Shropshire Council

Date: Thursday, 13 September 2018

Time: 9.30 am

Venue: Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND

Contact: Shelley Davies, Committee Officer
Tel: 01743 257718
Email: shelley.davies@shropshire.gov.uk

HEALTH AND WELLBEING BOARD

TO FOLLOW REPORT (S)

5 System Update (Pages 1 - 6)

Regular update report to the Health and Wellbeing Board is attached:

i. The Sustainability and Transformation Plan for Shropshire, Telford & Wrekin
A report is attached.

ii. Future Fit
A verbal update will be given.

iii. Shropshire Care Closer to Home
A report is attached.

Contact: Phil Evans, STP Director, Telford and Wrekin CCG / Lisa Wickes, Head of Out of Hospital Commissioning and Redesign, Shropshire CCG

6 Report from the HWB Joint Commissioning Group (Pages 7 - 196)

Regular update reports will be made to the Board on:

i Better Care Fund Update & Performance – Report to follow.
Contact: Penny Bason, STP Programme Manager.

Programme Director's Report

September 2018

1. Programme Plan – Progress Update/RAG Rated Delivery Dashboard

The purpose of this report is to provide the programme board members with an update of progress on programme delivery since the last meeting. This report will also be submitted to Sponsor Boards for their governing body meetings as required.

The extended consultation process will end at midnight on 11th September 2018 with the last public exhibition event having taken place on 30th August.

Since the last report in July, 7 further public exhibition events have taken place, along with the continuation of Pop-ups, attendance at LJCs and town and parish councils, engagement with seldom heard groups, staff briefings and acceptance of invitations to update CCG and SaTH Boards and JHOSC.

The next phase of the Programme to support the development of the Decision Making Business Case (DMBC), is the analysis of surveys and individual responses received from the consultation process.

To date over 14,000 surveys have been received (as at 03/09/18). Due consideration and time must be factored into the next phase in order to review all responses and the summary report being prepared by Participate. The high number of surveys and individual responses received could therefore have significant impact on the draft timeline submitted to the Programme Board in July.

The Programme Board will meet on 18th September to consider any impact.

In order to support the timely review of all correspondence, the team capacity and resource will form part of that consideration.

		Last updated	3rd September 2018
		Overall RAG rating	Key Issues/risks
1	**Programme Governance**		A presentation highlighting the mid point review has been presented to CCG Boards, SaTH, local authorities and Joint HOSC. The mid point review gave an indication of the progress of the consultation and additional public exhibitions were formalised and took place as a result at Bishops Castle, Newport, Whitchurch, Woodside and Welshpool. It is worth noting that at the time of the mid point review mid July, just over 1500 completed surveys had been received. Responses now stand at over 14,000 surveys received. The draft timeline for the Programme submitted to the Board in July will be reviewed to test its alignment in view of the number of responses received for the consultation and time needed to review these. Critical interdependencies and progress of other programmes of work, that could impact on the programme or contribute to impact mitigation, are being monitored to ensure they positively align. Identified Leads are providing updates to the monthly Programme Board to ensure action is being taken to deliver required outcomes. The Programme Director will begin to draft the Decision Making Business Case which will initially be based on the PCBC and build upon the findings from the consultation process, interdependencies, NHS caveats and any other areas identified as requiring further assurance by NHSE. Programme governance will continue post consultation through monthly Programme Board, Assurance and IIA Meetings. The capacity and requirements for the team will be reviewed post consultation.
2.	**Impact Assessment Mitigation Plans**		The Leads for identified priorities are now providing evidence of delivery in most areas. The Programme Director is working with Leads to raise awareness of the information which will be required to prepare a robust Decision Making Business Case **Service level QIAs** will be led by SATH; a number have already been done and the Director of Nursing will be joining the IIA Steering Group. It has been proposed that all QIAs will be shared with the STP Clinical Strategy Groups once approved by SaTH. A schedule of the QIA work of the Trust has been requested by the Programme.

			The LMS Programme is examining reducing risk factors before, during and after pregnancy particularly for younger mums, women from BAME background and those from relatively deprived localities. Potential differential and disproportionate impacts that may require mitigation were identified in the W&C IIA report and the LMS work will be considered as part of the Impact assessment mitigation work. An update will be presented to the Programme board on 18th September. **Neighbourhoods and Care Closer to Home Programmes** for the two CCGs continue to progress. A summary narrative and updates have been received by the IIA Steering Group. Executive leads will report into Programme Board. **An Equalities Impact Assessment** report will be produced post consultation and will form a key part of the DMBC.
	Travel and Transport		The potential slippage in the timeline for production of the Ambulance Modelling work has been mitigated and ORH are now engaging effectively with WMAS, WAST, Falck and Air Ambulance to produce the report. The first phase Impact of Change report will be available on 11th September and will be presented to the CCGs shortly after that date. The final report will be available on 8th October. The next meeting of the Travel and Transport Group will take place on 7th September and has already received informal feedback from the consultation process from group members who have attended the public events. The group is currently drawing together baseline information of current travel and transport provision to begin to formulate draft actions. The findings from the consultation process will be an important element of setting the direction, purpose and actions for the group.

	3. Consultation Update		Telford & Wrekin CCG and Shropshire CCG have delivered a public consultation into the future of the acute hospital services provided by Shrewsbury and Telford NHS Hospital Trust. The public consultation period lasted for 15 weeks in total, starting on 30 May and ends on 11 September 2018. Over 14,000 survey responses have been received to date.
			We asked people for their opinion on the proposals and communicated this in a range of ways:
			
			• Print and distribution of consultation documents
			  ○ Full consultation document including survey – quantity:
			  ○ Summary consultation document including survey
			  ○ Easy Read consultation document
			  ○ Flyers
			  ○ Posters
			  ○ Additional surveys
			• Distribution directly and through partners
			  ○ Locations throughout both hospital sites

			○ Libraries ○ Public sector office locations ○ Partner office locations ○ Public events, meetings and pop up displays ○ GP surgeries, pharmacies ○ Retail outlets • Thirteen public drop in events (attended by more than 800 people) where people could go to find out more about the proposals and talk to representatives of the CCGs, clinicians, GPs, local authority • More than 70 pop up displays • Worked with Local Joint Committees to arrange a series of public meetings • Arranged and / or attended focus groups with seldom heard groups, reaching in advance of 500 people • Arranged and attended information events for employers, particularly to reach those employing those representing the seldom heard groups or large employers, including Muller, ABP etc • Reached staff through pop ups and face to face briefings at SaTH, CCGs, LAs and NHS organisations • Reached commuters through distribution of information at train stations during morning rush hour • Developed and regularly updated the consultation website • Regularly updated and published the Frequently Asked Questions • Took out adverts in local newspapers and online, including targeted advertising to reach specific groups on facebook • Ensured weekly coverage on BBC Radio Shropshire through attendance of presenters at events, panel discussions and offering spokespeople for interviews • Maintained a presence and following on social media and organised a number of popular tweetchats with clinicians • Responded to letters from key stakeholders and elected members and acknowledged letters from members of the public an update the FAQ on the website accordingly • Responded to FOIs as per CCG standard timelines
	3.1 Public Exhibition Events		The following public exhibition events have now taken place: 6th May – Telford 7th May - Shrewsbury 28th June – Newtown 4th July – Ludlow 11th July – Wellington 25th July – Bridgnorth 2nd August – Market Drayton 8th August – Bishops Castle

			9th August – Newport – smaller scale 15th August – Oswestry 21st August – Whitchurch 29th August – Woodside – smaller scale 30th August – Welshpool – smaller scale More than 800 people were engaged with at the public events and took the opportunity to talk to clinicians, executives, representatives of the travel and transport workstream and Healthwatch.
	3.3 Seldom Heard Groups/Protected characteristics		Extensive direct face to face activity with seldom heard groups has reached more than 500 people to date. Groups have included: • Disability networks, including parents of children with a disability • Mums and toddler groups • Race and religion groups, including Polish, Latvian and smaller populations including the Mennonite Church (Amish) • Age specific groups, including older people • Mental health groups, Alzheimer's groups and their carers Additional four groups reached: • Welsh language speakers, carers, rurality, areas of deprivation In addition, during the course of the consultation we have tried to look at our community as a whole and identify which groups of people may: • access the services under consideration to a larger degree • have particular needs and therefore the impacts need to be considered Such groups included military and their families, businesses, predominantly those reaching specific community groups or covering certain industries. General engagement activity, including public exhibitions have also reached those within the nine protected characteristics, with some groups confirming that they did not require any specific focus group activity to be reached. A final Equalities Impact Report will be produced post consultation.
	3.4 Media coverage		Media coverage has been consistent throughout the period of the consultation, with weekly radio coverage, regular news articles and online activity. Every effort has been made to correct any factual errors and counter any incorrect coverage from any other parties or individuals through proactive interviews. Media coverage will be maintained post consultation to enable factual information to be made available to the public and ensure any public or media queries can be responded to in a timely and responsive manner.
4	**NHS Approvals/Assurance Gateways**		

	4.1 NHSE further work		**Specialised commissioning** - Regular scheduled telephone conference calls are taking place to engage with commissioners on any potential impacts of the proposals around trauma and obstetrics and neonates and regular updates will continue to be provided at future Board meetings. **Ambulance Impact Modelling** –As described above, the first phase of this work will be completed by 11th September. **IT Strategy** - An updated report will be available at a future Programme Board. The DMBC will reflect any programme developments. **Workforce engagement and transformation plans –** Work is ongoing and progress on this work is being considered through the IIA Steering Group reporting to Programme Board. **Repatriation –** QIAs are being developed and prioritised to support preparation of the Decision Making Business Case **Affordability testing-** As previous stated, the DMBC will include any necessary updated information post consultation.
	4.2 Post consultation Process and Assurance Gateway		The draft timeline will be reassessed and re-submitted to the Board following post consultation guidance from Participate on the number of surveys and general correspondence received which need to be reviewed and could impact on timeline. Consideration will need to be given to any further Gateway Reviews post consultation.

Action Status RAG Rating definition	
	Complete/On track
	Delayed/some concern - recovery actions planned or in place. Low risk of materially affecting programme delivery and/or timeline
	Delayed/Much concern - recovery actions planned or in place. Medium to high risk of materially affecting programme delivery and/or timeline
	Deadline not yet reached, delivery on target

Shropshire Council

NHS Shropshire Clinical Commissioning Group

Shropshire together

Health and Wellbeing Board
13th September, 2018

HWBB Joint Commissioning Report - Better Care Fund Update

Responsible Officer
Email: Penny.bason@shropshire.gov.uk Tel: Fax:

1. Summary

1.1 This report provides an update on the progress on the Better Care Fund (BCF) and the section 75 Partnership Agreement (pooled budget). Appendix A is the Final BCF Partnership / Section 75 Agreement; Appendix B is the BCF Planning template; Appendix C is the BCF 18/19 Annex of changes to the BCF; Appendix D is the Q1 BCF return.

1.2 In the Better Care Fund Plan the HWBBs describes its ambition for integration and the schemes that will support integration in Shropshire. The HWBB agreed that during 2017/18 the Shropshire Health and Care economy would focus on developing the Better Care Fund as a tool that fully supports integration, this included a revised Partnership Agreement.

1.3 As reported through the HWBB since November 2017, colleagues from the Shropshire Council and Shropshire CCG have reviewed each scheme of the Better Care Fund to develop a more streamlined plan that could be monitored for delivery and effectiveness; as well colleagues have worked to complete the Section 75 Partnership Agreement, so that integrated working can be supported by a pooled budget.

1.4 At the July HWBB the Board agreed the framework for the Partnership Agreement and devolved final decision making to the Joint Commissioning Group and requested that the agreement be made within 4 weeks of the HWBB.

1.5 The Joint Commissioning Group met the board's deadline and has approved the Partnership Agreement. The Agreement has been signed by Andy Begley on behalf of Shropshire Council and will be taken to the Clinical Commissioning Group for final CCG approval.

1.6 The BCF Annex and updated BCF Planning template is also attached for approval by the HWBB. This approval is a required element of the BCF planning process by NHSE.

2. Recommendations

2.1 The HWBB to note the final Partnership Agreement,
2.2 The HWBB approve the BCF Planning Template and BCF Annex;
2.3 The HWBB to note Q1 return.

REPORT

3. **Risk Assessment and Opportunities Appraisal**
   3.1. (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)
   3.2. The HWB Strategy requires that the health and care system work to reduce inequalities in Shropshire. All decisions and discussions by the Board must take into account reducing inequalities.
   3.3. The schemes of the BCF and other system planning have been done by engaging with stakeholders, service users, and patients. This has been done in a variety of ways including through patient groups, focus groups, ethnographic research.
   3.4. As the agreement is yet to receive final sign off from the CCG Governance process, this remains a risk, however joint working across Shropshire Council and Shropshire CCG is working closely to minimise this risk.

4. Background

4.1 The Better Care Fund progress is reported at every Health and Wellbeing Board through the Joint Commissioning Report to the HWBB.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information) **For the final BCF plan please see HWBB paper here**
Cabinet Member (Portfolio Holder) **Cllr Lee Chapman**
Local Member n/a
Appendices Appendix A: Shropshire Section 75 Partnership Agreement Appendix B: BCF Planning Template Appendix C: BCF 18/19 Annex Appendix D: BCF Q1 Return

Dated ……2018

Shropshire Council

and

NHS Shropshire Clinical Commissioning Group

FRAMEWORK PARTNERSHIP AGREEMENT RELATING TO THE COMMISSIONING OF HEALTH AND SOCIAL CARE SERVICES

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THIS AGREEMENT is made on …… 2018

PARTIES

(1) **SHROPSHIRE COUNCIL** whose offices are at Shirehall, Abbey Foregate, Shrewsbury, Shropshire SY2 6ND (the **"Council"**)

(2) **NHS SHROPSHIRE CLINICAL COMMISSIONING GROUP** William Farr House, Mytton Oak Rd, Shrewsbury SY3 8XF **(the "CCG")**

BACKGROUND

(A) The Council has responsibility for commissioning and/or providing social care services on behalf of the population of Shropshire within its administrative area.

(B) The CCG has the responsibility for commissioning health services pursuant to the 2006 Act in the county of Shropshire within the administrative area of the Council.

(C) The Better Care Fund has been established by the Government to provide funds to local areas to support the integration of health and social care and to seek to achieve the National Conditions and Local Objectives. It is a requirement of the Better Care Fund that the CCG and the Council establish a pooled fund for this purpose.

(D) Section 75 of the 2006 Act gives powers to local authorities and clinical commissioning groups to establish and maintain pooled funds out of which payment may be made towards expenditure incurred in the exercise of prescribed local authority functions and prescribed NHS functions.

(E) The purpose of this Agreement is to set out the terms on which the Partners have agreed to collaborate and to establish a framework through which the Partners can secure the future position of health and social care services through lead or joint commissioning arrangements. It is also a means through which the Partners will pool funds and align budgets as agreed between the Partners.

(F) The aims and benefits of the Partners in entering in to this Agreement are to:

a) improve the quality and efficiency of the Services;

b) meet the National Conditions and Local Objectives as set out in the Better Care Fund plan;

c) make more effective use of resources through the establishment and maintenance of a pooled fund for revenue expenditure on the Services.

(G) The Partners are entering into this Agreement in exercise of the powers referred to in Section 75 of the 2006 Act and/or Section 13Z(2) and 14Z(3) of the 2006 Act as applicable, to the extent that exercise of these powers is required for this Agreement.

1 DEFINED TERMS AND INTERPRETATION

1. In this Agreement, save where the context requires otherwise, the following words, terms and expressions shall have the following meanings:

1998 Act means the Data Protection Act 1998.

2000 Act means the Freedom of Information Act 2000.

2004 Regulations means the Environmental Information Regulations 2004.

2006 Act means the National Health Service Act 2006.

2014 Act means the Care Act 2014.

2018 Act means the Data Protection Act 2018

Affected Partner means, in the context of Clause 23, the Partner whose obligations under the Agreement have been affected by the occurrence of a Force Majeure Event

Agreement means this agreement including its Schedules and Appendices.

Annual Report means the annual report produced by the Partners in accordance with Clause 20 (Review)

Approved Expenditure means any additional expenditure approved by the Partners in relation to an Individual Service above any Contract Price Permitted Expenditure Performance Payments or agreed Third Party Costs .

Associated Person: means in respect of the Council, a person, partnership, limited liability partnership or company (and company shall include a company which is a subsidiary, a holding company or a company that is a subsidiary of the ultimate holding company of that company) in which the Council has a shareholding or other ownership interest; OR any other body that substantially performs any of the functions of the Council that previously had been performed by the Council

Authorised Officers: means an officer of each Partner appointed to be that Partner's representative for the purpose of this Agreement and notified by each Partner to the other in writing. The Authorised Officers at the Commencement Date are: the Accountable Officer for and on behalf of the CCG and the Director of Adult Social Care for and on behalf of the Council.

BCF Quarterly Report means the quarterly report produced by the Partners and provided to the HWBB

Better Care Fund means the Better Care Fund as described in NHS England Publications Gateway Ref. No.00314 and NHS England Publications Gateway Ref. No.00535 as relevant to the Partners.

Better Care Fund Assurance Framework: is the framework used to assess Better Care Fund Plan in accordance with national guidelines.

Better Care Fund Requirements means any and all requirements on the CCG and Council in relation to the Better Care Fund set out in Law and guidance published by the Department of Health.

Better Care Fund Plan means the plan attached at Schedule 6 setting out the Partners plan for the use of the Better Care Fund.

Bribery Act means the Bribery Act 2010 and any subordinate legislation made under that Act from time to time together with any guidance or codes of practice issued by the relevant government department concerning the legislation

Care Act means the Care Act 2014 and any subordinate legislation made under that Act from time to time together with any guidance or codes of practice issued by the relevant government department concerning the legislation

CCG Statutory Duties means the Duties of the CCG pursuant to Sections 14P to 14Z2 of the 2006 Act

Change in Law means the coming into effect or repeal (without re-enactment or consolidation) in England of any Law, or any amendment or variation to any Law, or any judgment of a relevant court of law which changes binding precedent in England after the Commencement Date of this Agreement

Commencement Date means 00:01 hrs on XXXXXXXX 2018.

Confidential Information means information, data and/or material of any nature which any Partner may receive or obtain in connection with the operation of this Agreement and the Services and:

(a) which comprises Personal Data or Sensitive Personal Data or which relates to any patient or his treatment or medical history;

(b) the release of which is likely to prejudice the commercial interests of a Partner or the interests of a Service User respectively; or

(c) which is a trade secret.

Contract Price means any sum payable to a Provider under a Service Contract as consideration for the provision of Services and which, for the avoidance of doubt, does not include any Default Liability or Performance Payment.

Data Protection Legislation: this includes:

a) Prior to 25th May 2018:

the Data Protection Act 1998, the EU Data Protection Directive 95/46/EC, the Regulation of Investigatory Powers Act 2000, the Telecommunications (Lawful Business Practice) (Interception of Communications) Regulations 2000 (SI 2000/2699), the Electronic Communications Data Protection Directive 2002/58/EC, the Privacy and Electronic Communications (EC Directive)

Regulations 2003 and all applicable laws and regulations relating to processing of personal data and privacy, including where applicable the guidance and codes of practice issued by the Information Commissioner; and

b) After 25th May 2018:

(i) the GDPR, the LED and any applicable national implementing Laws as amended from time to time

(ii) the DPA 2018 subject to Royal Assent to the extent that it relates to processing of personal data and privacy;

(iiii) all applicable Law about the processing of personal data and privacy

Default Liability means any sum which is agreed or determined by Law or in accordance with the terms of a Services Contract) to be payable by any Partner(s) to the Provider as a consequence of (i) breach by any or all of the Partners of an obligation(s) in whole or in part) under the relevant Services Contract or (ii) any act or omission of a third party for which any or all of the Partners are, under the terms of the relevant Services Contract, liable to the provider.

Expiry Date: means the last date of the Term following the expiry of a notice to terminate this Agreement given by one Partner to the other in accordance with clause 22

Financial Contributions means the financial contributions made by each Partner to a Pooled Fund or which are made the subject of a Non Pooled Fund for expenditure on the Services in any Financial Year**.**

Financial Year means each financial year running from 1 April in any year to 31 March in the following calendar year.

Force Majeure Event means one or more of the following:

(a) war, civil war (whether declared or undeclared), riot or armed conflict;

(b) acts of terrorism;

(c) acts of God;

(d) fire or flood;

(e) industrial action;

(f) prevention from or hindrance in obtaining raw materials, energy or other supplies;

(g) any form of contamination or virus outbreak; and

(h) any other event,

in each case where such event is beyond the reasonable control of the Partner claiming relief

Functions means the NHS Functions and the Health Related Functions

GDPR: means the General Data Protection Regulations coming into force in the UK with effect from 25th May 2018

Health Related Functions means those of the health related functions of the Council, specified in Regulation 6 of the Regulations (as amended or replaced by the Care Act) as relevant to the commissioning of the Services and which may be further described in the relevant Scheme Specification.

Health and Wellbeing Board means the Health and Wellbeing Board (**HWBB**) established by the Council pursuant to Section 194 of the Health and Social Care Act 2012 and which is responsible for the performance and oversight of this Agreement as set out in Schedule 2 (Governance) .

Health and Wellbeing Delivery Group: is a subgroup of the HWBB that supports the delivery of the HWB Strategy. It also supports the delivery of the BCF through its subgroup – the Joint Commissioning Group. The group works to the vision and aims of the HWBB and works to take a whole system approach to improving population health.

Healthy Lives Prevention Programme: is the Shropshire partnership prevention programme that focuses on taking a whole system approach to reducing demand on services and relies on working together in partnership to deliver activity; it works across organisations and partnership groups and supports integration across health and care as set out in the Health and Wellbeing Strategy.

Health and Wellbeing Strategy is the strategy produced by the HWBB to describe key local health and care issues and explaining the role of the HWBB towards making improvements to these issues

Improved Better Care Fund (IBCF) the IBCF was first announced in the 2015 Spending Review, and is a paid as a direct grant to local government, with a condition that it is pooled into the local BCF plan.

JCG: means the Shropshire Joint Commissioning Group whose terms of reference are set out in Schedule 2 to this Agreement

Joint Needs Assessment

LED: Law Enforcement Directive (Directive (EU) 2016/680)

Local Objectives: Objectives as set out in the Better Care Fund Plan

Losses means all damage, loss, liabilities, claims, actions, costs, expenses (including the cost of legal and/or professional services), proceedings, demands and charges whether arising under statute, contract or at common law but excluding Indirect Losses and "Loss" shall be interpreted accordingly.

Month means a calendar month.

National Conditions mean the national conditions as set out in National Guidance as are amended or replaced from time to time.

National Guidance means any and all guidance in relation to the Better Care Fund as issued from to time to time by NHS England, the Department of Communities and Local Government, the Department of Health, the Local Government Association either collectively or separately.

NHS Functions means those of the NHS functions listed in Regulation 5 of the Regulations as are exercisable by the CCG as are relevant to the commissioning of the Services and which may be further described in each Service Schedule

Non Pooled Fund means the budget detailing the Financial Contributions of each of the Partners which are not included in the Pooled Fund but which will be spent to fund the Individual Schemes as set out in the relevant Scheme Specifications and in accordance with any Joint (Aligned) Commissioning Arrangements.

Non-Recurrent Payments means funding provided by a Partner to a Pooled Fund in addition to the Financial Contributions pursuant to arrangements agreed in accordance with Clause 8.3

Overspend means any expenditure from a Pooled Fund or a Non- Pooled Fund in a Financial Year which exceeds the Financial Contributions for that Financial Year.

Out of Hospital Programme (also known as Care Closer to Home): is the programme of work to redesign health and care provision in communities across Shropshire.

Out of Hospital Programme (also known as the Care Closer to Home Board):is the Board that governs the Care Closer to Home work and puts forward proposals for transformation to health and care provision to the CCG governing body.

Partner means each of the CCG and the Council, and references to "**Partners**" shall be construed accordingly and such reference shall include each Partner's employees (paid or unpaid) agents, servants, consultants and contractors.

Permitted Budget means in relation to a Service where the Council is the Provider, the budget that the Partners have set in relation to the particular Service.

Permitted Expenditure has the meaning given in Clause 7.3.

Personal Data means prior to 25th May 2018: Personal Data as defined by the 1998 Act and after 25th May 2018, Personal Data as referred to in the GDPR.

Pooled Fund means any pooled fund established from the Financial Contributions of the Partners as particularly set out in Schedule 3 and maintained by the Partners as a pooled fund in accordance with the Regulations in order to fund an Individual Scheme, as more particularly described in the relevant Scheme Specification.

Pooled Fund Manager means such officer of the Host Partner which includes a Section 113 Officer for the relevant Pooled Fund established under an Individual Scheme as is nominated by the Host Partner from time to time to manage the Pooled Fund in accordance with Clause 8

Provider means a provider of any Services commissioned under the arrangements set out in this Agreement.

Prohibited Act: the following constitute Prohibited Acts:

a) to directly or indirectly offer, promise or give any person working for or engaged by the Partners a financial or other advantage to:

i)induce that person to perform improperly a relevant function or activity; or
ii) reward that person for improper performance of a relevant function or activity;

b) to directly or indirectly request, agree to receive or accept any financial or other advantage as a inducement or a reward for improper performance of a relevant function or activity in connection with this Agreement;

c) committing any offence:

i) under the Bribery Act
ii) under legislation creating offences concerning fraudulent act;
iii) at common law concerning fraudulent acts relating to this Agreement and any other contracts with the [Partners]; or

d) defrauding, attempting to defraud or conspiring to defraud the [Partners]

Public Health England means the SOSH trading as Public Health England.

Quarter means each of the following periods in a Financial Year:

1 April to 30 June

1 July to 30 September

1 October to 31 December

1 January to 31 March

and "**Quarterly**" shall be interpreted accordingly.

Regulations means the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 No 617 as amended or replaced by the Care Act

Regulated Activity: in relation to children, as defined in Part 1 of Schedule 4 to the Safeguarding Vulnerable Groups Act 2006, and in relation to vulnerable adults, as defined in Part 2 of Schedule 4 to the Safeguarding Vulnerable Groups Act 2006

Regulatory Body: those government departments and regulatory, statutory and other entities, committees and bodies that, whether under statute, rules, regulations, codes of practice or otherwise, are entitled to regulate, investigate or influence the matters dealt with in this Agreement, or any other affairs of the Parties

Regulated Provider: as defined in section 6 of the Safeguarding Vulnerable Groups Act 2006

Performance Payment Arrangement means any arrangement agreed with a Provider and one of more Partners in relation to the cost of providing Services on such terms as agreed in writing by all Partners.

Performance Payments means any sum over and above the relevant Contract Price which is payable to the Provider in accordance with a Performance Payment Arrangement.

Scheme Specification means a specification setting out the arrangements for an Individual Scheme agreed by the Partners to be commissioned under this Agreement. and set out in Part 2 of Schedule 1.

Section 75 means section 75 of the 2006 Act.

Sensitive Personal Data means Sensitive Personal Data as defined in the 1998 Act.

Services means such health and social care services as agreed from time to time by the Partners as commissioned under the arrangements set out in this Agreement and more specifically defined in each Scheme Specification.

Services Contract means an agreement for the provision of Services entered into with a Provider by one or more of the Partners in accordance with the relevant Individual Scheme.

Service Users means those individual for whom the Partners have a responsibility to commission the Services.

Shropshire Together: Shropshire Together is the brand that supports the HWBB and partnership communication activity across health and care (including Healthy Lives Prevention Programme)

SOSH means the Secretary of State for Health.

Sustainability and Transformation Partnership (Plans) – STP - The NHS and local councils have formed partnerships in 44 areas covering all of England, to improve health and care. Each area has developed proposals built around the needs of the whole population in the area, not just those of individual organisations.

Term: means the period commencing on the Commencement Date and expiring on the Expiry Date

Third Party Costs means all such third party costs (including legal and other professional fees) in respect of each Individual Scheme as a Partner reasonably and properly incurs in the proper performance of its obligations under this Agreement and as agreed by the JCG.

TUPE: means the Transfer of Undertakings (Protection of Employment) Regulations 2006 (*SI 2006/246*).

Underspend means any expenditure from a Pooled Fund or Non Pooled Fund in respect of an Individual Scheme in a Financial Year which is less than the Financial Contributions allocated to that Individual Scheme for that Financial Year

VCSA: is the Voluntary and Community Sector Assembly and is a membership organisation that acts as the voice of the VCSE sector in Shropshire, and supports partnership working between the statutory and community sectors

Working Day means 8.00am to 6.00pm on any day except Saturday, Sunday, Christmas Day, Good Friday or a day which is a bank holiday (in England) under the Banking & Financial Dealings Act 1971.

2. In this Agreement, all references to any statute or statutory provision shall be deemed to include references to any statute or statutory provision which amends, extends, consolidates or replaces the same and shall include any orders, regulations, codes of practice, instruments or other subordinate legislation made there under and any conditions attaching thereto. Where relevant, references to English statutes and statutory provisions shall be construed as references also to equivalent statutes, statutory provisions and rules of law in other jurisdictions.

3. Any headings to Clauses, together with the front cover and the index are for convenience only and shall not affect the meaning of this Agreement. Unless the contrary is stated, references to Clauses and Schedules shall mean the clauses and schedules of this Agreement.

4. Any reference to the Partners shall include their respective statutory successors, employees and agents.

5. In the event of a conflict, the conditions set out in the Clauses to this Agreement shall take priority over the Schedules.

6. Where a term of this Agreement provides for a list of items following the word "including" or "includes", then such list is not to be interpreted as being an exhaustive list.

7. In this Agreement, words importing any particular gender include all other genders, and the term "person" includes any individual, partnership, firm, trust, body corporate, government, governmental body, trust, agency, unincorporated body of persons or association and a reference to a person includes a reference to that person's successors and permitted assigns.

8. In this Agreement, words importing the singular only shall include the plural and vice versa.

9. In this Agreement, "staff" and "employees" shall have the same meaning and shall include reference to any full or part time employee or officer, director, manager and agent.

10. Subject to the contrary being stated expressly or implied from the context in these terms and conditions, all communication between the Partners shall be in writing.

