
- Eastbourne, Hailsham & Seaford Clinical Commissioning Group
- Hastings & Rother Clinical Commissioning Group
- High Weald Lewes Havens Clinical Commissioning Group
- Residential Care Association
- Lewes Prison
- National Probation Service
- Kent, Surrey, Sussex Community Rehabilitation Company
- Homecare representatives
- District and borough council representation
- Plumpton College
- Local Safeguarding Children's Board
- Care for the Carers
- Healthwatch
- NHS England
- Change, Grow, Live (CGL)

Report to: **East Sussex Health and Wellbeing Board**

Date of meeting: **20 October 2017**

Report by: **Acting Director of Public Health**

Title: **East Sussex Joint Strategic Needs Assessment and Assets Annual Report 2016/17**

Purpose: **To present to the Health and Wellbeing Board the 2016/17 Joint Strategic Needs and Assets Assessment Annual Report which outlines the updates and developments that have taken place during the year.**

RECOMMENDATIONS

The Board is recommended to note the 2016/17 Joint Strategic Needs and Assets Assessment Annual Report

---

1. Background

1.1 The Joint Strategic Needs and Assets Assessment (JSNAA) programme has been established since 2007 and reports on the health and wellbeing needs of the people of East Sussex. It brings together detailed information on local health and wellbeing needs to inform decisions about how we design, commission and deliver services to improve and protect health and reduce health inequalities

1.2 In January 2012, a dedicated JSNAA website was launched. All JSNAA work and resources are placed on the East Sussex JSNAA website (www.eastsussexjsna.org.uk) so that it provides a central resource of local and national information.

2. Introduction

2.1 The 2016/17 Joint Strategic Needs and Asset Assessment Annual Report provides a summary of the updates and developments to the JSNAA during 2016/17 and presents recommendations which will be addressed as part of the 2017/18 work plan.

3. Updates and Developments

3.1 There have been a total of sixty two updates and developments to the JSNAA throughout the year. This includes annual updates of the Local Needs and Assets Profiles, JSNAA Scorecards and associated profiles that are based on them, forty four National Profiles, six Local Briefings and two Comprehensive Needs Assessments.

4. Conclusion and Reason for Recommendation

This report makes the following three recommendations which have been incorporated into the 2017/18 work plan:

1. Review the homepage and the website to consider simplifying the layout and provide further detail on a new front page on some of the best ways of using the website.

2. Continue to grow the number of subscribers to the monthly email alerts through the year.

3. Repeat and build on the promotional activities successfully undertaken in 2016/17.

CYNTHIA LYONS
Acting Director of Public Health

Contact officer: Graham Evans, Head of Public Health Intelligence
Tel No. 01273 336038; Graham.Evans@eastsussex.gov.uk

Joint Strategic Needs & Assets Assessment (JSNAA)

2016/17 Annual Report

October 2017

1. INTRODUCTION

The Joint Strategic Needs & Assets Assessment (JSNAA) is a resource of local and national information to inform decisions and plans to improve local people's health and wellbeing and reduce health inequalities in East Sussex. The JSNAA is an on-going, iterative process, led by Public Health within the County Council.

The JSNAA is used to:

- Provide a **comprehensive picture of the health and wellbeing needs** of East Sussex (now and in the future).
- **Inform decisions** about how we design, commission and deliver services.
- **Improve and protect health and wellbeing outcomes** across the county while **reducing health inequalities**.
- Provide partner organisations with **information on the changing health and wellbeing needs** of East Sussex, at a local level, to support better service delivery.
- Provide an **evidence base for Healthy Lives, Healthy People**, the East Sussex Health and Wellbeing Strategy 2016-2019, identifying important health and wellbeing issues for East Sussex.

During 2016/17 the JSNAA supported work on a range of priority areas and informed the council and partners on the wider health and wellbeing of the people of East Sussex.

All JSNAA work undertaken and resources developed are available on the East Sussex Joint Strategic Needs & Assets Assessment website **(www.eastsussexjsna.org.uk)** which went live on 31 January 2012 and since then has been:

visited over **27,800** times

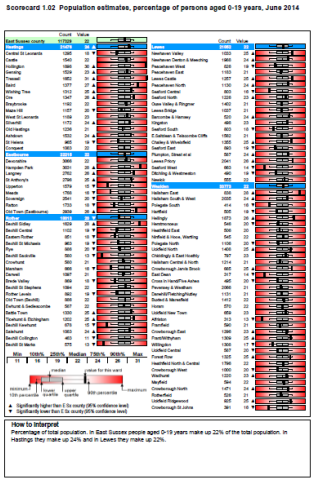
by over **13,600** unique users [1].

This report provides a summary of the updates and developments to the JSNAA during 2016/17.

[1] *Google analytics data between 31st January 2012 and 24th July 2017*

2. JSNAA ADDITIONS AND UPDATES

There have been many updates to the JSNAA throughout the year ranging from new national profiles being added to the complete annual analysis and update of the JSNAA indicator scorecards, areas summaries and practice profiles in February 2017.


Scorecard 1.02 Population estimates, percentage of persons aged 0-19 years, June 2014

The JSNAA indicator scorecards present data based on the national JSNA Data Inventory[2] supplemented with other local data. There are two views: the National Health Service (NHS), and Local Authority. The NHS view presents data at GP practice, locality, Clinical Commissioning Group (CCG) and county levels.

The Local Authority view presents data at electoral ward, district/borough and county levels. The NHS and Local Authority view scorecards both **contain 206 indicators arranged in 6 sections**. Area scores that are significantly higher or lower than the East Sussex scores are highlighted.

Area Summaries are available for each CCG and its localities within the NHS view and for Districts/Boroughs within the Local Authority view. Area Summaries provide key features of each area using the indicator scorecards. This year saw the introduction of area summaries for communities of practice (COP) for High Weald Lewes Havens CCG. COPs are part of the Connecting for You programme in the west of the county. Individual GP practice profiles are available in the NHS view that pull together all available scorecard indicators for each practice.

The following table section lists the updates and developments between 1st April 2016 and 31st March 2017.

62 updates and developments have been made to the JSNAA throughout the year. This includes annual updates of the Local Needs Profiles, JSNAA Scorecards and associated profiles that are based on them:

- **44** National Profiles,
- **6** Local Briefings and
- **2** Comprehensive Needs Assessments.

[2] http://www.local.gov.uk/web/guest/health/-/journal_content/56/10180/3511127/ARTICLE

Table 1: Additions to the JSNAA during 2016/17

NP = national profile **LB** = local briefing **CNA** – comprehensive needs assessment

April 2016

- **NP** - End of Life Care
- **NP** - Antimicrobial resistance (AMR) Indicator Tool
- **NP** - Cardiovascular Disease
- **NP** - Cardiovascular Intelligence Pack for CCGs
- **NP** - Cardiovascular Disease Prevention Opportunities Tool
- **NP** - Older People's Health and Wellbeing Profile

May 2016

- **NP** - Commissioning for Value Focus Packs - Cardiovascular
- **NP** - Commissioning for Value Focus Packs - Neurological
- **NP** - Commissioning for Value Focus Packs - Respiratory
- **NP** - Local Alcohol Profiles for England (LAPE)
- **NP** - Local Tobacco Control Profiles for England
- **Overview** - Public Health Outcomes Framework profile

June 2016

- **Scorecard dataset** - Data and metadata in Excel used to create JSNAA scorecards
- **CNA** - Oral Health
- N**P** - Commissioning for Value Focus Packs - Cancer
- **NP** - Commissioning for Value Focus Packs - Maternity & Early Years
- **NP** - Commissioning for Value Focus Packs - Mental Health & Dementia
- **NP** - Commissioning for Value Focus Packs - MSK & Trauma
- **NP** - Cancer Dashboard

July 2016

- **LB** - - Homelessness and Health
- **NP** - Sexual and Reproductive Health
- **NP** - Peer Benchmarking Tool from Public Health England

August 2016

- **Overview** - Local Needs and Assets profiles for East Sussex CCGs
- **Overview** - Public Health Outcomes Framework profile update
- **NP** - Local Tobacco Control Profiles

September 2016

- **NP** - Diabetic Footcare Activity
- **NP** - Physical Activity tool
- **NP** - Dementia Atlas
- **NP** - Crisis Care Profile
- **NP** - Local Health Tool
- **NP** - Health Profiles

October 2016

- **NP** - Sexual and Reproductive Health profiles

November 2016

- **Director of Public Health Annual Report 2016/17**
- L**B** - - Public Health Framework to Support Assessing Alcohol Licensing in East Sussex
- **NP** - Commissioning for Value CCG data packs
- **NP** - Oral Health Profiles
- **NP** - Tobacco Control for England
- **NP** - Mental Health Five Year Forward View Dashboard
- **LB** - - Alcohol Related Health Harm
- **Overview** - Public Health Outcomes Framework, November 2016

December 2016

- **NP** - Long Term Conditions Data Pack
- **CNA** - - Dementia
- **NP** - Suicide Prevention Profiles

January 2017

- **NP** - NHS Atlas of Variation in Diagnostic Services
- **NP** - Commissioning for Value Mental Health & Dementia packs
- **NP** - Commissioning for Value CCG data packs
- **Overview** - East Sussex State of the County Report - Demographic Appendix
- **LB** - - Learning Disability
- **LB** - Homeless Health Needs Audit

February 2017

- **NHS View Scorecards and Area Summaries** added
- **Local Authority View Scorecards**
- **GP Practice and Locality Profiles**
- **NP** - Local Tobacco Control Profiles
- **NP** - Local Alcohol for England (LAPE)
- **NP** - National Child Measurement Programme (NCMP) Profiles
- **NP** - Public Health Outcomes Framework

March 2017

- **NP** - Mental Health JSNA Profile
- **NP** - Wider Determinants of Health Profiles
- **NP** - Older People's Health and Wellbeing Profile
- **LB** - s - CCG Equality & Diversity Profiles

3. ACCESSING THE JSNAA

Some people access the JSNAA through the Public Health Team but the vast majority of people access it through the JSNAA website.

East Sussex
Joint Strategic Needs & Assets Assessment
eastsussexjsna.org.uk

The JSNAA website is accessed by a large range of people. An analysis of activity on the website during 2016/17 was undertaken, using a Google Analytics tool, which provides data on numbers of users accessing the site, the number of visits by those users, how users are referred to the site and a wide range of other useful analyses.

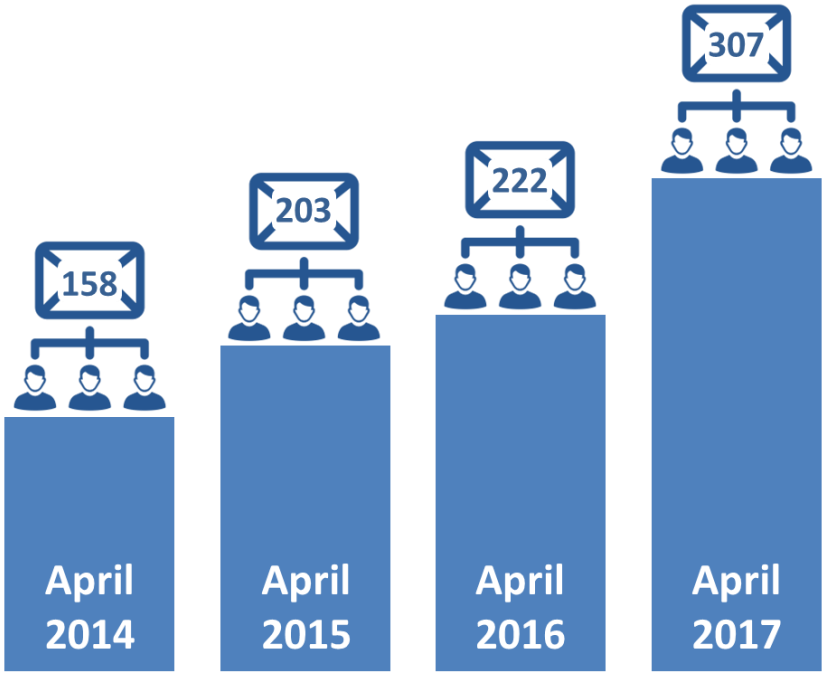
This section provides a summary of the key activity:

Table 2: Summary of activity

Monthly email alerts

A monthly email alert has been in place since May 2013 which alerts subscribers to new work and/or resources added to the website. During 2016/17 the number of **subscribers increased by 38% from 222 on 1st April 2016 to 307 by the beginning of April 2017**. This is the biggest annual increase to date and reflects efforts to reach core JSNAA users with marketing activity such as newsletter articles and posts on council and CCG intranet sites during the year.

Chart 1: Number of subscribers to monthly email alert, 2014 to 2017



As expected, the **JSNAA website home page was by far the most popular page to enter the website** on (table 3). This was followed by the Director of Public Health Annual Reports, Indicator Scorecards and the Local Needs & Assets Profiles.

Table 3: Top 10 landing pages (1st page visited) on the website, 2016/17

PAGE	VIEWS
1. HOME PAGE	1,499
2. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT	215
3. SCORECARDS	133
4. LOCAL NEEDS AND ASSET PROFILES	103
5. AREA SUMMARIES	86
6. HEALTH PROFILES	81
7. COMPREHENSIVE NEEDS ASSESSMENTS	70
8. LOCAL BRIEFINGS	56
9. SUBSCRIBE TO MONTHLY EMAILS	49
10. EAST SUSSEX IN FIGURES	47

The home page again features at the top when looking at the most popular pages visited overall (table 4). This is followed by the **JSNAA scorecards section and Local Needs & Assets Profiles.**

Table 4: Top 10 pages visited overall, 2016/17

PAGE	VIEWS
1. HOME PAGE	2,262
2. SCORECARDS	747
3. LOCAL NEEDS AND ASSET PROFILES	547
4. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT	504
5. NHS VIEW SCORECARDS 2016	412
6. NATIONAL PROFILES	339
7. LOCAL BRIEFINGS	326
8. COMPREHENSIVE NEEDS ASSESSMENTS	312
9. NHS VIEW AREA SUMMARIES 2016	257
10. EAST SUSSEX IN FIGURES	255

The Director of Public Health Report for 2016/17 was the most downloaded individual document from the site during the year (table 5). Accessed/downloaded documents are those that are opened and viewed. The local needs & assets profiles and the area summaries also had high numbers of downloads.

Table 5: Top ten documents accessed from the website, 2016/17

PAGE	VIEWS
1. DIRECTOR OF PUBLIC HEALTH REPORT 2016/17	151
2. DIRECTOR OF PUBLIC HEALTH REPORT 2015/16	88
3. EASTBOURNE, HAILSHAM & SEAFORD CCG LOCAL NEEDS AND ASSETS PROFILE 2015	87
4. EASTBOURNE, HAILSHAM & SEAFORD CCG LOCAL NEEDS AND ASSETS PROFILE 2016	79
5. HASTINGS & ROTHER CCG LOCAL NEEDS AND ASSETS PROFILE 2016	74
6. EASTBOURNE LOCALITY AREA SUMMARY 2016	69
7. HASTINGS & ROTHER CCG LOCAL NEEDS AND ASSETS PROFILE 2015	62
8. WARRIOR SQUARE SURGERY PRACTICE PROFILE 2016	53
9. HASTINGS LOCAL NEEDS AND ASSETS PROFILE 2016	49
10. EASTBOURNE, HAILSHAM & SEAFORD CCG AREA SUMMARY 2016	49

Table 6 shows all of the accessed documents in 2016/17 grouped into broad categories. This shows the **popularity of the National profiles**, of which there were 234 individual documents downloaded a total of 1,009 times. 27 Local Needs & Assets Profiles, which cover various areas and years, were downloaded a total of 604 times during the year.

Table 6: Summary of accessed documents, 2016/17

PAGE	NUMBER OF DOCUMENTS	TIMES ACCESSED
1. NATIONAL PROFILES	234	1,009
2. LOCAL NEEDS AND ASSET PROFILES	27	604
3. AREA SUMMARY	57	482
4. PRACTICE PROFILE	112	445
5. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT	29	420
6. SCORECARDS	47	405
7. COMPREHENSIVE NEEDS ASSESSMENTS	45	250
8. LOCAL BRIEFINGS	36	199
9. SCORECARDS DATASET	7	82
10. EVIDENCE	21	71
11. OVERVIEW*	2	2

**Note that many Overview link through to documents on the East Sussex in Figures site so are not included in these statistics*

4. KEY FINDINGS AND RECOMMENDATIONS

KEY FINDINGS

- ☐ There was a 38% increase in subscribers to the monthly email alerts, driven predominantly by the marketing activity undertaken upon the release of the updated scorecards, area summaries and profiles.
- ☐ Key resources that remain popular on the site are the National Profiles, Local Needs and Assets Profiles, Area Summaries, Scorecards and Director of Public Health reports.
- ☐ Feedback received during the 2016/17 marketing of scorecards and area summaries suggested that navigation to key resources from the homepage do need refreshing. This will be undertaken in time for the release of the updated area summaries and scorecards by March 2018.

KEY RECOMMENDATIONS

The annual report last year made three specific recommendations. Progress made against those recommendations is outlined below.

☐ **Review the homepage of the website to consider simplifying the layout and provide further detail on a new page on some of the best ways of using the website.**

➡ **Progress Update**: As part of the promotional activity undertaken in 2016/17 it was clear from requested feedback that the navigation to key products such as the area summaries could be improved. Users are not always aware of the specific name for the resources they need which would help navigate to them more quickly. Conversations with key staff, particularly those working in localities, was really helpful in building up a picture of how this navigation could be made easier and more intuitive. This will be actioned by the end of 2017/18 with the help of the council's ICT team.

☐ **Continue to grow the number of subscribers to the monthly email alerts through the year.**

➡ **Progress Update**: The number of subscribers increased by 38% by March 2017 which was the greatest annual increase since its introduction

☐ **Repeat and build on the promotional activities successfully undertaken in April/May 2016 by the end of 2016/17.**

➡ **Progress Update**: Similar promotional activities were undertaken including articles in newsletters for the Health & Wellbeing Strategy, East Sussex Better Together, Public Health bulletin, CCG newsletters for primary care, posting copies of practice profiles and area summaries to each individual GP practice, presentations at CCG staff briefings, articles on ESCC intranet and all three CCG intranets.

Whilst these recommendations were addressed, **this report recommends that work continues in relation to the recommendations above** as there is more work needed to ensure that the JSNAA is marketed to increase awareness of it as a resource, easily accessible and delivers an evidence base to support transformation of the health and care system in East Sussex.

This page is intentionally left blank

Report to: **East Sussex Health and Wellbeing Board**

Date of meeting: **20 October 2017**

By: **Director of Adult Social Care and Health**

Title: **2017-19 Better Care Fund**

Purpose: **This paper provides a summary of the Better Care Fund (BCF) requirements for 2017-19, summarises the East Sussex plans and the arrangements for the Section 75 Pooled Budget**

RECOMMENDATIONS

The Health and Wellbeing Board (HWB) is recommended to:

1) Note the requirements for 2017/19 Better Care Fund

2) Note and endorse the East Sussex Better Care Fund Plans 2017-19 and their alignment with the East Sussex Better Together and Connecting 4 You Programmes

3) Note and endorse the plans to have signed Section 75 Pooled Budget arrangements in place by 30th November in line with BCF planning requirements. These arrangements will be in line with the previous agreements for 2016/17

---

1. Background

1.1 NHS England, the Department of Health and Department of Communities and Local Government (DCLG) published the 2017-19 Integration and Better Care Fund Planning requirements on 3 July 2017.

1.2 The planning guidance confirmed each Better Care Fund Plan (BCF) should consist of:

1. A jointly agreed narrative plan including details of how they are addressing the national conditions; how their BCF plans will contribute to the local plan for integrating health and social care and an assessment of risks related to the plan and how they will be managed.
2. A completed BCF planning template that includes:
    - Confirmed funding contributions from each partner organisation including arrangements in relation to funding within the BCF for specific purposes;
    - A scheme-level spending plan demonstrating how the fund will be spent;
    - Quarterly plan figures for the national metrics

1.3 The BCF for 2017/18 and 2018/19 has four National Conditions:

1. That a BCF Plan, including the minimum of the pooled fund specified in the Better Care Fund allocations, should be signed off by the HWB itself, and by the constituent local authorities and Clinical Commissioning Groups (CCGs), and with involvement of local partners;
2. A demonstration of how the area will maintain in real terms the level of spending on social care services from the CCG minimum contribution to the fund in 2017/18 and 2018/19, in line with inflation;
3. That a specific proportion of the area's allocation is invested in NHS commissioned out-of-hospital services, or retained pending release as part of a local risk sharing agreement, and;

4. Implementation of the High Impact Change Model for Managing Transfers of Care

1.4 Plans will also need to set out the area's vision for integrating health and social care by 2020 and plans are expected to be an evolution of 2016-17 BCF plans.

1.5 The BCF also includes a specific grant to local government – the Improved Better Care Fund (iBCF). This funding is paid directly to local authorities (LAs) but spending plans should be included in the BCF plan.

2. Summary of East Sussex Plans 2017-19

2.1 As with previous years, the East Sussex BCF Plans align with and support the delivery of the wider East Sussex Better Together and Connecting 4 You Transformation programmes.

2.2 In line with the planning requirements, there is an increased focus on addressing Delayed Transfers of Care (DToC) and the plans outline local implementation of the Department of Health's High Impact Change, which identifies best practice and model of care.

3. Assurance Process

3.1 The East Sussex Plans were submitted ahead of the 11 September deadline. These were reviewed within the regional assurance process and initially granted 'approval with conditions' pending further clarifications on six specific points. The additional information was provided on 25 September and formal notice of full approval is expected imminently.

