



Walsall Council

Health and Wellbeing Board

Tuesday 27 April 2021 at 4.00 p.m.

Digital meeting via Microsoft Teams.

Public access via this link: <https://youtu.be/22rsRF9DBRM>

Membership: Councillor S. Craddock (Chairman)
Councillor R. Martin
Councillor T. Wilson
Councillor I. Robertson
Ms. K. Allward, Interim Executive Director Adult Services
Ms. S. Rowe, Executive Director Children's Services
Mr. S. Gunther, Director of Public Health
Dr. A. Rischie (Vice-Chair)] Clinical
Mr. G. Griffiths-Dale] Commissioning Group
Dr. H. Lodhi] representatives
Ms. M. Poonia, Healthwatch Walsall
Ms. J. Malone, West Midlands Fire Service
Chief Supt. A. Parsons, West Midlands Police
Ms M. Dehal, One Walsall
Mr D. Lawton, Walsall Healthcare NHS Trust
Ms. F. Shanahan, Walsall Housing Partnership/Walsall Housing Board
Ms. M. Foster, Black Country Healthcare NHS Foundation Trust
Ms. J. Holt, Walsall College
NHS England

Quorum: 6 members of the Board

Democratic Services, The Council House, Walsall, WS1 1TW
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Memorandum of co-operation and principles of decision-making

The Health and Wellbeing Board will make decisions in respect of joined up commissioning across the National Health Service, social care and public health and other services that are directly related to health and wellbeing, in order to secure better health and wellbeing outcomes for the population of the Borough, and better quality of care for all patients and care users, whilst ensuring better value in utilising public and private resources.

The board will provide a key form of public accountability for the national health service, public health, social care for adults and children, and other commissioned services that the health and wellbeing board agrees are directly related to health and wellbeing.

The Board will engage effectively with local people and neighbourhoods as part of its decision-making function.

All Board members will be subject to the code of conduct as adopted by the Council, and they must have regard to the code of conduct in their decision-making function. In addition to any code of conduct that applies to them as part of their employment or membership of a professional body. All members of the board should also have regard to the Nolan principles as they affect standards in public life.

All members of the board should have regard to whether or not they should declare an interest in an item being determined by the board, especially where such interest is a pecuniary interest, which an ordinary objective member of the public would consider it improper for the member of the board to vote on, or express an opinion, on such an item.

All members of the board should approach decision-making with an open mind, and avoid predetermining any decision that may come before the health and wellbeing board.

The Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012

Specified pecuniary interests

The pecuniary interests which are specified for the purposes of Chapter 7 of Part 1 of the Localism Act 2011 are the interests specified in the second column of the following:

Subject	Prescribed description
Employment, office, trade, profession or vocation	Any employment, office, trade, profession or vocation carried on for profit or gain.
Sponsorship	<p>Any payment or provision of any other financial benefit (other than from the relevant authority) made or provided within the relevant period in respect of any expenses incurred by a member in carrying out duties as a member, or towards the election expenses of a member.</p> <p>This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Regulations (Consolidation) Act 1992.</p>
Contracts	<p>Any contract which is made between the relevant person (or a body in which the relevant person has a beneficial interest) and the relevant authority:</p> <p>(a) under which goods or services are to be provided or works are to be executed; and</p> <p>(b) which has not been fully discharged.</p>
Land	Any beneficial interest in land which is within the area of the relevant authority.
Licences	Any licence (alone or jointly with others) to occupy land in the area of the relevant authority for a month or longer.
Corporate tenancies	<p>Any tenancy where (to a member's knowledge):</p> <p>(a) the landlord is the relevant authority;</p> <p>(b) the tenant is a body in which the relevant person has a beneficial interest.</p>
Securities	<p>Any beneficial interest in securities of a body where:</p> <p>(a) that body (to a member's knowledge) has a place of business or land in the area of the relevant authority; and</p> <p>(b) either:</p> <p>(i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or</p> <p>(ii) if the share capital of that body is more than one class, the total nominal value of the shares of any one class in which the relevant person has a beneficial interest exceeds one hundredth of the total issued share capital of that class.</p>

Schedule 12A to the Local Government Act, 1972 (as amended)

Access to information: Exempt information

Part 1

Descriptions of exempt information: England

1. Information relating to any individual.
2. Information which is likely to reveal the identity of an individual.
3. Information relating to the financial or business affairs of any particular person (including the authority holding that information).
4. Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the authority.
5. Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings.
6. Information which reveals that the authority proposes:
 - (a) to give any enactment a notice under or by virtue of which requirements are imposed on a person; or
 - (b) to make an order or direction under any enactment.
7. Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.
8. Information being disclosed during a meeting of a Scrutiny and Performance Panel when considering flood risk management functions which:
 - (a) Constitutes a trades secret;
 - (b) Its disclosure would, or would be likely to, prejudice the commercial interests of any person (including the risk management authority);
 - (c) It was obtained by a risk management authority from any other person and
its disclosure to the public by the risk management authority would constitute a breach of confidence actionable by that other person.