11. Unless expressly stated otherwise, all monetary amounts are expressed in pounds sterling but in the event that pounds sterling is replaced as legal tender in the United Kingdom by a different currency then all monetary amounts shall be converted into such other currency at the rate prevailing on the date such other currency first became legal tender in the United Kingdom.

12. All references to the Agreement include (subject to all relevant approvals) a reference to the Agreement as amended, supplemented, substituted, novated or assigned from time to time.

2. TERM

1. This Agreement shall take effect from the Commencement Date.

2. This Agreement shall continue until it is terminated in accordance with Clause 22.

3. The duration of the arrangements for each Individual Scheme shall be as set out in the relevant Scheme Specification and for the avoidance of doubt the duration of each Individual Scheme shall not go beyond the duration of this Agreement.

3 GENERAL PRINCIPLES

1. Nothing in this Agreement shall affect:

   3.1.1 the liabilities of the Partners to each other or to any third parties for the exercise of their respective functions and obligations; or

   3.1.2 any power or duty to recover charges for the provision of any services in the exercise of any local authority function.

2. The Partners agree to:

   3.2.1 treat each other with respect and an equality of esteem;

   3.2.2 be open with information about the performance and financial status of each; and

   3.2.3 provide early information and notice about relevant problems.

3. For the avoidance of doubt, the aims and outcomes relating to an Individual Scheme may be set out in the relevant Scheme specification.

4 PARTNERSHIP FLEXIBILITIES

1. This Agreement sets out the mechanism through which the Partners will work together to establish one or more of the following:

   4.1.1 Lead Commissioning Arrangements;

   4.1.2 Integrated Commissioning

   4.1.3 Joint (Aligned) Commissioning

   4.1.4 the establishment of one or more Pooled Funds

in relation to Individual Schemes (the "Flexibilities")

2. Where there is Lead Commissioning Arrangements and the CCG is Lead Commissioner the Council delegates to the CCG and the CCG agrees to exercise, on the Council's behalf, the Health Related Functions to the extent necessary for the purpose of performing its obligations under this Agreement in conjunction with the NHS Functions.

3. Where there is Lead Commissioning Arrangements and the Council is Lead Commissioner, the CCG delegates to the Council and the Council agrees to exercise on the CCG's behalf the NHS Functions to the extent necessary for the purpose of performing its obligations under this Agreement in conjunction with the Health Related Functions.

4. Where the powers of a Partner to delegate any of its statutory powers or functions are restricted, such limitations will automatically be deemed to apply to the relevant Scheme Specification and the Partners shall agree arrangements designed to achieve the greatest degree of delegation to the other Partner necessary for the purposes of this Agreement which is consistent with the statutory constraints.

5 FUNCTIONS

1. The purpose of this Agreement is to establish a framework through which the Partners can secure the provision of health and social care services in accordance with the terms of this Agreement.

   5.1.1 This Agreement shall include such Functions as shall be agreed from time to time by the Partners as are necessary to commission or otherwise secure provision of the Services in accordance with their obligations under this Agreement.

   5.1.2. The Scheme Specifications for the Individual Schemes included as part of this Agreement at the Commencement Date are set out in Schedule 1 Part 2

2. Where the Partners add a new Individual Scheme to this Agreement a Scheme Specification for each Individual Scheme shall be in the form set out in Schedule 1 and shall be completed and agreed between the Partners, through working groups and governance set out in . The Scheme Specification current at the date of this Agreement is set out in Schedule 1

3. The Partners shall not enter into a Scheme Specification in respect of an Individual Scheme unless they are satisfied that the Individual Scheme in question will improve health and well-being in accordance with this Agreement.

4. The introduction of any Individual Scheme will be subject to business case approval by the JCG or by delegated authority as directed by the HWBB, and the CCG and the Council governing processes as appropriate. The business case will also recommend the commissioning arrangements in relation to new schemes.

6. COMMISSIONING ARRANGEMENTS

General

1. The Partners shall comply with the commissioning arrangements as set out in the relevant Scheme Specification

2. The Partners shall comply with all relevant legal duties and guidance of both Partners in relation to the Services being commissioned.

3. Each Partner shall keep the other Partner and the JCG and where applicable, the HWWB, regularly informed of the effectiveness of the arrangements including the

Better Care Fund and any Overspend or Underspend in a Pooled Fund or Non-Pooled Fund.

Integrated Commissioning / Joint (Aligned) Commissioning

4 Where there are Integrated or Joint (Aligned) Commissioning arrangements in respect of an Individual Scheme, both Partners shall work in cooperation and shall endeavour to ensure that the Functions are able to be exercised by the relevant Partner in compliance with its statutory duties and so as to ensure that the Services are commissioned and provided with due skill, care and attention. Where there is Integrated or Joint (Aligned) Commissioning then prior to any new Service Contract being entered into the Partners shall agree in writing how the liability under each Services Contract shall be apportioned in the event of termination of the relevant Individual Scheme

5. In Integrated Commissioning Arrangements, the Partners agree that they shall both be responsible for compliance with and making payments of all sums due to a Provider pursuant to the terms of each Service Contract, details to be described in schedule 3.

6. Both Partners shall be responsible for compliance with and making payments of all sums due to a Provider pursuant to the terms of each Service Contract.

7. Both Partners shall work in cooperation and endeavour to ensure that the relevant Services as set out in each Scheme Specification are commissioned within each Partners Financial Contribution in respect of that particular Service in each Financial Year.

8. The Partners shall comply with the arrangements in respect of Joint (Aligned) Commissioning as set out in the relevant Scheme Specification. Where one Partner is acting as Provider or sole commissioner as part of a Joint (Aligned) Commissioning arrangement, it shall ensure that the Services which are the subject of those arrangements are commissioned and (where appropriate) provided with due skill, care and attention and in accordance with any Scheme or Service Specification. A Partner acting as a Provider or sole commissioner of a Service in a Joint (Aligned) Commissioning arrangement shall report to the HWBB and the relevant governance arrangements for the Council and the CCG, for the delivery and commissioning of the relevant Services in accordance with the National Conditions and the Local Objectives.

9. The JCG will report back to the HWBB as required by its terms of reference set out in Schedule 2.

Lead Commissioner

10. Where there are Lead Commissioning Arrangements in respect of an Individual Scheme the Lead Commissioner shall:

5.10.1 list of exercise the Functions as identified in the relevant Scheme Specification;

5.10.2 endeavour to ensure that the Functions are funded within the parameters of the Financial Contributions of each Partner in relation to each particular Service in each Financial Year.

5.10.3 commission Services for individuals who meet the eligibility criteria set out in the relevant Scheme Specification;

5.10.4 contract with Provider(s) for the provision of the Services on terms agreed with the other Partners;

5.10.5 comply with all relevant legal duties and guidance of both Partners in relation to the Services being commissioned;

5.10.6 where Services are commissioned using the NHS Standard Form Contract, perform the obligations of the "Commissioner" and "Co-ordinating Commissioner" with all due skill care and attention and where Services are commissioned using any other form of contract to perform its obligations with all due skill and attention;

5.10.7 perform the obligations of the Commissioner with all due skill, care and attention

5.10.8 undertake performance management and contract monitoring of all Service Contracts;

5.10.9 make payment of all sums due to a Provider pursuant to the terms of any Services Contract.

5.10.10 keep the other Partner regularly informed of the effectiveness of the arrangements including the Better Care Fund and any Overspend or Underspend in a Pooled Fund and if applicable, a Non Pooled Fund.

6 ESTABLISHMENT OF A POOLED FUND

1. In exercise of their respective powers under Section 75 of the 2006 Act, the Partners have agreed to establish and maintain such pooled funds for revenue expenditure as set out in the Scheme Specifications.

2. Each Pooled Fund shall be managed and maintained in accordance with the terms of this Agreement.

3. It is agreed that the monies held in a Pooled Fund may only be expended on the following:

6.3.1 the Contract Price;

6.3.2 the Permitted Budget;

6.3.3 Performance Payments;

6.3.4 Third Party Costs where these are set out in the relevant Scheme Specification or as otherwise agreed in writing by the JCG or the HWBB following authorisation from the Partners, further to clause 8.22 below, where appropriate

6.3.5 Approved Expenditure as set out in the relevant Scheme Specification or as otherwise agreed in advance in writing by the JCG or the HWBB when required

("Permitted Expenditure")

4. The Partners may only depart from the definition of Permitted Expenditure to include or exclude other revenue expenditure with the express written agreement of each Partner or JCG and if required, by the HWBB.

5. For the avoidance of doubt, monies held in the Pooled Fund may not be expended on Default Liabilities unless this is agreed by all Partners in accordance with clause 7.4.

6. The Host Partner for the Better Care Fund Pooled Budget is agreed as the Council. The Host Partner shall be the Partner responsible for:

6.6.1 holding all monies contributed to the Pooled Fund on behalf of itself and the other Partner;

6.6.2 providing the financial administrative systems for the Pooled Fund; and

6.6.3 appointing the Pooled Fund Manager;

6.6.4 ensuring that the Pooled Fund Manager complies with its obligations under this Agreement.

6.6.5 any other expenditure connected with the provision of the Services and approved by the Partners

7 POOLED FUND MANAGEMENT

1. The Pooled Funds identified as part of the Better Care Fund will be managed by the Pooled Fund Manager and shall have the following duties and responsibilities:

7.1.1 the day to day operation and management of the Pooled Fund;

7.1.2 ensuring that all expenditure from the Pooled Fund is in accordance with the provisions of this Agreement and the relevant Scheme Specification;

7.1.3 maintaining an overview of all joint financial issues affecting the Partners in relation to the Services and the Pooled Fund and reporting processes;

7.1.4 ensuring that full and proper records for accounting purposes are kept in respect of the Pooled Fund;

7.1.5 reporting to the JCG and the HWBB as required;

7.1.6 ensuring action is taken to manage any projected under or overspends relating to the Pooled Fund in accordance with this Agreement;

7.1.7 preparing and submitting to the JCG and the HWBB Quarterly reports (as required or more frequent reports if required) and an annual return about the income and expenditure from the Pooled Fund together with such other information as may be required by the Partners and the HWBB to monitor

the effectiveness of the Pooled Fund and to enable the Partners to complete their own financial accounts and returns;

7.1.8 ensuring that the Partners are able to meet all of their statutory financial reporting requirements arising in connection with this Agreement including the Partners' own audit obligations (the time frame for the delivery of such reporting requirements, to be agreed by the JCG in accordance with the Partners' respective requirements); and

8.1.9 preparing and submitting reports to the HWBB as may be required by it and any relevant National Guidance.

2. In carrying out its responsibilities as provided under Clause 8.1 the Pooled Fund Manager shall have regard to National Guidance and the directions of the JCG and/or HWBB as applicable and shall be accountable to the Partners for delivery of those responsibilities.

7.2.1 The Partners shall provide all information necessary to the Pooled Fund Manager to enable it to comply with its obligations set out in Clause 8.1

7.2.2 The virement of Financial Contributions within Pooled Funds allocated to Individual Schemes shall only be permitted if recommended by the HWBB (or the JCG through delegated authority) and authorised by the Partners further to their own respective governance arrangements.

3. Subject to clause 8.2.2, the JCG may agree to the viring of funds between Pooled Funds or amending the allocation of the Pooled Fund between Individual Schemes.

8 MANAGEMENT OF NON- POOLED FUNDS

1. Any Financial Contributions agreed to be held within a Non- Pooled Fund will be notionally held in a fund established solely for the purposes agreed by the Partners. For the avoidance of doubt, a Non- Pooled Fund does not constitute a Pooled Fund for the purposes of Regulation 7 of the Partnership Regulations.

2. When introducing a Non- Pooled Fund, the Partners shall agree:

1.1.1. which Partner if any shall host the Non- Pooled Fund; and

9.2.2 how and when Financial Contributions shall be made to the Non- Pooled Fund.

3 Each Partner will be responsible for establishing the financial and administrative support necessary to enable the effective and efficient management of the Non-Pooled Fund for which they are the host, meeting all required accounting and auditing obligations.

4 Both Partners shall ensure that any Services commissioned or provided, using a Non- Pooled Fund are commissioned or provided (as applicable) solely in accordance with the relevant Scheme Specification.

5 Where there are Joint (Aligned) Commissioning arrangements, both Partners shall work in cooperation and shall endeavour to ensure that:

9.5.1 the NHS Functions funded from a Non-Pooled Fund are carried out within the CCG Financial Contribution to the Non- Pooled Fund for the relevant Service or Individual Scheme in each Financial Year; and

9.5.2 the Health Related Functions funded from a Non Pooled Fund are carried out within the Council's Financial Contribution to the Non Pooled Fund for the relevant Service or Individual Scheme in each Financial Year.

9 FINANCIAL CONTRIBUTIONS

1. The Financial Contribution of the CCG and the Council to the Pooled Fund or Non-Pooled Fund shall be as set out in Schedule 3

2 The Partners agree that they shall commence negotiations regarding the financial contributions to be made to each Individual Scheme for the first Financial Year following 31st March 2019 by no later than 6 months prior to that date and that they shall use their reasonable endeavours to reach agreement on those Financial Contributions no later than 3 months prior to that date. The provisions of this clause shall apply mutatis mutandis in respect of subsequent Financial Years.

3 Each Scheme Specification and Schedule 3 shall be updated by way of a variation to this Agreement in accordance with Clause 34 below to reflect any new or revised Financial Contributions to be made during the Term.

4. Financial Contributions will be paid as set out in each Scheme Specification.

5. With the exception of Clause 13, no provision of this Agreement shall preclude the Partners from making additional contributions of Non-Recurrent Payments to the Pooled Fund from time to time by mutual agreement. Any such additional contributions of Non-Recurrent Payments shall be explicitly recorded in Joint Commisioning Group minutes and recorded in the budget statement as a separate item.

10 NON- FINANCIAL CONTRIBUTIONS

1. Unless set out in a Scheme Specification or otherwise agreed by the Partners, each Partner shall provide the non-financial contributions for any Service that they are Lead Commissioner or as required in order to comply with its obligations under this Agreement in respect of the commissioning of a particular Service. These contributions shall be provided at no charge to the other Partners or to the Pooled Fund.

2. Each Scheme Specification shall set out non-financial contributions of each Partner including staff (including the Pooled Fund Manager), premises, IT support and other non-financial resources necessary to perform its obligations pursuant to this Agreement (including, but not limited to, management of Service Contracts and the Pooled Fund).

11 RISK SHARE ARRANGMENTS, OVERSPENDS AND UNDERSPENDS

Risk share arrangements

1. The Partners have agreed risk share arrangements as set out in Schedule 3 , which provide for risk share arrangements arising within the commissioning of services from

the Pooled Funds as set out in National Guidance and the financial risk to the pool arising from the payment for performance element of the Better Care Fund.

12.1 the Partners agree that, in order to comply with the National Conditions, they shall establish the Pooled Funds that are described in Clause 7, out of which payments may be made, in accordance with the provisions of this Agreement to secure delivery of the Services (as described in the Scheme Specifications). The Partners will work together to achieve the Local Objectives in ensuring the delivery (or provision) of those Services out of the monies that are allocated to the Pooled Funds and the Non-Pooled Funds.

12.2 Details of the Pooled Funds and Non-Pooled Funds and the Scheme Specifications to which they relate are set out in Schedule 3 of this Agreement.

Overspends in Pooled Fund

2. The Host Partner for the Pooled Fund shall manage expenditure from the Pooled Fund within the Financial Contributions and shall use reasonable endeavours to ensure that the expenditure is limited to Permitted Expenditure.

3. The Host Partner shall not be in breach of its obligations under this Agreement if an Overspend occurs PROVIDED THAT it has used reasonable endeavours to ensure that the only expenditure from a Pooled Fund has been in accordance with Permitted Expenditure and it has informed the Joint Commissioning Group and the other partner and decision making groups.

4. In the event that the Pooled Fund Manager identifies an actual or projected Overspend the Pooled Fund Manager must ensure that the JCG and Partners are notified as soon as practicably possible and adhere to Schedule 3

Overspends in Non-Pooled Funds

5. Where in Joint (Aligned) Commissioning Arrangements either Partner forecasts an Overspend in relation to a Partners Financial Contribution to a Non-Pooled Fund that Partner shall as soon as reasonably practicable inform the other Partner and the JCG.

6. Subject to clause 9.3 where there is a Lead Commissioning Arrangement the Lead Commissioner is responsible for the management of the Non-Pooled Fund. The Lead Commissioner shall as soon as reasonably practicable inform the other Partner and the JCG

Underspends in Pooled Fund

7. In the event that expenditure from any Pooled Fund in any Financial Year is less than the aggregate value of the Financial Contributions made for that Financial Year or where the expenditure in relation to an Individual Scheme is less than the agreed allocation to that particular Individual Scheme the Partners shall agree (through the JCG) how the surplus monies shall be spent, carried forward and/or returned to the Partners. Such arrangements shall be subject to the Law and the Standing Orders and Standing Financial Instructions (or equivalent) of the Partners and the terms of the Performance Payment Arrangement.

12 CAPITAL EXPENDITURE

1. Except as provided in clause 13.2, neither Pooled Funds nor Non-Pooled Funds shall normally be applied towards any one-off expenditure on goods and/or services, which will provide continuing benefit and would historically have been funded from the capital budgets of one of the Partners. If a need for capital expenditure is identified this must be agreed by the Partners and respective Partner processes must be exercised in order to obtain the required capital to fund the identified capital expenditure.

2. The Partners agree that capital expenditure may be made from Pooled Funds where this is in accordance with National Guidance.

13 VAT

1. The Partners shall agree the treatment of the Pooled Fund for VAT purposes in accordance with any relevant guidance from HM Customs and Excise.

2. Subject to Clause 14.1, Services commissioned by the Council will be subject to the VAT regime of the Council and Services commissioned by the CCG will be subject to the VAT regime of the National Health Service.

14 AUDIT AND RIGHT OF ACCESS

1. All Partners shall promote a culture of probity and sound financial discipline and control. The Host Partner shall arrange for the audit of the accounts of the relevant Pooled Fund and shall require the appropriate person or body appointed to exercise the functions of the Audit Commission under section 28(1)(d) of the Audit Commission Act 1998, by virtue of an order made under section 49(5)of the Local Audit and Accountability Act 2014. to make arrangements to certify an annual return of those accounts under Section 28(1) of the Audit Commission Act 1998.

2. All internal and external auditors and all other persons authorised by the Partners will be given the right of access by them to any document, information or explanation they require from any employee, member of the Partner in order to carry out their duties. This right is not limited to financial information or accounting records and applies equally to premises or equipment used in connection with this Agreement. Access may be at any time without notice, provided there is good cause for access without notice.

3. The Partners shall comply with relevant NHS finance and accounting obligations as required by relevant Law and/or National Guidance.

15 LIABILITIES AND INSURANCE AND INDEMNITY

1. Subject to Clause 16.2, and 16.3, if a Partner (“First Partner”) incurs a Loss arising out of or in connection with this Agreement or a Services Contract as a consequence of any act or omission of another Partner (“Other Partner”) which constitutes negligence, fraud or a breach of contract in relation to this Agreement or the Services Contract then the Other Partner shall be liable to the First Partner for that Loss and shall indemnify the First Partner accordingly.

2. Clause 16.1 shall only apply to the extent that the acts or omissions of the Other Partner contributed to the relevant Loss. Furthermore, it shall not apply if such act or omission occurred as a consequence of the Other Partner acting in accordance with the instructions or requests of the First Partner or the JCG and/or HWBB.

3. If any third party makes a claim or intimates an intention to make a claim against either Partner, which may reasonably be considered as likely to give rise to liability under this Clause 16. the Partner that may claim against the other indemnifying Partner will:

15.3.1 as soon as reasonably practicable give written notice of that matter to the Other Partner specifying in reasonable detail the nature of the relevant claim;

15.3.2 not make any admission of liability, agreement or compromise in relation to the relevant claim without the prior written consent of the Other Partner (such consent not to be unreasonably conditioned, withheld or delayed);

15.3.3 give the Other Partner and its professional advisers reasonable access to its premises and personnel and to any relevant assets, accounts, documents and records within its power or control so as to enable the Indemnifying Partner and its professional advisers to examine such premises, assets, accounts, documents and records and to take copies at their own expense for the purpose of assessing the merits of, and if necessary defending, the relevant claim.

4. Each Partner shall ensure that they maintain policies of insurance (or equivalent arrangements through schemes operated by the National Health Service Litigation Authority) in respect of all potential liabilities arising from this Agreement and in the event of Losses shall seek to recover such Loss through the relevant policy of insurance (or equivalent arrangement).

5. Each Partner shall at all times take all reasonable steps to minimise and mitigate any loss for which one party is entitled to bring a claim against the other pursuant to this Agreement.

6. Neither Partner shall be liable to the other Partner for claims arising from any acts or omissions of the other Partner in connection with the Services before the Commencement Date.

7. Conduct of Claims in respect of the indemnities given in this Clause 16:

16.7.1 the indemnified Partner shall give written notice to the indemnifying Partner as soon as is practicable of the details of any claim or proceedings brought or threatened against it in respect of which a claim will or may be made under the relevant indemnity;

16.7.2 the indemnifying Partner shall at its own expense have the exclusive right to defend conduct and/or settle all claims and proceedings to the extent that such claims or proceedings may be covered by the relevant indemnity provided that where there is an impact upon the indemnified Partner, the indemnifying Partner shall consult with the indemnified Partner about the conduct and/or settlement of such claims and proceedings and shall at all times keep the indemnified Partner informed of all material matters.

16.7.3 the indemnifying and indemnified Partners shall each give to the other all such cooperation as may reasonably be required in connection with any threatened or actual claim or proceedings which are or may be covered by a relevant indemnity.

16 STANDARDS OF CONDUCT AND SERVICE

1. The Partners will at all times comply with Law and ensure good corporate governance in respect of each Partner (including the Partners respective Standing Orders and Standing Financial Instructions).

2. The Council is subject to the duty of Best Value under the Local Government Act 1999. This Agreement and the operation of the Pooled Fund is therefore subject to the Council's obligations for Best Value and the other Partners will co-operate with all reasonable requests from the Council which the Council considers necessary in order to fulfil its Best Value obligations.

3. The CCG is subject to the CCG Statutory Duties and these incorporate a duty of clinical governance, which is a framework through which they are accountable for continuously improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish. This Agreement and the operation of the Pooled Funds are therefore subject to ensuring compliance with the CCG Statutory Duties and clinical governance obligations.

4. The Partners are committed to an approach to equality and equal opportunities as represented in their respective policies. The Partners will maintain and develop these policies as applied to service provision, with the aim of developing a joint strategy for all elements of the service.

17 CONFLICTS OF INTEREST

The Partners shall comply with the agreed policy for identifying and managing conflicts of interest as set out in Schedule 7 Policy for the Management of Conflicts of Interests

1. Overall strategic oversight of partnership working between the Partners is vested in the HWBB, which for these purposes shall make recommendations to the Partners as to any action it considers necessary.

2. The HWBB, Healthwatch and the overview and scrutiny committees have signed a memorandum of understanding to ensure good lines of communication and a collective understanding of each other's roles

19 GOVERNANCE

1. Overall strategic oversight of partnership working between the Partners is vested in the HWBB, which for these purposes shall agree the BCF Plan and make recommendations to the Partners as to any action it considers necessary. For the avoidance of doubt, It s the responsibility of the CCG and the Council to approve and deliver the BCF plan.

2. The Partners have established a JCG to ensure implementation of the Better Care Fund plan and conduct financial and performance monitoring

3. The JCG is based on a joint working group structure and its purpose is to drive the development and delivery of the health and wellbeing work/action plans including the Better Care Fund plan. It.is made up of the relevant directors and senior representatives of the Partners who will have individual delegated responsibility from the Partner employing them to make decisions together with representatives from other stakeholder organisations (as set out in Schedule 2) which enable the JCG to carry out its objects, roles, duties and functions as set out in this clause 19 and the terms of reference for this group are set out in Schedule 2 of this Agreement

4. It is the responsibility of the JCG and the HWBB in conjunction with partners in the STP, to ensure that strategic objectives across health & the local authority are aligned. Strategic issues are resolved through the HWBB and its subgroups, and the STP and its subgroups.

5. Each Partner has secured internal reporting arrangements to ensure the standards of accountability and probity required by each Partner's own statutory duties are complied with and HWBB shall be responsible for the overall approval of the BCF Plan, ensuring compliance and the strategic direction of the Better Care Fund.

6. Each Service Specification shall confirm the governance arrangements in respect of the Individual Scheme and how that Individual Scheme is reported to the HWBB.

20 REVIEW

1. The Partners shall produce a BCF Quarterly Report which shall be provided to the HWBB in such form and setting out such information as required by National Guidance and any additional information required by the HWBB or National Commissioning Board

2. Save where the JCG agree alternative arrangements (including alternative frequencies) the Partners shall undertake an annual review ("**Annual Review**") of the operation of this Agreement, the Pooled Fund, and, if applicable, the Non-Pooled Fund and the provision of the Services within 3 Months of the end of each Financial Year.

3. Subject to any variations to this process required by the JCG, Annual Reviews shall be conducted in good faith and, where applicable, in accordance with the governance arrangements.

4. The HWBB will receive regular reports on the Better Care Fund throughout the year, with a final annual report on the Better Care Fund, the Pooled budget, the Non-Pooled Fund and this Agreement.

5. In the event that the Partners fail to meet the requirements of the Better Care Fund Plan and NHS England the Partners shall provide full co-operation with NHS England to agree a recovery plan.

21 COMPLAINTS

1 Subject to the remaining provisions of this clause 21 a Partners' own complaints procedures shall apply to complaints received by it in connection with the Services commissioned or provided by it pursuant to this Agreement or in connection with its obligations pursuant to this Agreement.

2 Each Partner will endeavour to put in place reasonable and proportionate procedures to report complaints that they receive to the other Partner. The Partners agree to consult with and to assist one another in connection the management of complaints generally and to respond collectively where appropriate.

3 The Partners shall comply with National Guidance and local complaints protocols developed from time to time in determining how to address and manage complaints.

22. TERMINATION & DEFAULT

1. This Agreement may be terminated by any Partner giving not less than 3 Months' notice in writing to terminate this Agreement provided that such termination shall not take effect prior to the termination or expiry of all Individual Schemes.

2. Each Individual Scheme may be terminated in accordance with the terms set out in the relevant Scheme Specification and contracting arrangements of the Lead Commissioner, provided that the Partners ensure that the Better Care Fund requirements continue to be met.

3. If any Partner ("Relevant Partner") fails to meet any of its obligations under this Agreement, the other Partner may by notice require the Relevant Partner to take such reasonable action within a reasonable timescale as the other Partner may specify to rectify such failure. Should the Relevant Partner fail to rectify such failure within such reasonable timescale, the matter shall be referred for resolution in accordance with Clause 23.

4. Termination of this Agreement (whether by effluxion of time or otherwise) shall be without prejudice to the Partners' rights in respect of any antecedent breach and any terms of this Agreement which either expressly or by implication survive termination of this Agreement

5. In the event of termination of this Agreement, the Partners agree to cooperate to ensure an orderly wind down of their joint activities and to use their best endeavours to minimise disruption to the health and social care which is provided to the Service Users.

6. Upon termination of this Agreement for any reason whatsoever the following shall apply:

21.6.1 the Partners agree that they will work together and co-operate to ensure that the winding down and disaggregation of the integrated and joint activities to the separate responsibilities of the Partners is carried out smoothly and with as little disruption as possible to service users, employees, the Partners and third parties, so as to minimise costs and liabilities of each Partner in doing so;

21.6.2 where either Partner has entered into a Service Contract which continues after the termination of this Agreement, both Partners shall continue to contribute to the Contract Price in accordance with the agreed contribution for that Service prior to termination and will enter into all appropriate legal documentation required in respect of this;

21.6.3 where necessary, the Lead Commissioner shall make reasonable endeavours to amend or terminate a Service Contract (which shall for the avoidance of doubt not include any act or omission that would place the Lead Commissioner in breach of the Service Contract) where the other Partner requests the same in writing Provided that the Lead Commissioner shall not be required to make any payments to the Provider for such amendment or termination unless the Partners shall have agreed in advance who shall be responsible for any such payment.

21.6.4 where a Service Contract held by a Lead Commissioner relates all or partially to services which relate to the other Partner's Functions then provided that the Service Contract allows the other Partner may request that the Lead Commissioner assigns the Service Contract in whole or part upon the same terms mutatis mutandis as the original contract (for the avoidance of doubt, where Joint (Aligned) Commissioning arrangements are in place and one Partner is the sole commissioner of a Service, the commissioning Partner shall be entitled to continue to commission that Service under the relevant Service Contract at its own cost, following termination of this Agreement);

21.6.5 the JCG shall continue to operate for the purposes of functions associated with this Agreement for the remainder of any contracts and commitments relating to this Agreement; and

21.6.6 Termination of this Agreement shall have no effect on the liability of any rights or remedies of either Partner already accrued, prior to the date upon which such termination takes effect.

7. In the event of termination in relation to an Individual Scheme or Service the Partners shall ensure that the Better Care Fund requirements of the Partners can continue to be met and the provisions of Clause 22.5 shall apply mutatis mutandis in relation to the Individual Scheme (as though references as to this Agreement were to that Individual Scheme).

22 DISPUTE RESOLUTION

1. In the event of a dispute between the Partners arising out of this Agreement, either Partner may serve written notice of the dispute on the other Partner, setting out full details of the dispute. in order to commence the dispute resolution procedure set out in this Clause 23.

2. The Authorised Officer shall meet in good faith as soon as possible and in any event within seven (7) days of notice of the dispute being served pursuant to Clause 23.1, at a meeting convened for the purpose of resolving the dispute.

3. If the dispute remains after the meeting detailed in Clause 23.2 has taken place, the Partners' respective chief executives or nominees shall meet in good faith as soon as possible after the relevant meeting and in any event with fourteen (14) days of the date of the meeting, for the purpose of resolving the dispute.