4. Pooled budget Arrangements

4.1 Following formal approval of the plans, all contributions agreed within BCF plans must be transferred into one or more pooled funds established under section 75 of the NHS Act 2006.

4.2 These arrangements will be in line with the previous agreements for 2016/17.

4.3 The value of the BCF with contributions from partners to the pooled budget is set out below:

	2016/17	**2017/18**	**2018/19**
	£m	**£m**	**£m**
High Weald Lewes Havens CCG	10.583	10.772	10.977
Eastbourne, Hailsham and Seaford CCG	12.955	13.187	13.437
Hastings and Rother CCG	13.263	13.501	13.757
East Sussex County Council (excluding IBCF)	6.698	7.225	7.442
Improved Better Care Fund (IBCF)	0.000	11.313	15.157
Total	**43.499**	**55.996**	**60.769**

5. Conclusion and reasons for recommendations

5.1 The Health and Wellbeing Board is recommended to:

1. Note the requirements for 2017/19 Better Care Fund;
2. Note and endorse the East Sussex Better Care Fund Plans 2017-19 and their alignment with the East Sussex Better Together and Connecting 4 You Programmes, and;
3. Note and endorse the plans to have signed Section 75 Pooled Budget arrangements in place by 30th November in line with BCF planning requirements. These arrangements will be in line with the previous agreements for 2016/17

KEITH HINKLEY
Director of Adult Social Care and Health

Contact Officer: Sally Reed – Joint Commissioning Manager
Tel. No. 01273 481912
Email: sally.reed@eastsussex.gov.uk

BACKGROUND DOCUMENTS

None

This page is intentionally left blank

Integration and Better Care Fund

Narrative Plan Template 2017/19

Better Care Support Team

Area	**South-East**
Constituent Health and Wellbeing Boards	**East Sussex**
Constituent CCGs	**Eastbourne Hailsham Seaford CCG** **Hastings and Rother CCG** **High Weald Lewes Havens CCG**

Contents

General

This template is a guide to help you to draft a BCF narrative plan for your area. You do not need to use this template or follow this structure but it has been provided to assist areas to cover all the requirements for the BCF in their narrative plan.

Your narrative plan should build on approved plans from 16/17, demonstrating that local partners have reviewed progress and used this information in developing plans for 17/19. The template will be complemented by the planning template, which has been circulated to all areas, and should be completed with reference to the BCF Policy Framework and Planning Guidance. Local areas are also advised to use the key lines of enquiry (KLOEs) that will be used to assess the BCF narrative plans.

Please refer to the notes section below for each section for brief guidance on what to include in each section. Areas can use more than one page for each section and add diagrams and tables where helpful.

The BCF narrative plans must set out:

- The local vision and model for the integration of health and social care;
- A coordinated and integrated plan of action for delivering the vision, supported by evidence;
- A clear articulation of how the plan meets each national condition; and
- An agreed approach to performance and risk management, including financial risk management

Please note that referencing and use of hyperlinks to existing documents is advisable rather than copying content into your narrative submission. However, please try to signpost documents as comprehensively as possible e.g, include the citation reference (e.g page number and relevant section).

Introduction / Foreword

The East Sussex 2017-19 plans for the Better Care Fund build upon the 2016/17 BCF plans and outline how we will deliver against the 4 national conditions defined within the Better Care Fund Policy Framework and the Integration and Better Care Fund Planning Guidance for 2017-2019.

These plans should be read alongside the Sussex and East Surrey Strategic Transformation Plans (STP) and the five year strategic investment overviews which inform longer term strategic planning for each of the CCGs in East Sussex.

There are 2 Transformation Programmes in place across East Sussex, led by the key partners to the Better Care Fund Plans:

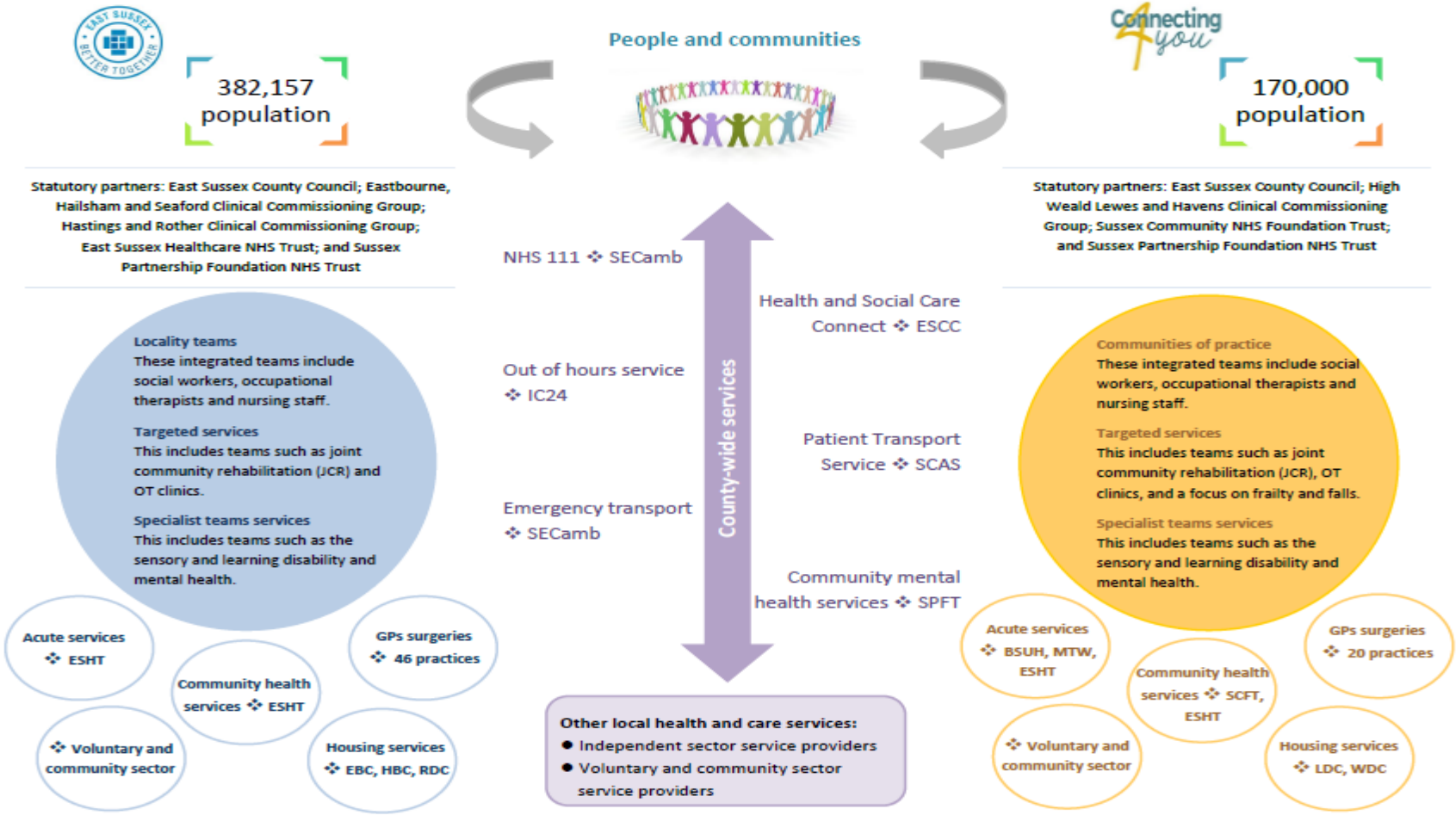
- East Sussex Better Together (Eastbourne Hailsham Seaford CCG and Hastings and Rother CCG areas)
- Connecting 4 You (High Weald Lewes Havens CCG area)

The East Sussex Better Care Plans outline a wide range of schemes which have been agreed to support the agreed strategic ambitions of these transformation programmes which focus on:

- Ensuring that every patient and client will enjoy proactive, joined-up care that supports them to live as independently as they can and achieve the best possible outcomes
- Keeping people as well as possible and helping us to act quickly when they become unwell or require help
- Ensuring people have access to the services when and where they need them
- Helping people stay in or close to home and minimise hospital admissions
- Ensuring our services are effective and affordable

Health and social care services for Adults in East Sussex

The graphic below illustrates how health and social care services are organised in East Sussex:



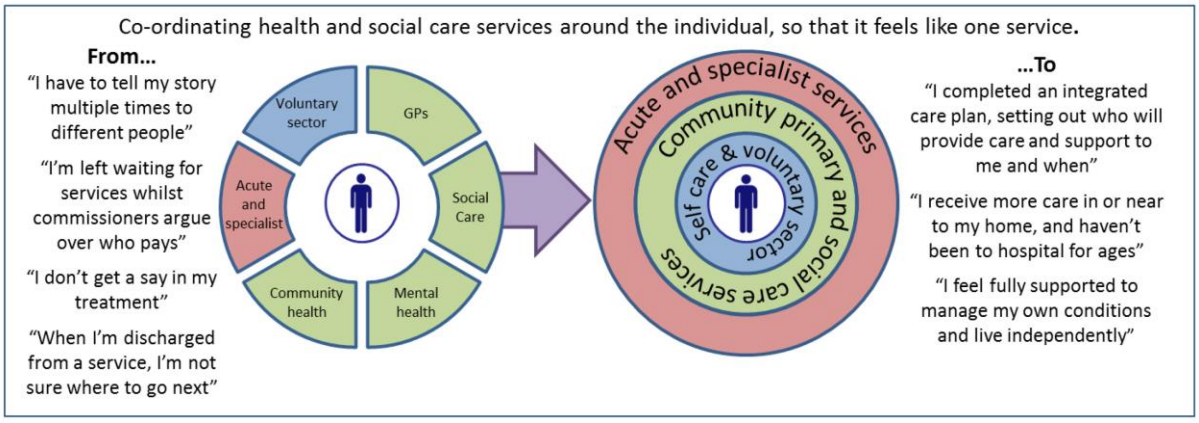
What is the local vision and approach for health and social care integration?

Our shared vision is that by 2020, there will be a fully integrated health and social care economy in East Sussex that ensures people receive proactive, joined up care, supporting them to live as independently as possible and achieving the best outcomes. This includes strengthening community resilience through an asset-based approach that enables local people to take ownership of their own health and well-being through proactive partnerships. Ultimately by working together we aim to achieve high quality and affordable care now and for future generations and improve the safety and quality of all the services we commission and deliver.

Alongside this, our vision is to create a sustainable health and social care system that promotes health and wellbeing whilst addressing quality and safety issues, in order to prevent ill health and deliver improved patient experience and outcomes for our population. This will be delivered through a focus on population needs, better prevention, self-care, improved detection, early intervention, proactive and joined up responses to people that require care and support across traditional organisational and geographical boundaries.

We have been working together as commissioners and providers across the East Sussex health and care economy for some time to refine our shared vision. We recognise that we cover a large geographic area and that the needs of our communities differ. We also recognise where we need to act together to deliver meaningful improvements in outcomes in response to local need and what our residents have told us is important to them.

Our transformation plans reflect our commitment to developing services which are co-ordinated around individuals as illustrated in the BCF Policy Framework 2017-19.



Alignment with Sussex and East Surrey STP:

The Sussex and East Surrey foot-print shares the challenges and opportunities of the rest of the country in delivering the triple aims of the STPs, with particular challenges locally due to our population demographics

The aspirations for longer term transformation and delivery of the Five Year Forward View will be driven by 4 'places' – each aiming for an accountable care model and an agreed focus on key areas as an STP.

These priorities are reflected in the ESBT (one of the 4 'places' within the STP) and C4Y (part of the Central and East Surrey Are South 'place') transformation programmes which the East Sussex Better Care Fund supports.

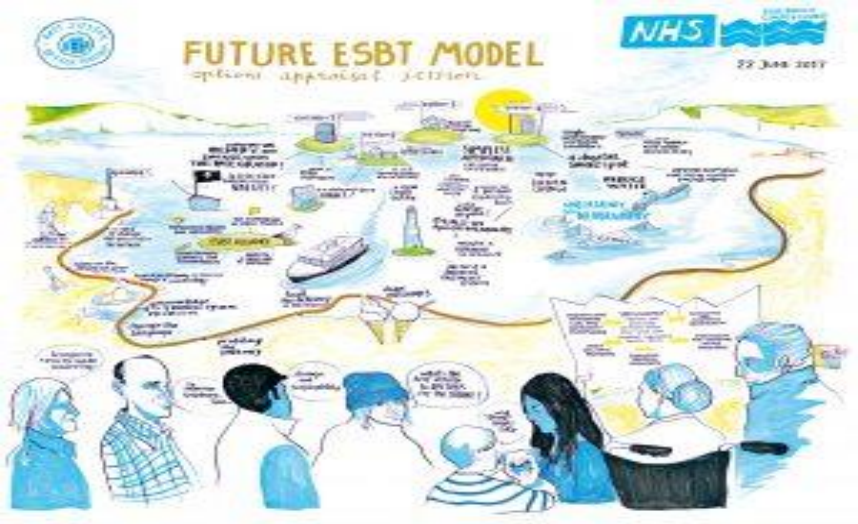
East Sussex Better Together

East Sussex Better Together (ESBT) is a whole system (£1billion) health and care transformation programme, which was formally launched in August 2014, to fully integrate health and social care across the ESBT footprint in order to deliver high quality and sustainable services to the local population.

ESBT is a partnership comprising Eastbourne Hailsham and Seaford (EHS) Clinical Commissioning Group (CCG), Hastings and Rother (HR) CCG and East Sussex County Council (ESCC), East Sussex Healthcare NHS Trust (ESHT) and Sussex Partnership NHS Foundation Trust (SPFT). The programme covers a population base of approximately 370,000.

ESBT have a combined resource of £1.042billion, the majority of which is used to commission primary, community, acute, mental health and social care services from East Sussex NHS Trust (ESHT), Sussex Partnership Foundation Trust (SPFT), GP Practices and providers in the independent care sector and voluntary sector.

The ESBT Alliance partners, Eastbourne Hailsham Seaford (EHS) and Hastings and Rother (HR) Clinical Commissioning Groups (CCGs), East Sussex County Council (ESCC), East Sussex Healthcare NHS Trust (ESHT) and Sussex Partnership Foundation NHS Trust (SPFT) have agreed to a formal Alliance Agreement to underpin our arrangements for 2017/18, allowing room to test to best effect what will be the right solution for the people we serve and deliver the best outcomes for our population.



http://news.eastsussex.gov.uk/east-sussex-better-together/wp-content/uploads/sites/10/2017/07/East-Sussex_Options-Appraisal-Session_22-06-17_LR-300x259.jpg

To lay the foundations for success in 2017/18 we have:

- Commenced the alliance arrangement, including adoption of an Alliance Agreement and a new integrated governance structure
- Taken our collaboration to new levels to further improve and deliver services, test the new approach and understand the impacts through putting in place integrated operational and performance management across our system.
- Agreed our integrated medium term ESBT Strategic Investment Plan (SIP) and schemes for 2017/18, together with a single system-wide financial 'real-time' reporting framework to support the operational performance of the system.
- Started the process for appraising the available options for organisational form for the future ESBT accountable care system after the 2017/18 transition year. A preferred option will be agreed by our individual sovereign commissioning organisations in July 2017 (informed by our providers), together with an indication of what the staff arrangements are likely to look like, and a roadmap for implementation.
- Developed an integrated outcomes framework so we can measure how well our system is delivering for local people; this has been informed by what local people have told us is important to them and ensures a focus on key national priorities too.
- Developing a formalised risk share arrangement across the full alliance partners to incentivise a culture and practice of improvement and a significant move towards a system control total.
- Delivered (and continue to deliver) engagement with our local population, staff, GPs and our partners in the wider health and care system to ensure stakeholders have an

opportunity to contribute and inform discussions and the final recommendations on preferred legal vehicles for commissioning and delivery in July.

- Established an ESBT Clinical Leadership Forum comprising primary and secondary care clinical leaders to drive the delivery of integrated care pathways and lead the necessary behavioural change in support of this.
- Established an ESBT Public Reference Forum, delivered via our local Healthwatch, to complement existing engagement mechanisms by drawing on a wider, less traditionally engaged population base to inform our plans on every step of the way.
- Begun to co-design (with local people) a health and care collaborative to ensure voluntary sector and local involvement in our strategic planning and a voice within our integrated governance structure.
- Committed to invest circa £1.3m over a two-year period in our primary care federations to support at scale primary care transformation and deliver the ambition of the GP Forward View whilst ensuring a delivery platform that can, over time, offer a strong interface as allied partners to our alliance.
- Implemented a Heathy Hastings and Rother programme, investing £5m year on year to tackle the most entrenched healthy inequalities in our area.
- Invested in increasing the capacity of community services and Health and Social Care Connect or single point of access to care services.
- Implemented a fully asset-based approach to community resilience in a true partnership with our local voluntary and community sector.

As our place-based system, ESBT is in a strong position to implement fast progress in delivering the service improvements described by the Five Year Forward View Next Steps plan around urgent and emergency care, general practice, mental health and cancer care, by implementing a prevention-led approach that contributes to the Sussex an East Surrey Sustainable Transformation Plan (STP). Our alliance is helping us make decisions for the collective good of our system and the people we serve.

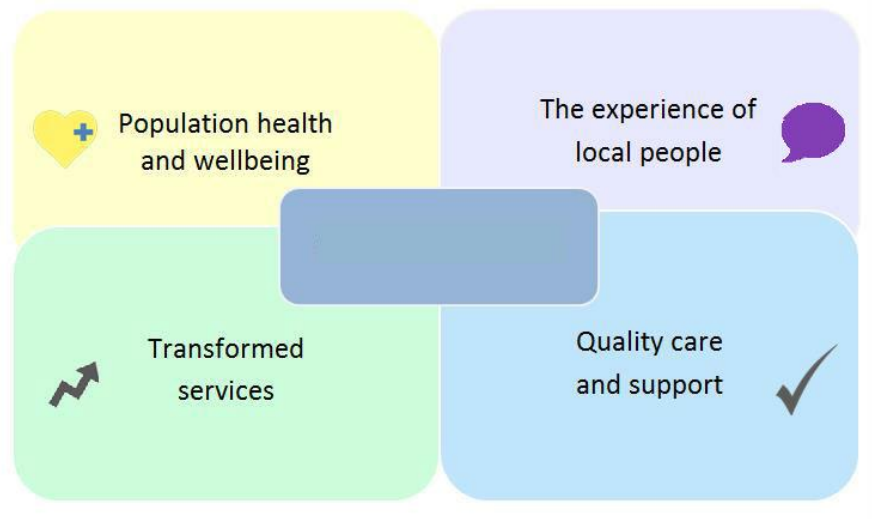
In July 2017, the following steps were agreed by the ESBT partners to accelerate implementation of a strengthened ESBT Alliance arrangement by April 2018:

- moving towards single leadership, governance and management of our commissioning resource by April 2018 (including exploring a single pooled budget for our health and care economy)
- moving towards single leadership of the delivery function and how services are organised by April 2018
- seeking an integrated approach to regulation
- strengthening performance and monitoring against our integrated Outcomes Framework

ESBT Outcomes Framework

The 2017/18 test-bed year is designed to enable oversight of the whole health and care system from both a commissioning and delivery perspective, supporting us to act collectively in a way that delivers improvements for our local population. In addition it also creates a collaborative learning environment in which we can progress the development work to design our final proposed ESBT Alliance system of accountable care.

Building on our original ESBT work on reporting progress against population health and health inequalities outcomes, an integrated Outcomes Framework has been developed to inform our stakeholders about progress made across the health and social care system on delivering improvements to population health and wellbeing, experience, quality and sustainability – including the per capita cost of care.



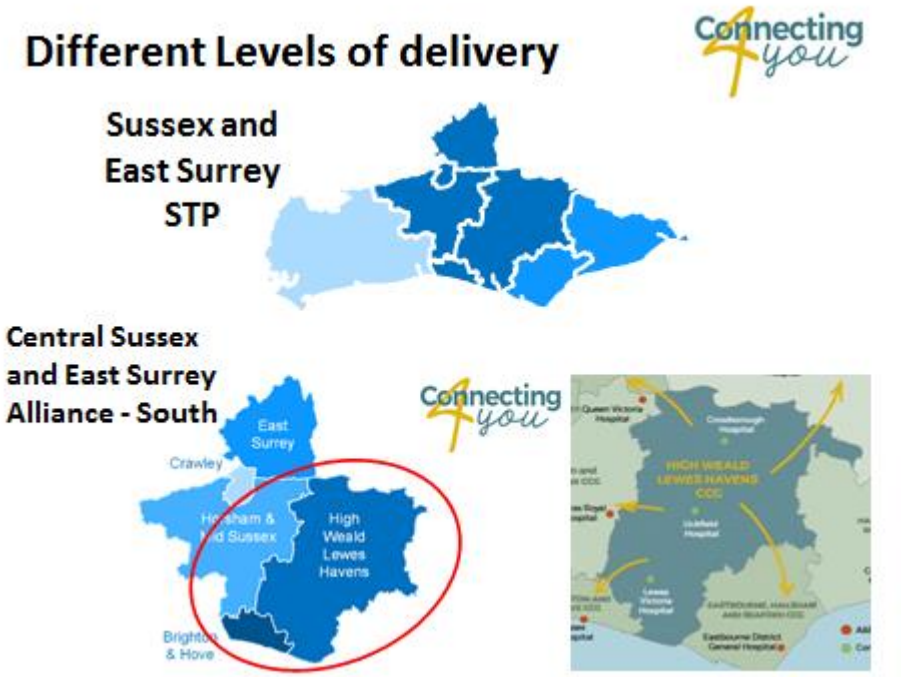
Further information can be found at **http://news.eastsussex.gov.uk/east-sussex-better-together/stakeholders/monitoring-and-evaluating/**

Actions to support delivery

- Specific targeted actions : intervention level
- Locality Planning and Delivery : Establish six P&D Groups across the ESBT footprint
- Oversight and delivery : Establish weekly Executive Oversight group / Integrate PMO
- Understand demand and cost base issues : Drivers for demand / Case mix / tariff inflation / CIP
- Pathway / service redesign: E.g. Agree and implement rehabilitation strategy & integrated frailty pathway
- Workforce : Including role development – Integrated Support Workers / GP fellowships etc. & international recruitment

Connecting for You

Connecting 4 You (C4Y) is a joint programme to transform local health and social care services in the High Weald, Lewes and the Havens area. The programme supports the local delivery of the Central Sussex and East Sussex STP 'place' plans.