Agenda – 27 April 2021

1. **Welcome**

2. **Apologies and Substitutions**

3. **Minutes:**

(a) Health and Wellbeing Board – 26 January 2021

To approve the minutes as a correct record

- Copy enclosed

(b) Local Outbreak Engagement Board Sub-Committee – 2020

19 January, 4 February, 2 March.

These are for information to the Board as the parent body. They are published on the Council's Committee Information webpages. The link is [here](#)

4. **Declarations of interest**

[Members attention is drawn to the Memorandum of co-operation and principles of decision making and the table of specified pecuniary interests set out on the earlier pages of this agenda]

5. **Local Government (Access to Information) Act, 1985 (as amended):**

To agree that the public be excluded from the private session during consideration of the agenda items indicated for the reasons shown on the agenda.

6. **Annual report of the Director of Public Health**

- Report enclosed.
- Presentation to be tabled

7. **Health and Wellbeing Board transformation workstreams**

- Report of the Director of Public Health enclosed

8. **Annual report of West Midlands Police**

- Report of the Chief Superintendent enclosed

9. **Homeless – Eviction Prevention**

- Presentation Housing Sector representative enclosed

10. **Healthwatch Walsall – progress report**

- Report of Healthwatch Walsall enclosed.

11. **Better Care Fund**

- Report of the Better Care Fund Manager enclosed

12. **Work programme**

- Copy enclosed

Note: This work programme will be refreshed for 2022/23 and will be circulated to Board members in due course.

13. **Date of next meeting** – July 2021

Note: Dates for Council Committees are set at the Annual meeting – 26 May 2021. A schedule of dates for the ensuing municipal year, and respective reporting deadlines, will be circulated immediately thereafter.

Health and Wellbeing Board

Tuesday 26 January 2021 at 4.00 p.m.

Virtual meeting via Microsoft Teams

Held in accordance with the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020; and conducted according to the Council's Standing Orders for Remote Meetings and those set out in the Council's Constitution.

Present:

- Councillor S. Craddock (Chair)
- Dr. A. Rischie, Clinical Commissioning representative (Vice-Chair)
- Councillor R. Martin
- Councillor I. Robertson
- Mr. S. Gunther, Director of Public Health
- Ms T. Simcox, Adult Social Care
- Ms. S. Rowe, Executive Director Children's Services
- Mr. G. Griffiths-Dale, Managing Director, Clinical Commissioning Group
- Ms. M. Poonia, Healthwatch Walsall
- Chief Supt. A. Parsons, West Midlands Police
- Ms. D. Lytton, One Walsall
- Mr R. Beeken, Chief Executive, Walsall Healthcare NHS Trust
- Ms. M. Foster, Black Country Healthcare NHS Trust
- Ms. F. Shanahan, Housing Sector

In attendance: Mr. D. Fradgley, Walsall Healthcare NHS Trust

714 **Welcome**

Councillor Craddock opened the meeting by welcoming everyone, and explaining the rules of procedure and legal context in which the meeting was being held. He also directed members of the public viewing the meeting to the papers which could be found on the Council's Committee Management Information system (CMIS) webpage.

At this point, Councillor Craddock also welcomed Ms. C. Williams who would be helping with the development of the Board and resetting priorities in the light of the Covid-19 pandemic. Ms. Williams explained her role and said that she would be working closely with Board members on the governance and structure of the Board to ensure that the Board was fulfilling its statutory duties; and would be working on refreshing priorities in the Walsall Plan: Our Joint Health and Wellbeing Strategy.

715 **Apologies**

Apologies for non-attendance were submitted on behalf of Councillor Wilson, Ms. J. Holt, Walsall College; Ms J. Malone, West Midlands Fire Service.

716 **Minutes**

(a) **Health and Wellbeing Board**

Councillor Craddock moved approval of the minutes of the meeting on 13 October 2020 which was put to the vote by way of a roll-call of Board members.

The motion subsequently declared carried and it was:

Resolved

That the minutes of the meeting held on 13 October 2020, copies having been sent to each member of the Board be approved and signed as a correct record.

(b) **Local Outbreak Engagement Board Sub-Committee**

The minutes of the meeting of the Local Outbreak Engagement Sub-Committee on 6 October, 20 October, 16 November, 3 December 2020 were submitted for information:

(see annexed)

Councillor Craddock took the opportunity to thank the members of the Outbreak and Engagement Board for their work. He said that this had been a difficult time for everyone and recognised the work of the members of the board who had given up their time to work on the Outbreak Plan.

Resolved

That the minutes be noted.

718 **Declarations of interest**

There were no declarations of interest

719 **Local Government (Access to Information) Act, 1985**

There were no items to be considered in private session.

At this point At this point, Councillor Craddock said that he would bring forward item 8 – a report on the Walsall Plan – Health and Wellbeing Board priority 2 – improving wellbeing and getting Walsall ‘on the move’ as the presenter had another diary commitment

720 **Walsall Plan – Health and Wellbeing Board Priorities 2019/20 – Priority 2: Improving Wellbeing – getting Walsall ‘on the move’.**

Mr R. Beeken, Chief Executive, Walsall Hospital’s NHS Trust presented a report which updated on progress on the delivery of this priority

(see annexed)

In presenting the report, Mr Beeken said that this was a holding paper as the need to focus effort on managing the Covid-19 pandemic has been paramount and that being able to devote meaningful time to medium to long term improvement activity to drive forward the Walsall plan priorities in general had been difficult. He went on to explain the three key priorities of the workstream and the progress that had been made so far as possible and sought the thoughts and suggestions of Board members on how, in an immediate post-Covid environment, this could be taken forward.