4. If the dispute remains after the meeting detailed in Clause 23.3 has taken place, then the Partners will attempt to settle such dispute by mediation in accordance with the CEDR Model Mediation Procedure or any other model mediation procedure as agreed

by the Partners. To initiate a mediation, either Partner may give notice in writing (a **"Mediation Notice"**) to the other requesting mediation of the dispute and shall send a copy thereof to CEDR or an equivalent mediation organisation as agreed by the Partners asking them to nominate a mediator. The mediation shall commence within twenty (20) Working Days of the Mediation Notice being served. Neither Partner will terminate such mediation until each of them has made its opening presentation and the mediator has met each of them separately for at least one (1) hour. Thereafter, paragraph 14 of the Model Mediation Procedure will apply (or the equivalent paragraph of any other model mediation procedure agreed by the Partners). The Partners will co-operate with any person appointed as mediator, providing him with such information and other assistance as he shall require and will pay his costs as he shall determine or in the absence of such determination such costs will be shared equally.

5. Nothing in the procedure set out in this Clause 23 shall in any way affect either Partner's right to terminate this Agreement in accordance with any of its terms or take immediate legal action.

23 FORCE MAJEURE

1. Neither Partner shall be entitled to bring a claim for a breach of obligations under this Agreement by the other Partner or incur any liability to the other Partner for any losses or damages incurred by that Partner to the extent that a Force Majeure Event occurs and it is prevented from carrying out its obligations by that Force Majeure Event.

2. On the occurrence of a Force Majeure Event, the Affected Partner shall notify the other Partner as soon as practicable. Such notification shall include details of the Force Majeure Event, including evidence of its effect on the obligations of the Affected Partner and any action proposed to mitigate its effect.

3. As soon as practicable, following notification as detailed in Clause 24.2, the Partners shall consult with each other in good faith and use all best endeavours to agree appropriate terms to mitigate the effects of the Force Majeure Event and, subject to Clause 24.4, facilitate the continued performance of the Agreement.

4. If the Force Majeure Event continues for a period of more than sixty (60) days, either Partner shall have the right to terminate the Agreement by giving fourteen (14) days written notice of termination to the other Partner. For the avoidance of doubt, no compensation shall be payable by either Partner as a direct consequence of this Agreement being terminated in accordance with this Clause.

24 CONFIDENTIALITY

1. In respect of any Confidential Information a Partner receives from another Partner (the "**Discloser**") and subject always to the remainder of this Clause 25, each Partner (the "**Recipient**") undertakes to keep secret and strictly confidential and shall not disclose any such Confidential Information to any third party, without the Discloser's prior written consent provided that:

   24.1.1 the Recipient shall not be prevented from using any general knowledge, experience or skills which were in its possession prior to the Commencement Date; and

24.1.2 the provisions of this Clause 25 shall not apply to any Confidential Information which:

(a) is in or enters the public domain other than by breach of the Agreement or other act or omission of the Recipient; or

(b) is obtained by a third party who is lawfully authorised to disclose such information.

2. Nothing in this Clause 25 shall prevent the Recipient from disclosing Confidential Information where it is required to do so in fulfilment of statutory obligations or by judicial, administrative, governmental or regulatory process in connection with any action, suit, proceedings or claim or otherwise by applicable Law.

3. Each Partner:

24.3.1 may only disclose Confidential Information to its employees and professional advisors to the extent strictly necessary for such employees to carry out their duties under the Agreement; and

24.3.2 will ensure that, where Confidential Information is disclosed in accordance with Clause 25.3.1, the recipient(s) of that information is made subject to a duty of confidentiality equivalent to that contained in this Clause 25;

24.3.3 shall not use Confidential Information other than strictly for the performance of its obligations under this Agreement.

25 FREEDOM OF INFORMATION AND ENVIRONMENTAL PROTECTION REGULATIONS

1. The Partners agree that they will each cooperate with each other to enable any Partner receiving a request for information under the 2000 Act or the 2004 Act to respond to a request promptly and within the statutory timescales. This cooperation shall include but not be limited to finding, retrieving and supplying information held, directing requests to other Partners as appropriate and responding to any requests by the Partner receiving a request for comments or other assistance.

2. Any and all agreements between the Partners as to confidentiality shall be subject to their duties under the 2000 Act and 2004 Act. No Partner shall be in breach of Clause 26 if it makes disclosures of information in accordance with the 2000 Act and/or 2004 Act and the Local Authority Transparency Code 2015.

26 OMBUDSMEN

The Partners will co-operate with any investigation undertaken by the Health Service Commissioner for England or the Local Government Commissioner for England (or both of them) in connection with this Agreement.

27 INFORMATION SHARING

The Partners will follow the Information Governance Protocol set out in Schedule 8, and in so doing will ensure that the operation of this Agreement complies comply with Law, in particular the 1998 Act, 2000 Act and the 2004 Act, GDPR and the 2018

Act and will at all times observe the Data Protection Legislation and honour the confidentiality of any data supplied for the performance of this Agreement and in so far as such data constitutes Personal Data within the meaning prescribed by the Data Protection Legislation will at all times comply fully with the 1998 Act and GDPR principles as are applicable at the relevant time and relative thereto and will at all times indemnify each other from and/or against any cause of action which may be brought against either Partner consequent to any breach or non-observance by the other Partner

28 NOTICES

1. Any notice to be given under this Agreement shall either be delivered personally, sent by first class post or electronic mail. The address for service of each Partner shall be as set out in Clause 29.3 or such other address as each Partner may previously have notified to the other Partner in writing. A notice shall be deemed to have been served if:

   28.1.1 personally delivered, at the time of delivery;

   28.1.2 posted, at the expiration of forty eight (48) hours after the envelope containing the same was delivered into the custody of the postal authorities; and

   28.1.3 if sent by electronic mail, at the time of transmission and a telephone call must be made to the recipient warning the recipient that an electronic mail message has been sent to him (as evidenced by a contemporaneous note of the Partner sending the notice) and a hard copy of such notice is also sent by first class recorded delivery post (airmail if overseas) on the same day as that on which the electronic mail is sent.

2. In proving such service, it shall be sufficient to prove that personal delivery was made, or that the envelope containing such notice was properly addressed and delivered into the custody of the postal authority as prepaid first class or airmail letter (as appropriate), or that the electronic mail was properly addressed and no message was received informing the sender that it had not been received by the recipient (as the case may be).

3. The address for service of notices as referred to in Clause 29.1 shall be as follows unless otherwise notified to the other Partner in writing:

   28.3.1 if to the Council, addressed to the Chief Executive:

   Shropshire Council
   Shirehall
   Abbey Forgate
   Shrewsbury
   Shropshire
   SY2 6ND

   Tel: 0345 678 9000
   Email: customer.service@shropshire.gov.uk

and

28.3.2 if to the CCG, addressed to the Chief Executive;

Shropshire Clinical Commissioning Group
William Farr House
Mytton Oak Road
Shrewsbury
Shropshire
SY3 8XL

Tel: 01743 277500

30. PROHIBITED ACTS

1 Neither Partner shall commit a Prohibited Act

2 If either of the Partners commits any Prohibited Act or commits any offence under the Bribery Act with or without the knowledge of the other Partner in relation to this Agreement, the non-defaulting Partner shall be entitled:
a) Exercise its right to terminate this Agreement and to recover from the defaulting Partner the amount of any loss resulting from the termination; and
b) To recover from the defaulting Party any loss or expense sustained in consequence of the carrying out of the Prohibited Act or the commission of the offence.

3 Each Partner must provide the other Partner upon written request with all reasonable assistance to enable that Partner to perform any activity required for the purposes of complying with the Bribery Act. Should either Partner request such assistance the Partner requesting assistance must pay the reasonable expenses of the other Partner arising as a result of such request.

4 The Partners must have in place an anti-bribery policy for the purposes of preventing any of its employees, agents servants consultants or contractors from committing a prohibited act under the Bribery Act and must be enforced where applicable.

5 Should either Partner become aware of or suspect any breach of this clause, it will notify the other Partner immediately. Following such notification, the defaulting Partner should respond promptly and fully to any enquiries of the other Partner, co-operate with any investigation undertaken by the non-defaulting Partner and allow the non-defaulting Partner to audit any books, records and other relevant documentation.

31 SAFEGUARDING

The Partners shall ensure that all Providers have appropriate Safeguarding policies in place and shall require such policies to be implemented where applicable. Where the services or activities being undertaken with respect to any Individual Scheme are Regulated Activities the Partners shall require Providers to comply with all relevant requirements of the Disclosure and Barring Service.

32 HEALTHWATCH

1. The Partners shall promote and facilitate the involvement of Service Users, carers and members of the public in decision making concerning the Services commissioned.

2 The Partners shall ensure that its contracts with Providers require co-operation with Local Healthwatch where applicable

33 STAFFING (TUPE, SECONDMENT AND PENSIONS) – Not Used

34. VARIATION

1. No variations to this Agreement will be valid unless they are recorded in writing and signed for and on behalf of each of the Partners.

2. Where the Partners agree that there will be:

34.2.1 a new Pooled Fund;

34.2.2 a new Individual Scheme; or

34.2.3 an amendment to a current Individual Scheme,

the JCG shall agree the new or amended Individual Scheme and this must be signed by the Partners. A request to vary an Individual Scheme, which may include (without limitation) a change in the level of Financial Contributions or other matters set out in the relevant Scheme Specification may be made by any Partner but will require agreement from all of the Partners in accordance with the process set out in Clause 34.3. The notice period for any variation unless otherwise agreed by the Partners shall be 3 Months or in line with the notice period for variations within the associated Service Contract(s), whichever is the shortest.

3. The following approach shall, unless otherwise agreed, be followed by the JCG:

34.3.1 on receipt of a request from one Partners to vary the Agreement including (without limitation) the introduction of a new Individual Scheme or amendments to an existing Individual Scheme, the JCG will first undertake an impact assessment and identify those Service Contracts likely to be affected;

34.3.2 the JCG will agree whether those Service Contracts affected by the proposed variation should continue, be varied or terminated, taking note of the Service Contract terms and conditions and ensuring that the Partners holding the Service Contract/s is not put in breach of contract; its statutory obligations or financially disadvantaged;

34.4.3 wherever possible agreement will be reached to reduce the level of funding in the Service Contract(s) in line with any reduction in budget; and

34.4.4 should this not be possible and one Partner is left financially disadvantaged as a result of holding a Service Contract for which the budget has been reduced, then the financial risk will, unless otherwise agreed, be shared equally between the Partners.

35 CHANGE IN LAW

1 The Partners shall ascertain, observe, perform and comply with all relevant Laws, and shall do and execute or cause to be done and executed all acts required to be done under or by virtue of any Laws.

2 On the occurrence of any Change in Law, the Partners shall agree in good faith any amendment required to this Agreement as a result of the Change in Law subject to the Partners using all reasonable endeavours to mitigate the adverse effects of such Change in Law and taking all reasonable steps to minimise any increase in costs arising from such Change in Law.

3 In the event of failure by the Partners to agree the relevant amendments to the Agreement (as appropriate), the Clause 23 (Dispute Resolution) shall apply.

36 WAIVER

No failure or delay by any Partner to exercise any right, power or remedy will operate as a waiver of it nor will any partial exercise preclude any further exercise of the same or of some other right to remedy.

37 SEVERANCE

If any provision of this Agreement, not being of a fundamental nature, shall be held to be illegal or unenforceable, the enforceability of the remainder of this Agreement shall not thereby be affected.

38 ASSIGNMENT AND SUB CONTRACTING

The Partners shall not sub contract, assign or transfer the whole or any part of this Agreement, without the prior written consent of the other Partners, which shall not be unreasonably withheld or delayed PROVIDED that this shall not apply to any assignment to a statutory successor of all or part of a Partner's statutory functions or where the Council wishes to assign any of its rights under this Agreement; or transfer all of its rights or obligations by novation to another person where such assignment, transfer or novation is to an Associated Person of the Council.

39 EXCLUSION OF PARTNERSHIP AND AGENCY

1 Nothing in this Agreement shall create or be deemed to create a partnership under the Partnership Act 1890 or the Limited Partnership Act 1907, a joint venture or the relationship of employer and employee between the Partners or render either Partner directly liable to any third party for the debts, liabilities or obligations of the other.

2 Except as expressly provided otherwise in this Agreement or where the context or any statutory provision otherwise necessarily requires, neither Partner will have authority to, or hold itself out as having authority to:

39.2.1 act as an agent of the other;

39.2.2 make any representations or give any warranties to third parties on behalf of or in respect of the other; or

39.2.3 bind the other in any way.

40 THIRD PARTY RIGHTS

Unless the right of enforcement is expressly provided, no third party shall have the right to pursue any right under this Contract pursuant to the Contracts (Rights of Third Parties) Act 1999 or otherwise.

41 ENTIRE AGREEMENT

1. The terms herein contained together with the contents of the Schedules constitute the complete agreement between the Partners with respect to the subject matter hereof and supersede all previous communications representations understandings and agreement and any representation promise or condition not incorporated herein shall not be binding on any Partner.

2. No agreement or understanding varying or extending or pursuant to any of the terms or provisions hereof shall be binding upon any Partner unless in writing and signed by a duly authorised officer or representative of the parties.

42 COUNTERPARTS

This Agreement may be executed in one or more counterparts. Any single counterpart or a set of counterparts executed, in either case, by all Partners shall constitute a full original of this Agreement for all purposes.

43 GOVERNING LAW AND JURISDICTION

1. This Agreement and any dispute or claim arising out of or in connection with it or its subject matter or formation (including non-contractual disputes or claims) shall be governed by and construed in accordance with the laws of England and Wales.

2 Subject to Clause 23 (Dispute Resolution), the Partners irrevocably agree that the courts of England and Wales shall have exclusive jurisdiction to hear and settle any action, suit, proceedings, dispute or claim, which may arises out of, or in connection with, this Agreement, its subject matter or formation (including non-contractual disputes or claims)

IN WITNESS WHEREOF this Agreement has been executed by the Partners on the date of this Agreement

Signed on behalf of **SHROPSHIRE COUNCIL**

_____

Authorised Signatory
Andy Begley
Director, Adult Services

Signed on behalf of **SHROPSHIRE CLINICAL COMMISSIONING GROUP**

_____

Authorised Signatory
Simon Freemen,
Accountable Officer, Shropshire CCG

SCHEDULE 1 – SCHEME SPECIFICATION

1. The Scheme Specification for the Individual Schemes which make up the Better Care Fund plan are found here in two parts; the first is narrative, as found in the Better Care Fund plan. The narrative describes:

   - The Aims and Outcomes of the Individual Schemes,
   - The Service that the Individual Scheme delivers,
   - The governance arrangements,
   - The outcome measures,
   - The schedule for performance monitoring.
   - Action plan for BCF Development

2. The second part is the BCF planning template which identifies:

   - BCF budget lines and amounts
   - Funding sources
   - Performance metrics
   - National conditions
   - Guidance

Please find Part 1 & 2 attached here

Part 1	Link to 2017-19 BCF Plan Better Care Fund Annex v2 28 08 18.do 2017-19 Planning Template v14.6b - Au
Part 2	BCF Pooled Fund Schemes 2018-19.xls ASC BCF Targets 2018-19.docx

3. The Partners agree that they shall commence negotiations regarding the Individual Schemes and Scheme Specifications to be included in the BCF Plan for each Financial Year following 31st March 2019 by no later than 6 months prior to that date and that they shall use their best endeavours to reach agreement on those Individual Schemes and Scheme Specifications no later than 3 months prior to that date. The provisions of this clause shall apply mutatis mutandis in respect of subsequent Financial Years.

SCHEDULE 2 – GOVERNANCE

Further to clause 19 of the main terms of this Agreement, the governance of the Better Care Fund is as set out in this Schedule 2.

1. HEALTH AND WELLBEING BOARD:

The HWBB is a partnership board and legislated committee of the Council.

1.1 Health and Wellbeing Board Aim and Vision (from the Joint HWB Strategy):

1.1.1 Our Aim:

To improve the population's health and wellbeing; to reduce health inequalities that can cause unfair and avoidable differences in people's health; to help as many people as possible live long, happy and productive lives by promoting health and wellbeing at all stages of life.

1.1.2 Our Vision:

For Shropshire people to be the healthiest and most fulfilled in England

The HWBB believes we need a new approach to health and care that nurtures wellness and encourages positive health behaviour at all stages of people's lives and across all communities. We need to:

Start Well – parents make good choices for their bumps and babes; early years and schools support good mental and physical health and wellbeing; services are available when and if they are needed;

Live Well – we make good choices for ourselves as we become adults to keep well and healthy, both physically and mentally; accessing support from services when and if they are needed;

Age Well – making good choices as an adult means that as Shropshire people age they are as fit and well as they can be; people continuing to make good lifestyle choices throughout their lives can prevent many long term conditions such as dementia and heart disease.

1.2 TERMS OF REFERENCE:

1.2.1 Purpose

The purpose of the HWBB is to bring together key leaders from local health and care organisations to work together to improve the health and wellbeing of local people and to reduce inequalities that are the cause of ill health. HWBB members work together to understand their local community's needs, agree priorities, and make decisions to improve the health and wellbeing of local people in Shropshire.

1.2.2 Responsibilities

The HWBB will develop and implement a five year Health & Wellbeing Strategy

(HWBS); it will also develop, implement and annually refresh the HWB Action Plan. It will carry out this role through:

The HWBB will develop and implement a five year Health & Wellbeing Strategy (HWBS); it will also develop, implement and annually refresh the HWB Action Plan. It will carry out this role through:

- Taking a system leadership approach and working with partners across the health and wellbeing system to implement the vision and priorities as set out in the HWBS;
- Working with and influencing partners across Shropshire, and along Shropshire's boundaries, who make decisions that impact the wider determinants of health and wellbeing; these include but are not limited to planning, housing, transport, business and other partnership groups. The HWBB will do this in order to implement and deliver the vision and priorities as set out in the HWBS;
- Working with the people of Shropshire to support and promote healthy lifestyles at all stages, to improve the health and wellbeing of all people, but especially with those who need it most;
- Working with the people of Shropshire and service users to design and develop sustainable services;
- Convening the Health and Wellbeing Delivery Group and its subgroups, which is tasked with delivering key elements of the strategy; this may involve convening any necessary task and finish groups;
- Deliver the Better Care Fund programme in accordance with national guidelines and hold accountability for delivery of the Better Care Fund Plan, its associated metrics and budget in accordance with the local Partnership Agreement.
- Supporting integration and the joint commissioning of health and social care services for children, families and adults in Shropshire, through the Better Care Fund pooled budget arrangements.
- Being innovative in its approach to deliver integration and the joint commissioning of health and social care services for children, families and adults in Shropshire.
- Keeping under review, the financial and organisational implications of joint and integrated working across health and social care services, ensuring that performance and quality standards for health and social care services to children, families and adults are met and represent value for money across the whole system.
- Delivering its statutory obligations including oversight of the Care Act, Children and Adults Safeguarding Boards, joint commissioning arrangements of the SEND reforms; input into the CCG planning processes and its 5 Year Plan; and the Pharmaceutical Needs Assessment.
- Responding to any further legislative requirements as described through national policy and legislative changes.
- Developing a shared understanding of the needs of the local community through the development of an agreed Joint Strategic Needs Assessment (JSNA); the JSNA will analyse local need through locally collected quantitative and qualitative information.

- Working with Healthwatch Shropshire and through the HWBB's Communication and Engagement Group ensuring that appropriate communication, engagement and involvement takes place and contributes to the JSNA and decision making processes.
- Working with the Council's statutory boards including the Children's Trust, the Safer Stronger Communities Board, the Safeguarding Adults Board, and the Safeguarding Children's Board.
- The HWBB will act as a key forum for local democratic and public accountability of health, care and wellbeing promotion and services within Shropshire, prime financial policies and standing orders.
- Ensure that equality and diversity is proactively considered and promoted as part of the committee's business and its decision making.

1.2.3. Membership

Voting Members

Cabinet Member – Portfolio Holder Health

Cabinet Member – Portfolio Holder Adult Social Care

Cabinet Member – Portfolio Holder Children's Services

Clinical Commissioning Group – Accountable Officer

Clinical Commissioning Group – Chair

Clinical Commissioning Group – Director of Contracting and Planning

Clinical Commissioning Group – Director of Performance and Delivery

Director of Children's Services

Director of Adult Services

Director of Public Health

Representative from Healthwatch

Voluntary and Community Sector Assembly – Chair

NHS England

<u>System Leaders/ Non-Voting Members</u>

Shrewsbury and Telford Hospital NHS Trust – Chief Executive

Shropshire Community Health NHS Trust – Chief Executive

South Staffordshire & Shropshire Foundation NHS Trust – Chief Executive

Shropshire Partners in Care – Chief Officer

GP Federation – Chair

Business Board – Chair

System leaders (from all sectors) will be invited to discuss relevant issues as needed

1 Membership will be reviewed regularly to adjust for changes as required by the purpose of the HWBB.

2 Members who cannot attend should only send a named deputy if approved by the Chair or Vice Chair of the HWBB. Deputies will have the decision-making and voting rights of the person he/she is representing.

1.2.4. Meeting Arrangements

Co- Chair – the HWBB will operate a co-chair arrangement selected and agreed by the HWBB; one Portfolio Holder HWBB Member and one CCG HWBB member.

Notice of Meetings – meetings of the HWBB will be arranged 5 full working days in advance by Shropshire Council, who will also provide the clerking and recording of the meeting.

Quorum – Quorum for all meetings of the HWBB is 50% of voting members with at least two representatives from Shropshire Council, at least two from the CCG, and at least one other.

Substitutes – Nominating groups may appoint a substitute member for each position; notification of the named substitute member must be made prior to the meeting start. Substitute members will have full voting rights.

Meeting Frequency – The HWBB will meet at least quarterly.

Status – Meetings of the HWBB will be open to the press and public and the agenda reports and minutes will be available on the Council's website at least five working days in advance of each meeting. There will be an opportunity for members of the public to ask questions. A response to the question will be tabled and a brief opportunity will be provided to the member of the public to ask a follow-up question. Guidance for this process is available on the Shropshire Council website.

Election – The Co-Chairs of the HWBB are elected from the group of Portfolio Holder HWBB Members and the HWBB Members annually.

Decision making – it is expected that decisions will be reached by consensus; however, if a vote is required it will be determined by a simple majority of members present and voting. If there are equal members for or against, the Chair will have a casting vote

Member Responsibilities

Represent views of the HWBB as required; adhere to the principles of the HWBB and behave in a manner conducive to partnership working and collaboration

Confidential Items – Members of the public and press may only be excluded either in accordance with the Access to Information Rules as set out in Part 4 of Shropshire Council's Constitution or Rule 26 (Disturbance by the Public).

1.2.5. Principles

To drive a genuinely collaborative approach to the commissioning and delivery of services which improve the health and wellbeing of local people, the HWBB will abide by the following principles:-

- The HWBB will work primarily to improve the health and wellbeing of the citizens of Shropshire;
- The HWBB will work collaboratively and consensually;
- The HWBB will add value over and above our current arrangements to really tackle key priorities and delivery outcomes for our communities;
- Members of the HWBB will have genuine levels of trust and an open and honest willingness to work collaboratively;
- Will develop creative and constructive challenge to ensure that the HWBB is always working to maximise its potential as partners;
- Will be pro-active by developing collaborative working to deliver the HWBB strategy, whilst maintaining appropriate flexibility to respond to issues as they arise

1.2.6. Governance

Under section 194 of the Health and Social Care Act 2012, the HWBB is a committee of the Local Authority (as part of section 102 of the Local Government Act 1972). However, it is a committee where modifications to the strict rules of section 102 don't always apply and can disapply.

The HWBB does not have delegated financial authority but makes recommendations to the governing bodies on strategic matters.

The HWBB has a number of sub-groups and will convene task and finish groups as needed to develop and deliver the HWB Strategy. The HWB Delivery Group reports to the HWBB and has a number of partnership groups that report through the Delivery Group to the HWBB. These include:

- The Communication and Engagement Group
- The JCG
- The Children's Trust
- Mental Health Partnership
- Carers Partnership Board
- Healthy Lives

Subgroups may be added or changed from time to time and reflected in an annual update of the HWBB.

The HWBB also works with our Partnership Boards to deliver the HWB Strategy, this includes, the Safeguarding Children's Board, the Safeguarding Adults Board, and the Safer Stronger Communities Board.

1.2.7. Accountability

The HWBB, as a committee of the Council, will report to Full Council as required.

The actions of the HWBB will be subject to independent scrutiny by the relevant members of the Overview and Scrutiny Committee of the Council.

The terms of reference will be reviewed annually to ensure that the HWBB is fit for purpose and able to respond to the changes in the way we work.

1.2.8 Conduct of the HWBB Committee

- The HWBB shall conduct itself in accordance with the HWBB principles.
- The HWBB shall conduct its business in accordance with national guidance, relevant codes of practice including the Nolan Principles and the Conflict of Interest policy.

1.2.9 Equality Statement

- The HWBB, the CCG and the Council are committed to reducing health inequalities, and promoting equality in all responsibilities – as commissioners and providers of services, as a partner in the local economy and as an employer.
- All sub -committees of the CCG and the Council have duties ensuring that all users and potential users of services and employees are treated fairly and respectfully with regard to the protected characteristics of age, disability, gender, reassignment, marriage or civil partnership, pregnancy and maternity, race, religion, sex and sexual orientation.

2. JOINT COMMISSIONING GROUP:

As part of the HWBB, the CCG's Governing Body and the Council resolve to establish a joint committee of both statutory bodies; known as the JCG.

The JCG is established in accordance with the CCG's Constitution, Standing Orders and Scheme of Reservation & Delegation; and the Council's delegated authority under its Constitution

The JCG will report into the HWBB having oversight of the deployment of the Pooled Fund "Better Care Fund" (BCF) and is aligned to the delivery of the HWBB vision and aims set out above.

2.1. Purpose

The JCG is the committee responsible for developing, delivering and monitoring the Better Care Fund (BCF) schemes;

The JCG shall provide assurance to the HWBB Delivery Group and the HWBB (and governing bodies of the CCG and the Council's Cabinet as needed) on the BCF.

The JCG is established to ensure services commissioned using the pooled fund are in line with the delivery principles of the Shropshire BCF.

The JCG provides oversight for the development and delivery of the joint funded BCF; and shall ensure that commissioned services;

- are in line with the needs of the local population and the strategic objectives of the CCG and the Council;
- include services and service changes to ensure financial balance;
- are evidence based; inclusive of national and local requirements.

The JCG shall make recommendations to the HWBB and the governing bodies on the schemes, programmes of work, and funding to deliver the vision and aims of the Shropshire BCF.

The JCG will report to the HWBB Delivery Group which maintains strategic oversight of constituent organisational plans to ensure they deliver the vision and aims of a whole system approach to improving population health, overseen by the HWBB

2.2 Responsibilities

- Oversee and recommend to the HWBB the development of a joint commissioning arrangements and strategy for Shropshire.

- Lead on the development, delivery and implementation of the BCF Programme, ensuring financial and performance monitoring; reporting to the HWBB

- Oversee development of the annual BCF Plan and commissioning intentions for the BCF Pooled Fund, ensuring delivery of national and local requirements together with systems objectives for the commissioning and delivery of health and social care.

- Manage the Better Care Fund Assurance Framework, ensuring any areas of concern are reported to the CCG's Governing Body, the Council and the HWBB, along with mitigating actions.

- Oversee the contribution to the JSNA, making recommendations as appropriate to the respective statutory bodies, ensuring that the outcomes are reflected in the BCF priorities for its commissioning and decommissioning of health or social care services.

- Inform and make recommendations to the CCG Governing Body and the Council; on joint commissioning arrangements within the BCF, ensuring that these arrangements are effective

- Initiate service reviews where it is felt that services do not provide sufficient quality and value for money.

- Ensure continuous improvement to joint working, integration, the pooled budget and developing delegated authority and decision making.

- Manage and review the development of health and social care pathways that support the systems' vision promoting independence clinical quality and safety making recommendations as appropriate.

- Manage and review the development of new schemes, reviewing appropriate business cases to ensure all necessary evidence is provided to support effective decision making, and provide recommendations to the CCG Governing Body and the Council, as appropriate

- Manage and review investment and disinvestment prioritisation processes on behalf of the CCG and the Council, evaluate outcomes of pilot schemes as appropriate.

- Ensure robust arrangements exist for local patient and public involvement, demonstrating that patients and stakeholders have been engaged appropriately.

- Ensure that CCG and Council policies and procedures are followed, including governance arrangements as set out in any schemes of delegation, prime financial policies and standing orders.

- Ensure that equality and diversity is proactively considered and promoted as part of the committee's business and its decision making.

2.3. Membership of the Joint Commissioning Group:

The membership of the JCG will be as follows:

- Head of Adult Services, SC
- Head of Service, Children's Services, SC
- Director of Contracting and Performance, CCG
- Director of Delivery and Performance, CCG
- Director of Finance, CCG
- Senior Finance Lead, SC
- Better Care Fund Manager – Joint Post
- Lead for Admissions Avoidance, CCG or SC
- Lead for Delayed Transfers, CCG or SC
- Lead for Prevention, SC

1 Membership will be reviewed regularly to adjust for changes as required by the purpose of the JCG.
2 Members who cannot attend should only send a named deputy if approved by the Chair or Vice Chair of the JCG. Deputies will have the decision-making and voting rights of the person he/she is representing.
3 A decision put to a vote at the meeting shall be determined by a majority of the votes of members and deputies present. In the case of an equal vote, the Chair of the JCG shall have a second and casting vote.

3. Meeting Arrangements:

Co-Chair – Meetings will be operated by a co-chair arrangement, one from the Council

and one from the CCG; to be elected annually.

Notice of Meetings –Shropshire Together will provide administration

Meeting Frequency –monthly

Agenda and Papers – Partners are encouraged to provide agenda items and papers for the JCG; and papers will be provided to the group at least 2 days in advance.

Review of the Terms of Reference – annually

Minutes – meeting shall be recorded

4. Quorum

A minimum of six members; 3 from CCG and 3 from the Council, will constitute a quorum, so long as this includes either the Chair or Vice Chair.

A decision put to a vote at the meeting shall be determined by a majority of the votes of members and deputies present. In the case of an equal vote, the Chair of the JCG shall have a second and casting vote.

5. Governance

Financial probity is through this Section 75 agreement and SFIs/SFOs of the CCG and the Council.

The JCG will report to the HWBB and the governing bodies as required.

The JCG will make recommendations to all partner groups as needed.