C4Y is a transformation programme to meet the specific needs of the HWLH population and to:

- Develop and introduce a new 'community model of care' for HWLH
- Develop 'system leadership', allowing leaders across the HWLH health economy to:
- Oversee and monitor the 'whole system' of activity
- Hold the system and each other to account for delivery

This will be achieved through an approach to integrated care which is population based and agreed between commissioners and providers:

C4Y is represented at the E Sussex Health and Housing Sub Group through which strategic developments agreed and resulting initiatives identified. Representation from Lewes District Council and Wealden District Council at C4Y Programme Board and C4Y Operational Delivery Group with remit to ensure housing issues considered.

There is agreement that the C4Y Board will be notified of all new planning applications for ALL new housing, residential provision and the like to ensure that health and social care impacts will be fully considered.

C4Y Programme Plan is being developed and will include all inter-dependencies with other programmes within CCG, ESCC and provider organisations.

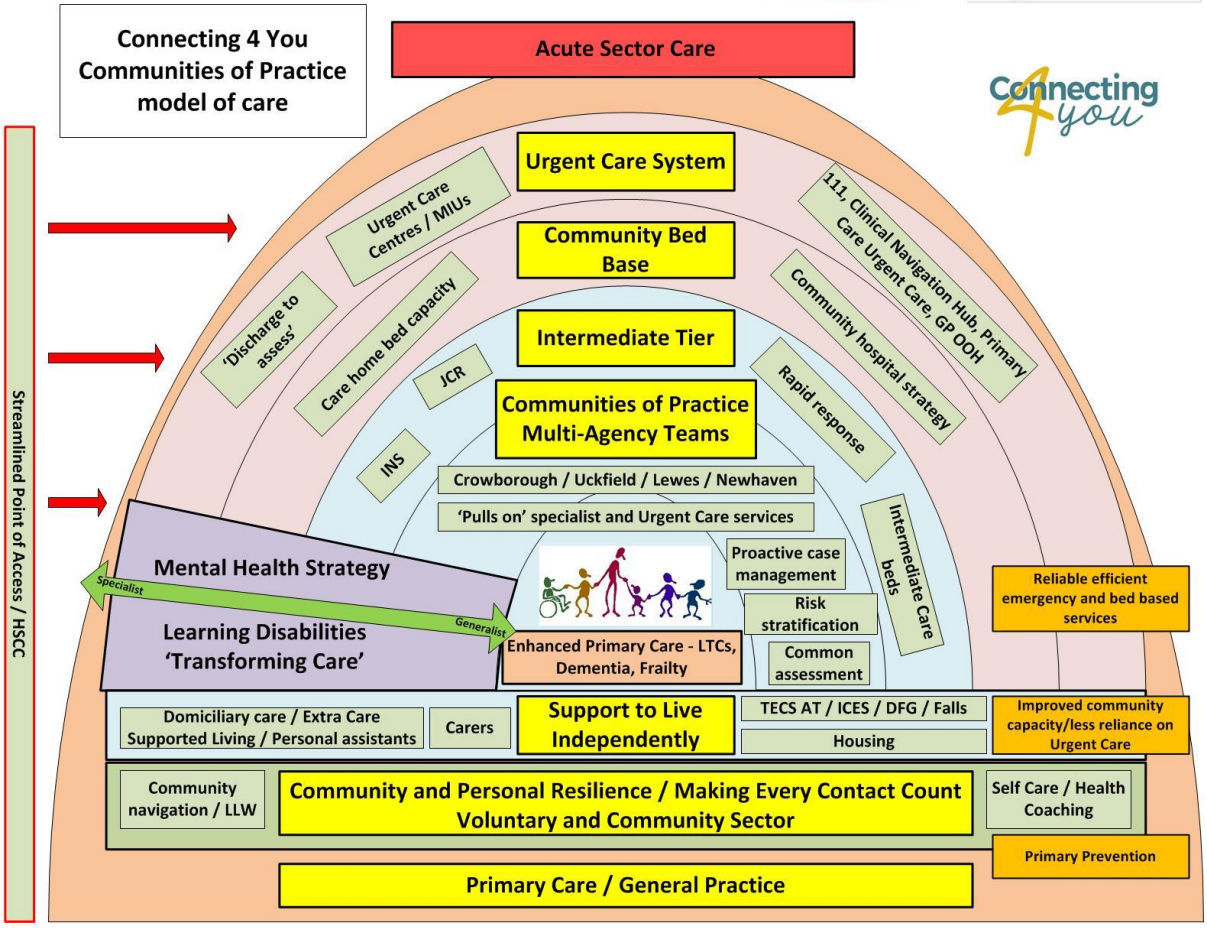
Further details of the C4Y governance are included on Page 40

Connecting 4 You (C4Y) is a transformational programme and it has been determined that this is best delivered by the adopting the Multispecialty Community Provider Model (MCP). It is perceived that this will allow the flexibility to both progress the four 'communities of practice' and to develop the best fit model to deliver accountable care across the region. Given the complex geography across HWLH, not least the fact the area is served by four acute hospital trusts, the decision was made to initially adopt 'Virtual' MCP model. However this may progress towards a more formally integrated status over time. It was also agreed that a focus of 'frailty' should be the priority for 2017-18 across HWLH. Not only is this identified as a cross cutting priority for all of the organisations represented it was also seen as an ideal opportunity to develop the new ways of integrated working within HWLH.

The key priorities for the C4Y programme are:

- Coordinated prevention and self-management
- Single/'streamlined' point of access
- Integrated community NHS and social care teams
- Joint urgent out-of-hospital care approach and interface with locality work
- Strategy for accommodation and 'bed based' care: Community Hospitals and nursing/EMI care homes
- Joint mental health strategy (including Dementia)
- Review children's services: SEND; services for autism; role of community paediatricians; CAMHS; etc.
- Plan workforce and capacity
- Joint / integrated planning/locality planning

These are further illustrated in the C4Y community model of care illustrated below:



C4Y Capacity and resilience plans to support delivery of the C4Y objectives:

There is a work-stream governed by the C4Y Strategic Planning and Investment Group to produce an Aggregated Financial View for HWLH. Initial tasks include understanding the collective resources deployed over the whole of the HWLH patch. This will then be distilled down to each of the four Communities of Practice at a progressively granular level in order to provide the intelligence required to drive strategic decisions in regards to demand, capacity and resilience.

Population profiles, CoP specific JSNAs, current service delivery and community teams and assets will also be overlaid to develop a comprehensive picture.
The use of a risk stratification system in the future will assist in the challenge of ensuring that financial contributions are allocated according to need.

By 2019-20 there needs to be clear strategic plans to reduce spend by realising preventative and system efficiencies.

C4Y Outcome measures

Outcomes will be monitored by the use of a Risk Stratification Tool that is currently being identified. This will allow detailed analysis, both on a population and individual patient level, of the impact of programmes and projects in terms of improved outcomes for the individual and overall benefit to the health and social care economy for HWLH.
All service specifications include quality and outcome measures/metrics
Use of established Outcomes Frameworks with reporting via dashboards, e.g. Public Health and NHS Outcomes Frameworks

How does the BCF help to achieve all of the above?

The Better Care Fund provides the opportunity to strengthen our unified approach outline din the ESBT and C4Y programmes and to ensure delivery of "excellent sustainable services with a local focus" We have committed much of our leadership energies as a system to delivering these programmes, working through them consistently since the Clinical Commissioning Groups in our area were formed.

We have worked and will continue to work with partners and local people to develop our plans for the next five years:

- We have already undertaken a wide ranging programme of engagement with system stakeholders to develop our approach which includes care design groups, shaping health events and partnership boards
- Building on this we are committed to involving our partners and local people in shaping future services. We need to have an open and honest conversation about how we can meet the challenges that we face. We need to make sure that we do what is best for the population of East Sussex as a whole.
- We continue to involve our partners and local people in developing our overarching approach to make sure it is right first, before we begin developing more detailed implementation plans with them, to ensure that they reflect and meet the needs of the distinct populations served by each commissioner.

Background and context to the plan

Our integrated approach is based on a set of key principles and our shared commitments to:

- Deliver wholesale change – we are adopting a phased approach to delivering the changes required;
- Build on evidence about what works – both learning from our experience locally, as well as from elsewhere (nationally and internationally);
- Develop services based on a 'You said, we delivered' approach;
- Deliver consistently high quality services and outcomes across the county – with locality based delivery solutions based on local need;
- Invest in community and primary care as the keys to shifting finite resources out of acute care; and
- Use a phased approach – including using the Better Care Fund (BCF) as one of our key mechanisms for delivering high quality, safe and sustainable care at scale and pace.

Local demography and future demographic challenges

The East Sussex population is projected to increase by nearly 34,000 to 578,000 between 2015 and 2030 (6.2%). Population growth over the period will mostly be among the over 60s as the population continues to age. The average (median) age of East Sussex residents will rise to 50 years and 9 months in 2030; from 45 years and 11 months in 2015 (England 2015 average is 40 years).

Currently, the over 65s represent a quarter of the county's population. This is projected to increase to one third by 2030. All elderly age groups are expected to increase in size, with the number of very elderly people aged 85 and over expected to increase by 83%, from around 21,300 in 2015 to 38,900 in 2030. In Rother, the elderly population is expected to make up 40% of the population in 2030.

There will be a decline in the working age population (18-64) of over 6%. This decrease will be concentrated among younger people aged 20-34, partly due to lower levels of net migration. The fall in the number of middle-aged people aged 45-54 is due to a decline in fertility rates after the baby booms.

Over the period 2015-2030, the number of households in East Sussex is likely to increase by 11.9%, which is twice as fast as the expected growth of the population of 6.2% for the same period. This is mainly due to a fall in the average number of people living in each household (household size) from 2.21 in 2015 to 2.08 in 2030.

The number of households headed by older people aged 65 and over is projected to increase by 37% by 2030. Single male households are expected to see a large increase of 24%, and couples with no dependent children living with one or more other adults (up 20%), reflecting predicted changes in how people will live, with more shared households and adult children staying with parents.

Further details can be found at:

Population estimates:
http://www.eastsussexinfigures.org.uk/webview/index.jsp?catalog=http%3A%2F%2Fwww.eastsussexinfigures.org.uk%3A80%2Fobj%2FfCatalog%2FCatalog47&submode=catalog&mode=documentation&top=yes

Population projections:
http://www.eastsussexinfigures.org.uk/webview/index.jsp?catalog=http%3A%2F%2Fwww.eastsussexinfigures.org.uk%3A80%2Fobj%2FfCatalog%2FCatalog47&submode=catalog&mode=documentation&top=yes

Local health and social care market

At present there are 6,402 care home beds in East Sussex: 3,441 residential care and 2,961 nursing care. The existing provision in East Sussex is running at occupancy levels of over 90%. High percentage occupancy causes inefficiency, inflexibility, and the inability/unwillingness of 'market' provision to manage more complex and staff-intensive cases. Higher levels of occupancy in areas where the level of supply is comparatively low (e.g. HWLH) exacerbates existing market inadequacy.

This increases pressure across the whole health and social care system and impacts on our ability to facilitate timely discharge from hospital. There is particular concern around nursing and dementia care beds, where demand continues to increase and the cost pressures facing the market continue. In addition, when care home placements are suspended as a result of warning notices, the number of beds available reduces. Land values are generally high across the county, which militates against easy development of new residential and nursing care facilities.

The full quota of vacant beds in East Sussex in June 2017, c.40% (180 out of 432) are with providers that do not accept placements from ESCC due to cost, or will only accept ESCC funding is substantial 'top ups' are paid by residents or their families. ESCC purchases in the region of 18,500 hours of

domiciliary care across the county per week. The requirement is split across 65 providers (2 Lead Providers and 63 Approved providers).

It became clear in early 2016 that significant issues existed within the domiciliary care marketplace in East Sussex, particularly with regards to capacity and responsiveness in the Eastbourne, Seaford / Havens and Lewes areas, which were having a significant impact on the wider health and social care system.

Further information can be found in the East Sussex Market position statement at https://www.eastsussex.gov.uk/socialcare/providers/funding/market/

Healthwatch East Sussex recently publicised a report bringing together the findings from a second wave of visits involving care homes providing nursing care. http://www.healthwatcheastsussex.co.uk/wp-content/uploads/2015/01/Overarching-Care-home-report-2017.pdf

Key issues and challenges which the plan aims to address

The challenges facing East Sussex system(s) are recognised nationally however geographical and demographical factors heighten the level of risk which they present to our local plans.

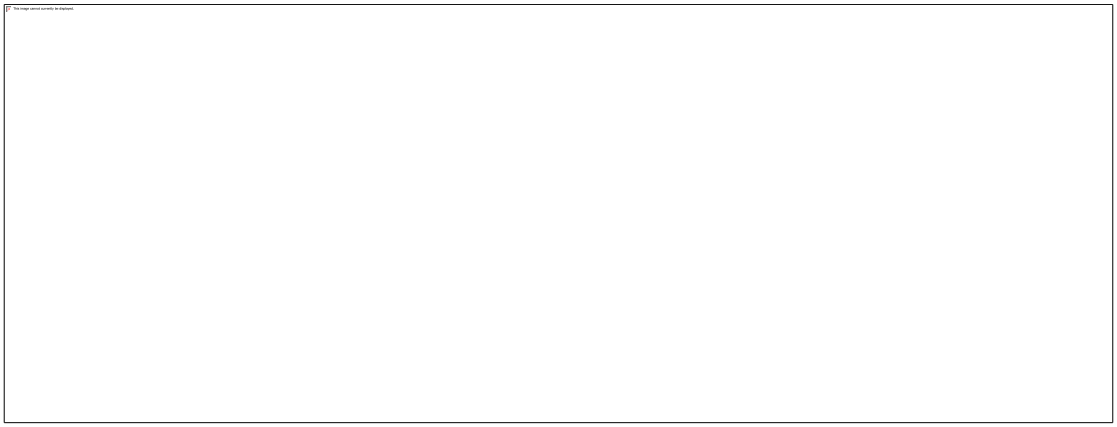
1. Finance
2. Workforce
3. Market

Further information about the risks and challenges facing East Sussex can be found in the Risk section on Page 31 and the section on Assessment of Risk and Risk Management on Page 41.

Progress to date

What have we achieved so far?

- ESBT have developed a single framework to bring together the entire spectrum of services people need to be fully supported at every stage of their health and care needs; this is called the 6+2 model.
- The first six boxes bring together our aspirations to focus on proactive care in order to meet people's needs, make sure services are joined-up and prioritise services that help people be more independent.
- The remaining two focus on 'prescribing' and 'elective care' (e.g. surgery and other planned care) where we believe we can make big improvements in value and service quality
- The framework makes sure we think about all of our populations, whatever their needs, in a way that focuses on the individual.
- This approach and methodology is firmly embedded in our local processes for Health Overview and Scrutiny, and Health and Wellbeing Board, including an ESBT specific scrutiny board within the Council, where members are all sighted on programme progress and developments as well as planned moves for new models of care.
- We have matured our partnership over three years and have robust relationships across our health and social care commissioners and providers that have ensured the foundations for success.



As we conclude our galvanising 150 week first phase of ESBT, we can demonstrate positive, mature relationships across our system-wide partnership that have enabled an integrated approach to achieving system-wide financial balance through our shared integrated 5 year Strategic Investment Plan (SIP) to deliver an increase in primary and community based services, reduce over-reliance on the acute element of our system, deliver in-year constitutional targets and integrate health and care (N.B. The SIP financial schedules are

publicly available on our ESBT website, and we will send them to you should your require sight of them).

We have made significant improvements in care pathways across health and social care. We have established:

- Health and Social Care Connect (countywide): an integrated adult health and care access and triage point that ensures that patients and clients, whether self-referred or referred by social care and clinical professionals, receive the right package of health and social care support quickly. In 2016/17 HSCC supported 119,488 people: c53,000 received information, advice and signposting; and c66,000 received community health and care services; a 14% increase on the previous year of establishment.
- In ESBT, the nurse-led Crisis Response Teams, which take referrals from general practice and help prevent unnecessary hospital admissions by arranging the right care, in the right place, at the right time for people whose long term conditions are deteriorating or who are suffering early signs of illness. This newly established service supported c.550 people in the community during its start-up year, with plans to increase this to over 1,500 in 2017/18.
- Our integrated health and care locality teams and communities of practice which bring together social and health community staff into integrated teams. The area is divided into eight such localities; three led by managers from social services and three led by managers from health. The locality teams are growing in strength and will be the focus through which we develop local alliances across the health, social, and voluntary sectors to identify service priorities and develop joint responses to them.
- ESBT saw a 4.3% reduction in our emergency admissions during 2016/17 compared with the previous year.

More information about improvements already made can be seen on the ESBT website https://news.eastsussex.gov.uk/east-sussex-better-together/,in addition to our key performance indicators demonstrating reductions in emergency hospital admissions and improvements in population health.

We have built on the widespread formal public consultations for significant service improvements and reconfigurations regarding maternity and paediatrics and orthopaedics, general surgery and stroke. Since 2013 we have ensured an ongoing programme of extensive public and stakeholder engagement that informs everything we do. This has included engagement to inform the establishment of ESBT, engagement in programme design, co-design of pathways and services; co-design of how we engage, citizen engagement in our governance, and improvements made based on people's experiences.

This engagement is the cornerstone of our approach and underpins our commitment to move beyond care pathway redesign as our original ESBT programme moves into business as usual, to focus on securing fully the triple aims of improved health and well-being,

improved experience, and financial sustainability through integrating commissioning and delivery of our health and social care system.

Connecting 4 You

What we have achieved so far:

- Dementia Golden Ticket; innovative and holistic enhanced support for those with dementia and their carers that has won National awards.
- Expansion of the Community Geriatrician service to all areas of HWLH
- Developed a comprehensive Frailty Strategy
- Commenced work to develop the Communities of Practice
- Significant reduction in excess beds days due to Community Pharmacy reviews/meds optimisation

In addition to the above, we have continued to make progress against the additional previous BCF national conditions:

Progress on our 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

East Sussex has been developing multi-disciplinary working, centred around risk stratification of GP Practice populations using Sussex Combined Predictive Mechanism (CPM). Monthly multi-disciplinary meetings have been taking place, working towards ensuring that all people who are high risk of hospital admissions have a care plan with a named lead professional.

As well as focussing on those at very high and high risk of hospital admission the Multidisciplinary team meetings also identify people at medium risk where their risk score is rising. Proactive care and interventions are then planned with the individual proactively to help prevent them deteriorating.

East Sussex Healthcare NHS Trust and Sussex Community NHS Foundation Trust have been working closely with East Sussex Adult Social Care to promote joint working within localities across the CCG areas. Joint working has also involved Sussex Partnership NHS Foundation Trust engagement and regular multi-disciplinary meetings, to ensure the holistic approach to person centred planning includes consideration of psychological wellbeing and mental health needs.

In 2016/17, Integrated Locality teams and Communities of Practice were implemented ensuring these joint working developments are built upon to define and implement locality models of care, ensuring accountable lead professionals are allocated and care plans are in

place for the identified patient/service user cohorts. Local Primary Care strategies envision GPs taking a lead in coordinating care for people at high risk of hospital admission.

Progress on 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

East Sussex has a good record of investing in community services that deliver "7 day working" in an integrated delivery model. This includes our integrated services such as Health and Social care Connect, the Joint Community Rehabilitation Team, Integrated Night Service as well as a range of other core services including District Nursing teams and homecare providers. Throughout 2017-19, Integrated Locality teams and Communities of practice will continue to develop and ensure a consistent, joined up approach to 24/7 community offer to support admission avoidance and discharge from hospital including at weekends.

In 2016/17, the crisis response service became fully operational 7 days a week across the ESBT area and in 2017/18 will be merged with the Integrated Night Service to provide a consistent 24/7 approach. There are plans to develop a similar service in the C4Y area in 2017/18.

The plans to further develop health and social care localities will provide a systematic approach to understanding any service gaps within local areas and inform future commission intentions.

Progress on data sharing between health and social care, based on the NHS number

It is the East Sussex intention that all health and social care services use the NHS Number subject to any outstanding resolution of national information governance issues. The NHS number is regularly matched to Social Care records held on Liquid Logic. The current coverage of the NHS number for active Social Services clients stands at over 90%.

We are committed to using systems that are based upon Open APIs and Open Standards. As providers implement new information systems eg. System One, we will look to maximise opportunities to improve the interface between systems to support integrated working.