The Board discussed the report during which time Ms D. Lytton advised that “Black Country Together” which One Walsall was part of, had received funding from Sport England for an Active Black Country Lifestyles project which included a co-ordinator to work with people who were least active. She invited Mr Beeken to link with that work.

Resolved (by assent)

That the report be noted

At this point, Mr R Beeken left the meeting

721 **Walsall Children’s and Adults Safeguarding Partnerships.**

The annual reports were submitted.

(see annexed)

The Chair of the Safeguarding Partnership Boards, Ms. L. Murphy responded to questions and points of clarification during which time she pointed out that these reports mainly comprised the period before the current Covid-19 pandemic however, work was still being done to assess the impact. It was noted that work was also being done as part of the place-based Incident Management Team to look at mental wellbeing of local residents however,

sub-analysis was not yet completed in terms of impact on specific groups of people and communities.

In response to a question from the Director of Public Health about concerns around the lockdown and ensuring safeguarding oversight, Ms Murphy explained these reports only covered two weeks of the lockdown however, she assured the Board that both safeguarding partnerships had robust processes for monitoring and for referrals monitoring to be aware of harm that is unseen, unheard/told, or unknown, particularly around neglect of children, exploitation of adults, abuse, and consequences of self-isolation around self-neglect. With regard to the progress towards adopting the Domestic Violence Strategy, Ms Murphy said that this workstream was led by the Community Safety partnership

Comments in response to further questions from the Board included:

- The Local Authority had robust arrangements in place to track missing children involving a range of partners and this was led by the Executive Director of Children's Services, Mrs S. Rowe.
- Homelessness was a function of the Council and that there was a good set up in Walsall to support the needs of that cohort. In addition, The Safeguarding Adults Partnership was meeting the following day which would pick up the issue of safeguarding homeless, helping to ensure that services were more accessible, and supporting them on vaccinations.
- In terms of awareness and understanding of acuity of abuse, an increase in referrals was not necessarily negative as it could be that people feel more confident coming forward. This linked to the earlier agenda item on the Family Safeguarding Model so that there was a preventative approach in addition to responding to those individuals being harmed
- A range of activity was taking place to support service users to have their voices heard and that Healthwatch Walsall would have a key role to play in this.

The Chairman thanked Ms Murphy for her reports.

722 **Family Safeguarding Model**

In attendance: Ms H. Billings, Family Safeguarding Programme Lead.

A report was submitted which appraised the Board of the Model, its context and current position.

(see annexed)

Ms Billings and Mrs S. Rowe presented the report and highlighted the opportunities that this provided across partnerships in Walsall. Ms. Rowe explained that Walsall was one of only a few authorities which had received funding from Government to develop and introduce this model however, this funding was time limited and that further discussion would be needed with partners about how this model was sustainable and how this model opened up opportunities for further funding bids to provide sustainability and support Resilient Communities.

Mrs Rowe and Ms Billings responded to questions from members during which time it was noted that although Walsall did have a high number of children in care per 10,000 of the population, this included a number of children who had left care but had not yet been formally recorded as such. In addition, the family safeguarding model would enable risk to be managed in a different way which could enable children to stay in families with appropriate support. Mrs Rowe confirmed that detailed analysis was undertaken on ethnic representation to ensure that appropriate support for the different communities was provided.

Councillor Craddock asked members to share this report with their organisations to think about how this model could be supported.

723 **Walsall's Joint Strategic Needs Assessment**

In attendance: Ms E. Thomas Public Health intelligence manager.

Ms Thomas presented a report which updated on the progress of the ongoing JSNA refresh.

(see annexed)

Members noted that there was no 'target date' for the refresh as it was an ongoing process however, the current Covid-19 pandemic had exposed a number of impacts across the borough and that spending time looking at those impacts would be critical for the forthcoming year and for the longer term Walsall Plan.

Resolved (by assent)

- 1) To note the JSNA related material on the Walsall Council Insight Website page
- 2) To note the indicators on the Public Health Outcomes Framework 3x3 performance matrix.

724 **Better Care Fund 2020/21 Assurance Update**

In attendance: Ms C. Thompson, Better Care Fund Manager

Ms Thompson presented a report which provided an assurance update in relation to the 2020/21 Walsall Better Care Fund and Improved Better Care Fund Programme.

(see annexed)

Ms Thompson confirmed that the Joint Commissioning Committee were happy with the progress of the programme and its governance and monitoring arrangements. Members were also assured that the offer was tailored and revised to meet the priorities of the current Covid-19 pandemic, learning from local experiences, regional and national peers.

Resolved (by assent)

That the Health and Wellbeing Board receives the update and is assured that the Walsall Better Care Fund programme (BCF) has been subject to review of performance and spend during financial year 2020/21 in the absence of normal reporting requirements.

725 Special Educational Needs and Disabilities (SEND) Local Area Improvement programme

In attendance: Ms H. Kucharczyk, Head of Performance Improvement and Quality, Children's Services.

Ms Kucharczyk presented a report which provided assurance in relation to progress against the statement of action.