The JCG will have oversight of how and where services are contracted for/ provided

The CCG and the Council will be required to provide proof of commitment to joint working schemes, services and programme of work

The JCG will provide regular reports on key issues to the Healthy and Wellbeing Delivery Group, HWBB, CCG Governing Body and the Council for final decision making and to provide assurance in key areas.

6. Conduct of the JCG

- The JCG shall conduct itself in accordance with the HWBB principles.
- The JCG shall conduct its business in accordance with national guidance, relevant codes of practice including the Nolan Principles and the Conflict of Interest policy.

7. Equality Statement

- The CCG and the Council are committed to promoting equality in all responsibilities – as commissioners and providers of services, as a partner in the local economy and as an employer.
- All sub -committees of the CCG and the Council have duties ensuring that all users and potential users of services and employees are treated fairly and respectfully with regard to the protected characteristics of age, disability, gender, reassignment, marriage or civil partnership, pregnancy and maternity, race, religion, sex and sexual orientation.

SCHEDULE 3 – FINANCIAL ARRANGEMENTS, RISK SHARE AND OVERSPENDS

1 Unless the context otherwise requires, the defined terms used in this Schedule shall have the same meanings as set out in Clause 1 of the main body of this Agreement.

2 Subject to any contrary provision in the relevant Scheme Specification, the Parties agree that Overspends or Underspends shall be managed in accordance with section 4 (Risk Share) of this Schedule 3

Financial Contributions

3

BCF Total Budget 2018/19	**£33,765,539**
Total Pooled Fund Amount 2018/2019	**£7,779,302**
Total Non-Pooled Amounts 2018/2019	**£25,986,237**
Non Pooled Amounts as follows:	
CCG Revenue Schemes	£12,241,702
Shropshire Council Revenue Schemes (including iBCF Schemes)	£10,770,380
Disabled Facilities Grants	£2,974,155

CONTRIBUTING PARTNER ORGANISATION	**POOLED FUND CONTRIBUTION AMOUNT 2018/19**	**CONTRIBUTIONS TO BE PAID TO THE HOST AUTHORITY:**	**NON-POOLED FUND CONTRIBUTION AMOUNT 2018/19 (TO BE HELD BY THE CONTRIBUTING PARTNER)**	**TOTAL BCF CONTRIBUTION 2018/19**
SHROPSHIRE COUNCIL	-	-	£11,962,045	£11,962,045
SHROPSHIRE CCG	£7,779,302	MONTHLY FOLLOWING RECEIPT OF AN INVOICE FROM THE HOST ORGANISATION	£12,241,702	£20,021,004

4. Risk Share

The Partners have agreed that the responsibility for financial and operational risks associated with the delivery of a Service shall remain the responsibility of the Partner, who in accordance with its statutory functions, is responsible for commissioning or providing that Service. For the avoidance of doubt, Underspends shall be dealt with in accordance with clause 12.7 of this Agreement. This Risk Share arrangement will be reviewed within 12 months of the Commencement Date and any amendments shall be agreed in writing between the parties.

SCHEDULE 4 – JOINT WORKING OBLIGATIONS

Part 1 – LEAD COMMISSIONER OBLIGATIONS

Terminology used in this Schedule shall have the meaning attributed to it in the NHS Standard Form Contract save where this Agreement or the context requires otherwise.

1. The Lead Commissioner shall notify the other Partners if it receives or serves:
   1.1 A Change in Control Notice;
   1.2 a Notice of a Event of Force Majeure;
   1.3 a Contract Query;
   1.4 Exception Reports and provide copies of the same.

2 The Lead Commissioner shall provide the other Partners with copies of any and all:
   2.1 CQUIN Performance Reports;
   2.2 Monthly Activity Reports;
   2.3 Review Records; and
   2.4 Remedial Action Plans;
   2.5 JI Reports;
   2.6 Service Quality Performance Report;

3. The Lead Commissioner shall consult with the other Partners before attending:
   2.7 an Activity Management Meeting;
   2.8 Contract Management Meeting;
   2.9 Review Meeting and, to the extent the Service Contract permits, raise issues reasonably requested by a Partner at those meetings

3 The Lead Commissioner shall not:

   3.1 permanently or temporarily withhold or retain monies pursuant to the Withholding and Retaining of Payment Provisions;

   3.2 vary any Provider Plans (excluding Remedial Action Plans);

   3.3 agree (or vary) the terms of a Joint Investigation or a Joint Action Plan;

   3.4 give any approvals under the Service Contract;

   3.5 agree to or propose any variation to the Service Contract (including any Schedule or Appendices);

   3.6 suspend all or part of the Services;

   3.7 serve any notice to terminate the Service Contract (in whole or in part);

   3.8 serve any notice;

   3.9 agree (or vary) the terms of a Succession Plan;

   without the prior approval of the other Partners (acting through the [JCB]) such approval not to be unreasonably withheld or delayed.

4 The Lead Commissioner shall advise the other Partners of any matter which has been referred for dispute and agree what (if any) matters will require the prior approval of one or more of the other Partners as part of that process.

5 The Lead Commissioner shall notify the other Partners of the outcome of any Dispute that is agreed or determined by Dispute Resolution

7. The Lead Commissioner shall share copies of any reports submitted by the Service Provider to the Lead Commissioner pursuant to the Service Contract (including audit reports)

Part 2 – OBLIGATIONS OF THE OTHER PARTNER

Terminology used in this Schedule shall have the meaning attributed to it in the NHS Standard Form Contract save where this Agreement or the context requires otherwise.

1 Each Partner shall (at its own cost) provide such cooperation, assistance and support to the Lead Commissioner (including the provision of data and other information) as is reasonably necessary to enable the Lead Commissioner to:

1.1 Resolve disputes pursuant to a Service Contract;

1.2 Comply with its obligations pursuant to a Service Contract and this Agreement;

1.3 Ensure continuity and a smooth transfer of any Services that have been suspended, expired or terminated pursuant to the terms of the relevant Service Contract;

2 No Partner shall unreasonably withhold or delay consent requested by the Lead Commissioner.

3 Each Partner (other than the Lead Commissioner) shall:

3.1 Comply with the requirements imposed on the Lead Commissioner pursuant to the relevant Service Contract in relation to any information disclosed to the other Partners;

3.2 Notify the Lead Commissioner of any matters that might prevent the Lead Commissioner from giving any of the warranties set out in a Services Contract or which might cause the Lead Commissioner to be in breach of warranty.

Schedule 5– PERFORMANCE ARRANGEMENTS

The Partners agree that they shall agree and implement Local Metrics to be met through the BCF Plan within 6 calendar months from the Commencement Date. A written record of the agreed Local Metrics shall be executed by the authorised signatories of the parties to this Agreement and shall be added to this Schedule 5.

Better Care Fund – Targets for 2018-19

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population.

2018/19	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Profile (target)	150	300	450	600.3

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

2018/19	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Target	82%	82%	82%	82%

Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+).

2018/19	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Target	1547	1564	1564	1530

DTOC target based on 17 delayed days per day across NHS, ASC and Joint multiplied by number of days per quarter.

Non-elective Admissions - TBC

2018/19	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
Target	8,509	8,259	8,920	8,661

Local measures have been in place for Redwoods – these were set and tracked by NHS

Data Source

NHS England

https://www.england.nhs.uk/statistics/statistical-work-areas/hospital-activity/monthly-hospital-activity/mar-data/

SCHEDULE 6 – BETTER CARE FUND PLAN

This section includes the Shropshire HWBB's Better Care Fund submission. Template 1 of the submission includes the following sections:

- The Vision
- A case for change,
- Plan of Action
- Risks and Contingencies
- Alignment
- National Conditions
    - Protecting Social Care Services
    - 7 Day Services to Support Discharge
    - Data Sharing
    - Joint Assessment & Accountable Lead Professional
- Engagement
- Scheme Specifications

Template 2 includes:

- Outcome measures and targets
- Financial Contribution Matrix

Please find Template 1 & 2 attached here -

Template 1	Link to 2017-19 BCF Plan  Better Care Fund Annex v2 28 08 18.do
Template 2	 BCF Pooled Fund Schemes 2018-19.xlsx

SCHEDULE 7– POLICY FOR THE MANAGEMENT OF CONFLICTS OF INTEREST

Both Shropshire Council and Shropshire CCG have established and practiced Conflicts of Interest policies in place. For the purpose of this Agreement the Partners agree to adopt the following principles in the governance and delivery of the Better Care Fund Plan.

Doing business appropriately. If Commissioners get their needs assessments, consultation mechanisms, commissioning strategies and procurement procedures right from the outset, then conflicts of interest become much easier to identify, avoid and/or manage, because the rationale for all decision-making will be clear and transparent and should withstand scrutiny;

Being proactive, not reactive. Commissioners should seek to identify and minimise the risk of conflicts of interest at the earliest possible opportunity, for instance by:

- considering potential conflicts of interest when electing or selecting individuals to join the governing body or other decision-making bodies;
- ensuring individuals receive proper induction and training so that they understand their obligations to declare conflicts of interest.
- They should establish and maintain registers of interests, and agree in advance how a range of possible situations and scenarios will be handled, rather than waiting until they arise;

Assuming that individuals will seek to act ethically and professionally, but may not always be sensitive to all conflicts of interest. Rules should assume people will volunteer information about conflicts and, where necessary, exclude themselves from decision-making, but there should also be prompts and checks to reinforce this;

Being balanced and proportionate. Rules should be clear and robust but not overly prescriptive or restrictive. They should ensure that decision-making is transparent and fair, but not constrain people by making it overly complex or cumbersome;

Openness. Ensuring early engagement with patients, the public, clinicians and other stakeholders, including local Healthwatch, in relation to proposed commissioning plans;

Responsiveness and best practice. Ensuring that commissioning intentions are based on local health needs and reflect evidence of best practice – securing 'buy in' from local stakeholders to the clinical case for change;

Transparency. Documenting clearly the approach taken at every stage in the commissioning cycle so that a clear audit trail is evident;

Securing expert advice. Ensuring that plans take into account advice from appropriate health and social care professionals, e.g. through clinical senates and networks, and draw on commissioning support, for instance around formal consultations and for procurement processes;

Engaging with Providers. Early engagement with both incumbent and potential new providers over potential changes to the services commissioned for a local population;

Creating clear and transparent commissioning specifications that reflect the depth of engagement and set out the basis on which any contract will be awarded;

Each Partner shall follow its own legal arrangements and procurement processes in accordance with their respective constitutional and governance arrangements, including even-handed approaches to providers;

Ensuring sound record-keeping, including up to date registers of interests; and

A clear, recognised and easily enacted system for dispute resolution.

SCHEDULE 8 – INFORMATION GOVERNANCE PROTOCOL

It is acknowledged that the Information Governance Protocol currently included within this Schedule 8 needs to be reviewed and updated in accordance with the General Data Protection Regulations and Data Protection Act 2018 and any other related or associated data protection legislation and guidance. The Partners shall agree a revised Information Governance Protocol within 6 calendar months of the Commencement Date, or such other timeframe as shall be agreed in writing. Once agreed, the revised Information Governance Protocol shall be executed by the authorised signatories of the parties to this Agreement and shall be inserted into this Schedule 8 in replacement of the existing Information Governance Protocol dated 2015. Until such time as the revised Information Governance Protocol is in place, it is agreed that the Partners shall adhere to the principles of the Information Governance Protocol currently included below.

SHROPSHIRE and TELFORD & WREKIN PARTNERSHIP DATA SHARING FRAMEWORK PROTOCOL

Part 1: Front Sheet

IG Reference	
Protocol Reference	

1. This Data Sharing Framework Protocol comprises this Part 1 (Front Sheet). Part 2 (Terms and Conditions) and the Schedules. It sets out the terms on which the Shropshire and Telford & Wrekin Partnership Signatories agrees to share Data with the Data Recipient.

2. **The purpose of this Protocol is to:**
   - clarify the responsibilities of the parties in relation to the Data;
   - outline the data security principles and requirements with which the Data recipient must comply;
   - set out the audit rights of the Protocol signatories
   - impose confidentiality requirements on the Data Recipient, and
   - include arrangements for termination of this Protocol.

3. **The term of this Protocol shall be:**

Start Date	April 2015	**Review Date**	April 2018
Term:	3 Years		

4. **No data will be shared directly under this Protocol.** Each time a data recipient wishes to receive data, a Data Sharing Agreement (DSA) will be completed and signed by the parties concerned. In no circumstances will a DSA be agreed without the recipient parties receiving this overarching Protocol and complying with the terms.

5. **Each DSA will include details of:**
   - the Data to be provided;
   - the legal basis for sharing the Data;
   - the purpose of the sharing and use of the Data;
   - the method of transfer;
   - any special terms and conditions for the use or reuse of the Data; and
   - any charges payable for the provision of the Data where applicable.

6. If there is a conflict or inconsistency between any provision contained in Part 1, (Front sheet) Part 2 (Terms and Conditions) and the Schedules, the provisions of this Part 1 shall prevail, then Part 2, then the Schedules.

SHROPSHIRE and TELFORD & WREKIN PARTNERSHIP
DATA SHARING FRAMEWORK
PROTOCOL

Version: 2.0

By signing this Part 1, the parties agree to be bound by the terms of this Protocol.

Organisation	Healthwatch Shropshire
Name:	J RANDALL-SMITH
Signature:	Jane Randall-Smith
Role:	Chief Officer
Date:	10th February 2015

Organisation	
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Signature:	
Role:	
Date:	

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Organisation	Healthwatch Telford & Wrekin
Name:	JANE CHAPLIN
Signature:	J Chaplin
Role:	Joint Chair
Date:	11th February 2015

Organisation	
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Signature:	
Role:	
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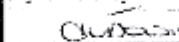
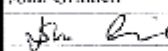
SHROPSHIRE and TELFORD & WREKIN PARTNERSHIP
DATA SHARING FRAMEWORK
PROTOCOL

Version: 2.0

By signing this Part 1, the parties agree to be bound by the terms of this Protocol.

Organisation	The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
Name:	Jayne Downey
Signature:	
Role:	Caldicott Guardian
Date:	6th May 2015

Organisation	The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
Name:	John Grannell
Signature:	
Role:	Senior Information Risk Owner (SIRO)
Date:	6th May 2015

Organisation	
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Date:	

Data Sharing Framework Protocol v1.1 Final April 2015

SHROPSHIRE and TELFORD & WREKIN PARTNERSHIP
DATA SHARING FRAMEWORK
PROTOCOL

Organisation	NHS TELFORD & WREKIN CCG
Name:	ALISON SMITH
Signature:	[signature]
Role:	CALDICOTT GUARDIAN
Date:	05/03/15

Organisation	
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SHROPSHIRE and TELFORD & WREKIN PARTNERSHIP
DATA SHARING FRAMEWORK
PROTOCOL

Version: 2.0

By signing this Part 1, the parties agree to be bound by the terms of this Protocol.

Organisation	SHROPSHIRE CCG
Name:	DONNA McGRATH
Signature:	DMcGrath
Role:	CHIEF FINANCE OFFICER
Date:	11-02-2015

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SHROPSHIRE and TELFORD & WREKIN PARTNERSHIP
DATA SHARING FRAMEWORK
PROTOCOL

Version: 2.0

By signing this Part 1, the parties agree to be bound by the terms of this Protocol.

Organisation	SHROPDOC
Name:	GILL CLEMENTS
Signature:	GMClements
Role:	MEDICAL DIRECTOR / CALDICOTT GUARDIAN
Date:	18.2.15

Organisation	
Name:	
Signature:	
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SHROPSHIRE and TELFORD & WREKIN PARTNERSHIP
DATA SHARING FRAMEWORK
PROTOCOL

Version: 2.0

By signing this Part 1, the parties agree to be bound by the terms of this Protocol.

Organisation	SHROPSHIRE COUNCIL
Name:	CLAIRE PORTER
Signature:	
Role:	HEAD OF LEGAL, STRATEGY & DEMOCRACY (SIRO)
Date:	17.3.2015

Organisation	
Name:	
Signature:	
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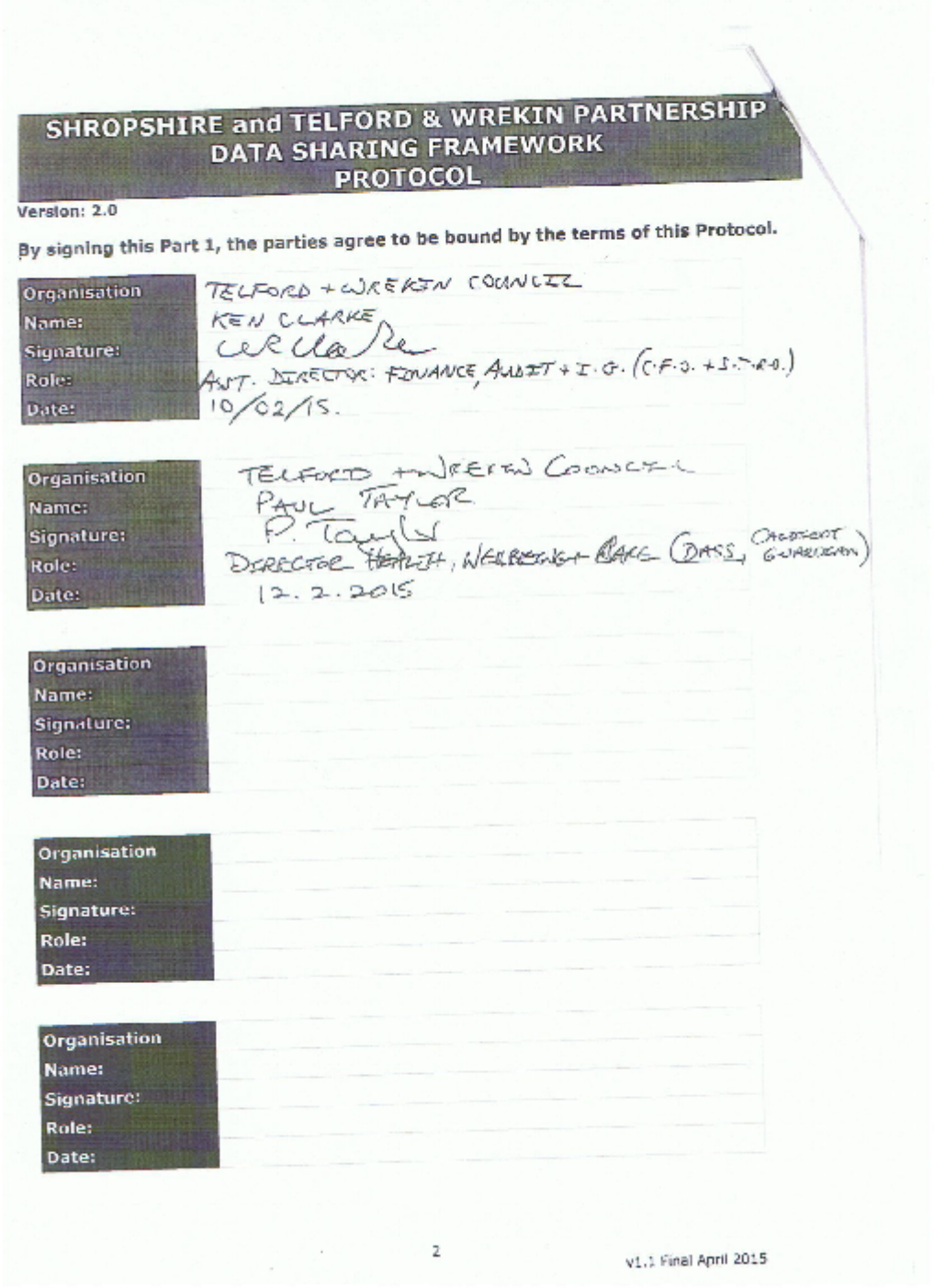
Data Sharing Framework Protocol V1.1 Final April 2015



SHROPSHIRE and TELFORD & WREKIN PARTNERSHIP
DATA SHARING FRAMEWORK
PROTOCOL

Version: 2.0

By signing this Part 1, the parties agree to be bound by the terms of this Protocol.

Organisation	TELFORD + WREKIN COUNCIL
Name:	KEN CLARKE
Signature:	
Role:	ASST. DIRECTOR: FINANCE, AUDIT + I.G. (C.F.O. + S.I.R.O.)
Date:	10/02/15.

Organisation	TELFORD + WREKIN COUNCIL
Name:	PAUL TAYLOR
Signature:	
Role:	DIRECTOR HEALTH, WELLBEING + REACH (DASS, CALDICOTT GUARDIAN)
Date:	12.2.2015

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v1.1 Final April 2015

SHROPSHIRE and TELFORD & WREKIN PARTNERSHIP DATA SHARING FRAMEWORK PROTOCOL

Version: 2.0

By signing this Part 1, the parties agree to be bound by the terms of this Protocol.

Organisation	SHREWSBURY and TELFORD HOSPITAL NHS
Name:	SDRO ERWIN BORMAN
Signature:	Erwin Borman
Role:	MEDICAL DIRECTOR / CALDICOTT G.
Date:	18TH FEBRUARY 2015

Organisation	
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SHROPSHIRE and TELFORD & WREKIN PARTNERSHIP
DATA SHARING FRAMEWORK
PROTOCOL

Version: 1.1 April 2015

By signing this Part 1, the parties agree to be bound by the terms of this Protocol.

Organisation	SOUTH STAFFORDSHIRE AND SHROPSHIRE HEALTHCARE NHS FT
Name:	DR CLAIRE BARKLEM
Signature:	[signature]
Role:	CALDICOTT GUARDIAN
Date:	19.03.2015

Organisation	
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SHROPSHIRE and TELFORD & WREKIN PARTNERSHIP
DATA SHARING FRAMEWORK
PROTOCOL

Version: 2.0

By signing this Part 1, the parties agree to be bound by the terms of this Protocol.

Organisation	CHIEF Inspector POLICE
Name:	DAVE MCWILLIAMS
Signature:	
Role:	SUPERINTENDENT - POLICE COMMANDER
Date:	13/2/15

Organisation	
Name:	
Signature:	
Role:	
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SHROPSHIRE and TELFORD & WREKIN PARTNERSHIP
DATA SHARING FRAMEWORK
PROTOCOL

Version: 1.1 April 2015

By signing this Part 1, the parties agree to be bound by the terms of this Protocol.

Organisation	Shropshire Community Health NHS Trust.
Name:	Mr Steve Gregory
Signature:	
Role:	Caldicott Guardian
Date:	13 May 2015

Organisation	
Name:	
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Role:	
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SHROPSHIRE and TELFORD & WREKIN PARTNERSHIP DATA SHARING FRAMEWORK PROTOCOL

Part 2: Terms and Conditions

1. Interpretation

Capitalised words and expressions used in this Protocol shall bear the meanings given to them in Schedule 1. The rules of interpretation set out in Schedule 1 shall apply to this Protocol.

2. Shropshire and Telford & Wrekin Partnership Participant Responsibilities

The Data Controller will transfer the Data to the Data recipient (or, if specified in the DSA the data processor authorised by the Data Controller) using the data transfer method set out in the relevant DSA.

The participants signed up to the Protocol are the individual Data Controllers, for the Data insofar as the Data constitutes Personal Data.

3. Licence and Intellectual Property

The participants of the ST&WP grants to the Data Recipient a non-exclusive, revocable licence to use the Data in the Territory for the duration of the term of the relevant DSA solely for the purpose and only in accordance with this Protocol and the relevant DSA.

The Data recipient shall not be entitled to sub-licence the Data unless:

The Data Controller has specifically authorised such sub-licensing in the DSA;

the Data Recipient complies at all times with the sub-licensing conditions set out in the DSA, which shall be in the form set out in Schedule 5; and

the Data Recipient has entered into an agreement with any sub-licensee for the sub-licensing of the Data which contains provisions which are, as a minimum, equivalent to those set out in this Protocol and the DSA.

The Intellectual Property Rights in the Data and any derivative works shall remain at all times the property of the Data Controller. All rights in the Data expressly granted under the relevant DSA are reserved to the Data Controller.

The Data recipient shall ensure that any publication derived from the Data by any party complies with the following guidance: Anonymisation Standard for Publishing Health and Social Care Data available at:

http://www.isb.nhs.uk/library/standard/128 and

Anonymisation: managing data protection risk code of practice available at http://ico.org.uk/for_organisations/data_protection/topic_guides/anonymisation *(please refer to the current web link)*

4. Data Recipient responsibilities

Where the Data recipient obtains Data from the Data Controller:

If the Data constitutes Personal Data, the Data Recipient shall hold the Data as a Data Controller (either alone or in common or jointly with the original Data Controller, as specified in the DSA); or

if the Data constitutes Non-Identifiable Data, but then the Data becomes Personal Data in the hands of the Data Recipient, the Data Recipient shall become a Data Controller.

Where the Data Recipient obtains Data from the Data Controller that does not constitute Personal Data the Data is not subject to the requirements of the DPA. However, the Data Recipient shall be responsible for processing such Data in accordance with all Applicable Laws and all regulatory standards applicable to such Data.

The Data Recipient shall:

- use the Data in accordance with the Purpose
- process the Data only in accordance with the terms of this Protocol and the relevant DSA, including any Special Conditions contained in the DSA;
- not share the Data with any third party without the prior written consent of the Data Controller;
- ensure that staff processing the Data are suitably trained and made aware of their responsibilities in handling the Data;
- subject to Clause 13, on termination of this Protocol, the relevant DSA or earlier if use of the Data is completed, destroy the Data, together with all hard or soft copies of the same and certify such destruction to the Data Controller;
- notify any Data Breach to the Data Controller as soon as the Data Recipient discovers such Data Breach. The Data Controller to assess whether a Serious Incident Requiring Investigation (SIRI) report needs to be made, as mandated by the Information Governance Toolkit. Such assessment must include whether or not to report the Data Breach to the Information Commissioner;
- immediately notify the Data Controller if it no longer has a legal basis on which to process the Data.

Unless specified in the Purpose or otherwise authorised by the Data Controller, the Data Recipient must not combine the Data with any other Data held by the Data Recipient and must not seek to re-identify any individual from the Data.

If the Data Recipient is obliged to respond to requests under the Freedom of

Information Act and a request is received regarding the Data, the Data Recipient must consult with the Data Controller prior to any release of Data.

The Data Recipient shall comply at all times with:

- the Data Security Requirements set out in Schedule 2; and
- the DPA (to the extent that the Data includes Personal Data or becomes Personal Data in the hands of the Data Recipient), the common law duty of confidentiality all other Applicable Law and Department of Health directives covering issues of data sharing, including but not limited to those listed in Schedule 3.

Before undertaking any Publishing activity using the Data or any derived information, the Data Recipient will undertake an organisational risk assessment exercise to ensure compliance with the terms of this Protocol and the relevant DSA. The Data Recipient shall conduct the risk assessment in accordance with the standards set out in the Anonymisation Standard for Publishing Health and Social Care Data.

5. Data Protection

To the extent that any of the Data constitutes Personal Data, the Data Recipient shall process such Data at all times in accordance with the DPA, as applicable.

The Data Recipient shall not transfer Personal Data to another territory outside the European Economic Area except with the express prior written consent of the Data Controller and only in circumstances when such transfer is permitted under the DPA.

Where the Data includes Personal Data, the Data Recipient shall:

- store and process the Data securely, and destroy it when it is no longer needed for the Purpose;
- not Publish the Data without the prior written consent of the Data Controller. In deciding whether to gives its consent, the Data Controller shall consider whether the Data has been de-identified to a standard suitable for subsequent release in compliance with the Anonymisation Standard for Publishing Health and Social Care Data;
- maintain good information governance standards and practices, meeting or exceeding the Information Governance Toolkit standards required of its organisation type; as applicable.
- not disseminate the Data, or a subset of the Data, to other bodies without prior written consent from the Data Controller;

- take reasonable steps to ensure the reliability of each of its Personnel who have access to the Personal Data;

- inform the Data Controller immediately if it receives any communication from the Information Commissioner's Office which relates to the Personal Data;
- ensure access to the Data is managed, auditable and restricted to those needing to process the Data.

The Data Recipient must not contact any individual that could be identified from the information supplied, except with the prior written consent of the Data Controller. In determining whether to grant such consent, the Data Controller will consider the statutory authority and the public interest, having regard to guidance published by the Department of Health, NHS England or the HSCIC.

In the event of any change in data protection laws subsequent to the date of signature of this Protocol, the Data Recipient shall take such steps (including, agreeing to additional obligations and/or executing additional documents) as may be requested by the Data Controller to ensure that the transfer to the Data Recipient, and the processing by the Data Recipient, of the Personal Data complies with such data protection laws.

The Data Recipient may only appoint a data processor to process the Data on behalf of the Data Recipient with the prior consent of the Data Controller.

6. Confidentiality

The Data Recipient must:

- keep the Data separate from all other information and shall keep such information confidential and shall not disclose it to any third party or make any attempts to identify an individual from the Data save where expressly permitted to do so in accordance with the terms of the Protocol and the relevant DSA; and

- use the Data only in so far as is necessary to perform its obligations under this Protocol and the relevant DSA.

The restrictions on disclosure and use contained in this Clause 6 shall not apply to information to the extent that it is or was:

- already in the possession of or becomes available to the Data Recipient in either case free from any obligation of confidentiality;

- is required to be disclosed by the Data Recipient by law, regulation or pursuant to an order of a competent authority, or to a professional adviser; or

- at the time of receipt by the Data Recipient, is in the public domain or after

such receipt comes into the public domain other than as a result of breach by the Data Recipient of this Clause 6.

The Data Recipient shall be responsible for any unauthorised disclosure or use of the Data made by any of its Personnel and shall take all reasonable precautions to prevent such unauthorised disclosure or use.

The confidentiality obligations contained in this Clause 6 shall continue indefinitely following termination or expiry of this Protocol and any DSA to which the Data relates.

7. Audit and specific rights

The Data Controllers of this Shropshire and Telford & Wrekin Partnership Protocol shall be entitled at any time during the term of this Protocol to audit the Data Recipient's use of the Data. The Data Recipient shall, for the purpose of such audit, provide or procure the access to the Data Recipient's sites, systems, procedures, documents and staff as may be necessary or desirable in connection with the audit and shall permit the Data Controller to take copies of relevant documents and data pursuant to such audit. The Data Recipient shall provide such information as the Data Controller reasonably requests in order to verify its compliance with the terms of this Protocol and any DSA.