"We commit ourselves to aim for interoperability (i.e. use Informatics systems that can communicate with each other through electronic means). When this is not possible in the short term, the CCGs will ensure the information they hold is capable of being viewed electronically by other parties, as appropriate. The CCGs are committed to system-wide solutions and system-wide behaviours to achieve this, and this commitment includes their work on Informatics. The principle of interoperability will apply to the CCGs' commissioning and re-commissioning or procurement of new clinical services and Informatics systems. We

will ask our key providers to be mindful of these principles when they undertake their own procurement of new Informatics systems." (Ref: Principle 9 of our Informatics Strategy)

We are committed to using systems that are based upon Open APIs and Open Standards, including use of GSX and nhs.net secure email. We also use the voltage secure email for communicating between East Sussex County Council and the public and third/voluntary sector.

"We are committed to being mindful and respectful of the need for best practice and take account of good IG practice, Caldicott, and the significant legal framework that supports this area of work. The CCGs' default position will be for information to be shared, unless there are specific reasons why this should not happen (e.g. consent not given)." (Ref: Principle 8 of our Informatics Strategy)

The following key documents are explicitly referenced in the strategy:

- Securing excellence in Primary Care IMT.
- Caldicott Standards/Caldicott 2 Report.
- HM Government Information Sharing: Pocket Guide.
- Health and Social Care Information Centre Information Governance Toolkit.
- Information Commissioner's Office (ICO) Statutory Data Sharing Cod of Practice.
- NHS Confidentiality Code of Practice.

We will review and continue to maintain an information governance framework that ensures we meet all Caldicott requirements. This will meet the NHS standard contract requirements and support professional and clinical practice. All practices' compliance with the IG toolkit is monitored on a biannual basis.

Summary Care Records: Since the introduction of a local Vulnerable Patients Scheme in Primary Care in April 2016 we now have 10,493 Summary Care Plans with Additional information (SCR-AI) for our most vulnerable patients and this number is continuing to grow at a rate of 600-800 records a month. Prior to this scheme there were only 709 in place.

Community teams on SystmOne already have integrated access to SCR. Key information provided to GPs by community teams will be integrated within the shared SCR once recorded in the patient's GP electronic patient record.

The SCR – AI will increasingly be used to share care planning information across a range of health settings.

Evidence base and local priorities to support plan for integration

The evidence base for our plans is set against the demographics, financial and other challenges in the social care market and health locally as detailed in the background and context section on Page 15.

Everything we do is based squarely on a consistent strategic framework which links directly to:

- Our detailed knowledge of the changing needs and demands for our services – encapsulated in our Joint Strategic Needs Assessment (JSNA);
- The shared priorities we have agreed through our Health and Wellbeing Board – encapsulating what we will do in all key population groups;
- The components of the new system we need to deliver and the enablers required to get us there; and
- The activity we need to undertake now through clear strategies for primary care, integrated service, mental health and a range of other strategic plans, which are practically based.

In East Sussex we are very clear on both the need and the opportunity to improve services through greater integration. The CCGs and East Sussex County Council are committed to commissioning a range of services to improve the health of people in East Sussex. Services must work together so people receive seamless health and social care that is designed around their individual needs. We will build on the existing skills and expertise in the community based teams and local people to deliver services that meet the specific health needs and geography for the people of East Sussex. This understanding has been determined through;

- Evidence from existing integrated and collaborative commissioning across health and social care in East Sussex
- Programme reviews to compare service outcomes and levels of investment – ie. spotlight those with relatively low outcomes yet relatively high spend
- The demographic trajectory of the population will require a greater focus on joined up care as more people live longer facing more co-morbidities and complex care needs.
- Understanding the opportunity to reduce the incidence of unplanned care in the form of attendances at A&E departments and emergency admissions to acute hospitals.

- Preventing or minimising people reaching a crisis that requires acute or unplanned interventions when it could be avoided, is the right thing to do.

A detailed analysis of the current position across East Sussex has been carried out, illustrating the current resource use and highlighting the challenges and opportunities. This includes a range of information pertaining to the following:

- Current activity and resource profile stratified by commissioner, by age, care type and provider;
- Predicted required health and social care resource vs available spend in a 'do nothing' scenario for each commissioner;
- Inequalities in health and unmet need;
- Opportunities for improvement based on best practice examples
- Benchmarking information supporting savings targets across secondary care and prescribing
- Initial savings targets and reinvestment levels
- Savings and reinvestment profiles and resulting surplus/deficit positions

Partnership planning in East Sussex

Over the last six months we have been reviewing the way people are involved in our strategic planning processes for health and care in East Sussex. We've been thinking about how we can improve these arrangements so that the experiences and expertise of stakeholders can be used better. This review has now been completed, and we've used what people have told us so far to put forward some recommendations for how we think it could work in the future.

By stakeholders we mean people or groups who have an interest in what an organisation does, and who are affected by its decisions and actions. Stakeholders include people who use services, their families and carers, voluntary and community sector organisations and independent providers.

What people have told us?

- Stakeholders value the opportunity to meet with senior officers from social care and health.
- The current system based around traditional adult social care groups of people isn't the most effective or efficient way of structuring our engagement any more.
- We could achieve greater value from a collective voice rather than the current fragmented structure.

- People want to broaden the focus of the current arrangements to consider the health and care across East Sussex as a whole.
- Stakeholders feel that partnership work is focused on the priorities of adult social care and health and partner organisations, and are keen to move towards a co-production approach.
- Existing groups and engagement activities need to be better linked into the strategic planning process.
- The new arrangements need to cover adults and children.

Based on what people have told us:

- There will be a new countywide, health and wellbeing stakeholder representative group that will work collaboratively to improve and shape health and care across East Sussex.
- This new countywide group will help to join up existing groups and other engagement activities.

We hope the new arrangements will help to:

- create a clear and transparent way for stakeholders to influence decision-making;
- give people an overview of health and care across the whole county;
- focus on outcomes rather than 'client groups' or labels;
- bring together discussions and planning around physical and mental health;
- create efficiencies for everyone involved;
- make best use of information gathered at a local and service level; and
- improve links between groups.

ESBT Locality planning:

Locality Planning Groups will support local strategic management in each of the identified localities. As a first focus and priority, the locality planning arrangements will enable performance management of patient flows, delivery of the appropriate and proportional locality contribution to the Strategic Investment Plan and provide oversight of proactive case management. Once this is established, and the learning from this taken on board, then they will become the place at which insight will be provided to improve understanding of local demand for health and social care services and to develop local support and service solutions. The Locality Planning Groups will coordinate and oversee an annual programme of work which builds a locality profile, identifies key local priorities, takes account of the resources available to the locality and supports the Integrated Locality Teams to achieve

activity targets and seek to resolve barriers to their achievement. The Locality Planning Groups will be accountable to the Alliance Executive through the Integrated Strategic Planning Group to provide assurance that locality plans will encompass all services including adults, mental health, learning disabilities and children

Connecting 4 You Engagement Plan

There is a programme of work agreed Sept 17-Dec 17 in regards to co-production of the development of the Communities of Practice (CoP) involving all key stakeholders in each locality with a priority focus on developing frailty and fall prevention services;

Engagement Plan for Implementation

Action	Date	Lead
Sign off engagement plan, focus, purpose and definitions CoPs at COP Delivery Group	6th September 17	SCFT
Engagement with individual GP Practices ~ to share CoP Vison and Principles	September 17	CCG Cluster leads
Engagement with third and voluntary sector representatives ~ to share CoP Vison and Principles	September 17	Emily Smith/Sam Tearle
Engagement with JCR, ASC, SPFT ~ to share CoP Vison and Principles and discuss capacity to support	September 17	SCFT
C4Y CoP development Workshops to be set up in each of the 4 communities of practice. Aim of these is to discuss local context, discuss core work streams for each CoP and seek sign-up for local Steering Groups.	October 17	CCG Cluster Leads C4Y Team and SCFT to support with facilitation of the workshop.
CoP Steering Groups to start in each CoP area. These Groups will design and agreed their own priorities, deadlines and (high level) action plans for frailty and admission avoidance	November 17	CCG Cluster Leads

Better Care Fund plan

The East Sussex Better Care Fund Plans support the delivery of the ESBT and C4Y transformation programmes and plans which address the local needs identified and the vision for integrating health and social care.

Across ESBT and C4Y, the service redesign schemes and developments are significantly wider than those funded by the Better Care Fund as articulated in the vision outlined earlier in this narrative.

Brief description of schemes commissioned and priorities for BCF ,

In line with ESBT and C4Y objectives, the BCF plans seek to support the key objectives of:

- Ensuring that every patient and client will enjoy proactive, joined-up care that supports them to live as independently as they can and achieve the best possible outcomes
- Keeping people as well as possible and helping us to act quickly when they become unwell or require help
- Ensuring people have access to the services when and where they need them
- Helping people stay in or close to home and minimise hospital admissions
- Ensuring our services are effective and affordable

To achieve these, the range of schemes listed in the planning template cover key areas of focus including:

1. Building community capacity to support admission avoidance activity and reducing length of hospital stays:
   This includes:
   - Community based Intermediate Care, both domiciliary re-ablement and bed based care and support.
   - Crisis response and Integrated Night Service
   - Falls and Fracture Programme
   - CHC Assessment Staff
2. Developing alternatives to A&E:
   This includes:
   - Mobile App – Health Help Now
   - Minor Injury Units
   - Community Transport
3. Developing our approach to manage our frail older populations
   - Frailty

- Proactive Care
- Carers Services
- Telecare/Telehealth

4. Developing our approach to supporting self-care and self-management
    - Health and Social Care Connect
    - Proactive Care
    - Know Your Own Health
    - Diabetes
    - DFG developments
    - Expert Benefits Advice
    - Stroke Support and Living Well
5. Medicines Optimisation
    - Medicines Optimisation in Care Homes
    - Medicines Optimisation – waste disposal
    - Community Pharmacies

These schemes will support the delivery of all of the national BCF metrics, many of these schemes are jointly commissioned and jointly provided by Adult Social Care and local NHS Trusts. The schemes support the development of integrated locality teams and the move towards planning and designing services around local communities as a cornerstone of both ESBT and C4Y visions for integrating care and support.

In addition, focus has been given to developing preventative services which adopt a proactive approach to supporting people at earlier stages of care pathways.

Improved Better Care Fund (iBCF)

There is an agreed approach to the use of IBCF money across ESBT to increase capacity and stability in the care market and the approach for the C4Y area will be agreed through that programme governance.

The iBCF is included in the East Sussex BCF plan as detailed in the planning template and will be included in the s75 agreements.

Local NHS Trusts are fully involved in planning schemes to manage discharge in line with the implementation of the High Impact Change Model as detailed in the attachments on Page 49.

In line with the grant conditions, the iBCF money in East Sussex will be used to support:

- Market sustainability: Following fee increase negotiations, care providers are recruiting staff with a view to increasing available capacity.
- Meeting Adult Social Care Needs: Protection of current level of social care services to ensure supply meets current demand.
- Hospital Discharge to Social Care: Provision of timely and appropriate funding to place people into Social Care once they are ready for discharge from hospital, and so improve the level of DToC performance across the East Sussex system

Agreed use of DFG monies

The Districts & Boroughs of East Sussex have each created revised discretionary policies to allow for flexible use of DFG funding. This has resulted in a number of projects going forward such as acquisition and development of adapted properties, improving access to accommodation to facilitate hospital discharge and County wide roles to coordinate the new initiatives.

The funding is acting as a catalyst for partners across East Sussex to come forward with projects which achieve strategic priorities across housing, health and social care. Examples would be the renewed focus on bringing forward initiatives to support with delayed transfers of care and creating new initiatives in terms of acquisition of new homes and new build development to meet complex housing need.

The partnership across East Sussex is continuing to grow under the two transformation programmes of ESBT and C4Y. Districts & Boroughs are represented at these Boards and share a joint agenda – to provide the best quality of services for the people of East Sussex.

There are operational and strategic groups to specifically focus on adaptations and support solutions across East Sussex set up which includes the voluntary sector. We are currently aligning our planning and design processes under ESBT and CFY to ensure that representation from housing authorities and the VCS is integral to our future ways of working.

Work is underway to explore supply and demand of accommodation options for the most vulnerable across East Sussex with a focus on older persons housing and care in particular driven by demographic changes. This will conclude with a strategy which outlines our future commissioning prospectus and market communication and engagement.

Risk

Key issues and challenges which the plan aims to address

The challenges facing East Sussex system(s) are recognised nationally however geographical and demographical factors heighten the level of risk which they present to our local plans.

1. Finance
2. Workforce
3. Market

1. Financial context

In order to make the required changes, it is important to understand all aspects of the financial context as illustrated below:

The ESBT Strategic Investment Plan sets out the vision and approach to fully integrate the health and social care economy across the ESBT footprint in order to deliver safe, high quality, affordable and sustainable services to the local population.

Format and content of the SIP includes:

- Narrative – articulates how we will collectively invest our c. £1bn to meet local need and shift the balance of service provision from reactive hospital based care to proactive primary and community care.
- 5 year plan – tracks estimated impact of interventions on demand on the system in activity and financial terms

- 17/18 Plan & trajectories by point of delivery

The ESBT Strategic Investment Plan (SIP) models the shift in health and social care spending from a commissioner perspective required to bring the system into financial balance. It does this by tracking the impacts of all of the transformational projects being implemented as part of East Sussex Better Together (ESBT). The SIP currently shows there are plans at various stages of development which cover the initial £39.9m delivery challenge in 2017/18. Although the SIP describes the system-wide financial impacts of ESBT projects, it should be noted that quality metrics are integral to each scheme and are regularly monitored at that level.

HWLH CCG has a target surplus for 2017/18 of £0.8m. It is currently reporting to NHS England that it will meet this target. However, it recognises a significant net risk of £8.4m. The achievement of the required surplus will only been delivered through the achievement of QIPP targets which relate to the transfer of activity from the acute to community health and social care setting.

The pressures upon the CCG's outturn are mainly showing within acute services where significant over-performance has emerged during the first quarter of the year. The CCG is currently showing a quarter 1 overspend of just over £2m at the main acute provider Trusts. This is currently being mitigated from the contingency and QIPP savings delivered (primarily on medicines optimisation).

The overspends on the acute side are largely due to elective and non-elective admissions. There is also significant over-activity materialising in A&E attendances although the financial impact is less.

<u>BCF Contingency Fund</u>

HWLH CCG holds a BCF contingency fund of £2.9m. The CCG is implementing programmes aimed at reducing non-electives admissions. The CCG is holding some of its BCF funding in contingency to mitigate against additional financial risks of under-delivery of QIPP targets aimed at reducing non-elective admissions. The contingency is being released monthly through the course of the financial year.

2. Workforce context

The Sussex and East Surrey Sustainability and Transformation plan has developed a workforce strategy to deliver the transformation required to serve the needs of our population.

The challenge for the workforce programme is to address the immediate problems and support the plans for winter pressures, whilst developing the strategic solutions for a sustainable future. The STP has set up a Local Workforce Action Board to lead and implement the workforce strategy to support the STP. Board membership includes representation from the new clinical leadership, commissioning, social care and the independent sector. Health Education England is providing programme management, and resource to ensure that the actions, particularly the priorities, will be implemented.

East Sussex Better Together Workforce Strategy 2016/2018

The realisation of the ESBT programme requires a workforce that has the capacity and is equipped to deliver the new models of care at a time of unprecedented workforce supply issues across many key roles in both health and social care sectors. Workforce leads from stakeholder organisations have therefore, come together to develop a workforce strategy that will deliver the workforce transformation that is required in terms of role design, training, workforce planning and the deployment of the health and social care workforce.

The strategy recognises that such a wide reaching transformation programme needs to be supported by a change management approach that is more fluid, innovative and prepared to take manageable risks. For this reason the strategy is designed to be flexible and able to respond to the evolving priorities of the ESBT programme whilst also being aligned with the draft workforce priorities set out in the Sussex and East Surrey STP at the time of publication. The strategy's vision for the workforce is articulated in the form of nine aims which are to be achieved through prioritised objectives for each year of the strategy. A key enabler to creating a workforce that is able to work differently in delivering integrated healthcare services is Organisational Development (OD) at provider level in order to achieve system transformation. In this respect, the strategy also describes examples of the key OD interventions to be applied in achieving this goal.

For further information regarding Risk Management - please refer to the Section titled Assessment of Risk and Risk Management on Page 41.

National Conditions

National condition 1: jointly agreed plan

The East Sussex Better Care Fund Plans support the East Sussex Better Together and Connecting for You Programmes which are agreed by the East Sussex Health and Wellbeing Board and jointly agreed between the commissioning and provider organisations within the East Sussex HWB footprint.

All parties to the ESBT and C4Y programmes have agreed to the approaches and other affected organisations have been involved in the transformation plans. This includes agreement to the use of the iBCF money to stabilise the care market and contribute to reducing delays in transfers of care

The DFG funding been passed down by the county to the districts in full and work is underway to jointly develop the plans on how this funding will support a strategic approach to health, care and housing.

National Conditions (continued)

National condition 2: social care maintenance

We aim to ensure the protection of social care services in East Sussex by ensuring that the legal responsibilities and duties required in Law and regulation are represented in any future operating models, namely:

- Adult social care means the care and support provided by local social services authorities pursuant to their responsibilities towards adults who need extra support.
- The Local Authorities responsibilities towards adults who need extra support are set out in the Care Act and a list of statutes in the NHS and Community Care Act 1990, where they are referred to as assessment for and arrangement of community care services.
- Community care services are those which local social service authorities are required to provide if assessed as needed.
- Relevant social work in adult social care is that which is required to be provided by local social services authorities if assessed as needed.
- Registered social workers are trained to undertake relevant social work and are registered as capable of so doing.

Year on year we continue to support people to remain living independently in their own homes, with maximum choice and control over the support they receive. Within the context of growing demand and significant budgetary pressures we want to continue to develop personalised services by approaching them in a more innovative way. We want to help more people to help themselves, as well as focusing on reablement and more proactive support to ensure people remain well, are engaged with self-management, and where ever possible improve people's independence so they can stay within their own home and avoid admission to hospital and/or institutional care
The ambition is to ensure that all partner organisations recognise the value of social work and social services and the key role they play in the management of services that are focussed on prevention, cost avoidance and maintaining independence

NHS funding for social care has been used in East Sussex to enable the local authority to sustain the current level of eligibility criteria. It is also being used to continue to provide capacity within the range of social care services outlined below:

The planned spend on Social Care from the BCF CCG minimum allocation includes an increase in line with inflation for 17/18 and 18/19 from the 16/17 baseline

Health funding for Social Care 2017/18 :

As in our previous BCF plans, the contribution to social care is to be spent on social care services that have some health benefit and support the overall aims of the plan as outlined below.

The details in this table link to East Sussex BCF Planning template - Tab 3 HWB Expenditure - Scheme ID 1 and Scheme ID 2.

Health funding for Social Care Categories	**Commentary - service and activity**	**Area Team Subjective Codes**	**17/18 Planned £'000**	**18/19 Planned £'000**
Telecare	Telecare/Telehealth	52131016	301	301
Integrated Crisis and Response	Integrated Night Service	52131017	62	62
Re-enablement Services	Including JCR and ICAP/HSCC	52131019	1,165	1,165
Bed Based Intermediate Care	Including Milton Grange and Firwood	52131020	451	451
Early Supported Hospital Discharge Schemes	Including hospital teams	52131021	636	636
Mental Health Services	Including Assessment and Care Management	52131022	1,604	1,604
Other Preventative Services	Including stroke support and Living Well	52131023	134	134
Community Equipment and Adaptations		n/a	-	-
Maintaining Eligibility Criteria	Eligibility maintained at Substantial and Critical	52131018	5,343	5,605
Total Investment of Health funding for Social Care			**9,696**	**9.958**

National Conditions (continued)

National condition 3: NHS commissioned out-of-hospital services

Planned BCF funded out of hospital services have been identified for 2017-19 amounting to:

2017/18 - £13,368,232
2018/19 - £13,534,867

The Section 75 agreements will ensure governance arrangements are in place to agree release of the ring fenced funding in line with agreed expenditure profiles. Any under or overspend against this allocation will dealt with under the agreed risk share principles which will form part of the section 75 agreements.

National Conditions (continued)

National Condition 4: Managing Transfers of Care

All aspects of the High Impact Change framework for Managing Transfers of Care are being implemented across East Sussex.

Further details of this can be found in the section Delayed Transfers of Care on Page 47.

Overview of funding contributions

*N.B. Please refer to the **East Sussex HWB Planning template** for further details of funding contributions.*

The funding contributions for the following components of the Better Care Fund pool have been identified to be used for that purpose and as agreed with the relevant stakeholders and in line with the National Conditions and as set out in the East Sussex HWB Planning template:

- Maintaining Social Care
- Implementation of Care Act duties
- Funding for Re-ablement
- Funding dedicated to carer-specific support
- Disabled Facilities Grant
- iBCF

Programme Governance

As partners we are working collectively for the whole system to create, agree and implement a clear and credible plan for a sustainable system of health and social care to secure the best possible outcomes for East Sussex residents, over and above immediate organisation interests.

In ESBT, we have put in place an Alliance Agreement, together with an integrated 5 year whole system strategic investment plan which describes the Year of Care costs over the five years, and the shifts between care settings that we need to see. An integrated governance structure has been put into place to support commissioning and delivery, and this includes strategic commissioning and oversight, and clinical end executive leadership of the whole system. This now gives us increased flexibility in the way we use our resources as a system, to test new ways of working and improve services for our local population in 2017/18 and in the longer term. This paves the way for a future model that integrates our whole system, and by July 2017 we will also have completed the work to agree the legal vehicle for our future model.