(see annexed)

Board members noted the report.

726 Black Country Strategic Child Death Overview Panel

In attendance: Ms E. Higdon, Senior Public Health Programme Development and Commissioning Manager, Children and Young People.

The Director of Public Health, Mr S. Gunther and Ms Higdon presented a report which updated on the progress of establishing a Black Country Strategic Child Death Overview Panel, outlined some of the challenges that remain and provided a summary of data from 2019-2020.

(see annexed)

Mr Gunther reminded members that the responsibility for oversight of child death review processes transferred from Children's Safeguarding Partnerships to local Health and Wellbeing Boards; the Black Country Child Death Overview Panel Strategic Business Partnership providing oversight on behalf of the partners, and also providing six monthly reports to Health and Wellbeing Boards.

During the ensuing discussion, members were advised that notwithstanding that numbers of unexpected deaths were above national average, numbers were still small and so were not attributable to any particular groups or communities. However, there were complex reasons and factors involved in each case. With regard to child suicides, members were advised that the numbers were again small across the Black Country, however, analysis was being carried out on children's mental health in Walsall and that Walsall would be contributing to a piece of work across the Black Country to look at specific changeable actions that could be taken to mitigate this.

Cllr Craddock urged people to look at the video on the link set out in the report which the Bham safeguarding partnership had recently released entitled "Who's in charge?" which highlighted the risks of alcohol consumption with caring for a young child and raised awareness of safer sleeping practices.

Resolved (by assent)

That the Health and Wellbeing Board:

- 1) Notes the update and challenges
- 2) Accepts future reports from the Strategic Child Death Overview partnership any accompanying recommendations for learning
- 3) That Board members relate relevant learning from unexpected deaths to their organisations.

727 **Work programme**

The work programme was submitted and noted. Councillor Craddock mentioned that reports to the Board were being received in different formats and asked members to ensure that reports follow the agreed template which should provide purpose and clarity about how the Board could add value to the matter.

The meeting terminated at 5.25 p.m.

Chair:

Date:

Director of Public Health Annual Report 2020

1. Purpose

This report describes the content and recommendations of the 2020 Director of Public Health Annual Report which is focussed on children and young people.

The annual report highlights the key issues affecting children and young people's health and wellbeing as identified in the recently commissioned ethnographic study "Growing up in Walsall" and in quantitative intelligence. It identifies where there is an inequality both within the Borough and in comparison with other areas of the country.

This year, we intend to use findings from the Annual Report and "Growing up in Walsall" to form the basis of the new proposed long term young people's strategy and as part of this, further engage with Health and Wellbeing Board partner organisations and other partners such as Housing or licencing who have influence over the different aspects of a child's life so that as a Borough we can work towards improving child wellbeing.

2. Recommendations

- 2.1 That the Health and Wellbeing Board note the findings presented in this year's report and the learning from the ethnographic study "Growing Up in Walsall" and their implications for the health of children in Walsall.
- 2.2 That the Health and Wellbeing Board members support the implementation of relevant recommendations in their respective organisations

3. Summary

3.1 Local and national research tells us that setting protective measures in place and intervening early is a powerful way to reduce improve wellbeing in our young people. It also highlights that work to influence the wider factors which impact on a child and family such as access to well-planned homes and environments or minimise the impact of stressors such as insecure employment or fear of crime are more effective than targeting the individual child or family.

3.2 The overall aspiration within the Director of Public Health Annual Report is to work together to **support all children in Walsall to have the best possible start in life and be safe from harm, happy, healthy and learning well as well as feeling able to contribute to society as they leave school or college.**

3.3 In order to do this, the report focuses on action to keep children well and maximise the factors which are protective of wellbeing. It identifies the areas of action whereintervening early will be most beneficial, paying attention to those who may be most vulnerable. This involves coordinating work across children's lives, such as work to support good parenting (Chapter 3), ensuring that all children attend a healthy school and are given relevant work experience (Chapter 4) and embed the child's voice in planning action their local area (Chapter 5).

3.4 To achieve this, the report focuses on the following areas of action:

- **Ensuring the child's voice is heard when making decisions**
- **Improving the wellbeing of children and young people**
- **Responding to the Covid-19 pandemic with immediate and long term plans for support and recovery**
- **Ensuring families are offered services that are effective, easy to access, and reach those who need it most**
- **Working collaboratively to mitigate effects of poverty and social deprivation on families and young people**

3.5 These overarching areas of action were informed by an ethnographic study undertaken in the late summer 2020 to ask the children and young people of Walsall themselves about what it is like growing up in the Borough.

10 detailed qualitative ethnographic studies of children and young people 11 to 18 years living in Walsall were undertaken to gain young people's views about the challenges they have face as they grow up, their hopes, dreams and fears for the future, as well as their recommendations.