8. Warranties

The Data Recipient warrants that:

- it has the full right and authority to enter into this Protocol;
- it shall use the Data in accordance with all Applicable Laws.

The Data provided to the Data Recipient by the Data Controller on an 'as is' basis and the Data Controller does not warrant the accuracy and completeness of the Data, nor that the Data does not infringe the Intellectual Property Rights of any third party, nor does it undertake that the Data will meet the requirements of or be fit for purpose of the Data Recipient.

9. Liability

This Clause 9 sets out the entire liability of the Data Controller to the Data Recipient in respect of:

- any breach by the Data Controllers of this Protocol and/or any DSA;
- negligence for which the Data Controller is liable or any other tortious liability or breach of statutory duty in connection with the Protocol and/or any DSA;
- any representation or statement arising under or in connection with this Protocol and/or any DSA or by or on behalf of the Data Controller.

9.2 Subject to Clause 9.5 the Data Controllers shall in no circumstances be liable to the data recipients for:

- any loss of profits, revenue, opportunity, contracts, sales, turnover, anticipated savings, goodwill, reputation, business opportunity, production, or loss to or corruption of data (regardless of whether any of these losses or damages are direct, indirect or consequential); and
- any Indirect Loss.

9.3 Other than any warranties expressly, set out in this Protocol, all warranties, conditions or other terms, whether express or implied by statute , common law, trade usage or otherwise are excluded except to the extent the exclusion is prohibited by law.

9.4 Nothing in this Protocol shall limit the Data Controllers liability to the Data Recipient for:

- death or personal injury resulting from the negligence of the Data Controller, its employees, agents or subcontractors;
- fraud or fraudulent misrepresentation; or
- any other liability that cannot be excluded or limited as a matter of law.

10. Indemnity

The Data Recipient shall indemnify the Data Controllers in full for any liabilities, losses, demands, claims, damages, amounts agreed in settlement, costs and expenses incurred which arise from or in connection with the Data recipient's loss of the Data, unauthorised or unlawful use of the Data or any breach of this Protocol whether arising in negligence, contract or otherwise and including any monetary penalty notice imposed on the Data Controller by the Information Commissioner under Section 55 of the DPA.

11. Term and termination

11.1 This Protocol shall, subject to prior termination in accordance with this Clause 11, continue for the period set out in Part 1.

11.2 Subject to prior termination under Clause 11.3, the Data Controller may terminate this Protocol and/or any DSA by giving to the Data Recipient not less than one month's prior written notice.

11.3 On or at any time after the occurrence of an event specified in Clause 11.4, the Data Controller shall be entitled to terminate this Protocol and/or any DSA, with immediate effect by written notice to the Data Recipient.

11.4 The events are:

- the Data Recipient is in material breach of this Protocol and/or any DSA and that breach cannot be remedied;
- the Data Recipient is in material breach of this Protocol and/or any DSA which can be remedied but the Data Recipient fails to do so within 30days starting on the day after receipt of written notice from the Data Controller;
- in respect of Personal Data, the Data Recipient no longer has the legal basis to process the Data;
- the Data Recipient is dissolved;
- the Data Recipient becomes or is declared insolvent or a resolution is passed for the winding up of the Data Recipient or the Data Recipient convenes a meeting of the creditors or makes or proposes to make any arrangement or composition with its creditors or a liquidator, an administrative receiver, a receiver, manager, trustee or administrator or analogous officer is appointed in respect of all or any part of its property, undertaking or assets or the Data recipient becomes subject to any bankruptcy procedure or analogous insolvency procedure in any jurisdiction or any person files a notice of intention to appoint an administrator or a notice of appointment of an administrator or applies to the court for an administration order in respect of the Data Recipient;
- it becomes unlawful for the Data Recipient to perform all or any of its obligations under this Protocol and/or any DSA;
- there is a change in law which materially affects the Data Controller's powers to provide Data to the Data Recipient; or
- the Data Recipient (being a natural person) shall die or become mentally incapacitated.

11.5 Without prejudice to the Data Controller's rights under Clause 11.3, where the Data Recipient either (I) commits any breach of this Protocol and/or any DSA, or (ii) and event specified in Clause 11.4 occurs, the Data Controller shall be entitled to suspend this Protocol and/or any DSA without incurring any liability to the Data Recipient, with immediate effect by written notice to the Data Recipient.

11.6 The Data Recipient may terminate the Protocol at any time by notifying the Data Controller in writing.

11.7 Termination of this Protocol will automatically terminate all DSAs that are entered into under this Protocol.

12. Consequences of termination

Subject to Clause 12.2, on termination or expiry of this Protocol or any DSA for any reason, the Data Recipient must ensure that:

- all Data is securely destroyed promptly and in any event within 14 days of the date of termination or expiry of this Protocol or any DSA; and
- confirmation of the destruction is provided to the Data Controller in a form of a Certificate of Destruction.

12.2 The Data Recipient may request that it retains use of the Data following termination or expiry of the DSA. The Data Controller shall in its absolute discretion determine whether to grant such a request. The Data Controller will notify the Data Recipient in writing if it grants permission for the Data Recipient to retain use of the Data, and the terms on which the Data Recipient shall be entitled to continue to use the Data.

13. Assignment

The Data Recipient shall not, without the prior written consent of the Data Controller, assign, notate, transfer, charge, dispose of or deal in any other manner with this Protocol and/or any DSA, or any of its rights or beneficial interests under it, or purport to do any of the same, nor sub-contract any or all of its obligations under this Protocol. The Data Controller may assign, transfer, charge, dispose of or deal in any manner with its rights and obligations under this Protocol and/or any DSA. Where it does so, the Data Controller shall notify the Data Recipient of such change.

14. Notices

14.1 Except where any provision of this Protocol states otherwise, all notices and communications sent pursuant to this Protocol shall be in writing and shall be deemed to have been duly given:

- when delivered, if delivered by hand;
- if sent by email, when the sender receives a reply confirming delivery; or
- on the second working day after mailing, first class postage pre-paid.

14.2 Notices shall be addressed to the addresses provide in the DSA or to such other addresses as the parties may notify in writing from time to time. Each party shall notify the other party in accordance with Clause 14 if the address specified in the DSA is no longer an appropriate address for the service of notices and communications.

15. Miscellaneous

15.1 Nothing in this Protocol or any arrangement contemplated by it shall constitute either party a partner, agent, fiduciary or employee of the other party.

15.2 No amendment or variation of the terms of this Protocol shall be effective

unless made or confirmed in writing and signed by the parties to this Protocol;

15.3 If any provision of this Protocol shall be found by any court or body or authority of competent jurisdiction to be invalid or unenforceable, such provision shall be

severed from the remainder of this Protocol which shall remain in full force and effect to the extent permitted by law.

15.4 The rights and remedies provided by this Protocol are cumulative and (unless otherwise provided in this Protocol) are not exclusive of any rights or remedies provided by law.

15.5 This Protocol does not create, confer or purport to create or confer any benefit or right enforceable by any person not a party to it (except that a person who is a permitted successor to or assignee of the rights of a party to this Protocol shall be deemed to be a party to this Protocol).

15.6 The Data Controller shall not be liable to the Data Recipient for any delays in performance, non-performance or breach of any of its obligations under this Protocol and/or any DSA caused by matters beyond its reasonable control. Such matters shall include (without limitation) industrial disputes, acts of God, insurrection or civil disorder, war or military operations, national or local emergency, acts of government, or acts or omissions of third parties.

16. Governing law and jurisdiction

16.1 This Protocol and any dispute or claim arising out of or in connection with it or Its subject matter or formation (including non-contractual disputes or claims) shall be governed by and construed in accordance with English law.

16.2 Each party irrevocably agrees that, subject to Clause 16.3, the courts of England and Wales shall have exclusive jurisdiction to hear and determine any suit, action or proceedings, and to settle any disputes or claims (including non-contractual

16.3 Nothing in this Clause 16 shall limit the right of the Data Controllers to take proceedings against the Data Recipient in any other court of competent jurisdiction, nor shall the taking of proceedings in any one or more jurisdictions preclude the taking of proceedings in any other jurisdictions, whether concurrently or not, to the extent permitted by the law of such other jurisdiction.

17. Entire agreement

17.1 This Protocol constitutes the entire agreement and understanding of the parties and supersedes any previous agreement between the parties relating to the subject matter of this Protocol but without prejudice to the rights and liabilities of the parties accrued before the date of this Protocol.

17.2 Nothing in this Clause 17 shall operate to limit or exclude any liability for fraud.

SHROPSHIRE and TELFORD & WREKIN PARTNERSHIP DATA SHARING FRAMEWORK PROTOCOL

SCHEDULE 1 INTERPRETATION

1. In this Protocol the following expressions have the following meanings:

Applicable Law	All laws, regulations, orders, guidance (including codes of practice and guidance issued by the Information Commissioner) directions or determinations that are applicable to the obligations of the Data Recipient under this Protocol and/or any DSA.
Certification of Destruction	A certificate by an authorised representative of the Data recipient which certifies that the Data and all hard and soft copies thereof have been securely destroyed by the Data recipient.
Data	Any data that is provided by the Data Controllers to the Data Recipient under a DSA.
Data Breach	A breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to the Data
Data Controller	A data controller as defined in Section 1 (1) of the DPA
DPA	The Data Protection Act 1998. In the event that the DPA is superseded by another data protection law, the term DPA shall be construed to mean the new data protection law, and terms used in this Protocol shall be given the corresponding meaning under the new data protection law.
Indirect Loss	Any indirect loss, damage, cost, or expenses arising out of or in connection with this Protocol or it's contemplated or lack of performance.
Intellectual Property Rights	All intellectual property rights including copyright, database rights, trade-marks and trade names, patents, topography rights, design rights, trade secrets, know-how and all rights of a similar nature or having similar effect which subsist anywhere in the world, whether or not any of them are registered and applications for registrations of any of them.
Non-Identifiable Data	Information that does not relate to people including information about organisations, companies, resources, projects or information about people that has been aggregated to a level that is not about individuals but that could become Personal Data when merged with other data sets held by the Data recipient.

SCHEDULE 1 INTERPRETATION Continued

Personal Data	Personal data as defined in Section 1 (1) of the DPA
Personnel	All employees, agents and contractors of the Data recipient who may have access to the Data
Process and Processing	Have the meaning set out in Section 1 (1) of the DPA
Publish	To make available to third parties in any form, including the production of hard copy materials, soft and/or electronic copies, emails and posting on-line.
Purpose	The purpose(s) for which the Data Recipient is permitted to use the Data, as set out in the relevant DSA.
Special Conditions	the special conditions for processing the Data as set out in the DSAs; and
Territory	The territory specified in the relevant DSA

2. In this Protocol:

2.1 any gender includes any other gender and the singular includes the plural and vice versa;

2.2 references to persons include bodies corporate, unincorporated associations, governments, states, partnerships and trusts (in each case, whether or not having separate legal personality);

2.3 the Schedules form part of this Protocol and the expression "this Protocol" includes the Schedules; and

2.4 Any reference to a statutory provision includes a reference to any modification, consolidation or re-enactment of the provision from time to time in force and all subordinate instruments, orders or regulations made under it.

SHROPSHIRE and TELFORD & WREKIN PARTNERSHIP DATA SHARING FRAMEWORK PROTOCOL

SCHEDULE 2 DATA SECURITY REQUIREMENTS

Part 1

1. Without prejudice to the Data recipient's other obligations in respect of information security, the Data Recipient shall:

1.1 having regard to the state of technological development, provide a level of security (including appropriate technical and organisational measures) appropriate to:

- the harm that might result from unauthorised or unlawful processing of Data or accidental loss, destruction or damage of such Data; and
- the nature of the Data;

1.2 ensure that access to the Data is limited to those Personnel who need access to the Data to meet the Data Recipient's obligations under this Protocol;

1.3 take reasonable steps to ensure the reliability of the Data Recipient's Personnel who have access to the Data which shall include;

- ensuring all Personnel understand the confidential nature of the Data and the issues which arise if proper care is not taken in the processing of the Data;
- ensuring all Personnel are properly trained in data protection and to ensure that all Personnel have completed such training prior to their use of the Data. Where requested to do so the Data Recipient shall provide examples of training materials used, together with methodologies used to demonstrate that Personnel have understood the training. Training shall be repeated at regular intervals to take account of developments in law on good data protection practice and in any event on an annual basis; and
- ensuring all Personnel are properly vetted, both during the initial recruitment process and throughout their engagement in their processing of the Data, including through the use of procedures to identify changes in personal circumstances which may affect an individual's ability to process the Data in accordance with the terms of this Protocol.

1.4 Provide the Data Controller with such information, assistance and co-operation as the Data Controller may require from time to time to establish the Data Controller's and/or the Data Recipient's compliance with the DPA;

SCHEDULE 2 DATA SECURITY REQUIREMENTS

Part 1

1.5 Inform the Data Controller as soon as reasonably practicable of any particular risk to the security of the Data of which it becomes aware and of the categories of Data and individuals which may be affected;

2. The Data Recipient shall promptly, and in any event not later than reasonably required in order to enable the Data Controller to fulfil its duties under the DPA;

2.1 pass on to the Data Controller any enquiries or communication (including subject access requests) relating to their Personal Data or its processing; and

2.2 provide such information as may be required for the purpose of responding to any such data subjects or otherwise to comply with its or the Data Controller's duties under the DPA.

3. The Data Recipient shall implement and maintain security standards, facilities, controls and procedures appropriate to the nature of the Data held by it and the harm that would be caused by its loss or disclosure including a comprehensive and up-to-date data protection policy. The Data recipient shall ensure that all its Personnel shall comply with the obligations upon them contained in the data protection policy.

4. The Data recipient shall ensure:

4.1 that it has properly configured across access rights for its Personnel including a well-defined joiners and leavers process to ensure access rights to the Data are properly managed;

4.2 that it has proper controls in place to make sure that complex alphanumeric passwords are required for access to the Data and that training is provided in relation to the need to keep such passwords secure;

4.3 it has in place procedures to identify wrongful use of Data, including the monitoring of wrongful access to Data;

4.4 suitable and effective authentication processes are established and used to protect the Data;

Data is backed up on a regular basis and that any back up data which are subject to such vigorous security procedures as are necessary in order to protect data integrity, such security measures being commensurate to the nature of the data. The Data recipient shall take particular care when transporting back-up data and other personal information is transported in a safe and secure manner;

SCHEDULE 2 DATA SECURITY REQUIREMENTS

Part 1

4.6 Data transferred electronically is encrypted;

4.7 information stored on laptops or other portable media is encrypted and that the Data recipient maintains an accurate up to date asset register, including all such portable media used to process the Data;

4.8 that Personnel are not able to access Data from home or via their own electronic device other than through a secure electronic network and that Data may not be stored in such devices;

4.9 that suitable physical security measures are established commensurate to the harm that could result from the unlawful disclosure of the Data. Such physical security measures shall be identified in the Data recipients data protection policy;

4.10 without prejudice to the Data Recipient's obligations to the Data Controller in relation to the disposal of Data, all Data which is disposed of must be disposed of pursuant to the Data Recipient's policy for the disposal of Data identified in the data protection policy, including the disposal of assets containing personal data, a copy of which policy shall be provided, on request, to the Data Controller; and

4.11 that the Data Recipient establishes and maintains adequate data security compliance policies and audits its use of personal data in compliance with its data security policies on a regular basis and in any event annually.

5. The Data Recipient shall nominate in writing an individual to take responsibility and be accountable for compliance with the DPA, and shall provide to the Data Controller the name of that individual.

SHROPSHIRE and TELFORD & WREKIN PARTNERSHIP DATA SHARING FRAMEWORK PROTOCOL

SCHEDULE 2

Part 2

1. It is the Department of Health policy for all bodies that process NHS patient information to provide security assurance through annual completion and publication of an Information Governance (IG) Toolkit. The Department now wishes to seek this assurance from bodies that obtain NHS patient information in circumstances approved under section 251 of the National Health Service Act 2006 and supporting Regulations. A requirement within the regulations is to ensure that appropriate technical and organisational measures are taken to prevent unauthorised processing of that information. Assurance over this aspect is now provided through satisfactory IG Toolkit submissions including applications requiring sensitive data items approved by Data Access Advisory Group (DAAG) and those covering access to registration data approved by the Office of National Statistics (ONS).

2. Security responsibilities of the Data Recipient

   2.1 The Data recipient understands and accepts that it becomes a Data Controller for Personal Data received from the original Data Controller. As such the Data Recipient is responsible for processing the Data in accordance with the DPA and maintaining good information governance standards and practices.

   2.2 The Data recipient understands and accepts that it shall be responsible for the security and protection of Non-Identifiable Data received from the Data Controller. The Data Recipient shall process such Non-Identifiable Data in accordance with all Applicable Laws.

3. To provide assurance that good information governance practices are being maintained, the Data Recipient must demonstrate, and will allow the Data Controller to audit, that it either:

   - Meets or exceeds the Information Governance Toolkit standards required for their organisation type
   - Is Certified against international security standard ISO 27002
   - Has other assurance in place

This requires completion in each Data Sharing Agreement developed.

4. In cases where these assurance standards are not appropriate, the Data Recipient must ensure that it meets the requirements set out in paragraph 5 of this part 2 of Schedule 2, which the Data Controller reserves the right to audit.

5. The Data recipient shall:

5.1 process Personal Data for purposes described in this Protocol and the relevant DSA, and which are consistent with the purposes recorded in the Data Recipient's data protection registration with the Information Commissioner's Office.

5.2 process the minimum Personal data necessary (e.g. using age range rather than age is sufficient).

5.3 deploy secure processes, procedures, practice and technology for storage and access commensurate with the Personal Data being processed.

5.4 ensure the rights of individuals are met, such as satisfying subject access requests received, ensuring data accuracy and correcting errors, and handling objections and complaints.

5.5 destroy the Data once it is no longer required for the purpose for which it was collected and confirm destruction to the Data Controller

5.6 ensures all personnel with access to Personal Data provide written undertaking that they understand and will act in accordance with the DPA, will not share passwords, and will protect the confidentiality of the Personal Data;

5.7 report immediately to the Data Controller any security incidents relating to the Data, and in any instances of breach of any of the terms of this Protocol; and

5.8 comply with any specific legislation in relation to the Data (such as the Statistics and registration Services Act 2007).

SCHEDULE 3 List of relevant legislation and standards

- British (International) Standard ISO 27001
- The Caldicott Report 1997
- Information: To share or not to share? The Information Governance Review March 2013
- The Freedom of Information Act 2000
- Section 251 of the NHS Act 2006 (originally enacted under Section 60 of the Health and Social Care Act 2001)
- Confidentiality: NHS Code of Practice 2003
- NHS Records Management Code of Practice (Part 1, 2006 & Part 2, 2009)
- Health and Social Care Act 2012
- The NHS Information Security management Code of Practice 2007
- The Computer Misuse Act 1990
- The Electronics Communications Act 2000
- The Regulation of Investigatory Powers Act 2000
- The Copyright, designs and Patents Act 1988
- The Re-Use of Public sector Information Regulations 2005
- The Human Rights Act 1998
- The NHS Care records Guarantee 2011 V.5
- The Social Care Record Guarantee 2009
- Anonymisation Standards for Publishing Health and Social Care Data
- Section 29 - for discharging statutory functions e.g. (The Police)

SCHEDULE 4 Sub-licensing conditions

1. Where the data Controller consents to the data recipient sub-licensing the Data to third parties, the Data Controller may impose conditions on such sub-licensing in the DSA. Conditions may include:

1.1 the duration of the sub-license;

1.2 specifications of the Data that may be sub-licensed;

1.3 the identity of any third parties to whom the data may be sub-licensed;

1.4 The conditions on which the Data Controller may revoke the Data Recipient's right to sub-license the Data; and

1.5 any special conditions that must be met by the Data recipient and/or the sub-licensee prior to any sharing of Data, which may include:

1.5.1 any requirements to anonymise or pseudonymise the Data prior to onward sharing;

1.5.2 a requirement for the Data Recipient to comply with any instructions issued by the Data Controller in respect of the Data;

1.5.3 any specific exclusions to the scope of the sub-license; and

1.5.4 any audit rights that the Data Controller may require to ensure compliance with these sub-licence conditions.

2 Breach of any sub-licensing conditions by the Data recipient shall entitle the Data Controller to terminate the relevant DSA and/or this Protocol.

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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 fo 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 o 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]

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	
Scheme Name	C18 : C267	
Scheme Type (see table below for descriptions)	D18 : D267	
Sub Types	E18 : E267	
Please specify if 'Scheme Type' or 'Sub Type' is 'other'	F18 : F267	
Area of Spend	G18 : G267	
Please specify if 'Area of Spend' is 'other'	H18 : H267	
Commissioner	I18 : I267	
if Joint Commissioner % NHS	J18 : J267	
if Joint Commissioner % LA	K18 : K267	
Provider	L18 : L267	
Source of Funding	M18 : M267	
Scheme Duration	N18 : N267	
2017/18 Expenditure (£000's)	O18 : O267	
2018/19 Expenditure (£000's)	P18 : P267	
New or Existing Scheme	Q18 : Q267	

Sheet Completed:	

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

Being Board:

Shropshire

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	£3,435,824	£5,456,282
Total iBCF Contribution	£6,193,580	£8,288,253
Total Minimum CCG Contribution	£19,647,698	£20,021,004
Total Additional CCG Contribution	£0	£0
Total BCF pooled budget	**£29,277,102**	**£33,765,539**

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?		
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	£190,805	£125,001
Mental Health	£1,959,072	£2,734,817
Community Health	£5,028,431	£5,598,099
Continuing Care	£3,232,631	£3,377,241
Primary Care	£362,500	£362,500
Social Care	£10,699,787	£24,487,521
Other	£2,569,852	£2,314,384
Total	**£24,043,078**	**£38,999,563**

Summary of BCF Expenditure from Minimum CCG Contribution (***)	2017/18 Expenditure	2018/19 Expenditure
Acute	£190,805	£125,001
Mental Health	£1,803,787	£2,098,287
Community Health	£3,964,289	£3,964,289
Continuing Care	£3,232,631	£3,377,241
Primary Care	£362,500	£362,500
Social Care	£7,779,302	£7,779,302
Other	£2,314,384	£2,314,384
Total	**£19,647,698**	**£20,021,004**

→

Summary of NHS Commissioned Out of Hospital Services Spend from MINIMUM BCF Pool (**)	2017/18 Expenditure	2018/19 Expenditure
Mental Health	£1,749,787	£2,044,287
Community Health	£3,964,289	£3,964,289
Continuing Care	£3,232,631	£3,377,241
Primary Care	£362,500	£362,500
Social Care	£179,001	£179,001
Other	£2,314,384	£2,314,384
Total	**£11,802,592**	**£12,241,702**
NHS Commissioned OOH Ringfence	£5,583,319	£5,689,402

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		£7,166,693	£7,302,860	
Planned Social Care expenditure from the CCG minimum	£7,040,665	£7,779,302	£7,779,302	
Annual % Uplift Planned		**10.5%**	**0.0%**	*Below minimum mandated uplift*
Minimum mandated uplift % (Based on inflation)		**1.79%**	**1.90%**	

4. HWB Metrics

4.1 HWB NEA Activity Plan

	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Total 17/18	Total 18/19
Total HWB Planned Non-Elective Admissions	8,327	8,080	8,729	8,475	8,509	8,259	8,920	8,661	**33,611**	**34,349**
HWB Quarterly Additional Reduction Figure	0	0	0	0	0	0	0	0	**0**	**0**
HWB NEA Plan (after reduction)	8,327	8,080	8,729	8,475	8,509	8,259	8,920	8,661	**33,611**	**34,349**
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**	600	600

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 %**	82.0%	82.0%

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**	952	891	808	795	804	812	804	795

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	**Shropshire**
Completed by:	Tanya Miles
E-Mail:	tanya.miles@shropshire.gov.uk
Contact Number:	01743 255811
Who signed off the report on behalf of the Health and Well Being Board:	Cllr Lee Chapman, Portfolio Holder for Health and Adult Social Care

	Role:	Title and Name:	E-mail:
Area Assurance Contact Details*	Health and Wellbeing Board Chair	Cllr Lee Chapman, Portfolio Holder for Health and Adult Social Care	lee.chapman@shropshire.gov.uk
	Clinical Commissioning Group Accountable Officer (Lead)	Simon Freeman, Accountable Officer	simon.freeman1@nhs.net
	Additional Clinical Commissioning Group(s) Accountable Officers	Gail Fortes-Mayer, Director of Contracting and Planning	gail.fortesmayer@nhs.net
	Local Authority Chief Executive	Clive Wright, Chief Executive	clive.wright@shropshire.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)	Andy Begley, Director of Adult Services	andy.begley@shropshire.gov.uk
	Better Care Fund Lead Official	Tanya Miles, Head of Adult Social	tanya.miles@shropshire.gov.uk
	LA Section 151 officer	James Walton, Head of Finance, Governance and Assurance	james.walton@shropshire.gov.uk
Please add further area contacts that you would wish to be included in official correspondence -->			

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

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

#REF!

	No. of questions answered
1. Cover	6
2. HWB Funding Sources	31
3. HWB Expenditure Plan	
4. HWB Metrics	29
5. National Conditions	12

#REF!

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:

Shropshire

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
Shropshire	£2,736,187	£2,974,155
Lower Tier DFG Breakdown (for applicable two tier authorities)		
Total Minimum LA Contribution exc iBCF	**£2,736,187**	**£2,974,155**

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
Shropshire	£699,637	£2,482,127
Total Local Authority Contribution	**£3,435,824**	**£5,456,282**

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

iBCF Contribution	2017/18 Gross Contribution	2018/19 Gross Contribution
Shropshire	£6,193,580	£8,288,253
Total iBCF Contribution	**£6,193,580**	**£8,288,253**

CCG Minimum Contribution	2017/18 Gross Contribution	2018/19 Gross Contribution
NHS Shropshire CCG	£19,647,698	£20,021,004
Total Minimum CCG Contribution	**£19,647,698**	**£20,021,004**

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
Total Additional CCG Contribution	**£0**	**£0**

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

	2017/18	2018/19
Total BCF pooled budget	**£29,277,102**	**£33,765,539**

Funding Contributions Narrative

Specific funding requirements for 2017-19	Response	Response	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?			
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:

Shropshire

Data Submission Period:

2017-19

3. HWB Expenditure Plan

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Link to Summary sheet

Running Balances	**2017/18**	**2018/19**
BCF Pooled Total balance	£5,234,024	-£5,234,023
Local Authority Contribution balance exc iBCF	£1,367,730	-£1,367,730
CCG Minimum Contribution balance	£0	£0
Additional CCG Contribution balance	£0	£0
iBCF	£3,866,294	-£3,866,294
Running Totals	**2017/18**	**2018/19**
Planned Social Care spend from the CCG minimum	£7,779,302	£7,779,302
Ringfenced NHS Commissioned OOH spend	£11,802,592	£12,241,702

		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	Maximising Independence: Hospital Discharge/Admission Avoidance	11. Intermediate care services	1. Step down		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£309,195	£1,871,680	Existing
2	Increased Social Work Capacity	10. Integrated care planning	2. Integrated care packages		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	2017/18 Only	£150,000		Existing
9	Integrated Social Care and Healthcare Pathway	10. Integrated care planning	2. Integrated care packages		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	2017/18 Only	£675,000		Existing
36	START	10. Integrated care planning	1. Care planning		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£980,421	£800,000	Existing
39	Social Work Input to Early Supported Discharge	9. High Impact Change Model for Managing Transfer of Care	1. Early Discharge Planning		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	2017/18 Only	£49,000		Existing
41	Step Down START Beds	9. High Impact Change Model for Managing Transfer of Care	9. Other	Short term reablement	Social Care		Local Authority			NHS Community Provider	CCG Minimum Contribution	2017/18 Only	£16,000		Existing
19b	Integrated Community Service	10. Integrated care planning	2. Integrated care packages		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£900,000	£1,500,000	Existing
3	Handyman Scheme (MEARS)	4. DFG - Adaptations			Social Care		Local Authority			Private Sector	CCG Minimum Contribution	2017/18 Only	£100,000		Existing
4	Carers Support	3. Carers services	2. Implementation of Care Act		Social Care		Local Authority			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£250,000	£507,550	Existing
5	Telecare	1. Assistive Technologies	1. Telecare		Social Care		Local Authority			Private Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£500,000	£731,071	Existing
6	Crisis Resolution / Mental Health	13. Primary prevention / Early Intervention	2. Other - Mental health /wellbeing		Social Care		Local Authority			NHS Mental Health Provider	CCG Minimum Contribution	2017/18 Only	£300,000		Existing
7	Enhancing Prevention Services	2. Care navigation / coordination	1. Care coordination		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£150,000	£600,000	Existing
8	Think Local Act Personal	10. Integrated care planning	4. Other	Patient involvement	Social Care		Local Authority			Local Authority	CCG Minimum Contribution	2017/18 Only	£163,726		Existing
10	Services for People with Dementia	2. Care navigation / coordination	1. Care coordination		Social Care		Local Authority			Private Sector	CCG Minimum Contribution	2017/18 Only	£600,000		Existing
11	Access to Employment and Leisure Activities (LD)	2. Care navigation / coordination	1. Care coordination		Social Care		Local Authority			Charity / Voluntary Sector	CCG Minimum Contribution	2017/18 Only	£100,000		Existing
13	Improved Care Services Monitoring (safeguarding)	16. Other			Social Care		Local Authority			Local Authority	CCG Minimum Contribution	2017/18 Only	£50,000		Existing
14	Adults with Learning Disabilties	2. Care navigation / coordination			Social Care		Local Authority			Private Sector	CCG Minimum Contribution	2017/18 Only	£300,000		Existing
15	Supported Living for LD & MH	12. Personalised healthcare at home	1. Care coordination		Social Care		Local Authority			Charity / Voluntary Sector	CCG Minimum Contribution	2017/18 Only	£600,000		Existing

Selected Health and Well Being Board:

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3. HWB Expenditure Plan

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BCF Pooled Total balance	£5,234,024	-£5,234,023
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CCG Minimum Contribution balance	£0	£0
Additional CCG Contribution balance	£0	£0
iBCF	£3,866,294	-£3,866,294
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Planned Social Care spend from the CCG minimum	£7,779,302	£7,779,302
Ringfenced NHS Commissioned OOH spend	£11,802,592	£12,241,702