Good governance between East Sussex organisations provides the direction and leadership for the system, assurance that Transformation programmes, further enabled by the Better Care Fund, are working together to deliver the overall strategic objectives and that risks have been identified and managed.

Our governance structures are centred around East Sussex Better Together & Connecting 4 You ensuring clearly defined relationships to the respective organisations' governance structures, the Health and Wellbeing Boards and the governance supporting the Sustainable Transformation Plan.

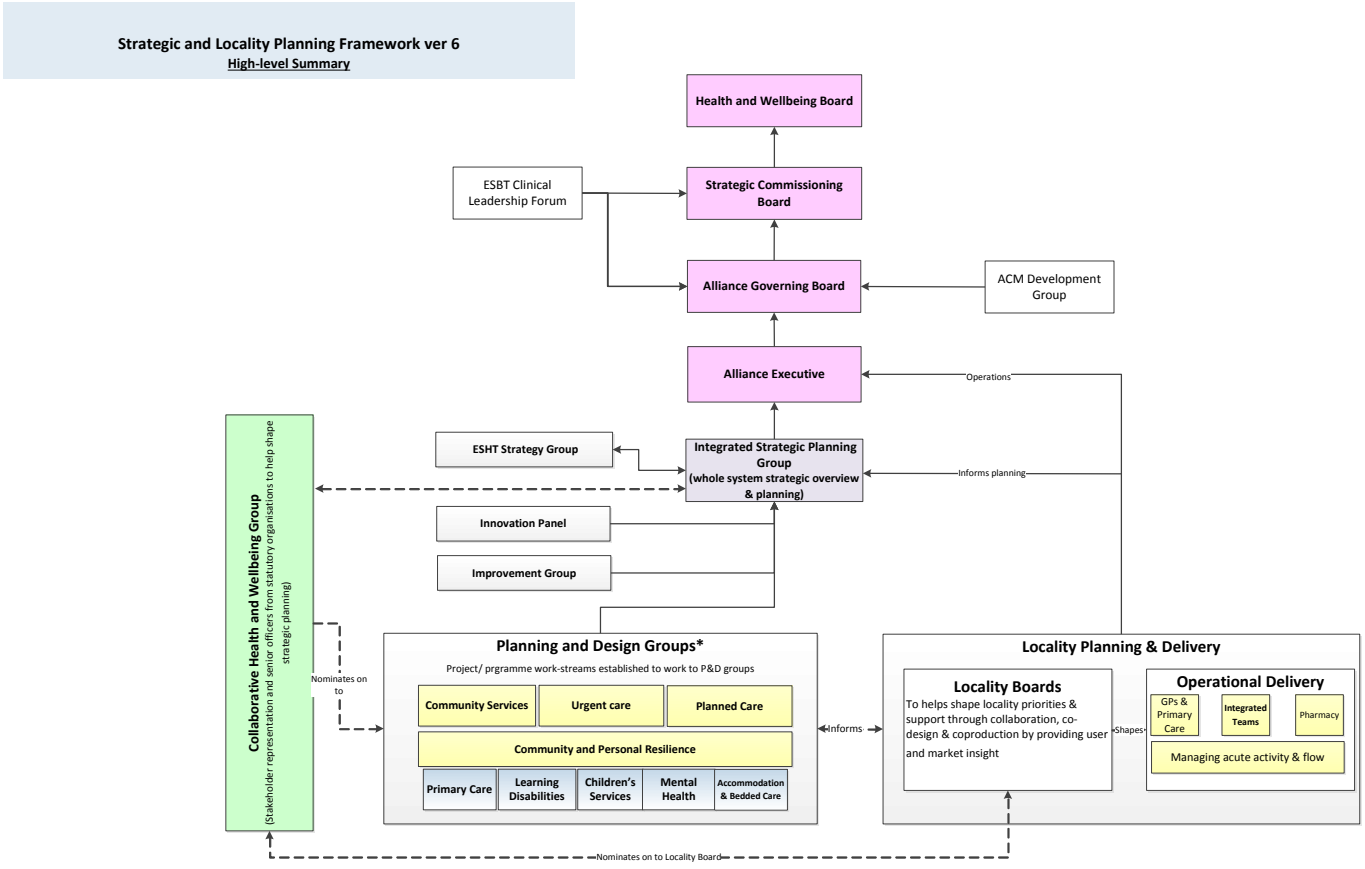
The governance structures are ensuring each of the following four aspects are clearly articulated, responsibilities assigned, and relationships agreed;
(1) Thought leadership – system, clinical and community
(2) Decision-making
(3) Delivery
(4) Assurance

The over-sight and management of the Better Care Fund in East Sussex will be via the existing governance arrangements for the ESBT and C4Y programmes – as detailed below

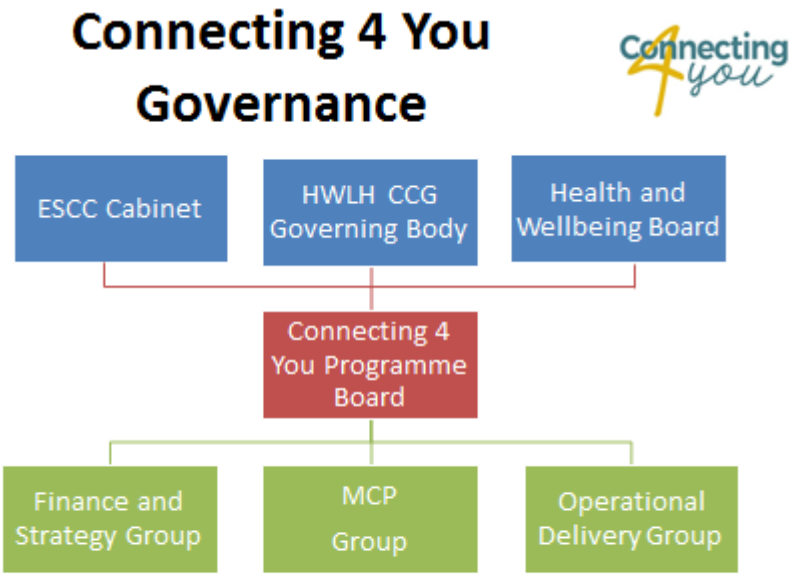
Both programmes are supported by a Programme Management Office which ensures a clear jointly agreed approach to manage the delivery of the programmes including:

- Benefit realisation
- Capturing and sharing learning regionally and nationally
- An approach to identifying and addressing underperforming schemes and ensuring timely preventative action is taken when needed

ESBT programme governance structure



C4Y programme governance structure:



Operational Delivery Group:
The purpose of this Group is to oversee, coordinate and support the design and operationalising of the four Communities of Practice

Finance and Strategy Group:
The agreed objectives of the group are to oversee:

- Control on Current Investment
- Develop a detailed spending profile of each of the four Communities of Practice
- Development of the Strategic Investment Plan for HWLH

MCP Group:
Forum to oversee the shape and development of a Multi-specialty Community Provider model for HWLH

Assessment of Risk and Risk Management

The challenges facing East Sussex system(s) are recognised nationally however geographical and demographical factors heighten the level of risk which they present to our local plans.

1. Finance

2. Workforce

3. Market

ESBT and C4Y programmes are supported by separate Programme Management Offices who oversee the main risks to plans and ensure an agreed approach to managing these risks.

Within the C4Y programme, the process of review and scrutiny of risks is detailed in the HWLH CCG Risk Management Policy. These risks along with the scoring of severity and actions being taken to mitigate these are recorded using a corporate risk management software package Datrix. All risks are updated on a bi-monthly cycle as a minimum. Important changes can and should be updated at any point. The last full review of and update of all the CCG's risks was undertaken by the Management Team during June 2017. ESCC uses a similar system.

At the September meeting of the C4Y Strategic Investment and Planning Group there will be a focus on determining whether there needs to be a combined C4Y risk management system developed or whether the two existing systems can be used in parallel.

<u>Financial Risk Management:</u>

Within the Section 75 agreements, partners will agree risk share principles which provide for financial risks arising within the commissioning of services from the Better Care Fund pooled budget, as set out below and in line with arrangements for previous years of the Better Care Fund,

RISK SHARE PRINCIPLES IN RESPECT OF THE EAST SUSSEX BETTER CARE FUND

The agreement will describe the key principles underpinning the risk share arrangements between Commissioners in East Sussex in respect of the Better Care Fund (BCF). These commissioners comprise High Weald Lewes Havens (HWLH) CCG, CCG Eastbourne, Hailsham and Seaford (EHS) CCG, Hastings and Rother (HR) CCG and East Sussex County Council (ESCC). These principles should be applied consistently to each East Sussex Health and Wellbeing Board Framework Section 75 agreement relating to the Better Care Fund and the Commissioning of Health and Social Care Services within East Sussex.

The governance of the risk share principles on behalf of HWLH and ESCC will be the Connecting 4 You Programme Board. The governance of the risk share principles on behalf of EHS CCG, HR CCG and ESCC will be the East Sussex Better Together Alliance Executive Board.

The BCF is intended to provide a framework for investment in schemes that promote better integration between social and health care services, to improve people's health and social care experience while also delivering the benefits identified in the Connecting 4 You and ESBT programmes.

Individual organisations are jointly responsible for risk managing the BCF s75 pooled budget arrangements and shall reflect and report identified organisational risk in their own corporate risk registers.

Where there is any inconsistency between the risk share principles set out in this schedule and a s75 agreement, the relevant Programme Board will determine the appropriate action.

Principle 1

The risk share fund and contingency arrangement are intended to address financial risks associated with the delivery of the 2016/17 BCF plan and ensures BCF investment does not cause a CCG partner to over extend in financial terms and put the achievement of its financial balance at risk.

Principle 2

That a risk share fund is established for each CCG which as a minimum is equal to the difference between the value of planned BCF healthcare activity reductions and the reductions realised within 2016/17 healthcare contracts. The full value of the risk share fund is retained by each CCG from their BCF allocation which is paid into the pooled budget at the beginning of the year.

Principle 3

A contingency fund is established at the beginning of each year within the Pooled Fund equal to the difference between total BCF investment (excluding Risk Share Funds) and forecast expenditure in total on the individual approved BCF schemes.

Principle 4

New business cases for BCF will be approved by the relevant Programme Board or delegated sub- committee. Investment shall include a clear appraisal of financial risks associated with delivery and provide clarity on whether financial risk crystalizing is an appropriate call on risk share fund or contingency arrangements. The relevant Programme Board shall agree all investment decisions and risk handling mechanisms.

Principle 5

The lead commissioner as identified within the s75 agreements will be responsible for reporting to the Programme Boards the achievement of the BCF plans and for ensuring commissioning contracts reflect BCF savings and investment plans.

Principle 6

Each organisation will annually and following a properly conducted risk assessment of each BCF saving and investment scheme provide the relevant Programme Board with a detailed plan of how the total quantum of risk is mitigated. The assessment shall include the likelihood and impact of each scheme delivering the expected outcomes at an organisational level in terms of activity reduction, cost reduction and operational and quality indicators.

Principle 7

The East Sussex Finance Sub Group will be responsible for co-ordinating the performance management of BCF schemes and will report to the relevant Programme Board quarterly. The East Sussex Finance Sub Group will make recommendations to the relevant Programme Board regarding mitigating actions, the application of risk share funds, contingency and underspends on schemes and the source of any additional pool funding required.

Market Risk Management:

The ESCC Quality Monitoring Team is in the process of a restructure. From November 2017, the team will be known as the 'Market Support Team' with a clear focus on supporting providers to improve the quality of their service in order to improve outcomes for adults receiving care and support in East Sussex.

The ESCC Quality Monitoring Team (QMT) work closely with CQC Social Care Inspectors to identify services who may present as high risk of not providing consistent good quality care, which could potentially impact on the wellbeing and safety of adults with care and support needs. The Quality Monitoring Team will work with care providers to offer bespoke support and/or signposting to other services/best practice guidance. Joint work between ASC Quality Monitoring Team and the CCG Quality Nursing Team is regularly undertaken to ensure that providers are supported with clinical, care and business issues as appropriate.

The Quality Monitoring Team co-ordinate and lead on the Business Continuity process where it has been identified that the ongoing viability of a service is at risk.

The team maintain links with neighbouring areas to ensure key information and market intelligence is appropriately shared between areas

Workforce Risk Management:

Strategic workforce planning is considered to be crucial to the delivery of workforce strategy. The strategy addresses workforce supply issues through a range of recruitment and retention initiatives as well as considering the benefits to be gained through the design of new, blended or extended roles. The strategy also recognises the need to address the current capacity crisis within Primary Care and sets out the mechanisms to be put in place to support delivery of the workforce priorities within the GP Five Year Forward View and the previously published CCG Primary Care Workforce and Sustainability plan. This includes creating a Community Education Provider Network (CEPN) for the ESBT footprint.

The ESBT Community Education Provider network (CEPN) has ESBT system wide representation, including GP Tutors, GP training course directors and Practice Workforce Tutor. The current focus of the CEPN is the development of primary care staff in order to improve access to a GP and other health professionals whilst attracting and retaining all levels of staff in primary care. CEPN membership ensures that education and training decisions to support primary care workforce planning are taken with a system wide view rather than just from a primary care perspective.

The strategy has been co-designed and signed up to by the senior workforce leads within each provider stakeholder organisation. The strategy therefore, includes a set of working principles to facilitate jointly agreed solutions to ESBT workforce agenda issues and applies equally to ESBT partner organisations.

National Metrics

The metrics set for each of the 4 national metrics are aligned with existing targets for these areas as agreed across East Sussex Better Together and Connecting 4 You programmes

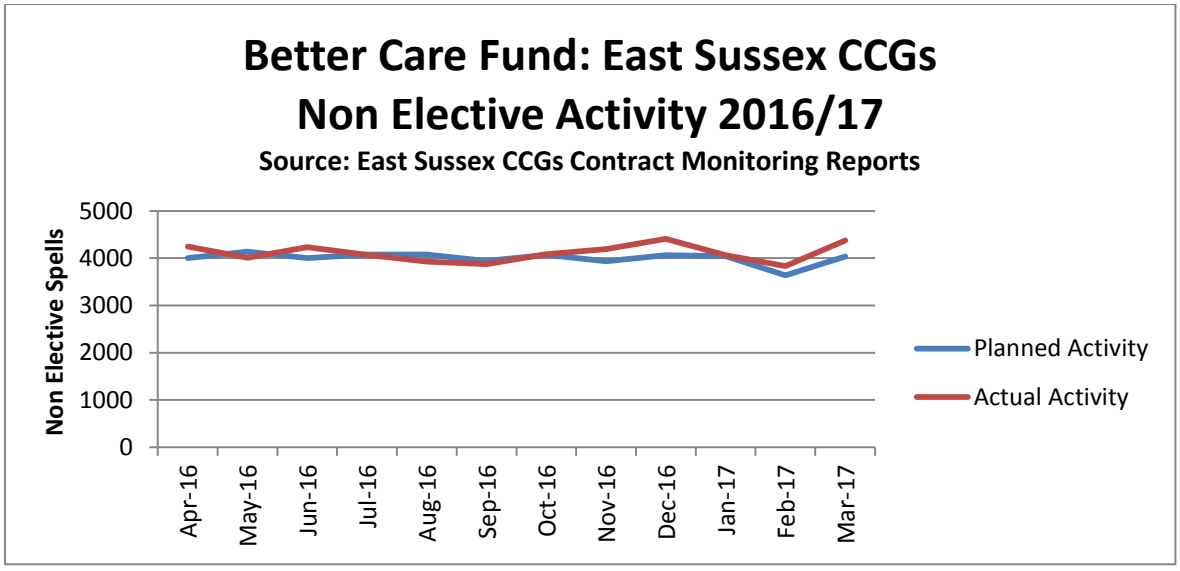
Non-Elective Admissions

The NEA metric is aligned with CCG operating Plans for 2017-19. No further reductions in Non-Elective Admissions additional to those in the CCG operating plan have been considered at the current time.

These NEL reductions have been derived 'bottom up' for each transformational scheme through:

- identifying current NEL activity associated with the patient cohorts that will be impacted by the scheme
- determining capacity and efficacy of each scheme
- calculating the resultant/anticipated reduction in NEL/Admission avoidance

Robust and relevant/appropriate monitoring processes are being implemented for each scheme both to confirm 'clinical effectiveness' and ensure progress against NEL target is understood – with remedial action taken where necessary. This includes reviews of the previous year's performance (please see below) and regular consideration of 'risk factors' eg recruitment that may impact on a schemes ability to deliver. In addition, targets for reduction have been clearly identified in acute contracts with local NHS providers on a scheme by scheme basis.



HWLH CCG holds a BCF contingency fund of £2.9m. The CCG is implementing programmes aimed at reducing non-elective admissions. The CCG is holding some of its BCF funding in contingency to mitigate against additional financial risks of under-delivery of QIPP targets aimed at reducing non-elective admissions. The contingency is being released monthly through the course of the financial year.

Residential Admissions

The East Sussex target for 2017/18 is 705 and for 2018/19 is 700.

Performance for 2016/17 was 531.6 (equating to 721 permanent admissions). As East Sussex is performing well in this area, we seek to only make small reductions during the next 2 years. Therefore the plan for 2017/18 is to reduce number of admissions to 705. 2018/19 targets are provisional at this time and will be reviewed as part of our annual target setting process.

The ESBT and C4Y programmes place significant focus on supporting people to remain in their own homes and live as independently as possible. Through the development of community services it is expected for the number of permanent admissions to residential and nursing care homes to reduce in line with the identified target.

Re-ablement

The East Sussex target for 2017/18 is 90.2% and maintaining this position for 2018/19.

Performance for 2016/17 was 90.5% (equating to 267 out of 295). Current performance is good and therefore the plan is to maintain performance above 90%

The ESBT and C4Y programmes place significant focus on supporting people to remain in their own homes and live as independently as possible, additional investment has been made in intermediate care and re-ablement services over recent years to ensure a high quality, consistent approach to achieving this.

Delayed Transfers of Care

The quarterly targets submitted in the BCF Planning template are in line with the expected reductions in DToC for social care and NHS attributed reductions for the HWB area as set out in the DTOC Metric Plan for 2017/18.

2018/19 targets are provisional at this time and will be reviewed as part of our annual target setting process.

Within the DTOC Metric Plan, no changes were made in the attribution of NHS, social care and jointly attributable delays.

Full details of the plans top support these targets can be found in the section ***Delayed Transfers of care*** on Page 47

Delayed transfers of care

Key reference documents:

- East Sussex System Improvement Plan

East Sussex System Improvement Plan for

- East Sussex Surge Management and Capacity Plan 2017/18

Draft East Sussex Surge and Capacity P

The **High Impact Change framework for Managing Transfers of Care** has been used to outline current services in place and planned developments to support timely Transfers of Care across East Sussex. Further detail can be found here:

High Impact Change Model Self-Assessmer

Copy of 17 05 08 High Impact Change I

Draft Winter plan 2017-18 v.1 2007201

Early Discharge Planning:

Over the past few months, ESHT has implemented roll-out of the Red2Green process (SAFER patient flow bundle) across all adult inpatient and community wards, excluding maternity. The initiative commenced in February 2017 and has now entered a phase of embedding. Wards have nominated clinical champions to ensure increased and continued awareness of the methodology and processes involved with Heads of Nursing providing a Buddy role. Weekly audits are undertaken to ensure wards are aware of how they are doing and awareness sessions are continuing to offered to all staff with good take up including clinicians, nursing, therapies, ASC and non-clinical staff. Work is about to commence in the development of Criteria-led discharge pathways.

This is supported by the implementation of a stranded patient review process for patients with a length of stay of 7 days and over and a monthly consultant lead Complex Panel review takes place to help with very complex cases. A weekly length of stay report is also produced. Standard Operating Procedures are in place for the Red2Green weekly audit and report, Stranded Patient weekly reviews and necessary actions are discussed at a daily meeting between Hospital Directors and the newly formed multi agency Integrated Discharge Team.

A dedicated hospital team of social care staff take referrals from BSUH, follow up queries and take part in daily telephone conferences in order to facilitate prompt discharge. This team acts as a central point for all BSUH referrals to ASC that are not suitable for Joint Community Rehab JCR.
Work is underway with SCFT to explore how community services can provide increased in-reach into the hospital to support discharge.

Systems to Monitor Patient flow:
System capacity and demand information will be automatically populated onto SHREWD (Single Health Resilience and Early Warning Database) from each critical stakeholder across the urgent and emergency care system and refreshed, as a minimum, daily and more frequently dependent on how fluctuations in capacity and demand are managed within the specific service

Across the ESHT system, an Operational Executive (OpEx) has been established to oversee the day to day operational management at an executive level of the health and social care system and to identify and resolve any immediate and underlying system, process and capacity issues that negatively impact on the timely flow of patients through all elements of the health and social care system.

Within the BSUH system, HWLH CCG and ESCC Adult Social Care are represented on daily telephone conference calls.

Multi-Disciplinary Multi-Agency Discharge Teams

Across ESBT, an Integrated Discharge team has been established to provide a fully Multi-Disciplinary Multi-Agency Discharge Teams approach to co-ordinating transfers from hospital

Within C4Y, SCFT, ESCC and other partners are to developing an integrated approach to the provision of health and social care for all residents on the HWLH area.

Within the BSUH hospitals, ASC works closely with discharge co-ordinators to ensure co-ordinated approach to discharge.

Discharge to Assess:

Development of a Discharge to Access model (Home First) is currently underway with the model expected to be implemented by quarter 4 of 2017/18 to minimise lengths of stay for patients, maximise independence and to improve outcomes for patients and their carers.