3.6 Recommendations Arising from the Director of Public Health Annual Report

3.6.1 Ensure the child's voice is heard when making council decisions

Immediate

1. Complete a self-assessment based on the National Youth Agency Hear by Right framework and work with partners including young people to develop an action plan to increase youth engagement.
2. Work with internal partners to develop an action plan to further develop youth engagement that will support young people participation in the recommendations listed in this Annual Report
3. To work with young people, the Youth Justice service, Street Teams and the police to understand the real life impact of crime on our young people and identify actions which can reduce the impact

Longterm

4. Foster a culture of participation with young people, using their views to help shape the decisions made by organisations both within and outside of the Council whose actions affect their health and wellbeing

3.6.2 Improve the wellbeing of children and young people

Immediate

5. Advocate for Walsall's Health and Wellbeing Board members to prioritise mental wellbeing in young people.

Longterm

6. Ensure the benefits of the Town Deal Fund are extended to other parts of the Borough in order to create vibrant, colourful gateways into district centres, working to improve play areas and create biodiversity programmes.
7. Build in the promotion of good mental wellbeing into the work of all organisations that influence the lives of young people
8. Ensure that the protective factors which impact on a healthy weight and mental wellbeing are set in place incorporating the contributions of the community, young people, the police, education and teams supporting parenting with choices maximised in the areas where there is greater need.
9. Identify the wider teams who have an impact on community wellbeing; support them to understand their contribution and set the measures in place that will promote the wellbeing of children and young people ensuring that young people are part of the planning process

3.6.3 Respond to the Covid-19 pandemic with immediate and long term plans for support and recovery and support

Immediate

10. Education partners to continue to prioritise good educational outcomes for all Walsall's children; pledging to not leave behind those with the least access to resources and those adversely impacted by the Covid-19 lockdowns.
11. Partners supporting children to continue to ensure that Educational Health and Care Plans are not unduly delayed
12. Use the political process to lobby central government for additional resources to support children with special educational needs including those with Social Emotional and Mental Health (SEMH) Needs based on their needs.

Longterm

13. Support the children's services team to reduce all types of school absence, with particular attention to absences caused by poor mental health using understanding gained from young people who are missing school

3.6.4 Ensure families are offered services that are effective, easy to access, and reach those who need it most

Immediate

14. The parenting team and those delivering parenting courses to understand the barriers to accessing parenting courses; update the borough-wide parenting strategy to reduce these barriers and create a unified message and offer of support to parents to maximise uptake of these courses
15. Work with primary care and midwifery to understand the barriers to women quitting smoking both before and during pregnancy, maximise uptake of cessation services and thereby reduce the prevalence of smoking at birth
16. Childrens Services to evaluate how effective the services targeted at families with specific needs are and whether the groups we most want to reach access these.

3.6.5 Work collaboratively to mitigate effects of poverty and social deprivation on families and young people

Immediate

17. All those working with young children to actively promote access to early years education settings
18. Design and implement a Walsall Food Plan and a Walsall Physical Activity Plan as part of Walsall's young person's strategy informed by young people's views

Longterm

19. To work with Education providers and young people to ensure that life lessons are offered in schools and that these meet the needs of young people
20. Ensure that all Walsall schools are signed up to the Walsall Healthy Schools programme.
21. To work with young people, employers and providers of further education to ensure that young people are given relevant and appropriate work experience with particular priority on children in and leaving care
22. Develop and implement a borough/ council-wide family poverty strategy, linking with the Walsall Strategic Economic Plan.
23. Maximise the uptake of the Department of Work & Pensions (DWP) Kickstart scheme which is developing a number of high quality 6-month work placements for young people aged 16 to 24 claiming Universal Credit benefit and at risk of long term unemployment.

4. Implications for Joint Working arrangements:

4.1 The above indicate the partnership approach which is required to support Children and Young people. While services such as health or education are essential to reduce infant mortality or increase attainment and promote warm parenting, there are other teams identified by the young people which would improve their experience of growing up in Walsall, namely;

- **Police** to support in reducing fear of crime
- **Businesses** to increase access to mentoring and work experience
- **Planning** to build in access to healthy food or physical activity and design out crime
- **All** to seek opportunities for young people to participate in decision making

5. Health and Wellbeing Priorities:

5.1 The Health and Wellbeing Board has as its key priority to **provide Walsall Children and Young People with opportunities to maximise their potential**. From the knowledge gained in the Director of Public Health annual report and from “Growing Up in Walsall”, we can see young people’s recommendations around how to maximise their potential and also how Health and Wellbeing Board priority 3 **creating healthy and sustainable communities** can be achieved

5.2 The young people questioned were offering their time to act as advisors and influence services. This offer of voluntary support needs to be built upon. The person who designed the front page of the annual report also volunteered his time and again this engagement will be built upon as the young person’s strategy is developed.

5.3 The Marmot Review - Fair Society Healthy Lives shows the importance of intervening in early childhood as well as improving the social factors affecting health. The impact of inequalities is significant on infant mortality and achievement, particularly for certain groups such as those growing up in deprivation, looked after children and those in the criminal justice system as well as young people who are not in education, training or employment.

5.4 Safeguarding: Recommendations and actions arising from this report directly supports safeguarding and will benefit the most vulnerable sectors in the community.

Background papers

- 1 Director of Public Health annual report
- 2 “Growing up in Walsall” Ethnographic Study

Author

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Michael Soljak– Consultant in Public Health

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Health and Wellbeing Board Transformation

1. Purpose

The purpose of the report is to seek the Board's approval of a transformation programme for 2021/22. The paper seeks the agreement of the Board of the proposed four work streams for 2021/22, to ensure the Board delivers its statutory requirements in relation to the co-ordination of provision to address local health and wellbeing issues.