		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
16	MH & LD Respite / Carers	3. Carers services	1. Other - Mental health / wellbeing		Social Care		Local Authority			Private Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£300,000	£500,000	Existing
23	Prevention and Advice (Care Act responsibilities)	3. Carers services	2. Implementation of Care Act		Social Care		Local Authority			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£609,000	£790,000	Existing
24	Continuing Care Respite / Carers	3. Carers services	3. Respite services		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	2017/18 Only	£111,782		Existing
25	Care Attendants Scheme	3. Carers services	2. Implementation of Care Act		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	2017/18 Only	£13,890		Existing
27	Short breaks for disabled children	3. Carers services	3. Respite services		Social Care		Local Authority			Private Sector	CCG Minimum Contribution	2017/18 Only	£9,000		Existing
38	Stroke Association / Building Community Capacity	2. Care navigation / coordination	2. Implementation of Care Act		Social Care		Local Authority			Charity / Voluntary Sector	CCG Minimum Contribution	2017/18 Only	£40,000		Existing
59	Learning Disabilities	2. Care navigation / coordination	1. Care coordination		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	2017/18 Only	£140,480		Existing
54b	Mental Health (Enable)	2. Care navigation / coordination	1. Care coordination		Mental Health		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£54,000	£54,000	Existing
54c	Adoption Psychology / Children & Families	13. Primary prevention / Early Intervention	3. Other	Support to children and families	Social Care		Local Authority			Local Authority	CCG Minimum Contribution	2017/18 Only	£5,000		Existing
54d	Enhance- Early Help/ Children & Families	13. Primary prevention / Early Intervention	4. Other	Support to children and families	Social Care		Local Authority			Private Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£18,000	£250,000	Existing
54e	Autism support (AWM) / Children & Families	13. Primary prevention / Early Intervention	4. Other	Support to children and families	Social Care		Local Authority			Private Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£24,633	£50,000	Existing
54j	Home Improvement	5. DFG - Other Housing	4. Other	Support for housing improvement	Social Care		Local Authority			Private Sector	CCG Minimum Contribution	2017/18 Only	£15,000		Existing
54k	Community Transport	16. Other			Social Care		Local Authority			Local Authority	CCG Minimum Contribution	2017/18 Only	£36,223		Existing
26	Short breaks for disabled children	3. Carers services			Social Care		Local Authority			Private Sector	CCG Minimum Contribution	2017/18 Only	£24,000		Existing
54i	JSDO / BCF support activity	7. Enablers for integration	4. Other	Support for integrated working	Social Care		Local Authority			Local Authority	CCG Minimum Contribution	2017/18 Only	£34,459		Existing
54m	Joint Training co-ordinators / Building Community Capacity	7. Enablers for integration	5. Workforce development		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	2017/18 Only	£25,492		Existing
66	Alcohol Liaison Service	11. Intermediate care services	11. Other	Inpatient support for patients with alcohol issues	Community Health		Local Authority			Private Sector	Local Authority Contribution	2017/18 Only	£85,000		Existing
65a	Carers Contract	3. Carers services	5. Other	Carer support	Social Care		Local Authority			Private Sector	Local Authority Contribution	2017/18 Only	£125,317		Existing
34	Substance Misuse Contract	12. Personalised healthcare at home	4. Other	Support to people with substance misuse issues	Community Health		Local Authority			Private Sector	Local Authority Contribution	2017/18 Only	£67,000		Existing

Selected Health and Well Being Board:

Shropshire

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3. HWB Expenditure Plan

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BCF Pooled Total balance	£5,234,024	-£5,234,023
Local Authority Contribution balance exc iBCF	£1,367,730	-£1,367,730
CCG Minimum Contribution balance	£0	£0
Additional CCG Contribution balance	£0	£0
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		Expenditure													
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Scheme ID	Scheme Name	Scheme Type (see table below for descriptions)	Sub Types	Please specify if 'Scheme Type' is 'other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Scheme Duration	2017/18 Expenditure (£)	2018/19 Expenditure (£)	New/ Existing Scheme
52	Disabled Facilities Grant	4. DFG - Adaptations	3. Other	Grant to support minor adaptations to enable people to	Social Care		Local Authority			Private Sector	Local Authority Contribution	Both 2017/18 and 2018/19	£1,368,457	£4,341,885	Existing
70	Resilient Communities	2. Care navigation / coordination			Other		Local Authority			Local Authority	Local Authority Contribution	2017/18 Only	£172,320		Existing
86	Social Prescribing	2. Care navigation / coordination	1. Care coordination		Community Health		Local Authority			Local Authority	Local Authority Contribution	2017/18 Only	£250,000		Existing
18	Mental health crisis accomodation Abbey Foregate - Oak Paddock/Abbey Foregate	11. Intermediate care services	3. Other	Crisis accommodation for mental health	Mental Health		CCG			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£420,119	£420,119	Existing
18	Mental Health crisis accomodation Abbey Foregate - Willows	11. Intermediate care services	3. Rapid/Crisis Response		Mental Health		CCG			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£193,105	£193,105	Existing
18	Mental health crisis accomodation Abbey Foregate - Shropshire PATH	11. Intermediate care services	3. Rapid/Crisis Response		Mental Health		CCG			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£105,921	£105,921	Existing
19a	Integrated Community Service - Shrop Com Baseline	10. Integrated care planning	2. Integrated care packages		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£598,296	£598,296	Existing
48	Pulmonary Rehabiliation service	2. Care navigation / coordination	1. Care coordination		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	2017/18 Only	£0		Existing
55a	Equipment Store	1. Assistive Technologies	1. Telecare		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£1,613,090	£1,613,090	Existing
54b	ICS Pay Performance (transition funding)	10. Integrated care planning	2. Integrated care packages		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£1,195,004	£1,195,004	Existing
28	Hope House Respite	11. Intermediate care services	5. Other	Respite care for children and their families	Other	End of life care	CCG			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£158,000	£158,000	Existing
31	Hospice at Home service (Severn Hospice)	12. Personalised healthcare at home	3. Other	Palliative care at home	Other	End of life care	CCG			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£266,743	£266,743	Existing
48a	End of Life Care	11. Intermediate care services	5. Other	Palliative care in hospice	Other	End of life care	CCG			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£90,000	£90,000	Existing
54f	Severn Hospice / End of Life Care	11. Intermediate care services	5. Other	Palliative care in hospice	Other	End of life care	CCG			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£1,423,447	£1,423,447	Existing
54s	MacMillan Nurses - End of Life Care	11. Intermediate care services	5. Other	Palliative care support	Other	End of life care	CCG			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£275,012	£275,012	Existing
54r	Marie Curie -End of Life Care	11. Intermediate care services	5. Other	Palliative care support	Other	End of life care	CCG			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£101,182	£101,182	Existing
49	Carers support investment	3. Carers services	2. Implementation of Care Act		Social Care		CCG			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£1,177	£1,177	Existing
35	Rehabilitation beds - Isle Court	11. Intermediate care services	4. Reablement/Rehabilitation services		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	2017/18 Only	£0		Existing
35	Rehabilitation beds - GP input - Radbrook	11. Intermediate care services	4. Reablement/Rehabilitation services		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	2017/18 Only	£0		Existing

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Scheme ID	Scheme Name	Scheme Type (see table below for descriptions)	Sub Types	Please specify if 'Scheme Type' is 'other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Scheme Duration	2017/18 Expenditure (£)	2018/19 Expenditure (£)	New/ Existing Scheme
35	Rehabilitation beds - GP input - Beeches	11. Intermediate care services	4. Reablement/Rehabilitation services		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	2017/18 Only	£0		Existing
35	Rehabilitation beds - GP input - Much Wenlock	11. Intermediate care services	4. Reablement/Rehabilitation services		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	2017/18 Only	£0		Existing
47	Independent sector rehabiliation beds (spot purchase)	11. Intermediate care services	4. Reablement/Rehabilitation services		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	2017/18 Only	£0		Existing
54o	Rehabilitation beds- Lady Forester and Uplands	11. Intermediate care services	4. Reablement/Rehabilitation services		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£333,479	£333,479	Existing
22	Rehab & Reablement Commissioner - CCG	7. Enablers for integration	5. Workforce development		Social Care		CCG			CCG	CCG Minimum Contribution	2017/18 Only	£0		Existing
42	Independent Living Partnership / Building Commuity Capacity	1. Assistive Technologies	1. Telecare		Social Care		CCG			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£25,537	£25,537	Existing
43	Headway / Building Community Capacity	2. Care navigation / coordination	1. Care coordination		Mental Health		CCG			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£15,000	£15,000	Existing
50	Dementia Investment	2. Care navigation / coordination	1. Care coordination		Mental Health		CCG			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£60,000	£60,000	Existing
51	Community and Care Coordinators	2. Care navigation / coordination	1. Care coordination		Primary Care		CCG			CCG	CCG Minimum Contribution	Both 2017/18 and 2018/19	£362,500	£362,500	Existing
54l	Healthy Living Centres / Building Community Capacity	15. Wellbeing centres			Social Care		CCG			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£18,303	£18,303	Existing
54p	Red Cross Home from Hospital	11. Intermediate care services	1. Step down		Social Care		CCG			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£69,226	£69,226	Existing
63	Dementia Contract	2. Care navigation / coordination	1. Care coordination		Mental Health		CCG			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£86,206	£86,206	Existing
64	Jointly Funded Placements / Continuing Care	7. Enablers for integration	10. Joint commissioning infrastructure		Continuing Care		CCG			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£3,232,631	£3,377,241	Existing
67	High Demand Cohort / High Intensity User Scheme (Anna Iley)	2. Care navigation / coordination	1. Care coordination		Other		CCG			CCG	CCG Minimum Contribution	2017/18 Only	£0		Existing
77	Care Home Eduction Programme (SPIC)	8. Healthcare services to Care Homes	2. Other - Physical health/wellbeing		Community Health		CCG			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£22,225	£22,225	Existing
87	Care Home Advance Scheme	8. Healthcare services to Care Homes	2. Other - Physical health/wellbeing		Community Health		CCG			CCG	CCG Minimum Contribution	Both 2017/18 and 2018/19	£200,000	£200,000	Existing
79	Domestic Violence / Sexual Abuse Counselling (AXIS)	2. Care navigation / coordination	1. Care coordination		Community Health		CCG			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£2,195	£2,195	Existing
84	ICS / Age UK - Home from Hospital North East	12. Personalised healthcare at home	3. Other	Reablement support	Social Care		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£29,316	£29,316	Existing
85	ICS / Age UK - Home from Hospital South West	12. Personalised healthcare at home	3. Other	Reablement support	Social Care		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£35,442	£35,442	Existing

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54ai	Mental Health Independent Advocacy (SIAS)	2. Care navigation / coordination	1. Care coordination		Mental Health		CCG			Charity / Voluntary Sector	CCG Minimum Contribution	2017/18 Only	£0		Existing
68	Mental Health Crisis Care (SSSFT)	2. Care navigation / coordination	3. Other	Mental health crisis care	Mental Health		CCG			NHS Mental Health Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£649,175	£649,175	Existing
74	Diamond Drop in Dementia support (Age UK)	15. Wellbeing centres			Mental Health		CCG			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£32,194	£32,194	Existing
75	Learning Disability Support (Taking Part)	2. Care navigation / coordination	1. Care coordination		Mental Health		CCG			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£28,000	£28,000	Existing
76	Mental Health Prescribing Advice (CAB)	2. Care navigation / coordination	1. Care coordination		Mental Health		CCG			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£41,247	£41,247	Existing
78	Designs in MIND mental health support	2. Care navigation / coordination	1. Care coordination		Mental Health		CCG			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£42,604	£42,604	Existing
80	Mental Health Advocacy (SIAS)	2. Care navigation / coordination	1. Care coordination		Mental Health		CCG			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£28,244	£28,244	Existing
81	Mental Health Support (MIND) grant	2. Care navigation / coordination	1. Care coordination		Mental Health		CCG			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£47,972	£47,972	Existing
54k	Community Transport - Oswestry CUBE	16. Other		Transport services	Social Care		CCG			Charity / Voluntary Sector	CCG Minimum Contribution	2017/18 Only	£0		Existing
20	BCF Coordinator	7. Enablers for integration	10. Joint commissioning infrastructure		Other	Project management	CCG			CCG	CCG Minimum Contribution	2017/18 Only	£0		Existing
21	Dementia Commissioner	7. Enablers for integration	10. Joint commissioning infrastructure		Mental Health		CCG			CCG	CCG Minimum Contribution	2017/18 Only	£0		Existing
1A	Increased number of FTE social workers in the community social work teams (generating savings through reviews)	11. Intermediate care services	4. Reablement/Rehabilitation services		Social Care		Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£186,378	£180,920	New
1B	To have equipment/telecare/assistive technology available	1. Assistive Technologies	1. Telecare		Social Care		Local Authority			Private Sector	Improved Better Care Fund	Both 2017/18 and 2018/19	£42,517	£14,560	New
1C	To support people at home and reduce admission into residential care	13. Primary prevention / Early Intervention	4. Other	Preventative services	Social Care		Local Authority			Private Sector	Improved Better Care Fund	Both 2017/18 and 2018/19	£98,320	£1,198,360	New
1D	To increase the uptake of assistive technology and telecare	1. Assistive Technologies	1. Telecare		Social Care		Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£30,856	£4,960	New
1E	Lets Talk Local development co-ordinator	2. Care navigation / coordination	2. Single Point of Access		Social Care		Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£25,120	£44,270	New
1F	Additional hours for Brokerage to work on a Saturday and Sunday	9. High Impact Change Model for Managing Transfer of Care	5. Seven-Day Services		Social Care		Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£2,029	£55,730	New
1G	Dedicated CHC social workers	10. Integrated care planning	2. Integrated care packages		Social Care		Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£20,834	£114,880	New
1H	Additional rehab OT	9. High Impact Change Model for Managing Transfer of Care	3. Multi-Disciplinary/Multi-Agency Discharge		Social Care		Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£33,580	£81,010	New

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1I	Professional Development Officer	10. Integrated care planning	1. Care planning		Social Care		Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£1,074	£43,330	New
1L	To increase MH prevention work	13. Primary prevention / Early Intervention	2. Other - Mental health /wellbeing		Mental Health		Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£106,803	£217,340	New
1O	'Different Conversations'	7. Enablers for integration	5. Workforce development		Social Care		Local Authority			Private Sector	Improved Better Care Fund	Both 2017/18 and 2018/19	£7,522	£51,200	New
2A	Additional bed based capacity - Shropshire - 20 x nursing beds (pathway 3)	11. Intermediate care services	4. Reablement/Rehabilitation services		Community Health		Local Authority			Private Sector	Improved Better Care Fund	Both 2017/18 and 2018/19	£296,988	£1,271,190	New
2B	Rapid Response Team	9. High Impact Change Model for Managing Transfer of Care	3. Multi-Disciplinary/Multi-Agency Discharge		Social Care		Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£47,050	£381,690	New
2C	Additional SW capacity in ICS	9. High Impact Change Model for Managing Transfer of Care	1. Early Discharge Planning		Social Care		Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£609,206	£1,158,710	New
2D	Falls Prevention	13. Primary prevention / Early Intervention	3. Other - Physical health/wellbeing		Community Health		Local Authority			Charity / Voluntary Sector	Improved Better Care Fund	Both 2017/18 and 2018/19	£284,000	£55,500	New
2E	To increase availability of care and support after hours and at weekends in an emergency	3. Carers services	1. Carer advice and support		Social Care		Local Authority			Charity / Voluntary Sector	Improved Better Care Fund	2017/18 Only	£240		New
2G	To reduce admissions into Oak and Holly Wards	13. Primary prevention / Early Intervention	2. Other - Mental health /wellbeing		Mental Health		Local Authority			Local Authority	Improved Better Care Fund	2018/19 Only		£37,870	New
2H	To improve early discharge planning at Redwoods S117 discharge liaison worker	9. High Impact Change Model for Managing Transfer of Care	1. Early Discharge Planning		Mental Health		Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£48,482	£110,580	New
2I	Hospital Discharge Carers Support Service	3. Carers services	1. Carer advice and support		Social Care		Local Authority			Charity / Voluntary Sector	Improved Better Care Fund	2017/18 Only	£109		New
2J	Hospital-based carers lead/link worker	3. Carers services	1. Carer advice and support		Social Care		Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£10,458	£57,380	New
2M	Extra care unit developemnt at Bicton Road (Whithywood)	11. Intermediate care services	4. Reablement/Rehabilitation services		Social Care		Local Authority			Private Sector	Improved Better Care Fund	Both 2017/18 and 2018/19	£39,234	£123,790	New
2N	Joint offer of specialist equipment offer in Shropshire	1. Assistive Technologies	4. Other	Review of contracts	Social Care		Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£18,614	£55,060	New
2P	Business Intellegence on early intervention and prevention/population management and hospital data	10. Integrated care planning	1. Care planning		Social Care		Local Authority			Private Sector	Improved Better Care Fund	2017/18 Only	£25,800		New
2S	A and E/minor injuries pathway to include a social work perspective as people self refer	9. High Impact Change Model for Managing Transfer of Care	3. Multi-Disciplinary/Multi-Agency Discharge		Social Care		Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£5,687	£99,110	New
2T	Social work practitioner in MDT for frailty	9. High Impact Change Model for Managing Transfer of Care	3. Multi-Disciplinary/Multi-Agency Discharge		Social Care		Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£5,260	£37,790	New
3A	Provider Market Development	16. Other		Supporting market sustainability	Other	Provider market	Local Authority			Charity / Voluntary Sector	Improved Better Care Fund	2017/18 Only	£83,148		New
3C	4 x Provider trusted assessors	10. Integrated care planning	4. Other	Provider assessors	Community Health		Local Authority			Charity / Voluntary Sector	Improved Better Care Fund	2018/19 Only		£307,120	New

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2Y	Increased ICS services	9. High Impact Change Model for Managing Transfer of Care	3. Multi-Disciplinary/Multi-Agency Discharge		Social Care		Local Authority			Local Authority	Improved Better Care Fund	2017/18 Only	£0		New
2Z	Maintaining existing ICS services - Mitigating required savings	9. High Impact Change Model for Managing Transfer of Care	3. Multi-Disciplinary/Multi-Agency Discharge		Social Care		Local Authority			Local Authority	Improved Better Care Fund	2017/18 Only	£0		Existing
1Z	Increased demographic pressure - Increased number, complexity and cost of care packages	14. Residential placements	4. Care home		Social Care		Local Authority			Private Sector	Improved Better Care Fund	Both 2017/18 and 2018/19	£216,823	£5,790,197	New
1	Maximising Independence: Hospital Discharge/Admission Avoidance	11. Intermediate care services	1. Step down		Social Care		Local Authority			Local Authority	Local Authority Contribution	2018/19 Only		£459,279	Existing
36	START	10. Integrated care planning	1. Care planning		Social Care		Local Authority			Local Authority	Local Authority Contribution	2018/19 Only		£155,500	Existing
19b	Integrated Community Service	10. Integrated care planning	2. Integrated care packages		Social Care		Local Authority			Local Authority	Local Authority Contribution	2018/19 Only		£394,720	Existing
4	Carers Support	3. Carers services	2. Implementation of Care Act		Social Care		Local Authority			Charity / Voluntary Sector	Local Authority Contribution	2018/19 Only		£36,699	Existing
7	Enhancing Prevention Services	2. Care navigation / coordination	1. Care coordination		Social Care		Local Authority			Local Authority	Local Authority Contribution	2018/19 Only		£191,724	Existing
16	MH & LD Respite / Carers	3. Carers services	1. Other - Mental health / wellbeing		Social Care		Local Authority			Private Sector	Local Authority Contribution	2018/19 Only		£589,090	Existing
23	Prevention and Advice (Care Act responsibilities)	3. Carers services	2. Implementation of Care Act		Social Care		Local Authority			Charity / Voluntary Sector	Local Authority Contribution	2018/19 Only		£174,704	Existing
54d	Enhance- Early Help/ Children & Families	13. Primary prevention / Early Intervention	4. Other	Support to children and families	Social Care		Local Authority			Private Sector	Local Authority Contribution	2018/19 Only		£160,000	Existing
54e	Autism support (AWM) / Children & Families	13. Primary prevention / Early Intervention	4. Other	Support to children and families	Social Care		Local Authority			Private Sector	Local Authority Contribution	2018/19 Only		£49,671	Existing
Scheme ID	10 Admission Avoidance Residential Care Beds (EMI) to Support Hospital Discharge (scheme 1K)	11. Intermediate care services	4. Reablement/Rehabilitation services		Community Health		Local Authority			Private Sector	Improved Better Care Fund	2017/18 Only	£81,154		New
Scheme ID	Maintaining existing preventative services - Mitigating required savings (scheme 1Y)	13. Primary prevention / Early Intervention	9. Other	Support to vulnerable people in the community	Social Care		Local Authority			Charity / Voluntary Sector	Improved Better Care Fund	2018/19 Only		£500,000	Existing
1	Maximising Independence: Hospital Discharge/Admission Avoidance	11. Intermediate care services	1. Step down		Acute		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£190,805	£125,001	Existing
Scheme ID	Home care provider market development (scheme 3D)	16. Other		Supporting market sustainability	Social Care		Local Authority			Private Sector	Improved Better Care Fund	2018/19 Only		£162,000	New
Scheme ID	Enable (Individual Placement Support)	2. Care navigation / coordination	3. Other	Employment support	Mental Health		CCG			Local Authority	CCG Minimum Contribution	2018/19 Only		£294,500	New
54b	Mental Health (Enable)	2. Care navigation / coordination	1. Care coordination		Mental Health		Local Authority			Local Authority	Local Authority Contribution	2018/19 Only		£270,740	Existing

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Scheme Type	Description	Sub type
1. Assistive Technologies	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Digital participation services).	1. Telecare 2. Wellness services 3. Digital participation services 4. Other
2. Care navigation / coordination	A service to help people find their way to appropriate services and support and thus also support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. This is often as part of a multi-agency team which can be on line or use face to face care navigators for frail elderly, or dementia navigators etc. . This includes approaches like Single Point of Access (SPoA) and linking people to community assets.	1. Care coordination 2. Single Point of Access 3. Other
3. Carers services	Supporting people to sustain their role as carers and reduce the likelihood of crisis. Advice, advocacy, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence. This also includes the implementation of the Care Act as a sub-type.	1. Carer advice and support 2. Implementation of Care Act 3. Respite services 4. Other
4. DFG - Adaptations	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes.	
5. DFG - Other Housing	This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.	
6. Domiciliary care at home	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.	1. Dom care packages 2. Dom care workforce development 3. Other
7. Enablers for integration	Schemes that build and develop the enabling foundations of health and social care integration encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commisisioning infrastructure includes any personnel or teams that enable joint commissioning.	1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. Community asset mapping 7. New governance arrangements 8. Voluntary Sector Business Development 9. Employment services 10. Joint commissioning infrastructure 11. Other
8. Healthcare services to Care Homes	Improve the availability and quality of primary and community health services delivered to care home residents. Support the Care Home workers to improve the delivery of non-essential healthcare skills. This includes provider led interventions in care homes and commissioning activities eg. joint commissioning/quality assurance for residential and nursing homes.	1. Other - Mental health / wellbeing 2. Other - Physical health / wellbeing 3. Other

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	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

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4. HWB Metrics

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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	**8,327**	**8,080**	**8,729**	**8,475**	**8,509**	**8,259**	**8,920**	**8,661**	**33,611**	**34,349**

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?	No

	2017/18	2018/19
BCF revenue funding from CCGs ring-fenced for NHS out of hospital commissioned services/contingency fund **	£5,583,319	£5,689,402

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

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

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

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

would expect the value of the contingency fund to be equal to the cost of the non-elective activity that the BCF plan seeks to avoid. Source of dataxxxx insert allocation document

*** 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	573.7	626.4	600.3	600.4	
	Numerator	417	464	454	464	
	Denominator	72,685	74,029	75,625	77,285	

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 %	80.6%	84.1%	82.0%	82.0%	Please note that the figures shown are based on an annual estimate of the number of people who will be discharged into reablement services.This is based on current average dischare to reablement services of 161 people per month. The target is to achieve a 91 day figure of 82% who remain at home.
	Numerator	275	132	1,584	1,584	
	Denominator	341	157	1,932	1,932	

4.4 Delayed Transfers of Care

		16-17 Actuals				17-18 plans				18-19 plans				
		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	Comments
Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)	Quarterly rate	1048.3	1516.8	1593.4	1608.7	951.9	891.1	808.3	794.9	803.9	812.5	803.9	795.0	
	Numerator (total)	2,656	3,843	4,037	4,098	2,425	2,270	2,059	2,036	2,059	2,081	2,059	2,046	
	Denominator	253,356	253,356	253,356	254,742	254,742	254,742	254,742	256,126	256,126	256,126	256,126	257,374	

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:

Shropshire

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

Better Care Fund Annex – Agreement Update 18/19

Background:

As part of the two year BCF agreement the Shropshire HWBB agreed that 17/18 would be used to review the BCF to ensure that it was being used to its full capacity to support Shropshire people, and to ensure that the system was using its resources as efficiently as possible. This review was timely with a new leadership team at Shropshire CCG, it provided a chance to reset joint commissioning principles and to develop relationships.

Additionally, the HWBB is keen to continually improve the BCF to support system planning and the development of integrated services that demonstrate the BCF priorities:

- Prevention – keeping people well and self-sufficient in the first place
- Admission Avoidance – when people are not so well, how can we improve their health in the community
- Delayed Transfers and system flow - using the 8 High Impact Model

Agreed principles for the review:

- Ensure delivery of BCF priorities, national conditions and improvements in integration;
- Update the Section 75 Partnership Agreement to better reflect Shropshire system;
- Joint decision making and relationship development;
- Aspire to better understand how the BCF schemes are delivering value for money and delivering against the three priorities;
- If appropriate reduce the number of schemes and ensure that the full spend on each scheme from both Shropshire CCG (SCCG) and Shropshire Council (SC), so that each scheme could be better monitored for delivery and effectiveness.

BCF development process and methodology:

In alignment with the national programme, the BCF had provisional sign-off in September 2017 and full sign-off in November 2017. Following which a subgroup of the Health and Wellbeing Joint Commissioning Group embarked on a programme to update the BCF. This involved:

- Establishment of a BCF working group;
- Development of agreed principles for updating the BCF and process (above);
- Workshop to understand impact and effectiveness of the BCF schemes;
- Additional work was requested of scheme leads to provide the following information:
    - Do the schemes of the BCF address the BCF and system priorities?
    - Do the schemes provide value for money?
    - Do the schemes connect appropriately to wider system planning and delivery? If not, is there anything in place to address this?
- Review and development of the section 75 Partnership Agreement;
- Review and update of the Joint Commissioning Group Terms of Reference;

The BCF was reviewed by identifying the schemes that were commissioned by 1)SC, 2)SCCG and 3)those that were commissioned or delivered by SC with SCCG funds. Significant focus was placed on working

through the third grouping – schemes delivered or commissioned by SC on behalf of SCCG. These can be found in Appendix A, which includes evidence of effectiveness and rationale for continuing to jointly fund the scheme. The schemes are also found in the BCF planning template.

Progress:

- Winter/ Spring 2018 detailed action plan developed to update the BCF;
- Spring/ Summer 2018 the Joint Commissioning Group agreed the consolidation of schemes;
- Summer 2018 the HWBB agreed the section 75 Partnership Agreement, including renewed ToR for Joint Commissioning Group;
- Updated BCF Planning template (attached).

Governance

BCF Working Group – Joint Commissioning Group – HWBB. The BCF is governed as part of the CCG and SC governing bodies (Boards and Cabinet). Please see the updated Joint Commissioning Terms of Reference attached as Appendix B.

Highlights from the Review Findings

The BCF Planning template, attached, provides the detail of each scheme, funder, amount and confirmation of status (continuing in 18/19 or not); appendix A below provides detail of each scheme that is funded by the CCG and delivered or commissioned by Shropshire Council and Table 1 on this page describes highlights of the review and rationale for the continuation or discontinuation of schemes as part of the BCF.

Table 1: highlights from the updated BCF planning template

Funding Source	Prevention	Admission Avoidance	Delayed Transfers/ discharge
CCG funded and commissioned	Planning template schemes 54ai and 54 k - A review of all of the VCSE grant funded schemes resulted in a shift to the development of contracts where the scheme was considered working well to prevent ill health. 54ai and k were not renewed as a grant or contract.	Planning template schemes 21 and 22 - Although these posts have remained vacant over the last year, and therefore these schemes have been removed, there has been greater investment in schemes 51 and 87 - Integrated Community services has received additional investment across the BCF to ensure a continued and increased focus on	Planning template schemes 35 and 47 - Intermediate Care Beds – SCCG and partners are working to develop the community offer of support for people – programme called Care Closer to Home. This programme is looking at the range of care needs in Shropshire Communities. As such these specific programmes have been discontinued in advance of full programme delivery. Funds have been added to - Significant additional funds have instead been added into schemes 64 and 54f

		performance and development in this area.	
SC funded and commissioned or delivered	Planning template schemes 70 and 86 - These schemes have been removed from the BCF for 18/19. The work is continuing and considered an important component of prevention in health and care, but they will make way for the Joint Commissioning decisions on other prevention activity in the system including schemes 4, 16 and 23. Planning template schemes 54 + - Continued focus on supporting children and families	Planning template scheme 65a, 66, and 34 - Agreed that while these schemes will continue they do not need the oversight of joint commissioning at this time	Planning template schemes 1, 19b, 36 - ICS and integrated care planning – agreed to include the whole ICS budget in the BCF, and renewed focus on integrated services (details can also be found in Appendix A below)
SC delivered or commissioned on behalf of the CCG	See Appendix A	See Appendix A	See Appendix A

Conclusion:

A significant amount of effort has gone into understanding impact of the BCF schemes and into developing joint working to ensure the continued development of integrated services, and the development of robust monitoring processes to ensure value for money and good outcomes for people in Shropshire. There is more work to do, but the new section 75 agreement and Joint Commissioning Terms of Reference, will support continued positive progress.