This will allow patients who could receive therapy input in their own home environment to be discharged earlier in the pathway. A pilot is to commence from August 2017. An audit undertaken in ED over a 24 hour period identified that at least 10 patients during the period could have had their admission avoided by this model.

- Increasing capacity in the independent care market.
    - Above inflationary fee uplifts for Independent care providers, specifically Home Care and Nursing Home.
    - Review threshold for temporary residential care for people awaiting complex care packages from acute and community settings.
    - Explore additional funding required to increase existing nursing home capacity.
- Extension of the role of JCR beyond its current re-ablement service model to provide homecare to any patient who is assessed as needing homecare but for whom independent sector is not available. Recruitment to additional has faced challenges but is ongoing.
- Working with housing providers to explore potential for using extra care housing voids as transitional arrangements for patients with housing issues or awaiting housing adaptations

Seven-Day Service

Many community services operate 7 days per week across East Sussex. These include Community Nursing and Joint Community Rehab (JCR) which provide much of the domiciliary support following hospital discharge. In addition, there is an Integrated Night Service which provides nursing and social care cover between 10pm and 8am to ensure 24 hour support is available when required.

Independent care providers are offered financial incentives to assess potential clients and weekends and thus progress timely discharge

Further work is underway to focus on increasing hospital discharges at weekends.

Trusted Assessors

- Trusted Professional: Continue to Identify where 'trusted assessor' arrangements could remove any delays. Implementation of trusted social care + equipment assessor training for NHS staff as appropriate.
- Trusted Assessors for Care Homes: A Trusted assessor role which will be led by ASC in collaboration with Nursing and Rest home managers to agree the appointment of an individual who can undertake Care Home assessments with assessment on the day of referral to ensure the best outcomes for patients in a timely manner. Engagement with

Care homes to progress the Trusted Assessor model has begun; initial interest was low but further consideration is being given to how to attract Care Homes to the scheme in partnership with the East Sussex Residential Care Home Association.

Focus on Choice

The choice policy has been adapted, agreed and implemented to meet local requirements. There is work underway to explore what additional support could be given to families when looking for placements, arranging care and preparing for patient's discharge.
Increase use of temporary placements for patients whilst exercising choice.

Enhancing Health in Care Homes

Care Home Plus: Negotiations are underway with care home providers to enable them to take clients/patients who traditionally are admitted to nursing homes but whose needs do not require registered nurse oversight. The intention is to purchase these enhanced beds in blocks of between 5 and 10. However this will require the support of primary care and district nursing services.

Equipment Provision; equipment is routinely provided to people living in care and nursing homes to ensure their individual needs are met in the same way hose living in the community.

Frailty Practitioner Service - provide support to frail patients within care homes including:

- **Advanced Care Planning and Peace Plans -** allowing the individual to make choices and to have control in the management of their future care and illness. Creating an advisory plan which is shared with other healthcare professionals.
- **Review by Consultant Geriatrician -** weekly 'virtual ward rounds' allow particularly challenging cases to be discussed where frailty is associated with significant complexity, diagnostic uncertainty or challenging symptoms.

Local action plan to reduce DTOC and improve patient flow:

The East Sussex System Improvement Plan incorporates 6 key areas for improvement to achieve sustainable urgent care across East Sussex. The key areas are:

- A&E Streaming;
- 111 Call Handling;
- Ambulance response programme;
- Patient flow;
- Improved discharge; and
- Ambulance handover.

The plan is updated monthly to provide the oversight and assurance of progress and to highlight areas for escalation. Monthly additions appear in red in the plan.

ESHT are currently undertaking a review of the Trust's Urgent and Emergency Care Improvement Project which will link to a full review of how the System Improvement Plan is presented and utilised for future LAEDBs. This is scheduled to be completed at the end of September and outcomes and benefits will be detailed in the next phase of the project.

The BCF will support the ESBT and C4Y programmes in delivering the service improvements required to deliver against the system recover plan.

Approval and sign off

The Better Care Fund plans support the ESBT and C4Y transformation programmes which have been agreed by partners as outlined in this paper.

In addition, the final BCF plans have been agreed by the following:

Name	Title
Amanda Philpott	Chief Officer, EHS & H&R CCGs
Wendy Carberry	Chief Officer, HWLH CCG
Keith Hinkley	Director of Adult Social Care & Health, ESCC
Becky Shaw	Chief Executive, ESCC
Cllr. Keith Glazier	Chair, East Sussex Health and Wellbeing Board

The Chair of the East Sussex Health and Wellbeing Board has approved the plans on behalf of the Board.

The date of the next East Sussex Health and Wellbeing Board is Tuesday 19th December.

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

Better Care Fund 2017-19 Planning Template

Sheet: Guidance

Overview

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

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

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

Note on entering information into this template

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

Data needs inputting in the cell

Pre-populated cell

Note on viewing the sheets optimally

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

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

Checklist (click to go to tab)

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

Summary (click to go to tab)

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

1. Cover (click to go to tab)

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

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

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

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

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

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

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

4. HWB Metrics (click to go to tab)

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

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

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

2. Residential Admissions (RES) planning:

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

3. Reablement (REA) planning:

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

4. Delayed Transfers of Care (DToC) planning:

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

5. National Conditions (click to go to tab)

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

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

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

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

CCG - HWB Mapping (click to go to tab)

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

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

Better Care Fund 2017-19 Planning Template

Sheet: Checklist

<< Link to the Guidance tab

Complete Template

1. Cover

	Cell Reference	Checker
Health and Well Being Board	C10	Yes
Completed by:	C13	Yes
E-mail:	C15	Yes
Contact number:	C17	Yes
Who has signed off the report on behalf of the Health and Well Being Board:	C19	Yes
Area Assurance Contact Details	C22 : G31	Yes

Sheet Completed:	Yes

2. HWB Funding Sources

	Cell Reference	Checker
Are any additional LA Contributions being made on 2017/18? If yes please detail below	C35	Yes
Are any additional LA Contributions being made on 2018/19? If yes please detail below	D35	Yes
Local authority additional contribution:	B38 : B40	Yes
Gross Contribution (2017/18)	C41	Yes
Gross Contribution (2018/19)	D41	Yes
Comments (if required)	F38	N/A
Are any additional CCG Contributions being made on 2017/18? If yes please detail below;	C62	Yes
Are any additional CCG Contributions being made on 2018/19? If yes please detail below;	D62	Yes
Additional CCG Contribution:	B65	Yes
Gross Contribution (2017/18)	C65	Yes
Gross Contribution (2018/19)	D65	Yes
Comments (if required)	F65	N/A
Funding Sources Narrative	B83	N/A
1. Is there agreement about the use of the Disabled Facilities Grant and are arrangements in place for the transfer of DFG funds to the local housing authority? (2017/18)	C91	Yes
2. i) In areas with two tiers of local government, can you confirm that the full amount of Disabled Facilities Grant will be passed to local housing authorities? (2017/18)	C93	Yes
2. ii) In areas with two tiers of local government, can you confirm that relevant district councils have agreed how Disabled Facilities Grant will be spent in line with ambitions in the BCF to support integrated approaches to health, social care and housing? (2017/18)	C94	Yes
3. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified? (2017/18)	C95	Yes
4. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool? (2017/18)	C96	Yes
5. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used? (2017/18)	C97	Yes
6. Is the iBCF grant included in the pooled BCF fund? (2017/18)	C98	Yes
1. Is there agreement about the use of the Disabled Facilities Grant and are arrangements in place for the transfer of DFG funds to the local housing authority? (2018/19)	D91	Yes
2. i) In areas with two tiers of local government, can you confirm that the full amount of Disabled Facilities Grant will be passed to local housing authorities? (2018/19)	D93	Yes
2. ii) In areas with two tiers of local government, can you confirm that relevant district councils have agreed how Disabled Facilities Grant will be spent in line with ambitions in the BCF to support integrated approaches to health, social care and housing? (2018/19)	D94	Yes
3. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified? (2018/19)	D95	Yes
4. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool? (2018/19)	D96	Yes
5. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used? (2018/19)	D97	Yes
6. Is the iBCF grant included in the pooled BCF fund? (2018/19)	D98	Yes
1. Is there agreement about the use of the Disabled Facilities Grant and are arrangements in place for the transfer of DFG funds to the local housing authority? Comments	E91	Yes
2. i) In areas with two tiers of local government, can you confirm that the full amount of Disabled Facilities Grant will be passed to local housing authorities? Comments	E93	Yes
2. ii) In areas with two tiers of local government, can you confirm that relevant district councils have agreed how Disabled Facilities Grant will be spent in line with ambitions in the BCF to support integrated approaches to health, social care and housing? Comments	E94	Yes
3. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified? Comments	E95	Yes
4. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool? Comments	E96	Yes
5. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used? Comments	E97	Yes
6. Is the iBCF grant included in the pooled BCF fund? Comments	E98	Yes

Sheet Completed:	Yes

3. HWB Expenditure Plan

	Cell Reference	Checker
Scheme ID	B18 : B267	Yes
Scheme Name	C18 : C267	Yes
Scheme Type (see table below for descriptions)	D18 : D267	Yes
Sub Types	E18 : E267	Yes
Please specify if 'Scheme Type' or 'Sub Type' is 'other'	F18 : F267	Yes
Area of Spend	G18 : G267	Yes
Please specify if 'Area of Spend' is 'other'	H18 : H267	Yes
Commissioner	I18 : I267	Yes
if Joint Commissioner % NHS	J18 : J267	Yes
if Joint Commissioner % LA	K18 : K267	Yes
Provider	L18 : L267	Yes
Source of Funding	M18 : M267	Yes
Scheme Duration	N18 : N267	Yes
2017/18 Expenditure (£000's)	O18 : O267	Yes
2018/19 Expenditure (£000's)	P18 : P267	Yes
New or Existing Scheme	Q18 : Q267	Yes

Sheet Completed:	Yes

4. HWB Metrics

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

Sheet Completed:	Yes

5. National Conditions

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

Sheet Completed:	Yes

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

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

Selected Health and Well

East Sussex

Data Submission Period:

2017-19

Summary

<< Link to the Guidance tab

2. HWB Funding Sources

	2017/18 Gross Contribution	2018/19 Gross Contribution
Total Local Authority Contribution exc iBCF	£7,224,632	£7,441,992
Total iBCF Contribution	£11,312,733	£15,156,607
Total Minimum CCG Contribution	£37,459,125	£38,170,848
Total Additional CCG Contribution	£0	£0
Total BCF pooled budget	**£55,996,491**	**£60,769,448**

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

3. HWB Expenditure Plan

Summary of BCF Expenditure (*)	2017/18 Expenditure	2018/19 Expenditure
Acute	£0	£0
Mental Health	£30,000	£30,000
Community Health	£10,459,266	£10,605,724
Continuing Care	£38,000	£38,000
Primary Care	£0	£0
Social Care	£40,698,365	£45,182,599
Other	£4,770,859	£4,913,124
Total	**£55,996,490**	**£60,769,447**

Summary of BCF Expenditure from Minimum CCG Contribution (***)	2017/18 Expenditure	2018/19 Expenditure
Acute	£0	£0
Mental Health	£30,000	£30,000
Community Health	£10,459,266	£10,605,724
Continuing Care	£38,000	£38,000
Primary Care	£0	£0
Social Care	£22,161,000	£22,584,000
Other	£4,770,859	£4,913,124
Total	**£37,459,125**	**£38,170,848**

→

Summary of NHS Commissioned Out of Hospital Services Spend from MINIMUM BCF Pool (**)	2017/18 Expenditure	2018/19 Expenditure
Mental Health	£0	£0
Community Health	£9,776,266	£9,851,724
Continuing Care	£38,000	£38,000
Primary Care	£0	£0
Social Care	£0	£0
Other	£3,553,966	£3,645,143
Total	**£13,368,232**	**£13,534,867**
NHS Commissioned OOH Ringfence	£10,644,821	£10,847,073

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

BCF Expenditure on Social Care from Minimum CCG Contribution	2016/17	2017/18	2018/19
Minimum Mandated Expenditure on Social Care from the CCG minimum		£18,643,296	£18,997,519
Planned Social Care expenditure from the CCG minimum	£18,315,450	£22,161,000	£22,584,000
Annual % Uplift Planned		**21.0%**	**1.9%**
Minimum mandated uplift % (Based on inflation)		**1.79%**	**1.90%**

4. HWB Metrics

4.1 HWB NEA Activity Plan

	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Total 17/18	Total 18/19
Total HWB Planned Non-Elective Admissions	13,393	12,756	13,779	14,166	10,248	9,787	10,482	10,768	**54,094**	**41,286**
HWB Quarterly Additional Reduction Figure	0	0	0	0	0	0	0	0	**0**	**0**
HWB NEA Plan (after reduction)	13,393	12,756	13,779	14,166	10,248	9,787	10,482	10,768	**54,094**	**41,286**
Additional NEA reduction delivered through the BCF									**£0**	**£0**

4.2 Residential Admissions

		Planned 17/18	Planned 18/19
Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	**Annual rate**	501	489

4.3 Reablement

		Planned 17/18	Planned 18/19
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	**Annual %**	90.2%	90.2%

4.4 Delayed Transfers of Care

		Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)	**Quarterly rate**	1,926	1,434	1,053	995	996	996	996	987

5. National Conditions

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

Footnotes

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

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

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

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

Better Care Fund 2017-19 Planning Template

Sheet: 1. Cover Sheet

<< Link to the Guidance tab

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

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

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

Health and Well Being Board	**East Sussex**
Completed by:	Sally Reed
E-Mail:	sally.reed@eastsussex .gov.uk
Contact Number:	01273 481912
Who signed off the report on behalf of the Health and Well Being Board:	Cllr. Keith Glazier

	Role:	Title and Name:	E-mail:
Area Assurance Contact Details*	Health and Wellbeing Board Chair	Cllr. Keith Glazier	cllr.keith.glazier@eastsussex.gov.uk
	Clinical Commissioning Group Accountable Officer (Lead)	Amanda Philpott Chief Officer, EHS/HR CCGs	amandaphilpott@nhs.net
	Additional Clinical Commissioning Group(s) Accountable Officers	Wendy Carberry Chief Officer, HWLH CCG	wendycarberry@nhs.net
	Local Authority Chief Executive	Becky Shaw	becky.shaw@eastsussex.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)	Keith Hinkley	keith.hinkley@eastsussex.gov.uk
	Better Care Fund Lead Official	Keith Hinkley	keith.hinkley@eastsussex.gov.uk
	LA Section 151 officer	Ian Gutsell, Chief Finance Officer,	ian.gutsell@eastsussex.gov.uk
Please add further area contacts that you would wish to be included in official correspondence -->	Better Care Fund Lead Co-	Sally Reed, Joint Commissioning	sally.reed@eastsussex.gov.uk

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

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

Complete Template

	No. of questions answered
1. Cover	**6**
2. HWB Funding Sources	**31**
3. HWB Expenditure Plan	**16**
4. HWB Metrics	**31**
5. National Conditions	**12**

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

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

Selected Health and Well Being Board:

East Sussex

Data Submission Period:

2017-19

2. HWB Funding Sources

<< Link to the Guidance tab

Local Authority Contributions exc iBCF		
Disabled Facilities Grant (DFG)	2017/18 Gross Contribution	2018/19 Gross Contribution
East Sussex	£6,108,632	£6,634,992
Lower Tier DFG Breakdown (for applicable two tier authorities)		
Eastbourne	£1,318,584	£1,433,587
Hastings	£1,543,547	£1,679,781
Lewes	£921,630	£1,001,247
Rother	£1,388,653	£1,506,752
Wealden	£936,219	£1,013,625
Total Minimum LA Contribution exc iBCF	**£6,108,632**	**£6,634,992**

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

Local Authority Additional Contribution	2017/18 Gross Contribution	2018/19 Gross Contribution
East Sussex	£1,116,000	£807,000
Total Local Authority Contribution	**£7,224,632**	**£7,441,992**

Comments - please use this box clarify any specific uses or sources of funding
Contribution towards Carers services less savings requirements in 2018/19

iBCF Contribution	2017/18 Gross Contribution	2018/19 Gross Contribution
East Sussex	£11,312,733	£15,156,607
Total iBCF Contribution	**£11,312,733**	**£15,156,607**

CCG Minimum Contribution	2017/18 Gross Contribution	2018/19 Gross Contribution
NHS Eastbourne, Hailsham and Seaford CCG	£13,186,615	£13,437,161
NHS Hastings and Rother CCG	£13,500,660	£13,757,172
NHS High Weald Lewes Havens CCG	£10,771,850	£10,976,515
Total Minimum CCG Contribution	**£37,459,125**	**£38,170,848**

Are any additional CCG Contributions being made in 2017/18 or 2018/19? If yes please detail below	No	No

Additional CCG Contribution	2017/18 Gross Contribution	2018/19 Gross Contribution	Comments - please use this box clarify any specific uses or sources of funding
Total Additional CCG Contribution	**£0**	**£0**	

	2017/18	2018/19
Total BCF pooled budget	**£55,996,491**	**£60,769,448**

Funding Contributions Narrative
The CCGs are making the minimum contributions into the BCF. The Council is putting in the IBCF and DFG funding, plus addtional funding relating to the Carers service.

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

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

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

Selected Health and Well Being Board:

East Sussex

Data Submission Period:

2017-19

3. HWB Expenditure Plan

<< Link to Guidance tab

Link to Summary sheet

Running Balances	**2017/18**	**2018/19**
BCF Pooled Total balance	£1	£1
Local Authority Contribution balance exc iBCF	£0	£0
CCG Minimum Contribution balance	£0	£0
Additional CCG Contribution balance	£0	£0
iBCF	£0	£0
Running Totals	**2017/18**	**2018/19**
Planned Social Care spend from the CCG minimum	£22,161,000	£22,584,000
Ringfenced NHS Commissioned OOH spend	£13,368,232	£13,534,867

		Expenditure													
		Scheme Descriptions Link >>													
Scheme ID	Scheme Name	Scheme Type (see table below for descriptions)	Sub Types	Please specify if 'Scheme Type' is 'other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Scheme Duration	2017/18 Expenditure (£)	2018/19 Expenditure (£)	New/ Existing Scheme
1	Protecting ASC services which benefit health	16. Other		Combination of servcies	Social Care		Local Authority			Private Sector	CCG Minimum Contributio	Both 2017/18 and 2018/19	£5,343,000	£5,605,000	Existing
2	Protecting ASC, with a focus on discharge support	9. High Impact Change Model for Managing Transfer of Care	9. Other	Combination of sub-types	Social Care		Local Authority			Private Sector	CCG Minimum Contributio	Both 2017/18 and 2018/19	£4,353,000	£4,353,000	Existing
3	Protecting ASC services which benefit health - SIP	16. Other		Combination of servcies	Social Care		Local Authority			Private Sector	CCG Minimum Contributio n	2017/18 Only	£916,000		New
4	Protecting ASC - IBCF funding: Market Sustainability	16. Other		Domicilliary and Residential care	Social Care		Local Authority			Private Sector	Improved Better Care Fund	Both 2017/18 and 2018/19	£2,024,733	£2,024,733	New
5	Protecting ASC - IBCF funding: Meeting Adult Social Care Needs	16. Other		Domicilliary and Residential care	Social Care		Local Authority			Private Sector	Improved Better Care Fund	Both 2017/18 and 2018/19	£7,788,000	£11,631,874	New
6	Protecting ASC - IBCF funding: Hospital Discharge to Social Care	9. High Impact Change Model for Managing Transfer of Care	9. Other	Domicilliary and Residential care	Social Care		Local Authority			Private Sector	Improved Better Care Fund	Both 2017/18 and 2018/19	£1,500,000	£1,500,000	New
7	Community Bed Based Intermediate Care	11. Intermediate care services	4. Reablement/Rehabilitation services		Social Care		Local Authority			NHS Community Provider	CCG Minimum Contributio n	Both 2017/18 and 2018/19	£770,000	£770,000	Existing
8	Community Bed Based Intermediate Care	11. Intermediate care services	4. Reablement/Rehabilitation services		Social Care		Local Authority			NHS Community Provider	CCG Minimum Contributio n	Both 2017/18 and 2018/19	£820,000	£820,000	Existing
9	Community Bed Based Intermediate Care	11. Intermediate care services	4. Reablement/Rehabilitation services		Social Care		Local Authority			Private Sector	CCG Minimum Contributio n	Both 2017/18 and 2018/19	£710,000	£710,000	Existing
10	Joint Community Rehabilitation Services	11. Intermediate care services	4. Reablement/Rehabilitation services		Social Care		Local Authority			Local Authority	CCG Minimum Contributio n	Both 2017/18 and 2018/19	£690,000	£690,000	Existing
11	Carers Services - CCG funded	3. Carers services	1. Carer advice and support		Social Care		Local Authority			Local Authority	CCG Minimum Contributio n	Both 2017/18 and 2018/19	£880,000	£880,000	Existing
12	Carers Services - CCG funded	3. Carers services	1. Carer advice and support		Social Care		Local Authority			Charity / Voluntary Sector	CCG Minimum Contributio n	Both 2017/18 and 2018/19	£1,309,000	£1,309,000	Existing
13	Carers Services - CCG funded	3. Carers services	1. Carer advice and support		Social Care		Local Authority			Private Sector	CCG Minimum Contributio n	Both 2017/18 and 2018/19	£1,424,000	£1,424,000	Existing
14	Carers Services - ESCC funded	3. Carers services	1. Carer advice and support		Social Care		Local Authority			Private Sector	Local Authority Contributio n	Both 2017/18 and 2018/19	£1,116,000	£807,000	Existing
15	Disabled Facilities Grant	4. DFG - Adaptations			Social Care		Local Authority			Private Sector	Local Authority Contributio n	Both 2017/18 and 2018/19	£6,108,632	£6,634,992	Existing
16	Care Act Implementation	16. Other		Care Act Implementation	Social Care		Local Authority			Local Authority	CCG Minimum Contributio n	Both 2017/18 and 2018/19	£1,486,000	£1,486,000	Existing