2. Recommendations

That the Board approves the proposed four work streams for 2021/22, which are:

- Work stream One - Delivery of the Joint Strategic Needs Assessment (JSNA)
- Work stream Two - Delivery of the Joint Health and Wellbeing Board Strategy (2022-25)
- Work stream Three – Development of the governance arrangement
- Work stream Four – Delivery of the 2021/22 Priorities as outlined in the Joint Health and Wellbeing Strategy (2017-20)

3. Report detail

3.1 Whilst 2020 was a challenging year for the local Health and Wellbeing partnership, it highlighted the strength and potential of the partnership arrangements in Walsall. The Board previously agreed to deliver the following in 2021:

- A Joint Health and Wellbeing Strategy 2022 – 2025
- Review of Walsall Together priorities and outcomes
- Joint Strategic Needs Assessment (JSNA)
- Integrated Care Partnership in shadow format from April 2021
- Continued integrated approach to delivery of the Better Care Fund programme for financial year 2021 – 2022

3.2 To ensure these key areas of work reflect the needs and priorities for the residents of Walsall, it is proposed that 2021 is a transformational year for the

Health and Wellbeing Board. The next twelve months provides an opportunity to enhance and understand all partnerships' governance arrangements; undertake an in-depth analysis of key local health and wellbeing concerns, and develop the operational delivery of the programme of work.

- 3.3 This report seeks agreement from the Health and Wellbeing Board to the progress of the four work streams during 2021/22 to ensure:
- Shared understanding of the role and function of the Health and Wellbeing Board, including sub groups;
 - Shared understanding of local priorities and strategic responses;
 - Shared understanding of the operational delivery of relevant strategic plans and programmes.

3.4 The four proposed work streams will provide a concise framework to ensure the objectives for the transitional year of 2021/22 are progressed and monitored to establish a strong foundation and progress the Board's programme over 2022-25.

3.5 The proposed four work streams for the Health and Wellbeing Board for 2021/22 are:

- **Work stream One - Delivery of the Joint Strategic Needs Assessment (JSNA)**, which will be led by the Walsall Insight Group (WIG).

The Board previously agreed to the postponement of the JSNA due to the coronavirus pandemic. The JSNA is currently being progressed and will inform the development of local services, the Walsall Corporate Plan 2022-25 and the Joint Health and Wellbeing Strategy (2022-25)

- **Work stream Two - Delivery of the Joint Health and Wellbeing Strategy (2022-25)**, which will be led by Christine Williams (Specialist Project Manager), Walsall Council.

The Board previously agreed the development of the Plan being postponed due to the coronavirus pandemic. The transformational year will enable further engagement with partners and key stakeholders to ensure the revised plan for 2022-25 reflects the shared vision and priorities for Walsall.

- **Work stream Three – Development of the governance arrangements**, which will be led by Geraint Griffiths-Dale (Walsall Managing Director – Black Country and West Birmingham Clinical Commissioning Groups) .

The development of Walsall Together highlighted the need to review the governance arrangement and, where applicable, reduce duplication. The overarching aim being to ensure the effective operation of the Board, and clarification regarding communication and accountability.

- **Work stream Four – Delivery of the 2021/22 Priorities as outlined in the Joint Health and Wellbeing Strategy (2017-20)**, which will be led by Stephen Gunther (Director of Public Health).

Whilst transformational work is taking place, the priorities in the Joint Health and Wellbeing Strategy (2017-20) will still need to be progressed

and monitored to ensure the current health and wellbeing needs of Walsall are strategically and operationally progressed, and the partnership continues to deliver services to the local community. Priorities identified by established groups (such as the Clinical Professional Leaders Group (CPLG), local commissioning board, Walsall Together) will need to be taken into consideration when agreeing the Health and Wellbeing Board areas of priority in order to ensure appropriateness.

- 3.6 The work streams will be monitored at each quarterly Board via standard agenda items:
1. Update on progress against priorities for 21/22 (either 1 partner per session or themed)
 2. Update against the 3 work streams (JSNA, HWB Plan, Governance)

4. Implications for Joint Working arrangements:

- 4.1 The aims of the four work streams are to support the joint working arrangements of the wider membership, plus enable the long-term sustainability of work of the Board. The proposal aims to focus the work of the Board and therefore will not have any direct financial, legal or resource implications for the Board.

5. Health and Wellbeing Priorities:

- 5.1 The four work streams will enable the Board to deliver its statutory requirements and undertake innovative local developments in line with the Health and Wellbeing Board priorities.

Work stream One - the development of the Joint Strategic Needs Assessment (JSNA) will provide the Board with analysis of local health and wellbeing data, trends analysis and comparative data with our statistical neighbours. The JSNA will support evidence-based decision making in relation to the identification of gaps in service and the opportunities to enhance partnership arrangements to improve health and wellbeing outcomes. The JSNA will inform the 2022-25 Walsall Corporate Plan and Joint Health & Wellbeing Strategy (Walsall Plan)

- 5.2 **Work stream Two** - the development of the Joint Health and Wellbeing Strategy (2022-2025) will provide a framework to ensure the Board has a shared vision and agreed priorities that reflect the shared priorities in partner organisations and in line with the Board commitment to Marmot Principles.