Appendix A
BCF Pooled Fund Schemes - 2018/19

Services commissioned by Shropshire Council with CCG funding

Ref	Scheme Name	Scheme Type	Area of Spend	Commissioner	Cost that Shropshire Council will Incur in 2018/19	Suggested 2018/19 BCF Scheme Value (CCG Funding) £	Description of Expenditure	Evidence of Improvements to Health and Overall Impact on NHS	High Level Scheme Category
1	Maximising Independence: Hospital Discharge/Admission Avoidance	Intermediate Care Services	Acute	Tanya Miles	2,509,960	1,996,681	Hospital discharge purchasing + Short term support purchasing + Admin short term support	There has been improved performance in all target areas, particularly in delayed transfers of care. There has been a 93% reduction in delays attributed to ASC when compared to January 2017. In actual terms, delays attributable to ASC in April 2017 was 5.00 per 100,000, reduced to 0.6 in Jan 2018. Overall DTOC total has reduced from 11.6 per 100, 000 in April 2017 to 5.7 in Jan 2018. The number of discharges across all hospitals has increased significantly. The number of weekly discharges across all hospitals at April 2017 was 40-50 compared to March 2018 at 60 -70.	Hospital Discharge
36	START	Integrated Care Planning	Social Care	Tanya Miles	955,500	800,000	START North, Central and South	START is a very successful hospital discharge and admission avoidance reablement service. In March 2018 the team supported 63% of all people who used the service back to independence with no need for any ongoing formal services. This success rate is being achieved on a monthly basis by the service. Compare this to March 2018's performance by external providers where only 18% of people returned to independence with no ongoing formal services being provided, and it is clear to see START is a valuable resource. Out of all people supported by START in March 2018, only 13% went on to need long term formal support at the end of the 6 week reablement period compared to 43% needing ongoing long term support who were supported in the external market. Hospital readmission numbers for individuals being supported by START is low month on month, with only 4% of individuals in March 2018 needing to return to hospital compared with 18% of individuals who were supported by providers from the external market. These figures are being achieved on average on a monthly basis with Shropshire Council now considering expanding the START service to support greater numbers of individuals to achieve	Admission Avoidance

								more positive outcomes.	
19 b	Integrated Community Service	Integrated Care Planning	Social Care	Tanya Miles	1,894,720	1,500,000	ICS North, Central and South + Management of hospital interface	As per scheme 1	Hospital Discharge
4	Carers Support	Carers' Services	Social Care	Michelle Davies	544,249	507,550	Cheshire West, Wirral and Shropshire Crossroads contract + social work time + Carers and Engagement Lead post	Providing advice, support and respite for carers. This service directly improves the health of carers who access it, reducing anxiety and stress for carers, knowing they have support and are able to get a planned or unplanned break from their caring role. This in turn maintains the health of those individuals they are caring for, as the carers are supported to continue to care for them at home, thus reducing the admissions to hospital that may be the result of carer breakdown and deterioration in the health of the individual as a direct result.	Admission Avoidance
5	Telecare	Assistive Technologies	Social Care	Laura Fisher	731,071	731,071	Telecare + assistive technology + vision and technology training + VISS + Disability Living Centre (ILP) + Community Council sensory resource SLA	Providing technology and communication support to those will a disability enables them to continue to live as independently as possible in their own home - technology and support to ensure that they are taking their medication, attending relevant health appointments and accessing other local health resources means they can maintain their health and manage their disability in the community without requiring hospital admission. If they were not able to access this technology and support services they could become lonely and isolated and their health would deteriorate. The likely outcome would be admission to hospital in order for their condition to be managed.	Admission Avoidance
7	Enhancing Prevention Services	Care Navigation / Coordination	Social Care	Michelle Davies	791,724	600,000	Age Concern prevention contract + Community Council preventative services contract + Oswestry Community Action grant + Let's Talk Local	These services play a vital role in helping older and/or vulnerable people to prevent or delay the loss of their independence, and in turn their health problems, which may otherwise result in unplanned hospital admissions. By receiving this support in their local community, individuals are able to access services to meet their health needs - GP appointments, pharmacy, accessing prescriptions. These organisations are also able to monitor the health of the individuals they support and arrange early intervention if they see signs of deterioration, enabling the individuals to remain at home and receive the right treatment without the need for hospital admission.	Prevention

16	MH, LD & Children's Respite / Carers	Carers' Services	Mental Health	Michelle Davies	1,089,090	500,000	Barleyfields contract (supports carers) + Havenbrook respite home	By providing respite beds at Barleyfields, it enables carers who support individuals with a learning disability who have complex physical needs, to continue to provide care at home to them on an ongoing basis and manage their conditions, including medication management, meeting their nutritional and hygiene needs. Providing this service prevents carer breakdown which could otherwise result in hospital admission of the individual.	Admission Avoidance
23	Prevention and Advice (Care Act responsibilities)	Care Navigation / Coordination	Social Care	Michelle Davies	964,704	790,000	Citizens Advice Shropshire + Age Concern volunteering and day centres grant + North Shrewsbury Friendly Neighbours grant + Shropshire Mind grant + Royal Voluntary Service grant + Stroke Association grant + Designs in Mind grant + The Stretton Mayfair Trust grant + SIAS contract + POhWER contract + A4U grant + Shropshire Choices Support post + After Adoption contract	These services enable individuals to access advice and support to address issues that may prevent them from maintaining their independence in community. If they did not receive this support and this could result in a deterioration in their physical health. For example, benefits support and advocacy enables individuals to continue to manage their finances and could prevent malnutrition through lack of money to buy food, or fuel poverty resulting in illnesses such as the flu or serious chest infections. Befriending services ensure that an individuals social isolation is reduced, they are supported to maintain routine, including meeting their nutritional and medication needs. Providing places for individuals to meet peers and learn new skills is vital in enabling them to maintain good mental and physical health, paid staff and volunteers can detect a change in someone's health and provide support, advice and make appropriate referrals, to prevent any further deterioration that may otherwise lead to hospital admission. Specific services, in particular the Stroke Association, support individuals and their carers to identify their needs post discharge and achieve their outcomes, reducing readmissions to hospital by improving their physical well being.	Prevention
54 b	Mental Health (Enable)	Care Navigation / Coordination	Mental Health	Michelle Davies	324,740	54,000		Shropshire CCG and Shropshire Council both currently fund Shropshire's IPS mental health employment service through Enable, which is a supported employment service. Enable is part of Shropshire Council's Adult Social Care services and provides an IPS service in all areas of Shropshire. Enable has provided a mental health employment service since 1994, and in 2009 became an IPS Centre of Excellence after it became the first service in the UK to be Fidelity Reviewed. Enable supports over 50% of individuals they work with to achieve sustainable paid employment.	Prevention

54 d	Enhance - Early Help/ Children & Families	Primary Prevention / Early Intervention	Social Care	Marion Versluijs	410,000	250,000	Enhance contract	Targeted support for EHWB; reduced referrals to specialist mental health services and emergency health services. Can also act as step down from specialist mental health services.	Prevention
54 e	Autism support (AWM) / Children & Families	Primary Prevention / Early Intervention	Social Care	Marion Versluijs	99,671	50,000	Autism West Midlands contract	Targeted support for EHWB; reduced referrals to specialist neurodevelopment services and emergency health services. Can also act as step down from specialist mental health services.	Prevention
	Sub Total				**10,315,429**	**7,779,302**			

	Admission
£2,538,621	Avoidance
£3,496,681	Hospital Discharge
£1,744,000	Prevention

?

Appendix B – Joint Commissioning Group Terms of Reference

2. JOINT COMMISSIONING GROUP:

As part of the HWBB, the CCG's Governing Body and the Council resolve to establish a joint committee of both statutory bodies; known as the JCG.

The JCG is established in accordance with the CCG's Constitution, Standing Orders and Scheme of Reservation & Delegation; and the Council's delegated authority under its Constitution

The JCG will report into the HWBB having oversight of the deployment of the Pooled Fund "Better Care Fund" (BCF) and is aligned to the delivery of the HWBB vision and aims set out above.

2.1. Purpose

The JCG is the committee responsible for developing, delivering and monitoring the Better Care Fund (BCF) schemes;

The JCG shall provide assurance to the HWBB Delivery Group and the HWBB (and governing bodies of the CCG and the Council's Cabinet as needed) on the BCF.

The JCG is established to ensure services commissioned using the pooled fund are in line with the delivery principles of the Shropshire BCF.

The JCG provides oversight for the development and delivery of the joint funded BCF; and shall ensure that commissioned services;

- are in line with the needs of the local population and the strategic objectives of the CCG and the Council;
- include services and service changes to ensure financial balance;
- are evidence based; inclusive of national and local requirements.

The JCG shall make recommendations to the HWBB and the governing bodies on the schemes, programmes of work, and funding to deliver the vision and aims of the Shropshire BCF.

The JCG will report to the HWBB Delivery Group which maintains strategic oversight of constituent organisational plans to ensure they deliver the vision and aims of a whole system approach to improving population health, overseen by the HWBB

2.2 Responsibilities

- Oversee and recommend to the HWBB the development of a commissioning strategy for the Shropshire BCF.
- Lead on the development, delivery and implementation of the BCF Programme, ensuring financial and performance monitoring; reporting to the HWBB

- Oversee development of the annual BCF Plan and commissioning intentions for the BCF Pooled Fund, ensuring delivery of national and local requirements together with systems objectives for the commissioning and delivery of health and social care.

- Manage the Better Care Fund Assurance Framework, ensuring any areas of concern are reported to the CCG's Governing Body, the Council and the HWBB, along with mitigating actions.

- Oversee the contribution to the JSNA, making recommendations as appropriate to the respective statutory bodies, ensuring that the outcomes are reflected in the BCF priorities for its commissioning and decommissioning of health or social care services.

- Inform and make recommendations to the CCG Governing Body and the Council; on joint commissioning arrangements within the BCF, ensuring that these arrangements are effective

- Initiate service reviews where it is felt that services do not provide sufficient quality and value for money.

- Ensure continuous improvement to joint working, integration, the pooled budget and developing delegated authority and decision making.

- Manage and review the development of health and social care pathways that support the systems' vision promoting independence clinical quality and safety making recommendations as appropriate.

- Manage and review the development of new schemes, reviewing appropriate business cases to ensure all necessary evidence is provided to support effective decision making, and provide recommendations to the CCG Governing Body and the Council, as appropriate

- Manage and review investment and disinvestment prioritisation processes on behalf of the CCG and the Council, evaluate outcomes of pilot schemes as appropriate.

- Ensure robust arrangements exist for local patient and public involvement, demonstrating that patients and stakeholders have been engaged appropriately.

- Ensure that CCG and Council policies and procedures are followed, including governance arrangements as set out in any schemes of delegation, prime financial policies and standing orders.

- Ensure that equality and diversity is proactively considered and promoted as part of the committee's business and its decision making.

2.3. Membership of the Joint Commissioning Group:

The membership of the JCG will be as follows:

- Head of Adult Services, SC
- Director of Contracting and Performance, CCG
- Director of Delivery and Performance, CCG
- Director of Finance, CCG
- Senior Finance Lead, SC
- Better Care Fund Manager – Joint Post

- Lead for Admissions Avoidance, CCG or SC
- Lead for Delayed Transfers, CCG or SC
- Lead for Prevention, SC

1 Membership will be reviewed regularly to adjust for changes as required by the purpose of the JCG.
2 Members who cannot attend should only send a named deputy if approved by the Chair or Vice Chair of the JCG. Deputies will have the decision-making and voting rights of the person he/she is representing.
3 A decision put to a vote at the meeting shall be determined by a majority of the votes of members and deputies present. In the case of an equal vote, the Chair of the JCG shall have a second and casting vote.

3. Meeting Arrangements:

Co-Chair – Meetings will be operated by a co-chair arrangement, one from the Council and one from the CCG; to be elected annually.

Notice of Meetings –Shropshire Together will provide administration

Meeting Frequency –monthly

Agenda and Papers – Partners are encouraged to provide agenda items and papers for the JCG; and papers will be provided to the group at least 2 days in advance.

Review of the Terms of Reference – annually

Minutes – meeting shall be recorded

4. Quorum

A minimum of six members; 3 from CCG and 3 from the Council, will constitute a quorum, so long as this includes either the Chair or Vice Chair.

A decision put to a vote at the meeting shall be determined by a majority of the votes of members and deputies present. In the case of an equal vote, the Chair of the JCG shall have a second and casting vote.

5. Governance

Financial probity is through this Section 75 agreement and SFIs/SFOs of the CCG and the Council.

The JCG will report to the HWBB and the governing bodies as required.

The JCG will make recommendations to all partner groups as needed.

The JCG will have oversight of how and where services are contracted for/ provided

The CCG and the Council will be required to provide proof of commitment to joint working schemes, services and programme of work

The JCG will provide regular reports on key issues to the Healthy and Wellbeing Delivery Group, HWBB, CCG Governing Body and the Council for final decision making and to provide assurance in key areas.

6. Conduct of the JCG

- The JCG shall conduct itself in accordance with the HWBB principles.
- The JCG shall conduct its business in accordance with national guidance, relevant codes of practice including the Nolan Principles and the Conflict of Interest policy.

7. Equality Statement

- The CCG and the Council are committed to promoting equality in all responsibilities – as commissioners and providers of services, as a partner in the local economy and as an employer.
- All sub -committees of the CCG and the Council have duties ensuring that all users and potential users of services and employees are treated fairly and respectfully with regard to the protected characteristics of age, disability, gender, reassignment, marriage or civil partnership, pregnancy and maternity, race, religion, sex and sexual orientation.

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Better Care Fund Template Q1 2018/19

Guidance

Overview

The Better Care Fund (BCF) quarterly reporting requirement is set out in the BCF Planning Requirements for 2017-19 which supports the aims of the Integration and BCF Policy Framework and the BCF programme jointly led and developed by the national partners Department of Health (DHSC), Ministry for Housing, Communities and Local Government (MHCLG), NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key purposes of the BCF quarterly reporting are:
1) To confirm the status of continued compliance against the requirements of the fund (BCF)

2) To provide information from local areas on challenges, achievements and support needs in progressing integration and the delivery of BCF plans
3) To foster shared learning from local practice on integration and delivery of BCF plans
4) To enable the use of this information for national partners to inform future direction and for local areas to inform delivery improvements

BCF quarterly reporting is likely to be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including clinical commissioning groups, local authorities and service providers) for the purposes noted above.

BCF quarterly reports are submitted by local areas are required to be signed off by HWBs as the accountable governance body for the BCF locally and these reports are therefore part of the official suite of HWB documents.

The BCF quarterly reports in aggregated form will be shared with local areas prior to publication in order to support the aforementioned purposes of BCF reporting. In relation to this, the Better Care Support Team (BCST) will make the aggregated BCF quarterly reporting information in entirety available to local areas in a closed forum on the Better Care Exchange (BCE) prior to publication.

For 2018-19, reporting on the additional iBCF Grant (from the funding announced in the 2017 Spring Budget) is included in the BCF quarterly reporting as a combined template to streamline the reporting requirements placed on local systems. The BCST along with NHSE hosted information infrastructure will be collecting and aggregating the iBCF information and providing it to MHCLG. Although collected together, BCF and iBCF information will be reported and published separately. MHCLG aim to publish the additional iBCF information in 2018-19.

Note on entering information into this template

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

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

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

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

1. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.

2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to england.bettercaresupport@nhs.net

2. National Conditions & s75 Pooled Budget

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Integration and Better Care Fund planning requirements for 2017-19 continue to be met through the delivery of your plan. Please confirm as at the time of completion.
https://www.england.nhs.uk/wp-content/uploads/2017/07/integration-better-care-fund-planning-requirements.pdf
This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met within the quarter and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager.

In summary, the four national conditions are as below:
National condition 1: A jointly agreed plan
Please note: This also includes confirming the continued agreement on the jointly agreed plan for DFG spending
National condition 2: NHS contribution to social care is maintained in line with inflation
National condition 3: Agreement to invest in NHS-commissioned out-of-hospital services
National condition 4: Implementation of the High Impact Change Model for Managing Transfers of Care

3. National Metrics

The BCF plan includes the following four metrics: Non-Elective Admissions, Delayed Transfers of Care, Residential Admissions and Reablement. As part of the BCF plan for 2017-19, planned targets have been agreed for these metrics.
This section captures a confidence assessment on meeting these BCF planned targets for each of the BCF metrics.
A brief commentary is requested for each metric outlining the challenges faced in meeting the BCF targets, any achievements realised and an opportunity to flag any Support Needs the local system may have recognised where assistance may be required to facilitate or accelerate the achievement of the BCF targets.

As a reminder, if the BCF planned targets should be referenced as below:
- Residential Admissions and Reablement: BCF plan targets were set out on the BCF Planning Template
- Non Elective Admissions (NEA): The BCF plan mirrors the CCG (Clinical Commissioning Groups) Operating Plans for Non Elective Admissions except where areas have put in additional reductions over and above these plans in the BCF planning template. Where areas have done so and require a confirmation of their BCF NEA plan targets, please write into england.bettercaresupport@nhs.net
Please note that while NEA activity is not currently being reported against CCG Operating Plans (due to comparability issues relating to specialised commissioning), HWBs can still use NEA activity to monitor progress for reducing NEAs.
- Delayed Transfers of Care (DToC): The BCF plan targets for DToC should be referenced against your current provisional trajectory. Further information on DToC trajectories for 2018-19 will be published shortly.
The progress narrative should be reported against this provisional monthly trajectory as part of the HWB's plan.

This sheet seeks seeks a best estimate of confidence on progress against targets and the related narrative information and it is advised that:
- In making the confidence assessment on progress against targets, please utilise the available published metric data (which should be typically available for 2 of the 3 months) in conjunction with the interim/proxy metric information for the third month (which is eventually the source of the published data once agreed and validated) to provide a directional estimate.
- In providing the narrative on Challenges, Achievements and Support need, most areas have a sufficiently good perspective on these themes by the end of the quarter and the unavailability of published metric data for one of the three months of the quarter is not expected to hinder the ability to provide this very useful information. Please also reflect on the metric performance trend when compared to the quarter from the previous year - emphasising any improvement or deterioration observed or anticipated and any associated comments to explain.

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

4. High Impact Change Model

The BCF National Condition 4 requires local areas to implement the High Impact Change Model (HICM) for Managing Transfers of Care. This section of the template captures a self-assessment on the current level of implementation, and anticipated trajectory in future quarters, of each of the eight HICM changes and the red-bag scheme along with the corresponding implementation challenges, achievements and support needs.

The maturity levels utilised on the self assessment dropdown selections are based on the guidance available on the published High Impact Changes Model (link below). A distilled explanation of the levels for the purposes of this reporting is included in the key below:
Not yet established - The initiative has not been implemented within the HWB area

Planned - There is a viable plan to implement the initiative / has been partially implemented within some areas of the HWB geography
Established - The initiative has been established within the HWB area but has not yet provided proven benefits / outcomes
Mature - The initiative is well embedded within the HWB area and is meeting some of the objectives set for improvement

Exemplary - The initiative is fully functioning, sustainable and providing proven outcomes against the objectives set for improvement

https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/systems-resilience/high-impact-change-model

In line with the intent of the published HICM model self assessment, the self assessment captured via BCF reporting aims to foster local conversations to help identify actions and adjustments to progress implementation, to understand the area's ambition for progress and, to indicate where implementation progress across the eight changes in an area varies too widely which may constrain the extent of benefit derived from the implementation of the model. As this is a self assessment, the approaches adopted may diverge considerably from area to area and therefore the application of this information as a comparative indicator of progress between areas bears considerable limitations.

In making the self-assessment, please ensure that a representative range of stakeholders are involved to offer an assessment that is as near enough as possible to the operational reality of the area. The recommended stakeholders include but are not limited to Better Care Managers, BCF leads from CCGs and LAs, local Trusts, Care Sector Regional Leads, A&E Delivery Board representatives, CHIAs and regional ADASS representatives.

The HICM maturity assessment (particularly where there are multiple CCGs and A&E Delivery Boards (AEDBs)) may entail making a best judgment across the AEDB and CCG lenses to indicatively reflect an implementation maturity for the HWB. The AEDB lens is a more representative operational lens to reflect both health and social systems and where there are wide variations in implementation levels between them, making a conservative judgment is advised. Where there are clear disparities in the stage of implementation within an area, the narrative section should be used to briefly indicate this, and the rationale for the recorded assessment agreed by local partners.

Please use the 'Challenges' narrative section where your area would like to highlight a preferred approach proposed for making the HICM self-assessment, which could be useful in informing future design considerations.

Where the selected maturity levels for the reported quarter are 'Mature' or 'Exemplary', please provide supporting detail on the features of the initiatives and the actions implemented that have led to this assessment.

For each of the HICM changes please outline the challenges and issues in implementation, the milestone achievements that have been met in the reported quarter with any impact observed, and any support needs identified to facilitate or accelerate the implementation of the respective changes.

To better understand the spread and impact of Trusted Assessor schemes, when providing the narrative for "Milestones met during the quarter / Observed impact" please consider including the proportion of care homes within the locality participating in Trusted Assessor schemes. Also, any evaluated impacts noted from active Trusted Assessor schemes (e.g. reduced hospital discharge delays, reduced hospital Length of Stay for patients awaiting care home placements, reduced care home vacancy rates) would be welcome.

Hospital Transfer Protocol (or the Red Bag Scheme):
- The template also collects updates on areas' implementation of the optional 'Red Bag' scheme. Delivery of this scheme is not a requirement of the Better Care Fund, but we have agreed to collect information on its implementation locally via the BCF quarterly reporting template.
- Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') to enhance communication and information sharing when residents move between care settings and hospital.
- Where there are no plans to implement such a scheme please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.
- Further information on the Red Bag / Hospital Transfer Protocol: A quick guide has been published:
https://www.nhs.uk/NHSEngland/keogh-review/Pages/quick-guides.aspx
Further guidance is available on the Kahootz system or on request from the NHS England Hospital to Home team through england.ohuc@nhs.net. The link to the Sutton Homes of Care Vanguard – Hospital Transfer Pathway (Red Bag) scheme is as below:
https://www.youtube.com/watch?v=XoYZPXmULHE

5. Narrative

This section captures information to provide the wider context around health and social integration.
Please tell us about the progress made locally to the area's vision and plan for integration set out in your BCF narrative plan for 2017-19. This might include significant milestones met, any agreed variations to the plan and any challenges.

Please tell us about an integration success story observed over reported quarter highlighting the nature of the service or scheme and the related impact.

6. Additional improved Better Care Fund - Part 1

For 2018-19 the additional iBCF monitoring has been incorporated into the BCF form. The additional iBCF section of this form are on tabs '6. iBCF Part 1' and '7. iBCF Part 2', please fill these sections out if you are responsible for the additional iBCF quarterly monitoring for your organisation, or geographic area.
To reflect this change, and to align with the BCF, data must now be entered on a HWB level.
The iBCF section of the monitoring template covers reporting in relation to the additional iBCF funding announced at spring budget 2017 only.
More specific guidance on individual questions is present on the relevant tabs.

Please find a list of your previous Quarter 4 2017/18 initiatives / projects on tab 'iBCF Q4 1718 Projects'.

Section A: Please ensure that the sum of the percentage figures entered does not exceed 100%. If you have not designated any funding for a particular purpose, please enter 0% and do not leave a blank cell.
Section B: Please enter at least one initative / project, but no more than 10. If you are funding more than 10 initiatives / projects, you should list those with the largest size of investment in 2018-19.

7. Additional improved Better Care Fund - Part 2

Section C: The figures you provide should cover the whole of 2018-19. Please use whole numbers with no text, if you have a nil entry please could you enter 0 in the appropriate box.
Section D: Please enter at least one metric, but no more than 5.

Better Care Fund Template Q1 2018/19

1. Cover

Version 1.0

Please Note:
- The BCF quarterly reports are categorised as 'Management Information' and are planned for publishing in an aggregated form on the NHSE website. ***Narrative sections of the reports will not be published.*** *However as with all information collected and stored by public bodies, all BCF information including any narrative is subject to Freedom of Information requests.*
- As noted already, the BCF national partners intend to publish the aggregated national quarterly reporting information on a quarterly basis. At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Shropshire
Completed by:	Penny Bason / Val Banks
E-mail:	penny.bason@shropshire.gov.uk; val.banks@shropshire.gov.uk
Contact number:	1743252767
Who signed off the report on behalf of the Health and Wellbeing Board:	Tanya Miles/ Gail Fortes Mayer

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

	Pending Fields
1. Cover	0
2. National Conditions & s75 Pooled Budget	0
3. National Metrics	0
4. High Impact Change Model	0
5. Narrative	0
6. iBCF Part 1	0
7. iBCF Part 2	0

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

<< Link to Guidance tab

1. Cover

	Cell Reference	Checker
Health & Wellbeing Board	C8	Yes
Completed by:	C10	Yes
E-mail:	C12	Yes
Contact number:	C14	Yes
Who signed off the report on behalf of the Health and Wellbeing Board:	C16	Yes

Sheet Complete:	Yes

2. National Conditions & s75 Pooled Budget

^^ Link Back to top

	Cell Reference	Checker
1) Plans to be jointly agreed?	C8	Yes
2) Social care from CCG minimum contribution agreed in line with Planning Requirements?	C9	Yes
3) Agreement to invest in NHS commissioned out of hospital services?	C10	Yes
4) Managing transfers of care?	C11	Yes
1) Plans to be jointly agreed? If no please detail	D8	Yes
2) Social care from CCG minimum contribution agreed in line with Planning Requirements? Detail	D9	Yes
3) Agreement to invest in NHS commissioned out of hospital services? If no please detail	D10	Yes
4) Managing transfers of care? If no please detail	D11	Yes
Have the funds been pooled via a s.75 pooled budget?	C15	Yes
Have the funds been pooled via a s.75 pooled budget? If no, please detail	D15	Yes
Have the funds been pooled via a s.75 pooled budget? If no, please indicate when	E15	Yes

Sheet Complete:	Yes

3. Metrics ^^ Link Back to top

	Cell Reference	Checker
NEA Target performance	D11	Yes
Res Admissions Target performance	D12	Yes
Reablement Target performance	D13	Yes
DToC Target performance	D14	Yes
NEA Challenges	E11	Yes
Res Admissions Challenges	E12	Yes
Reablement Challenges	E13	Yes
DToC Challenges	E14	Yes
NEA Achievements	F11	Yes
Res Admissions Achievements	F12	Yes
Reablement Achievements	F13	Yes
DToC Achievements	F14	Yes
NEA Support Needs	G11	Yes
Res Admissions Support Needs	G12	Yes
Reablement Support Needs	G13	Yes
DToC Support Needs	G14	Yes

Sheet Complete:	Yes

4. High Impact Change Model ^^ Link Back to top

	Cell Reference	Checker
Chg 1 - Early discharge planning Q1 18/19	E12	Yes
Chg 2 - Systems to monitor patient flow Q1 18/19	E13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q1 18/19	E14	Yes
Chg 4 - Home first/discharge to assess Q1 18/19	E15	Yes
Chg 5 - Seven-day service Q1 18/19	E16	Yes
Chg 6 - Trusted assessors Q1 18/19	E17	Yes
Chg 7 - Focus on choice Q1 18/19	E18	Yes
Chg 8 - Enhancing health in care homes Q1 18/19	E19	Yes
UEC - Red Bag scheme Q1 18/19	E23	Yes
Chg 1 - Early discharge planning Q2 18/19 Plan	F12	Yes
Chg 2 - Systems to monitor patient flow Q2 18/19 Plan	F13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q2 18/19 Plan	F14	Yes
Chg 4 - Home first/discharge to assess Q2 18/19 Plan	F15	Yes
Chg 5 - Seven-day service Q2 18/19 Plan	F16	Yes
Chg 6 - Trusted assessors Q2 18/19 Plan	F17	Yes
Chg 7 - Focus on choice Q2 18/19 Plan	F18	Yes
Chg 8 - Enhancing health in care homes Q2 18/19 Plan	F19	Yes
UEC - Red Bag scheme Q2 18/19 Plan	F23	Yes
Chg 1 - Early discharge planning Q3 18/19 Plan	G12	Yes
Chg 2 - Systems to monitor patient flow Q3 18/19 Plan	G13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q3 18/19 Plan	G14	Yes
Chg 4 - Home first/discharge to assess Q3 18/19 Plan	G15	Yes
Chg 5 - Seven-day service Q3 18/19 Plan	G16	Yes
Chg 6 - Trusted assessors Q3 18/19 Plan	G17	Yes
Chg 7 - Focus on choice Q3 18/19 Plan	G18	Yes
Chg 8 - Enhancing health in care homes Q3 18/19 Plan	G19	Yes
UEC - Red Bag scheme Q3 18/19 Plan	G23	Yes
Chg 1 - Early discharge planning Q4 18/19 Plan	H12	Yes
Chg 2 - Systems to monitor patient flow Q4 18/19 Plan	H13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q4 18/19 Plan	H14	Yes
Chg 4 - Home first/discharge to assess Q4 18/19 Plan	H15	Yes
Chg 5 - Seven-day service Q4 18/19 Plan	H16	Yes
Chg 6 - Trusted assessors Q4 18/19 Plan	H17	Yes
Chg 7 - Focus on choice Q4 18/19 Plan	H18	Yes
Chg 8 - Enhancing health in care homes Q4 18/19 Plan	H19	Yes
UEC - Red Bag scheme Q4 18/19 Plan	H23	Yes
Chg 1 - Early discharge planning, if Mature or Exemplary please explain	I12	Yes
Chg 2 - Systems to monitor patient flow, if Mature or Exemplary please explain	I13	Yes
Chg 3 - Multi-disciplinary/agency discharge teams, if Mature or Exemplary please explain	I14	Yes
Chg 4 - Home first/discharge to assess, if Mature or Exemplary please explain	I15	Yes
Chg 5 - Seven-day service, if Mature or Exemplary please explain	I16	Yes
Chg 6 - Trusted assessors, if Mature or Exemplary please explain	I17	Yes
Chg 7 - Focus on choice, if Mature or Exemplary please explain	I18	Yes
Chg 8 - Enhancing health in care homes, if Mature or Exemplary please explain	I19	Yes
UEC - Red Bag scheme, if Mature or Exemplary please explain	I23	Yes
Chg 1 - Early discharge planning Challenges	J12	Yes
Chg 2 - Systems to monitor patient flow Challenges	J13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Challenges	J14	Yes
Chg 4 - Home first/discharge to assess Challenges	J15	Yes
Chg 5 - Seven-day service Challenges	J16	Yes
Chg 6 - Trusted assessors Challenges	J17	Yes
Chg 7 - Focus on choice Challenges	J18	Yes
Chg 8 - Enhancing health in care homes Challenges	J19	Yes
UEC - Red Bag Scheme Challenges	J23	Yes
Chg 1 - Early discharge planning Additional achievements	K12	Yes
Chg 2 - Systems to monitor patient flow Additional achievements	K13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Additional achievements	K14	Yes
Chg 4 - Home first/discharge to assess Additional achievements	K15	Yes
Chg 5 - Seven-day service Additional achievements	K16	Yes
Chg 6 - Trusted assessors Additional achievements	K17	Yes
Chg 7 - Focus on choice Additional achievements	K18	Yes
Chg 8 - Enhancing health in care homes Additional achievements	K19	Yes
UEC - Red Bag Scheme Additional achievements	K23	Yes
Chg 1 - Early discharge planning Support needs	L12	Yes
Chg 2 - Systems to monitor patient flow Support needs	L13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Support needs	L14	Yes
Chg 4 - Home first/discharge to assess Support needs	L15	Yes
Chg 5 - Seven-day service Support needs	L16	Yes
Chg 6 - Trusted assessors Support needs	L17	Yes
Chg 7 - Focus on choice Support needs	L18	Yes
Chg 8 - Enhancing health in care homes Support needs	L19	Yes
UEC - Red Bag Scheme Support needs	L23	Yes