Selected Health and Well Being Board:

East Sussex

Data Submission Period:

2017-19

3. HWB Expenditure Plan

<< Link to Guidance tab

Link to Summary sheet

Running Balances	**2017/18**	**2018/19**
BCF Pooled Total balance	£1	£1
Local Authority Contribution balance exc iBCF	£0	£0
CCG Minimum Contribution balance	£0	£0
Additional CCG Contribution balance	£0	£0
iBCF	£0	£0
Running Totals	**2017/18**	**2018/19**
Planned Social Care spend from the CCG minimum	£22,161,000	£22,584,000
Ringfenced NHS Commissioned OOH spend	£13,368,232	£13,534,867

					Expenditure										
		Scheme Descriptions Link >>													
Scheme ID	Scheme Name	Scheme Type (see table below for descriptions)	Sub Types	Please specify if 'Scheme Type' is 'other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Scheme Duration	2017/18 Expenditure (£)	2018/19 Expenditure (£)	New/ Existing Scheme
17	Technology Enabled Care Servcies (TECS)	1. Assistive Technologies	1. Telecare		Community Health		Local Authority			Private Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£683,000	£754,000	Existing
18	Enhanced Hospital Intervention Team (HIT)	9. High Impact Change Model for Managing Transfer of Care	5. Seven-Day Services		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£183,000	£183,000	Existing
19	Care Home Plus	8. Healthcare services to Care Homes	2. Other - Physical health/wellbeing		Social Care		Local Authority			Private Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£2,167,000	£3,251,000	Existing
20	Staff - Commissioning Support for Projects - ESCC	7. Enablers for integration	4. Research and evaluation		Other	Supporting integration programme	Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£1,041,992	£1,052,412	Existing
21	Staff - Commissioning Support for Projects - CCG	7. Enablers for integration	4. Research and evaluation		Other	Supporting integration programme	CCG			CCG	CCG Minimum Contribution	Both 2017/18 and 2018/19	£181,644	£201,410	Existing
22	Staff - ESBT Programme and Project Support - ESCC	7. Enablers for integration	3. Programme management		Other	Supporting integration programme	Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£174,901	£215,569	Existing
23	Staff - ESBT Programme and Project Support - CCG	7. Enablers for integration	3. Programme management		Other	Supporting integration programme	CCG			CCG	CCG Minimum Contribution	Both 2017/18 and 2018/19	£153,072	£171,482	Existing
24	Health and Social Care Connect	2. Care navigation / coordination	2. Single Point of Access		Social Care		Local Authority			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£325,000	£325,000	Existing
25	Health and Social Care Connect	2. Care navigation / coordination	2. Single Point of Access		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£598,000	£598,000	Existing
26	Expert Benefits Advice	15. Wellbeing centres		Benefits Advice	Social Care		Local Authority			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£150,000	£150,000	Existing
27	Mobile App - Health Help Now (ESBT)	13. Primary prevention / Early Intervention	3. Other - Physical health/wellbeing		Community Health		CCG			CCG	CCG Minimum Contribution	Both 2017/18 and 2018/19	£13,101	£13,101	Existing
28	SCT Medicines Optimisation in Care Homes (ESBT)	8. Healthcare services to Care Homes	3. Other	Physical and Mental health	Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£220,000	£220,000	Existing
29	Medicine Optimisation - waste disposal (ESBT)	13. Primary prevention / Early Intervention	4. Other	Physical and Mental health	Community Health		CCG			CCG	CCG Minimum Contribution	Both 2017/18 and 2018/19	£20,000	£20,000	Existing
30	Mental Health Transformation Officers (ESBT)	7. Enablers for integration	10. Joint commissioning infrastructure		Mental Health		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£30,000	£30,000	Existing
31	Medicines Management Staff (ESBT)	13. Primary prevention / Early Intervention	4. Other	Physical and Mental health	Community Health		CCG			CCG	CCG Minimum Contribution	Both 2017/18 and 2018/19	£204,000	£204,000	Existing
32	CHC Assessment Staff (ESBT)	12. Personalised healthcare at home	3. Other	Physical and Mental health	Continuing Care		CCG			CCG	CCG Minimum Contribution	Both 2017/18 and 2018/19	£38,000	£38,000	Existing
33	Community Pharmacies (ESBT)	13. Primary prevention / Early Intervention	4. Other	Physical and Mental health	Community Health		CCG			CCG	CCG Minimum Contribution	Both 2017/18 and 2018/19	£40,000	£40,000	Existing
34	Hospice services (ESBT)	3. Carers services	3. Respite services		Community Health		CCG			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£954,000	£954,000	Existing
35	Falls and Fracture Programme (ESBT)	11. Intermediate care services	4. Reablement/Rehabilitation services		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£1,100,000	£1,100,000	Existing
36	Crisis Reponse Service (ESBT)	9. High Impact Change Model for Managing Transfer of Care	6. Home First/Discharge to Access		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£622,000	£622,000	Existing
37	Proactive Care (ESBT)	12. Personalised healthcare at home	3. Other	Physical and Mental health	Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£3,913,415	£3,988,873	Existing
38	Know Your Own Health (C4Y)	13. Primary prevention / Early Intervention	3. Other - Physical health/wellbeing		Community Health		CCG			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£184,000	£184,000	Existing
39	Frailty (C4Y)	13. Primary prevention / Early Intervention	3. Other - Physical health/wellbeing		Community Health		CCG			NHS Acute Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£41,000	£41,000	Existing
40	Diabetes (C4Y)	13. Primary prevention / Early Intervention	3. Other - Physical health/wellbeing		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£768,750	£768,750	Existing
41	Minor injury Units (C4Y)	16. Other		Minor injury Units for treatment and diagnosis to avoid A&E	Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£815,000	£815,000	Existing
42	Intermediate Care Servcies	11. Intermediate care services	1. Step down		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£821,000	£821,000	Existing

Selected Health and Well Being Board:

East Sussex

Data Submission Period:

2017-19

3. HWB Expenditure Plan

<< Link to Guidance tab

Link to Summary sheet

Running Balances	**2017/18**	**2018/19**
BCF Pooled Total balance	£1	£1
Local Authority Contribution balance exc iBCF	£0	£0
CCG Minimum Contribution balance	£0	£0
Additional CCG Contribution balance	£0	£0
iBCF	£0	£0
Running Totals	**2017/18**	**2018/19**
Planned Social Care spend from the CCG minimum	£22,161,000	£22,584,000
Ringfenced NHS Commissioned OOH spend	£13,368,232	£13,534,867

			Scheme Descriptions Link >>										**Expenditure**			
Scheme ID	Scheme Name	Scheme Type (see table below for descriptions)	Sub Types	Please specify if 'Scheme Type' is 'other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Scheme Duration	2017/18 Expenditure (£)	2018/19 Expenditure (£)	New/ Existing Scheme
43	Community Transport Liaison Service (C4Y)	16. Other		Community transport to GP Surgeries and Minor Injury Units for treatment and diagnosis to avoid A&E	Community Health		CCG			CCG	CCG Minimum Contribution	Both 2017/18 and 2018/19	£60,000	£60,000	Existing
44	Contingency (C4Y)	16. Other		Contingency	Other	Contingency	CCG			CCG	CCG Minimum Contribution	Both 2017/18 and 2018/19	£3,213,000	£3,266,000	New
45	Project Management (C4Y)	7. Enablers for integration	3. Programme management		Other	Supporting integration programme	CCG			CCG	CCG Minimum Contribution	Both 2017/18 and 2018/19	£6,250	£6,250	Existing
46	Infection Control in Care Homes Champions Programme	14. Residential placements	4. Care home		Social Care		Local Authority			Private Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£37,000	£30,000	New

Selected Health and Well Being Board:

East Sussex

Data Submission Period:

2017-19

3. HWB Expenditure Plan

<< Link to Guidance tab

Link to Summary sheet

Running Balances	2017/18	2018/19
BCF Pooled Total balance	£1	£1
Local Authority Contribution balance exc iBCF	£0	£0
CCG Minimum Contribution balance	£0	£0
Additional CCG Contribution balance	£0	£0
iBCF	£0	£0
Running Totals	**2017/18**	**2018/19**
Planned Social Care spend from the CCG minimum	£22,161,000	£22,584,000
Ringfenced NHS Commissioned OOH spend	£13,368,232	£13,534,867

		Expenditure													
		Scheme Descriptions Link >>													
Scheme ID	Scheme Name	Scheme Type (see table below for descriptions)	Sub Types	Please specify if 'Scheme Type' is 'other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Scheme Duration	2017/18 Expenditure (£)	2018/19 Expenditure (£)	New/ Existing Scheme

Selected Health and Well Being Board:

East Sussex

Data Submission Period:

2017-19

3. HWB Expenditure Plan

<< Link to Guidance tab

Link to Summary sheet

Running Balances	**2017/18**	**2018/19**
BCF Pooled Total balance	£1	£1
Local Authority Contribution balance exc iBCF	£0	£0
CCG Minimum Contribution balance	£0	£0
Additional CCG Contribution balance	£0	£0
iBCF	£0	£0
Running Totals	**2017/18**	**2018/19**
Planned Social Care spend from the CCG minimum	£22,161,000	£22,584,000
Ringfenced NHS Commissioned OOH spend	£13,368,232	£13,534,867

					Expenditure										
		Scheme Descriptions Link >>													
Scheme ID	Scheme Name	Scheme Type (see table below for descriptions)	Sub Types	Please specify if 'Scheme Type' is 'other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Scheme Duration	2017/18 Expenditure (£)	2018/19 Expenditure (£)	New/ Existing Scheme

Selected Health and Well Being Board:

East Sussex

Data Submission Period:

2017-19

3. HWB Expenditure Plan

<< Link to Guidance tab

Link to Summary sheet

Running Balances	**2017/18**	**2018/19**
BCF Pooled Total balance	£1	£1
Local Authority Contribution balance exc iBCF	£0	£0
CCG Minimum Contribution balance	£0	£0
Additional CCG Contribution balance	£0	£0
iBCF	£0	£0
Running Totals	**2017/18**	**2018/19**
Planned Social Care spend from the CCG minimum	£22,161,000	£22,584,000
Ringfenced NHS Commissioned OOH spend	£13,368,232	£13,534,867

					Expenditure										
		Scheme Descriptions Link >>													
Scheme ID	Scheme Name	Scheme Type (see table below for descriptions)	Sub Types	Please specify if 'Scheme Type' is 'other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Scheme Duration	2017/18 Expenditure (£)	2018/19 Expenditure (£)	New/ Existing Scheme

Selected Health and Well Being Board:

East Sussex

Data Submission Period:

2017-19

3. HWB Expenditure Plan

<< Link to Guidance tab

Link to Summary sheet

Running Balances	**2017/18**	**2018/19**
BCF Pooled Total balance	£1	£1
Local Authority Contribution balance exc iBCF	£0	£0
CCG Minimum Contribution balance	£0	£0
Additional CCG Contribution balance	£0	£0
iBCF	£0	£0
Running Totals	**2017/18**	**2018/19**
Planned Social Care spend from the CCG minimum	£22,161,000	£22,584,000
Ringfenced NHS Commissioned OOH spend	£13,368,232	£13,534,867

					Expenditure										
		Scheme Descriptions Link >>													
Scheme ID	Scheme Name	Scheme Type (see table below for descriptions)	Sub Types	Please specify if 'Scheme Type' is 'other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Scheme Duration	2017/18 Expenditure (£)	2018/19 Expenditure (£)	New/ Existing Scheme

Selected Health and Well Being Board:

East Sussex

Data Submission Period:

2017-19

3. HWB Expenditure Plan

<< Link to Guidance tab

Link to Summary sheet

Running Balances	**2017/18**	**2018/19**
BCF Pooled Total balance	£1	£1
Local Authority Contribution balance exc iBCF	£0	£0
CCG Minimum Contribution balance	£0	£0
Additional CCG Contribution balance	£0	£0
iBCF	£0	£0
Running Totals	**2017/18**	**2018/19**
Planned Social Care spend from the CCG minimum	£22,161,000	£22,584,000
Ringfenced NHS Commissioned OOH spend	£13,368,232	£13,534,867

					Expenditure											
		Scheme Descriptions Link >>														
Scheme ID	Scheme Name	Scheme Type (see table below for descriptions)	Sub Types	Please specify if 'Scheme Type' is 'other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Scheme Duration	2017/18 Expenditure (£)	2018/19 Expenditure (£)	New/ Existing Scheme

Selected Health and Well Being Board:

East Sussex

Data Submission Period:

2017-19

3. HWB Expenditure Plan

<< Link to Guidance tab

Link to Summary sheet

Running Balances	**2017/18**	**2018/19**
BCF Pooled Total balance	£1	£1
Local Authority Contribution balance exc iBCF	£0	£0
CCG Minimum Contribution balance	£0	£0
Additional CCG Contribution balance	£0	£0
iBCF	£0	£0
Running Totals	**2017/18**	**2018/19**
Planned Social Care spend from the CCG minimum	£22,161,000	£22,584,000
Ringfenced NHS Commissioned OOH spend	£13,368,232	£13,534,867

					Expenditure										
		Scheme Descriptions Link >>													
Scheme ID	Scheme Name	Scheme Type (see table below for descriptions)	Sub Types	Please specify if 'Scheme Type' is 'other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Scheme Duration	2017/18 Expenditure (£)	2018/19 Expenditure (£)	New/ Existing Scheme

Selected Health and Well Being Board:

East Sussex

Data Submission Period:

2017-19

3. HWB Expenditure Plan

<< Link to Guidance tab

Link to Summary sheet

Running Balances	**2017/18**	**2018/19**
BCF Pooled Total balance	£1	£1
Local Authority Contribution balance exc iBCF	£0	£0
CCG Minimum Contribution balance	£0	£0
Additional CCG Contribution balance	£0	£0
iBCF	£0	£0
Running Totals	**2017/18**	**2018/19**
Planned Social Care spend from the CCG minimum	£22,161,000	£22,584,000
Ringfenced NHS Commissioned OOH spend	£13,368,232	£13,534,867

					Expenditure										
		Scheme Descriptions Link >>													
Scheme ID	Scheme Name	Scheme Type (see table below for descriptions)	Sub Types	Please specify if 'Scheme Type' is 'other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Scheme Duration	2017/18 Expenditure (£)	2018/19 Expenditure (£)	New/ Existing Scheme

Selected Health and Well Being Board:

East Sussex

Data Submission Period:

2017-19

3. HWB Expenditure Plan

<< Link to Guidance tab

Link to Summary sheet

Running Balances	**2017/18**	**2018/19**
BCF Pooled Total balance	£1	£1
Local Authority Contribution balance exc iBCF	£0	£0
CCG Minimum Contribution balance	£0	£0
Additional CCG Contribution balance	£0	£0
iBCF	£0	£0
Running Totals	**2017/18**	**2018/19**
Planned Social Care spend from the CCG minimum	£22,161,000	£22,584,000
Ringfenced NHS Commissioned OOH spend	£13,368,232	£13,534,867

					Expenditure											
			Scheme Descriptions Link >>													
Scheme ID	Scheme Name	Scheme Type (see table below for descriptions)	Sub Types	Please specify if 'Scheme Type' is 'other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Scheme Duration	2017/18 Expenditure (£)	2018/19 Expenditure (£)	New/ Existing Scheme

Link back to the top of the sheet >>

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

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

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

Selected Health and Well Being Board:
East Sussex

Data Submission Period:
2017-19

4. HWB Metrics

<< Link to the Guidance tab

4.1 HWB NEA Activity Plan

	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	**Total 17/18**	**Total 18/19**
HWB Non-Elective Admission Plan* Totals	**13,393**	**12,756**	**13,779**	**14,166**	**10,248**	**9,787**	**10,482**	**10,768**	**54,094**	**41,286**

Are you planning on any additional quarterly reductions?	No

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

If yes, please complete HWB Quarterly Additional Reduction Figures

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

Are you putting in place a local contingency fund agreement on NEA?	Yes

	2017/18	2018/19
BCF revenue funding from CCGs ring-fenced for NHS out of hospital commissioned services/contingency fund **	£10,644,821	£10,847,073

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

		Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	**Total 17/18**
Additional NEA reduction delivered through BCF (2017/18)	£0					£0
		Q1 18/19	**Q2 18/19**	**Q3 18/19**	**Q4 18/19**	**Total 18/19**
Additional NEA reduction delivered through BCF (2018/19)	£0					£0
HWB Plan Reduction % (2017/18)	0.00%					
HWB Plan Reduction % (2018/19)	0.00%					

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

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

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

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

4.2 Residential Admissions

		15/16 Actual	16/17 Plan	17/18 Plan	18/19 Plan	Comments
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual rate	542.6	515.3	501.4	488.7	Performance for 2016/17 was 531.6 (equating to 721 permanent admissions). Plan for 2017/18 is to reduce number of admissions to 705. 2018/19 targets are provisional at this time and will be reviewed as part of our annual target setting process.
	Numerator	736	712	705	700	
	Denominator	135,632	138,183	140,599	143,240	

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

4.3 Reablement

		15/16 Actual	16/17 Plan	17/18 Plan	18/19 Plan	Comments
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual %	91.7%	90.1%	90.2%	90.2%	Performance for 2016/17 was 90.5% (equating to 267 out of 295). Plan is maintain performance above 90%
	Numerator	232	228	266	266	
	Denominator	253	253	295	295	

4.4 Delayed Transfers of Care

		16-17 Actuals				17-18 plans				18-19 plans				Comments
		Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	
Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)	Quarterly rate	1746.0	2268.0	2382.9	2099.8	1925.7	1433.7	1052.6	995.5	995.6	995.6	995.6	987.5	This metric is in line with the expected reductions in DToC for social care and NHS attributed reductions for the HWB area as set out in the DTOC Metric Plan for 2017/18. 2018/19 targets are provisional at this time and will be reviewed as part of our annual target setting process.
	Numerator (total)	7,716	10,023	10,531	9,358	8,582	6,390	4,691	4,472	4,472	4,472	4,472	4,472	
	Denominator	441,932	441,932	441,932	445,666	445,666	445,666	445,666	449,180	449,180	449,180	449,180	452,883	

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

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

Sheet: 5. National Conditions

Selected Health and Well Being Board:

East Sussex

Data Submission Period:

2017-19

5. National Conditions

<< Link to the Guidance tab

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

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

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

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

E06000050	Cheshire West and Chester	01C	NHS Eastern Cheshire CCG	1.1%	0.7%
E06000050	Cheshire West and Chester	01F	NHS Halton CCG	0.2%	0.0%
E06000050	Cheshire West and Chester	01R	NHS South Cheshire CCG	0.5%	0.2%
E06000050	Cheshire West and Chester	02D	NHS Vale Royal CCG	99.3%	29.3%
E06000050	Cheshire West and Chester	02E	NHS Warrington CCG	0.4%	0.3%
E06000050	Cheshire West and Chester	02F	NHS West Cheshire CCG	96.9%	69.3%
E06000050	Cheshire West and Chester	12F	NHS Wirral CCG	0.3%	0.3%
E09000001	City of London	07R	NHS Camden CCG	0.2%	6.4%
E09000001	City of London	09A	NHS Central London (Westminster) CCG	0.0%	1.8%
E09000001	City of London	07T	NHS City and Hackney CCG	1.8%	72.7%
E09000001	City of London	08H	NHS Islington CCG	0.1%	3.0%
E09000001	City of London	08V	NHS Tower Hamlets CCG	0.4%	15.9%
E09000001	City of London	08Y	NHS West London (K&C & QPP) CCG	0.0%	0.1%
E06000052	Cornwall & Scilly	11N	NHS Kernow CCG	99.7%	99.4%
E06000052	Cornwall & Scilly	99P	NHS North, East, West Devon CCG	0.4%	0.6%
E06000047	County Durham	00D	NHS Durham Dales, Easington and Sedgefield CCG	97.2%	52.6%
E06000047	County Durham	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.1%	0.0%
E06000047	County Durham	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.1%	0.0%
E06000047	County Durham	13T	NHS Newcastle Gateshead CCG	0.7%	0.7%
E06000047	County Durham	00J	NHS North Durham CCG	96.6%	46.1%
E06000047	County Durham	00P	NHS Sunderland CCG	1.2%	0.6%
E08000026	Coventry	05A	NHS Coventry and Rugby CCG	74.4%	99.9%
E08000026	Coventry	05H	NHS Warwickshire North CCG	0.3%	0.1%
E09000008	Croydon	07Q	NHS Bromley CCG	1.6%	1.3%
E09000008	Croydon	07V	NHS Croydon CCG	95.4%	93.3%
E09000008	Croydon	09L	NHS East Surrey CCG	3.0%	1.3%
E09000008	Croydon	08K	NHS Lambeth CCG	2.9%	2.8%
E09000008	Croydon	08R	NHS Merton CCG	0.8%	0.4%
E09000008	Croydon	08T	NHS Sutton CCG	0.8%	0.4%
E09000008	Croydon	08X	NHS Wandsworth CCG	0.5%	0.4%
E10000006	Cumbria	01H	NHS Cumbria CCG	97.4%	100.0%
E10000006	Cumbria	01K	NHS Morecambe Bay CCG	0.2%	0.0%
E06000005	Darlington	00C	NHS Darlington CCG	98.2%	96.2%
E06000005	Darlington	00D	NHS Durham Dales, Easington and Sedgefield CCG	1.2%	3.1%
E06000005	Darlington	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.0%	0.1%
E06000005	Darlington	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.5%
E06000015	Derby	04R	NHS Southern Derbyshire CCG	50.0%	100.0%
E10000007	Derbyshire	02Q	NHS Bassetlaw CCG	0.2%	0.0%
E10000007	Derbyshire	05D	NHS East Staffordshire CCG	8.0%	1.4%
E10000007	Derbyshire	01C	NHS Eastern Cheshire CCG	0.3%	0.0%
E10000007	Derbyshire	03X	NHS Erewash CCG	92.4%	11.3%
E10000007	Derbyshire	03Y	NHS Hardwick CCG	94.6%	12.3%
E10000007	Derbyshire	04E	NHS Mansfield and Ashfield CCG	2.0%	0.5%
E10000007	Derbyshire	04J	NHS North Derbyshire CCG	98.2%	35.9%
E10000007	Derbyshire	04L	NHS Nottingham North and East CCG	0.3%	0.0%
E10000007	Derbyshire	04M	NHS Nottingham West CCG	5.2%	0.6%
E10000007	Derbyshire	03N	NHS Sheffield CCG	0.5%	0.4%
E10000007	Derbyshire	04R	NHS Southern Derbyshire CCG	48.2%	33.1%
E10000007	Derbyshire	01W	NHS Stockport CCG	0.1%	0.0%
E10000007	Derbyshire	01Y	NHS Tameside and Glossop CCG	14.0%	4.3%
E10000007	Derbyshire	04V	NHS West Leicestershire CCG	0.5%	0.2%
E10000008	Devon	11J	NHS Dorset CCG	0.3%	0.3%
E10000008	Devon	11N	NHS Kernow CCG	0.3%	0.2%
E10000008	Devon	99P	NHS North, East, West Devon CCG	70.1%	80.6%
E10000008	Devon	11X	NHS Somerset CCG	0.4%	0.3%
E10000008	Devon	99Q	NHS South Devon and Torbay CCG	51.1%	18.5%
E08000017	Doncaster	02P	NHS Barnsley CCG	0.3%	0.3%
E08000017	Doncaster	02Q	NHS Bassetlaw CCG	1.4%	0.5%
E08000017	Doncaster	02X	NHS Doncaster CCG	96.7%	97.8%
E08000017	Doncaster	03L	NHS Rotherham CCG	1.5%	1.2%
E08000017	Doncaster	03R	NHS Wakefield CCG	0.1%	0.2%