- 5.3 **Work stream Three** - the development will ensure the partnership arrangements are robust and reflect the strategic and operational changes in light on local, regional and national changes; such as governance and the development of Walsall Together.

- 5.4 **Work stream Four** - the delivery of the 2020/21 priorities will maintain focus on the agreed priorities and monitor their delivery over the next 12 months.

Background papers

None

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Health and Wellbeing Board

27th April 2021

West Midlands Police Intervention and Prevention activities in support of the Health and Wellbeing Strategy

1. Purpose

This report highlights those areas of the West Midlands Police (WMP) This Work Matters strategy to prevent crime, protect the public and help those in need in support of the wider Health and Wellbeing Strategy

2. Recommendations

That the Health and Wellbeing Board notes the activity undertaken by West Midlands Police in support of the Health and Wellbeing Strategy.

3. Report detail

- The West Midlands Police “This Work Matters” Strategy describes how the police will support the delivery of the Police and Crime Commissioners Police and Crime Plan
- West Midlands Police continues to focus activity towards prevention of crime, protecting the public and helping those in need.
- **Connect with People**
- WMP are seeking to involve communities in policing with more opportunities to volunteer and shape policing priorities. We will set clear standards for service delivery, measure compliance and seek feedback. We will continue to improve our response to those in need, improving our response in partnership with others.
- Neighbourhood Teams are tasked to build trust with their communities, with a particular focus on young people, the vulnerable and diverse communities. Where crime, antisocial behaviour or vulnerability is reported or identified, officers will engage proportionality and where appropriate identify suitable intervention and prevention pathways with or through our partners. This work should be conducted proactively wherever possible to reduce harm at the earliest opportunity

- Policing activity locally is regularly scrutinised by the independently chaired Strategic Community Reference Group. This group includes representatives from a number of Walsall's diverse communities but its membership is consistently under review to ensure it is as reflective of the communities we serve as possible.
- **Act with Precision**
- We will continue to prevent crime and bring offenders to justice for burglary, organised vehicle crime and robbery.
- A priority focus for WMP has been Impact Areas – Walsall Town Centre. Our focus in this location is to reduce crime and antisocial behaviour and increase feelings of safety by managing vulnerable individuals into treatment to improve the economic viability and prosperity of the place.
- WMP has continued to work throughout the pandemic to prevent violence in public places, focusing on high footfall areas such as the town centre and the limited community events / gatherings which have taken place.
- **Improve through Innovation**
- Opportunities have been sought to use technology in support of the Walsall Plan priorities. Over the last 12 months staff have been with mobile devices, body worn video and an increasing number of Neighbourhood Team officers in Walsall are now trained to carry Taser.
- **Collaborate in Partnership**
- WMP aim to advance our commercial offer by maximising collaborative opportunities
- WMP continue to work with communities to increase the level and frequency of citizen participation in creating safer communities (Street watch, Active Citizen Funding) as well as using new and developing technologies.
- Police and partners continue to work actively with Walsall communities to educate, identify and intervene early with those at risk of exploitation and those perpetrating such offences through the joint LA / Police chaired Exploitation Panel
- WMP continues to support and advocate the introduction of an integrated Community Safety Unit Safer improve service delivery and outcomes in a cost efficient manner

- WMP continues to support the development of a systematic and coordinated partnership approach to the prevention of violence. In Walsall the police work with partners, statutory and third sector to tackle vulnerabilities and reduce the impact of adverse childhood experiences.
- **Nature and Support**
- WMP is committed to supporting people with mental health needs, introducing Mental Health tactical advisors whose focus is the wellbeing of individuals in crisis.

4. Implications for Joint Working arrangements:

- West Midlands police remains committed to working collaboratively with strategic partners to ensure resources and activity is aligned to provide efficient delivery of services to the Borough of Walsall against the strategic priorities identified. In addition to this, WMP remain committed to the delivery of an integrated place based service.

5. Health and Wellbeing Priorities:

- The Walsall Plan has identified three priorities:
 1. Preventing Violence
 2. Getting Walsall Active
 3. Regeneration of Walsall town centre
- West Midlands police contribute to all three priorities working in partnership to achieve early identification of issues, intervention and prevention activity.

Background papers

West Midlands Police “This Work Matters” Strategy

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Eviction Prevention Officer

Outcomes and Lessons learnt



Background

Background

- Pilot between WMBC and whg to scope opportunity to reduce evictions, could also expand to other HA's in future
- Post funded by LA and designed to be a cross - partner dual employee
- Post holder to operate out of whg and WMBC offices, building relationships with both
- Work with customers at most serious imminent risk of eviction to prevent it from happening
- Research around similar roles & visits to Wolverhampton homes
- Kylie Morris began 12 month secondment November '19





Delivery

Principles

- Co-location
- Weekly caseload review and monthly whg / Walsall Council meeting
- Threshold set at level of customers with set eviction court date. (or by specific referral)

Partnership

- Walsall Council – whg joint understanding
- Direct access to service areas
- Shared goals



Steps to Success

The role

- Contact
 - Perseverance
- Approach
 - Nurturing with short and longer term goals
- Holistic
 - Bigger picture
 - Underlying issues
- Journey
 - Build trust
- Review
 - Learn
 - prevent cycle



Successful Partnerships



Early referral – Connecting information quicker and earlier, prevent crisis for customer and organisations

Multi-agency – What else do we currently know, who else is connected, build better engagement early on

Information Sharing – timing and relevance of sharing information

Understanding the past – one off crisis or a cycle?