Sheet Complete:	Yes

5. Narrative ^^ Link Back to top

	Cell Reference	Checker
Progress against local plan for integration of health and social care	B8	Yes
Integration success story highlight over the past quarter	B12	Yes

Sheet Complete:	Yes

6. iBCF Part 1 ^^ Link Back to top

	Cell Reference	Checker
A) a) Meeting adult social care needs	D11	Yes
A) b) Reducing pressures on the NHS	E11	Yes
A) c) Ensuring that the local social care provider market is supported	F11	Yes
Initative 1 - B1: Individual title	C18	Yes
Initative 1 - B2: Is this a continuation of an initiative / project from 2017-18 or a new project for 2018-19?	C19	Yes
Initative 1 - B3: 2017-18 Project names as provided in the 2017-18 returns.	C21	Yes
Initative 1 - B4: If this is a 'New Initative / Project' for 2018/19, the key objectives / expected outcomes.	C22	Yes
Initative 1 - B5: Which of the following categories the initiative / project primarily falls under.	C23	Yes
Initative 1 - B6: If "Other", please specify.	C24	Yes
Initative 1 - B7: Planned total duration. For continuing projects, include running time before 2018/19.	C25	Yes
Initative 1 - B8: Report on progress to date:	C26	Yes
Initative 2 - B1: Individual title	D18	Yes
Initative 2 - B2: Is this a continuation of an initiative / project from 2017-18 or a new project for 2018-19?	D19	Yes
Initative 2 - B3: 2017-18 Project names as provided in the 2017-18 returns.	D21	Yes
Initative 2 - B4: If this is a 'New Initative / Project' for 2018/19, the key objectives / expected outcomes.	D22	Yes
Initative 2 - B5: Which of the following categories the initiative / project primarily falls under.	D23	Yes
Initative 2 - B6: If "Other", please specify.	D24	Yes
Initative 2 - B7: Planned total duration. For continuing projects, include running time before 2018/19.	D25	Yes
Initative 2 - B8: Report on progress to date:	D26	Yes
Initative 3 - B1: Individual title	E18	Yes
Initative 3 - B2: Is this a continuation of an initiative / project from 2017-18 or a new project for 2018-19?	E19	Yes
Initative 3 - B3: 2017-18 Project names as provided in the 2017-18 returns.	E21	Yes
Initative 3 - B4: If this is a 'New Initative / Project' for 2018/19, the key objectives / expected outcomes.	E22	Yes
Initative 3 - B5: Which of the following categories the initiative / project primarily falls under.	E23	Yes
Initative 3 - B6: If "Other", please specify.	E24	Yes
Initative 3 - B7: Planned total duration. For continuing projects, include running time before 2018/19.	E25	Yes
Initative 3 - B8: Report on progress to date:	E26	Yes
Initative 4 - B1: Individual title	F18	Yes
Initative 4 - B2: Is this a continuation of an initiative / project from 2017-18 or a new project for 2018-19?	F19	Yes
Initative 4 - B3: 2017-18 Project names as provided in the 2017-18 returns.	F21	Yes
Initative 4 - B4: If this is a 'New Initative / Project' for 2018/19, the key objectives / expected outcomes.	F22	Yes
Initative 4 - B5: Which of the following categories the initiative / project primarily falls under.	F23	Yes
Initative 4 - B6: If "Other", please specify.	F24	Yes
Initative 4 - B7: Planned total duration. For continuing projects, include running time before 2018/19.	F25	Yes
Initative 4 - B8: Report on progress to date:	F26	Yes
Initative 5 - B1: Individual title	G18	Yes
Initative 5 - B2: Is this a continuation of an initiative / project from 2017-18 or a new project for 2018-19?	G19	Yes
Initative 5 - B3: 2017-18 Project names as provided in the 2017-18 returns.	G21	Yes
Initative 5 - B4: If this is a 'New Initative / Project' for 2018/19, the key objectives / expected outcomes.	G22	Yes
Initative 5 - B5: Which of the following categories the initiative / project primarily falls under.	G23	Yes
Initative 5 - B6: If "Other", please specify.	G24	Yes
Initative 5 - B7: Planned total duration. For continuing projects, include running time before 2018/19.	G25	Yes
Initative 5 - B8: Report on progress to date:	G26	Yes
Initative 6 - B1: Individual title	H18	Yes
Initative 6 - B2: Is this a continuation of an initiative / project from 2017-18 or a new project for 2018-19?	H19	Yes
Initative 6 - B3: 2017-18 Project names as provided in the 2017-18 returns.	H21	Yes
Initative 6 - B4: If this is a 'New Initative / Project' for 2018/19, the key objectives / expected outcomes.	H22	Yes
Initative 6 - B5: Which of the following categories the initiative / project primarily falls under.	H23	Yes
Initative 6 - B6: If "Other", please specify.	H24	Yes
Initative 6 - B7: Planned total duration. For continuing projects, include running time before 2018/19.	H25	Yes
Initative 6 - B8: Report on progress to date:	H26	Yes
Initative 7 - B1: Individual title	I18	Yes
Initative 7 - B2: Is this a continuation of an initiative / project from 2017-18 or a new project for 2018-19?	I19	Yes
Initative 7 - B3: 2017-18 Project names as provided in the 2017-18 returns.	I21	Yes
Initative 7 - B4: If this is a 'New Initative / Project' for 2018/19, the key objectives / expected outcomes.	I22	Yes
Initative 7 - B5: Which of the following categories the initiative / project primarily falls under.	I23	Yes
Initative 7 - B6: If "Other", please specify.	I24	Yes
Initative 7 - B7: Planned total duration. For continuing projects, include running time before 2018/19.	I25	Yes
Initative 7 - B8: Report on progress to date:	I26	Yes
Initative 8 - B1: Individual title	J18	Yes
Initative 8 - B2: Is this a continuation of an initiative / project from 2017-18 or a new project for 2018-19?	J19	Yes
Initative 8 - B3: 2017-18 Project names as provided in the 2017-18 returns.	J21	Yes
Initative 8 - B4: If this is a 'New Initative / Project' for 2018/19, the key objectives / expected outcomes.	J22	Yes
Initative 8 - B5: Which of the following categories the initiative / project primarily falls under.	J23	Yes
Initative 8 - B6: If "Other", please specify.	J24	Yes
Initative 8 - B7: Planned total duration. For continuing projects, include running time before 2018/19.	J25	Yes
Initative 8 - B8: Report on progress to date:	J26	Yes
Initative 9 - B1: Individual title	K18	Yes
Initative 9 - B2: Is this a continuation of an initiative / project from 2017-18 or a new project for 2018-19?	K19	Yes
Initative 9 - B3: 2017-18 Project names as provided in the 2017-18 returns.	K21	Yes
Initative 9 - B4: If this is a 'New Initative / Project' for 2018/19, the key objectives / expected outcomes.	K22	Yes
Initative 9 - B5: Which of the following categories the initiative / project primarily falls under.	K23	Yes
Initative 9 - B6: If "Other", please specify.	K24	Yes
Initative 9 - B7: Planned total duration. For continuing projects, include running time before 2018/19.	K25	Yes
Initative 9 - B8: Report on progress to date:	K26	Yes
Initative 10 - B1: Individual title	L18	Yes
Initative 10 - B2: Is this a continuation of an initiative / project from 2017-18 or a new project for 2018-19?	L19	Yes
Initative 10 - B3: 2017-18 Project names as provided in the 2017-18 returns.	L21	Yes
Initative 10 - B4: If this is a 'New Initative / Project' for 2018/19, the key objectives / expected outcomes.	L22	Yes
Initative 10 - B5: Which of the following categories the initiative / project primarily falls under.	L23	Yes
Initative 10 - B6: If "Other", please specify.	L24	Yes
Initative 10 - B7: Planned total duration. For continuing projects, include running time before 2018/19.	L25	Yes
Initative 10 - B8: Report on progress to date:	L26	Yes

Sheet Complete:	Yes

6. iBCF Part 2

	Cell Reference	Checker
C) a) The number of home care packages provided for the whole of 2018-19	D11	Yes
C) b) The number of hours of home care provided for the whole of 2018-19	E11	Yes
C) c) The number of care home placements for the whole of 2018-19	F11	Yes
D) Metric 1	C18	Yes

Sheet Complete:	Yes

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Better Care Fund Template Q1 2018/19

2. National Conditions & s75 Pooled Budget

Selected Health and Wellbeing Board: Shropshire

Confirmation of Nation Conditions		
National Condition	**Confirmation**	**If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:**
1) Plans to be jointly agreed? (This also includes agreement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes	
2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the Planning Requirements?	Yes	
3) Agreement to invest in NHS commissioned out of hospital services?	Yes	
4) Managing transfers of care?	Yes	

Confirmation of s75 Pooled Budget			
Statement	**Response**	**If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:**	**If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)**
Have the funds been pooled via a s.75 pooled budget?	Yes		

Better Care Fund Template Q1 2018/19

Metrics

Selected Health and Wellbeing Board: Shropshire

Challenges Please describe any challenges faced in meeting the planned target
Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics
Support Needs Please highlight any support that may facilitate or ease the achievements of metric plans

Metric	Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements	Support Needs
NEA	Reduction in non-elective admissions	On track to meet target	na	after two months we believe we are on target with non-elective admissions April 2766 and May 2812, however final quarterly target to be agreed.	na
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	na	after two months we are better than target	na
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	On track to meet target	na	reported in arrears	na
Delayed Transfers of Care	Delayed Transfers of Care (delayed days)	On track to meet target	na	after two months we are better than target	na

Better Care Fund Template Q1 2018/19

4. High Impact Change Model

Selected Health and Wellbeing Board: Shropshire

Challenges Please describe the key challenges faced by you

Milestones met during the quarter / Observed Impact Please describe the milestones met in the imple

Support Needs Please indicate any support that may better fac

		Maturity Assessment				
		Q4 17/18	Q1 18/19 (Current)	Q2 18/19 (Planned)	Q3 18/19 (Planned)	Q4 18/19 (Planned)
Chg 1	**Early discharge planning**	Established	Established	Established	Established	Mature
Chg 2	**Systems to monitor patient flow**	Established	Established	Established	Mature	Mature
Chg 3	**Multi-disciplinary/multi-agency discharge teams**	Mature	Mature	Mature	Mature	Mature
Chg 4	**Home first/discharge to assess**	Mature	Mature	Mature	Mature	Mature

Chg 5	**Seven-day service**	Not yet established	Not yet established	Not yet established	Not yet established	Plans in place
Chg 6	**Trusted assessors**	Established	Established	Mature	Mature	Mature
Chg 7	**Focus on choice**	Established	Plans in place	Established	Established	Mature
Chg 8	**Enhancing health in care homes**	Established	Established	Established	Mature	Mature

Hospital Transfer Protocol (or the Red Bag scheme) Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') t						
		Q4 17/18	**Q1 18/19 (Current)**	**Q2 18/19 (Planned)**	**Q3 18/19 (Planned)**	**Q4 18/19 (Planned)**
UEC	**Red Bag scheme**	Not yet established	Not yet established	Not yet established	Plans in place	Established

ur system in the implementation of this change
ementation of the change or describe any observed impact of the implemented change
cilitate or accelerate the implementation of this change

	Narr
If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	**Challenges**
	For planned care early discharge planning needs to be part of the GP 5 YFV and system planning - resource to support elements of planned care needs to be found to progress this element of the standard to achieve mature. Workforce challenges and heavy reliance on agency staff restricts provider ability to embed the required systems and processes to support early supported discharge sustainably.
	To achieve Mature status the system Demand and Capacity Modelling needs to be completed. This is work in progress. Key challenge is establishing reliable required data sources which are recognised as accurate and representative by all key partners. There is a commitment from all partners to actively contribute the necessary resource to support the modelling over the coming weeks.
Multidiscipliary teams work together to through the discharge hubs, with morning and afternoon meetings to review the MFFD and allocate actions. Model now moving to the next phase of integrated discharge working with expansion of the membership to include community and mental health.	challenges are being over come by working collaboratively
Achieving targets regarding discharge within 48 hours of completion of the FFA, working to audit 48 hour visit by specialist (social worker or therapist) in the community following discharge. Single assessment document reviewed and confirmed as fit for purpose. Trusted assessor roles in care homes established.	Discharge teams are not receiving the number of completed FFAs per week to achieve the system agreed complex discharge targets. Demand and Capacity modelling outcome will inform whether the target needs to be revised. Early indications from preliminary analysis through the demand and capacity modelling is that there is more potential for patients to go home rather than bed based care. Historic shortage of EMI D2A capacity.

	Workforce challenges, particularly in acute, make establishing 7 day working very challenging. For 7 day working to be effective and value for money all elements of the system need to be able to consistently commit the necessary resource over the 7 day period which is not possible at the present time, nor likely in 2018/19. All providers are committed through the STP Workforce Workstream to develop a sustainable workforce plan. The progression of the Future Fit acute hospitals reconfiguration to implementation will signficantly contribute to an improved workforce position, but is subject to the outcome of the current public consultation which ends in early September 2018.
	challenges are being over come by working collaboratively, governance through the
	Inconsistent policy approach to Patient Choice identified in the system and not in line with national policy.
	Enhanced clinical input into care homes initiatives are in place but require review to determine if expected impact is being achieved and whether more or different is required, there is variation between care homes on flow to the hospital. Timeliness of progressing this work has been challenged due to capacity in the commissioning. Requires a deep dive analysis of care homes data to ensure future plans are targetted for maximum impact.

o enhance communication and information sharing when residents move between ca	
If there are no plans to implement such a scheme, please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.	**Challenges**
Shropshire CCG and the Council are currently exploring whether a viable business case can be built for the implementation of this scheme	No identified source of funding

ative	
Milestones met during the quarter / Observed impact	**Support needs**
Work continues in SATH and Shropcom to embed the SAFER/RED2GREEN work practices and to overcome the workforce challenges.	na
Demand and Capacity Modelling framework agreed. Steering Group established and weekly working group meetings with key personnel including business intelligence from all partner organisations diaried. 2 demand and capacity system workshops held.	na
Review of the single assessment document undertaken to confirm fit for purpose. One minute brief on the FFA being included in provider staff briefing in July. Enhanced Integrated Discharge Team model implemented.	na
CCG and Council have plans for the winter to introduce EMI D2A capacity. The outcome of the Demand and Capacity modelling will be a key determinant of setting realistic targets for pathways 1, 2 and 3. Project underway for acute and community therapies to work in a more integrated way which will support acute therapies in reducing potential risk aversion to the home first principle.	na

Work is ongoing by all providers to develop and implement a sustainable workforce plan.	na
Trusted Assessors for Care Homes continue to build the necessary relationships with care homes. Currently undertaking assessments with the care home staff with the aim of building confidence so that the trusted assessor staff can take over this work in Q2.	na
System wide Choice Policy drafted based on the national policy and expected to be signed off by A&E Delivery Board in early August 2018for implementation by all providers. System training workshop for staff involved in implementing the policy being planned for Sept 2018.	na
Care Homes data deep dive analysis completed. Indicates that Shropshire is not an outlier for care home admissions. Has identified a cohort of patients from care homes who attend A&E but are discharged with little or no intervention which will be a key target cohort. The Shropshire Care Closer to Home Transformation Programme continues to gain momentum with plans for Phase 1 case management now nearing sign off for implementation. This approach will also encompass patients in care homes.	na

re settings and hospital.	
Achievements / Impact	**Support needs**
not yet	na

Better Care Fund Template Q1 2018/19

5. Narrative

Selected Health and Wellbeing Board: Shropshire

Remaining Characters:	17,588

Progress against local plan for integration of health and social care

Progress against local plan for integration

Prevention:

• Good progress in developing care navigation including social prescribing, integrating delivery with social care Let's talk local, and primary care community care coordinators, and the voluntary sector. Key milestones include:

o Delivery in 14 GP practices (summer 2018)

o Developing system MECC Plus training that links system providers from prevention through to acute (autumn 2018)

o Developing children and young people's scheme (q3 18/19)

• Good progress in developing and delivering an improved Enable service including:

o New advisors in post (autumn 2018)

o Experts by experience (summer 2018)

o Improved connectivity with the mental health trust (ongoing)

• Good progress in developing System Prevention contracts with the Voluntary and Community Sector. Specifications will be developed and tendered by autumn 2018. The contracts will support:

o STP Care Closer to Home

Please tell us about the progress made locally to the area's vision and plan for integration set out in your BCF narrative plan for 2017-19. This might include significant milestones met, any agreed variations to the plan and any challenges.

Remaining Characters:	16,432

Integration success story highlight over the past quarter

We have been successful in securing additional funds to support an improved IPS service that will double the number of people in secondary mental health services accessing support into employment. The improved scheme will have a partnership manager, who will improve integrated working and provide training opportunities for the mental health trust, local voluntary and community services and the IPS service. The post will also be charged with developing an integrated employment pathway for all people with mental health issues.

Below please find an IPS case study

Enable IPS Success Story - John

John is a young man, living in a remote rural location, wanting to work, with little direction and seemingly difficult barriers to employment.

Barriers - John has Asperger's and as a result has to manage a diagnosis of high anxiety. John has specific needs associated to his Asperger's, for instance if his routine is disturbed it causes distress so requires time to process any change. When I first met John he was very anxious at the thought of work, and had negative associations with previous work. Whilst his potential was apparent, he could not cope with lots of people around him. He found it difficult to communicate with strangers and his confidence was low.

Direction - Through discussion we identified his own needs from any potential employment. John has a good eye for detail and is very methodical. We matched this with his interests; John has an interest in motor vehicles (he had tried to study motor vehicle repair at college but did not cope with other students not taking their studies seriously and had to leave). We explored this further and John decided his real interest was in auto body repair

Please tell us about an integration success story observed over the past quarter highlighting the nature of the service or scheme and the related impact.

Better Care Fund Template Q1 2018/19

Additional improved Better Care Fund - Part 1

Selected Health and Wellbeing Board:	Shropshire
Additional improved Better Care Fund Allocation for 2018/19:	£ 3,959,448

Section A

What proportion of your additional iBCF funding for 2018-19 are you allocating towards each of the three purposes of the funding?	a) Meeting adult social care needs	b) Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready	c) Ensuring that the local social care provider market is supported
Please enter the amount you have designated for each purpose as **a percentage of the total additional iBCF funding you have been allocated for the whole of 2018-19.** If the expenditure covers more than one purpose, please categorise it according to the primary purpose. **Please ensure that the sum of the percentage figures entered does not exceed 100%. If you have not designated any funding for a particular purpose, please enter 0% and do not leave a blank cell.**	38%	57%	5%

Section B

What initiatives / projects will your additional iBCF funding be used to support in 2018-19?	Initiative/Project 1	Initiative/Project 2	Initiative/Project 3	Initiative/Project 4
B1) Provide individual titles for no more than 10 initiative / projects. If you are funding more than 10 initiatives / projects, you should list those with the largest size of investment in 2018-19. Please do not use more than 150 characters.	Continuation	Continuation	Continuation	Maintain existing preventative services that would not otherwise be able to be supported due to budget pressures within the
B2) Is this a continuation of an initiative / project from 2017-18 or a new project for 2018-19? Use the drop-down menu, options below: Continuation New initiative/project	Continuation	Continuation	Continuation	New initiative/project
Click here for a reminder of initative / project titles submitted in Quarter 4 2017/18				
B3) If you have answered question B2 with "Continuation" please provide the name of the project as provided in the 2017-18 returns. See the link above for a reminder of the initiative / project titles submitted in Q4 2017-18. Please do not select the same project title more than once.	Procure 20 additional discharge to assess beds in the local community	Increase in Hospital (ICS) social work capacity	By providing support through out the night people are enabled to remain living in their own homes and can be supported to return home from hospital in a more timely way. This service can also respond to emergency situations through the night and should avoid hospital admissions.	

B4) If this is a "New Initative / Project" for 2018/19, briefly describe the key objectives / expected outcomes. Please do not use more than 250 characters.				To prevent the loss of independence by enabling individuals to access services to meet their
B5) Use the drop-down menu provided or type in one of the categories listed to indicate which of the following categories the initiative / project primarily falls under. Hover over this cell to view the comment box for the list of categories if drop-down options are not visible.	3. DTOC: Reducing delayed transfers of care	3. DTOC: Reducing delayed transfers of care	2. Expenditure to improve efficiency in process or delivery	11. Prevention
B6) If you have answered question B5 with "Other", please specify. Please do not use more than 50 characters.				
B7) What is the planned total duration of each initiative/project? Use the drop-down menu, options below. For continuing projects, you should also include running time before 2018/19. 1) Less than 6 months 2) Between 6 months and 1 year 3) From 1 year up to 2 years 4) 2 years or longer	4. 2 years or longer	4. 2 years or longer	4. 2 years or longer	4. 2 years or longer
B8) Use the drop-down options provided or type in one of the following options to report on progress to date: 1) Planning stage 2) In progress: no results yet 3) In progress: showing results 4) Completed	3. In progress: showing results	3. In progress: showing results	3. In progress: showing results	3. In progress: showing results

Initiative/Project 5	Initiative/Project 6	Initiative/Project 7	Initiative/Project 8	Initiative/Project 9	Initiative/Project 10
Continuation	Continuation	Continuation	Continuation	Continuation	Continuation
Continuation	Continuation	Continuation	Continuation	Continuation	Continuation
Review current service offer to ensure effective use of available resource and ensure a responsive reflexive service is available to meet demand in reablement, AA and crisis work with an appropriately trained staff team	Employ 4 trusted assessors through a 3rd party on behalf of the residential and nursing care providers	Mental Health Prevention	Increase the number of practitioner staffing resource within Adult Social Care community teams by 6 assessment staff	To secure 4 extra care units in Shrewsbury to be used as reablement support in the community following hospital admission for those individuals who are not ready to return home, but do not require the level of support offered by the step down beds. These properties can be used for individuals and their carers to move into together	Recruitment of 3 dedicated Social Workers who will solely focus on completion of Continuing Healthcare assessments/MDT's outside the hospital whilst ensuring that people are appropriately and correctly jointly assessed with regard to CHC eligibility where applies.

3. DTOC: Reducing delayed transfers of care	3. DTOC: Reducing delayed transfers of care	9. NHS: Reducing pressure on the NHS	1. Capacity: Increasing capacity	3. DTOC: Reducing delayed transfers of care	9. NHS: Reducing pressure on the NHS
4. 2 years or longer	4. 2 years or longer	4. 2 years or longer	4. 2 years or longer	4. 2 years or longer	4. 2 years or longer
3. In progress: showing results	3. In progress: showing results	3. In progress: showing results	3. In progress: showing results	3. In progress: showing results	3. In progress: showing results

Better Care Fund Template Q1 2018/19

Additional improved Better Care Fund - Part 2

Selected Health and Wellbeing Board:
Additional improved Better Fund Allocation for 2018/19:

Section C

What impact does the additional iBCF funding you have been allocated for 2018-19 have	
	a) The number of home care packages provided for the whole of 2018-19:
C1) Provide figures on the planned number of home care packages, hours of home care and number of care home placements you are purchasing/providing as a direct result of your additional iBCF funding allocation for 2018-19. The figures you provide should cover the whole of 2018-19. Please use whole numbers with no text, if you have a nil entry please could you enter 0 in the appropriate box.	5,525

Section D

Indicate no more than five key metrics you will use to assess your performance.		
	Metric 1	**Metric 2**
D1) Provide a list of up to 5 metrics you are measuring yourself against. Please do not use more than 100 characters.	Reduction in Delayed Transfers of Care	Increase in number of people discharged from hospital within 48 hours

Shropshire	
£	3,959,448

on the plans you have made for the following:	
b) The number of hours of home care provided for the whole of 2018-19:	**c) The number of care home placements for the whole of 2018-19:**
16,424	204

Metric 3	**Metric 4**	**Metric 5**
Reduction in hospital re-admission	Increase in Admission Avoidance	Reduction in Long Term Admissions to Residential Care

Better Care Fund Template Q1 2018/19

Additional iBCF Q4 2017/18 Project Titles

Selected Health and Wellbeing Board: Shropshire

<< Link to 6. iBCF Part 1

Quarter 4 2017/18 Submitted Project Titles Project information not submitted in 2017-18 reporting			
Project Title 1	Project Title 2	Project Title 3	Project Title 4
Increase the number of practitioner staffing resource within Adult Social Care community teams by 6 assessment staff	Effective discharge of patients from hospital with required equipment identified through an assessment in a timely manner.	By providing support through out the night people are enabled to remain living in their own homes and can be supported to return home from hospital in a more timely way. This service can also respond to emergency situations through the night and should avoid hospital admissions.	Telecare Pilot in regard to Hospital Discharge and Admission Avoidance

Project Title 16	Project Title 17	Project Title 18	Project Title 19
Commission additional emergency Admission Avoidance support in the community through Carer's Trust For All. They will provide emergency only domiciliary care support for the out of hours period. This support is not planned support but designed to be available for urgent situations dealt with by ICS and EDT. Carers Trust 4 All will have access to assistive technology to use in these situations and the pilot will test the use of this equipment in more urgent situations.	Admission Avoidance initiative - Redwoods psychiatric unit	Section 117 discharge planning initiative - Redwoods Psychiatric unit	Carers support offered following the discharge of the person being supported so the carer can receive focussed support for their role in period when they may be anxious or the cared for person may require more support.

Project Title 5	Project Title 6	Project Title 7	Project Title 8
Development of Let's talk across the county so they are inclusive of a range of services. Default position of all customers are offered appointments unless there are specific reasons a home based assessed is required.	7 Day support provided by Shropshire Council Brokerage Service	Recruitment of 3 dedicated Social Workers who will solely focus on completion of Continuing Healthcare assessments/MDT's outside the hospital whilst ensuring that people are appropriately and correctly jointly assessed with regard to CHC eligibility where applies.	OT support and assessment to work with individuals while in the beds to include the transition to their own homes.

Project Title 20	Project Title 21	Project Title 22	Project Title 23
Carers are a vital part of many plans to assist people to return home but currently they are not always provided with support or carers assessments. This post will ensure they are seen as a vital part of discharge pathways including 'Let's Talk Local' hubs within the hospital around visiting times so carers, friends, relatives can assess information and advice.	To secure 4 extra care units in Shrewsbury to be used as reablement support in the community following hospital admission for those individuals who are not ready to return home, but do not require the level of support offered by the step down beds. These properties can be used for individuals and their carers to move into together	To Employ a specialist commissioner to work with the CCG to recommission equipment services	To develop the collection, collation and analysis of data related to informing understanding of the causes of unplanned admissions and delayed transfers of care, action planning and the measurement and evidencing of the impact of initiatives.

Project Title 9	Project Title 10	Project Title 11	Project Title 12
Appointment of a PDU Officer (Complex Care)who will focus on the training needs of staff within Integrated Care Services and support development of professional practice. Will hold specialist practice skills but not be constrained by case holder responsibilities.	Mental Health Prevention	Different Conversations, better Outcomes multi-agency, multi-disciplinary training programme	Procure 20 additional discharge to assess beds in the local community

Project Title 24	Project Title 25	Project Title 26	Project Title 27
Triage so an appropriate response is the outcome not as current there is an increased risk of admission if the person is older.	NHS colleagues have developed a frailty pathway that is in place for older people in hospital and community. There is a MDT hospital based team working with older people through out the health economy which these posts will be part of so social care is an integrated element of the MDT.	Commission Shropshire Partners In Care to develop a care hub, a single point of entry into the care market in Shropshire. This will include the delivery of core training through a skills hub. To also commission them to support providers to improve their information governance arrangements to develop secure information sharing between health, LA and providers	Employ 4 trusted assessors through a 3rd party on behalf of the residential and nursing care providers

Project Title 13	Project Title 14	Project Title 15
Review current service offer to ensure effective use of available resource and ensure a responsive reflexive service is available to meet demand in reablement, AA and crisis work with an appropriately trained staff team	Increase in Hospital (ICS) social work capacity	Falls Prevention

Project Title 28	Project Title 29	Project Title 30
Two providers offering a flexible available care service up to 70 hours brokered direct from ICS which the provider will coordinate what care they need to supply to the discharged person is so they are not time/task specific, the provider will coordinate what they do when during the day. This is not including night cover.	24/7 D2A at Home starting 4/9/17. We have commissioned a provider from 9am on 4/9/17 to 10pm on 29/9/17 to provide home assessment care 24/7 so to avoid people moving straight to placements. This may be for 24 hours or up to 5 days in their own home while the social care worker is assessing and arranging what if any support if required longer term. This to be a fast paced service so as soon as longer term needs or goals are achieved or where longer term services are identified as required the person will transfer to conventional	