E10000009	Dorset	11J	NHS Dorset CCG	52.5%	95.9%
E10000009	Dorset	11X	NHS Somerset CCG	0.6%	0.7%
E10000009	Dorset	11A	NHS West Hampshire CCG	2.0%	2.5%
E10000009	Dorset	99N	NHS Wiltshire CCG	0.8%	0.9%
E08000027	Dudley	13P	NHS Birmingham Crosscity CCG	0.3%	0.6%
E08000027	Dudley	05C	NHS Dudley CCG	93.2%	90.8%
E08000027	Dudley	05L	NHS Sandwell and West Birmingham CCG	3.9%	6.9%
E08000027	Dudley	06A	NHS Wolverhampton CCG	1.8%	1.5%
E08000027	Dudley	06D	NHS Wyre Forest CCG	0.7%	0.2%
E09000009	Ealing	07P	NHS Brent CCG	1.7%	1.5%
E09000009	Ealing	09A	NHS Central London (Westminster) CCG	0.2%	0.1%
E09000009	Ealing	07W	NHS Ealing CCG	86.8%	90.7%
E09000009	Ealing	08C	NHS Hammersmith and Fulham CCG	5.8%	3.0%
E09000009	Ealing	08E	NHS Harrow CCG	0.4%	0.3%
E09000009	Ealing	08G	NHS Hillingdon CCG	0.7%	0.5%
E09000009	Ealing	07Y	NHS Hounslow CCG	4.8%	3.6%
E09000009	Ealing	08Y	NHS West London (K&C & QPP) CCG	0.7%	0.4%
E06000011	East Riding of Yorkshire	02Y	NHS East Riding of Yorkshire CCG	97.4%	85.0%
E06000011	East Riding of Yorkshire	03F	NHS Hull CCG	9.5%	8.1%
E06000011	East Riding of Yorkshire	03M	NHS Scarborough and Ryedale CCG	0.7%	0.2%
E06000011	East Riding of Yorkshire	03Q	NHS Vale of York CCG	6.5%	6.6%
E10000011	East Sussex	09D	NHS Brighton and Hove CCG	1.1%	0.6%
E10000011	East Sussex	09F	NHS Eastbourne, Hailsham and Seaford CCG	100.0%	34.7%
E10000011	East Sussex	09P	NHS Hastings and Rother CCG	99.7%	33.3%
E10000011	East Sussex	99K	NHS High Weald Lewes Havens CCG	98.1%	29.6%
E10000011	East Sussex	09X	NHS Horsham and Mid Sussex CCG	2.8%	1.2%
E10000011	East Sussex	99J	NHS West Kent CCG	0.8%	0.7%
E09000010	Enfield	07M	NHS Barnet CCG	1.1%	1.3%
E09000010	Enfield	07T	NHS City and Hackney CCG	0.1%	0.1%
E09000010	Enfield	06K	NHS East and North Hertfordshire CCG	0.3%	0.5%
E09000010	Enfield	07X	NHS Enfield CCG	95.4%	90.8%
E09000010	Enfield	08D	NHS Haringey CCG	7.7%	6.9%
E09000010	Enfield	06N	NHS Herts Valleys CCG	0.1%	0.2%
E09000010	Enfield	08H	NHS Islington CCG	0.2%	0.1%
E10000012	Essex	07L	NHS Barking and Dagenham CCG	0.1%	0.0%
E10000012	Essex	99E	NHS Basildon and Brentwood CCG	99.8%	18.2%
E10000012	Essex	06H	NHS Cambridgeshire and Peterborough CCG	0.1%	0.0%
E10000012	Essex	99F	NHS Castle Point and Rochford CCG	95.3%	11.6%
E10000012	Essex	06K	NHS East and North Hertfordshire CCG	1.7%	0.7%
E10000012	Essex	08F	NHS Havering CCG	0.3%	0.0%
E10000012	Essex	06L	NHS Ipswich and East Suffolk CCG	0.2%	0.0%
E10000012	Essex	06Q	NHS Mid Essex CCG	100.0%	25.6%
E10000012	Essex	06T	NHS North East Essex CCG	98.6%	22.6%
E10000012	Essex	08N	NHS Redbridge CCG	3.0%	0.6%
E10000012	Essex	99G	NHS Southend CCG	3.3%	0.4%
E10000012	Essex	07G	NHS Thurrock CCG	1.4%	0.2%
E10000012	Essex	08W	NHS Waltham Forest CCG	0.5%	0.1%
E10000012	Essex	07H	NHS West Essex CCG	97.1%	19.7%
E10000012	Essex	07K	NHS West Suffolk CCG	2.3%	0.4%
E08000037	Gateshead	13T	NHS Newcastle Gateshead CCG	38.9%	97.9%
E08000037	Gateshead	00J	NHS North Durham CCG	0.9%	1.1%
E08000037	Gateshead	00L	NHS Northumberland CCG	0.5%	0.8%
E08000037	Gateshead	00N	NHS South Tyneside CCG	0.3%	0.2%
E10000013	Gloucestershire	11M	NHS Gloucestershire CCG	97.6%	98.6%
E10000013	Gloucestershire	05F	NHS Herefordshire CCG	0.5%	0.1%
E10000013	Gloucestershire	10Q	NHS Oxfordshire CCG	0.2%	0.2%
E10000013	Gloucestershire	12A	NHS South Gloucestershire CCG	0.3%	0.1%
E10000013	Gloucestershire	05R	NHS South Warwickshire CCG	0.5%	0.2%
E10000013	Gloucestershire	05T	NHS South Worcestershire CCG	1.1%	0.5%
E10000013	Gloucestershire	99N	NHS Wiltshire CCG	0.2%	0.2%
E09000011	Greenwich	07N	NHS Bexley CCG	5.1%	4.2%
E09000011	Greenwich	07Q	NHS Bromley CCG	1.1%	1.3%
E09000011	Greenwich	08A	NHS Greenwich CCG	88.7%	89.7%
E09000011	Greenwich	08L	NHS Lewisham CCG	4.2%	4.7%
E09000012	Hackney	07R	NHS Camden CCG	0.8%	0.7%
E09000012	Hackney	09A	NHS Central London (Westminster) CCG	0.2%	0.1%
E09000012	Hackney	07T	NHS City and Hackney CCG	90.4%	94.4%
E09000012	Hackney	08D	NHS Haringey CCG	0.6%	0.6%
E09000012	Hackney	08H	NHS Islington CCG	4.4%	3.6%
E09000012	Hackney	08V	NHS Tower Hamlets CCG	0.5%	0.5%
E06000006	Halton	01F	NHS Halton CCG	98.2%	96.6%
E06000006	Halton	01J	NHS Knowsley CCG	0.2%	0.2%
E06000006	Halton	99A	NHS Liverpool CCG	0.3%	1.1%
E06000006	Halton	02E	NHS Warrington CCG	0.6%	1.0%
E06000006	Halton	02F	NHS West Cheshire CCG	0.6%	1.2%

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

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

E10000017	Lancashire	02N	NHS Airedale, Wharfdale and Craven CCG	0.2%	0.0%
E10000017	Lancashire	00Q	NHS Blackburn with Darwen CCG	11.0%	1.5%
E10000017	Lancashire	00R	NHS Blackpool CCG	13.3%	1.8%
E10000017	Lancashire	00T	NHS Bolton CCG	0.3%	0.0%
E10000017	Lancashire	00V	NHS Bury CCG	1.4%	0.2%
E10000017	Lancashire	00X	NHS Chorley and South Ribble CCG	99.8%	14.5%
E10000017	Lancashire	01H	NHS Cumbria CCG	1.4%	0.6%
E10000017	Lancashire	01A	NHS East Lancashire CCG	99.0%	30.0%
E10000017	Lancashire	02M	NHS Fylde & Wyre CCG	97.5%	11.8%
E10000017	Lancashire	01E	NHS Greater Preston CCG	100.0%	17.1%
E10000017	Lancashire	01D	NHS Heywood, Middleton and Rochdale CCG	0.9%	0.2%
E10000017	Lancashire	01J	NHS Knowsley CCG	0.1%	0.0%
E10000017	Lancashire	01K	NHS Morecambe Bay CCG	99.8%	12.9%
E10000017	Lancashire	01T	NHS South Sefton CCG	0.5%	0.0%
E10000017	Lancashire	01V	NHS Southport and Formby CCG	3.1%	0.3%
E10000017	Lancashire	01X	NHS St Helens CCG	0.5%	0.0%
E10000017	Lancashire	02G	NHS West Lancashire CCG	97.0%	8.8%
E10000017	Lancashire	02H	NHS Wigan Borough CCG	0.8%	0.2%
E08000035	Leeds	02W	NHS Bradford City CCG	0.6%	0.0%
E08000035	Leeds	02R	NHS Bradford Districts CCG	0.7%	0.3%
E08000035	Leeds	02V	NHS Leeds North CCG	96.4%	24.2%
E08000035	Leeds	03G	NHS Leeds South and East CCG	98.4%	31.7%
E08000035	Leeds	03C	NHS Leeds West CCG	97.9%	43.0%
E08000035	Leeds	03J	NHS North Kirklees CCG	0.3%	0.0%
E08000035	Leeds	03Q	NHS Vale of York CCG	0.6%	0.2%
E08000035	Leeds	03R	NHS Wakefield CCG	1.4%	0.6%
E06000016	Leicester	03W	NHS East Leicestershire and Rutland CCG	2.3%	2.0%
E06000016	Leicester	04C	NHS Leicester City CCG	92.5%	95.3%
E06000016	Leicester	04V	NHS West Leicestershire CCG	2.7%	2.7%
E10000018	Leicestershire	03V	NHS Corby CCG	0.6%	0.0%
E10000018	Leicestershire	03W	NHS East Leicestershire and Rutland CCG	85.4%	39.9%
E10000018	Leicestershire	04C	NHS Leicester City CCG	7.5%	4.2%
E10000018	Leicestershire	04N	NHS Rushcliffe CCG	5.4%	1.0%
E10000018	Leicestershire	04Q	NHS South West Lincolnshire CCG	5.6%	1.1%
E10000018	Leicestershire	04R	NHS Southern Derbyshire CCG	0.7%	0.5%
E10000018	Leicestershire	05H	NHS Warwickshire North CCG	1.6%	0.4%
E10000018	Leicestershire	04V	NHS West Leicestershire CCG	96.2%	52.9%
E09000023	Lewisham	07Q	NHS Bromley CCG	1.4%	1.5%
E09000023	Lewisham	09A	NHS Central London (Westminster) CCG	0.2%	0.1%
E09000023	Lewisham	08A	NHS Greenwich CCG	2.1%	1.9%
E09000023	Lewisham	08K	NHS Lambeth CCG	0.3%	0.3%
E09000023	Lewisham	08L	NHS Lewisham CCG	91.8%	92.4%
E09000023	Lewisham	08Q	NHS Southwark CCG	3.8%	3.8%
E10000019	Lincolnshire	06H	NHS Cambridgeshire and Peterborough CCG	0.2%	0.3%
E10000019	Lincolnshire	03W	NHS East Leicestershire and Rutland CCG	0.2%	0.0%
E10000019	Lincolnshire	03T	NHS Lincolnshire East CCG	99.2%	32.0%
E10000019	Lincolnshire	04D	NHS Lincolnshire West CCG	98.5%	30.5%
E10000019	Lincolnshire	04H	NHS Newark & Sherwood CCG	2.4%	0.4%
E10000019	Lincolnshire	03H	NHS North East Lincolnshire CCG	2.7%	0.6%
E10000019	Lincolnshire	03K	NHS North Lincolnshire CCG	2.6%	0.6%
E10000019	Lincolnshire	99D	NHS South Lincolnshire CCG	90.8%	19.6%
E10000019	Lincolnshire	04Q	NHS South West Lincolnshire CCG	93.3%	16.2%
E08000012	Liverpool	01J	NHS Knowsley CCG	8.5%	2.7%
E08000012	Liverpool	99A	NHS Liverpool CCG	94.4%	96.3%
E08000012	Liverpool	01T	NHS South Sefton CCG	3.3%	1.0%
E06000032	Luton	06F	NHS Bedfordshire CCG	2.2%	4.4%
E06000032	Luton	06P	NHS Luton CCG	97.3%	95.6%
E08000003	Manchester	00V	NHS Bury CCG	0.3%	0.1%
E08000003	Manchester	01D	NHS Heywood, Middleton and Rochdale CCG	0.5%	0.2%
E08000003	Manchester	14L	NHS Manchester CCG	90.9%	95.5%
E08000003	Manchester	00Y	NHS Oldham CCG	0.9%	0.4%
E08000003	Manchester	01G	NHS Salford CCG	2.5%	1.1%
E08000003	Manchester	01W	NHS Stockport CCG	1.6%	0.8%
E08000003	Manchester	01Y	NHS Tameside and Glossop CCG	0.4%	0.2%
E08000003	Manchester	02A	NHS Trafford CCG	4.1%	1.6%
E06000035	Medway	09J	NHS Dartford, Gravesham and Swanley CCG	0.2%	0.2%
E06000035	Medway	09W	NHS Medway CCG	94.0%	99.5%
E06000035	Medway	10D	NHS Swale CCG	0.1%	0.0%
E06000035	Medway	99J	NHS West Kent CCG	0.2%	0.3%

E09000024	Merton	07V	NHS Croydon CCG	0.5%	0.9%
E09000024	Merton	08J	NHS Kingston CCG	3.5%	3.0%
E09000024	Merton	08K	NHS Lambeth CCG	1.0%	1.6%
E09000024	Merton	08R	NHS Merton CCG	87.5%	81.1%
E09000024	Merton	08T	NHS Sutton CCG	3.4%	2.7%
E09000024	Merton	08X	NHS Wandsworth CCG	6.6%	10.8%
E06000002	Middlesbrough	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.2%	0.2%
E06000002	Middlesbrough	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.3%
E06000002	Middlesbrough	00M	NHS South Tees CCG	52.2%	99.5%
E06000042	Milton Keynes	06F	NHS Bedfordshire CCG	1.5%	2.5%
E06000042	Milton Keynes	04F	NHS Milton Keynes CCG	95.5%	96.1%
E06000042	Milton Keynes	04G	NHS Nene CCG	0.6%	1.3%
E08000021	Newcastle upon Tyne	13T	NHS Newcastle Gateshead CCG	58.6%	95.1%
E08000021	Newcastle upon Tyne	99C	NHS North Tyneside CCG	6.0%	4.1%
E08000021	Newcastle upon Tyne	00L	NHS Northumberland CCG	0.8%	0.8%
E09000025	Newham	07L	NHS Barking and Dagenham CCG	0.5%	0.3%
E09000025	Newham	09A	NHS Central London (Westminster) CCG	0.5%	0.3%
E09000025	Newham	07T	NHS City and Hackney CCG	0.1%	0.0%
E09000025	Newham	08M	NHS Newham CCG	96.6%	97.7%
E09000025	Newham	08N	NHS Redbridge CCG	0.3%	0.2%
E09000025	Newham	08V	NHS Tower Hamlets CCG	0.2%	0.2%
E09000025	Newham	08W	NHS Waltham Forest CCG	1.7%	1.4%
E10000020	Norfolk	06H	NHS Cambridgeshire and Peterborough CCG	0.7%	0.7%
E10000020	Norfolk	06M	NHS Great Yarmouth and Waveney CCG	47.7%	12.3%
E10000020	Norfolk	06L	NHS Ipswich and East Suffolk CCG	0.2%	0.0%
E10000020	Norfolk	06V	NHS North Norfolk CCG	100.0%	18.7%
E10000020	Norfolk	06W	NHS Norwich CCG	100.0%	23.8%
E10000020	Norfolk	99D	NHS South Lincolnshire CCG	0.2%	0.0%
E10000020	Norfolk	06Y	NHS South Norfolk CCG	98.9%	25.4%
E10000020	Norfolk	07J	NHS West Norfolk CCG	98.5%	18.5%
E10000020	Norfolk	07K	NHS West Suffolk CCG	2.6%	0.7%
E06000012	North East Lincolnshire	03T	NHS Lincolnshire East CCG	0.8%	1.2%
E06000012	North East Lincolnshire	03H	NHS North East Lincolnshire CCG	95.9%	98.6%
E06000012	North East Lincolnshire	03K	NHS North Lincolnshire CCG	0.2%	0.2%
E06000013	North Lincolnshire	02Q	NHS Bassetlaw CCG	0.2%	0.2%
E06000013	North Lincolnshire	02X	NHS Doncaster CCG	0.0%	0.1%
E06000013	North Lincolnshire	02Y	NHS East Riding of Yorkshire CCG	0.0%	0.1%
E06000013	North Lincolnshire	04D	NHS Lincolnshire West CCG	1.1%	1.4%
E06000013	North Lincolnshire	03H	NHS North East Lincolnshire CCG	1.4%	1.4%
E06000013	North Lincolnshire	03K	NHS North Lincolnshire CCG	97.2%	96.8%
E06000024	North Somerset	11E	NHS Bath and North East Somerset CCG	1.6%	1.5%
E06000024	North Somerset	11H	NHS Bristol CCG	0.3%	0.6%
E06000024	North Somerset	11T	NHS North Somerset CCG	99.1%	97.7%
E06000024	North Somerset	11X	NHS Somerset CCG	0.0%	0.2%
E08000022	North Tyneside	13T	NHS Newcastle Gateshead CCG	1.0%	2.5%
E08000022	North Tyneside	99C	NHS North Tyneside CCG	93.0%	96.3%
E08000022	North Tyneside	00L	NHS Northumberland CCG	0.7%	1.1%
E10000023	North Yorkshire	02N	NHS Airedale, Wharfdale and Craven CCG	32.4%	8.3%
E10000023	North Yorkshire	01H	NHS Cumbria CCG	1.2%	1.0%
E10000023	North Yorkshire	00C	NHS Darlington CCG	1.3%	0.2%
E10000023	North Yorkshire	02X	NHS Doncaster CCG	0.2%	0.1%
E10000023	North Yorkshire	00D	NHS Durham Dales, Easington and Sedgefield CCG	0.2%	0.1%
E10000023	North Yorkshire	01A	NHS East Lancashire CCG	0.1%	0.0%
E10000023	North Yorkshire	02Y	NHS East Riding of Yorkshire CCG	1.4%	0.7%
E10000023	North Yorkshire	03D	NHS Hambleton, Richmondshire and Whitby CCG	98.5%	22.9%
E10000023	North Yorkshire	03E	NHS Harrogate and Rural District CCG	99.9%	26.2%
E10000023	North Yorkshire	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.0%
E10000023	North Yorkshire	02V	NHS Leeds North CCG	3.0%	1.0%
E10000023	North Yorkshire	03G	NHS Leeds South and East CCG	0.5%	0.2%
E10000023	North Yorkshire	03M	NHS Scarborough and Ryedale CCG	99.3%	19.2%
E10000023	North Yorkshire	03Q	NHS Vale of York CCG	32.7%	18.7%
E10000023	North Yorkshire	03R	NHS Wakefield CCG	2.0%	1.2%

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

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

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

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

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

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

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