Shared learning and understanding of services – upskill staff, navigate partner organisations



What did success look like for whg customers?

Customer

- 81 EPO referrals
 - Single Male – 22
 - Single Female – 8
 - Family with dependants – 42
 - Family with non-dependants – 8
 - Couple – 1
- 41 evictions prevented
- 29 financial support payments
- 12 Evictions
 - 10 abandoned
 - 1 Sub-let
 - 1 refusal to positively engage

Financial

Payment type	Total
Discretionary Housing payment	£51,276
Homeless prevention Fund	£2,987
Universal Credit	£89,894
Housing Benefit	£5,068
Direct Payment Exclusions	£6,893
Customer Payment	£38,290
TOTAL	£185,278

Key learning

The Role

Communication and Customer Engagement

Persevere – time, method, frequency

Other partners engaged?

Partnership

Who? What? When?

Customer / other agencies

Holistic

Look at current issues as a whole, not just financial

Can referrals be made for other concerns?

Style and Approach

Non confrontational, nurture relationships

Service Beyond eviction Prevention

Engagement continues beyond crisis to break the cycle



Partnerships



Scope for other Housing Associations to implement

Early Intervention – understanding pressure points for families

Partnership Forums – right place right time to reduce duplication or risk escalation (early help, case conferences)

Point of contact / coordination – who to contact and how to navigate partner organisations

Information Sharing – key to preventing crisis escalation

Holistic – lead partner, shared end goal, customer focused

Further Development



- Expand beyond the pilot**
- Beyond whg / Walsall Council
- Walsall as best practice leaders regionally
- Building strong and sustainable connections**
- Children's services
- Adult Social Care
- Mental Health services
- Embed into partnership forums**
- Attendance at key partnership meetings
- Advisory / connection role
- Visibility**
- Improving the identity of the role whg plays
- Communication with a wider audience

The Future

The Future



Build on what we already do

- whg Corporate plan aim – Ambition to not evict into homelessness
- Use existing resources to build on model, prevent evictions, sustain tenancies
- Embed key principles across current teams
- Build on contact and communication between WMBC and whg
- Review, respond, adapt

Innovate to go Further

- Homeless Strategy Steering Group – Strategic
- Chaired by whg chair, Danielle Oum
- Strategic focus for Walsall partners
- Homeless Prevention Delivery Group – whg centric
- Led by tenancy sustainability team
- Pulls together an internal partnership with a homeless prevention focus
- Tenancy sustainability team – operational delivery
- Money Advice
- Community Safety
- Independent Living

Thank you

Health and Wellbeing Board

April 2021

Healthwatch Walsall - Update April 2021

Work Plan 2020/21

1. Purpose

The purpose of this report is to update the Health and Wellbeing Board on the progress of Healthwatch Walsall's work delivery plan 2020/21.

2. Recommendations

- 2.1 That the Health and Wellbeing Board notes the progress in delivering the Healthwatch Walsall work plan for 2020/21.
- 2.2. That the Health and Wellbeing Board supports the work plan of Healthwatch Walsall.

3. Report Detail

This year we continue to strive to have even greater positive impact for the communities and the people we serve. We aim to continue to strengthen partnerships with providers and commissioners of services, further increase our public engagement, increase escalations / issues to decision makers to impact on change.

Healthwatch Walsall priorities are identified through public engagement, intelligence gathered and discussions with partners and from this the key areas of work for 2020/21 were agreed as:

3.1 Access to GP Services

This project was undertaken following intelligence received from citizens in the Borough about the difficulties they were having in contacting a number of GP surgeries/practices in Walsall. It is important to note however, that this intelligence was gathered prior to the outbreak of Covid-19. Nevertheless, during Covid patients were reporting they were finding it difficult to contact their GP for diagnostic investigation and results, repeat medication and other issues. In addition, there has been a greater move to online use of services which may not be available to everyone for a variety of reasons.

The methodologies used for the work project were an online patient survey with set questions and a free text box to obtain further insight or comments. The survey was

also available on our website and was disseminated through social media platforms and shared through our contact networks.

The work was also supported by a small group of volunteers and Healthwatch Walsall staff undertaking a “mystery shopper” exercise calling a selection of surgeries that had been drawn from a GP list provided by Walsall CCG. We spoke to 44 out of a possible 52 surgeries and attempts were made to call each of the surgeries one day per week in the morning and afternoon over a 6-week period. The calls were made on different days and a record was kept of the number of attempts taken to get through to a practice and length of time it took for a call to be answered.

The work was undertaken during the autumn of 2020 and resulted in the final report being published in mid-December 2020. The report, including recommendations, has been circulated to our stakeholders and partners and Healthwatch Walsall will present the findings to a future place-based CCG Governing Body meeting.

3.2 Communication between Walsall Healthcare NHS Trust and Service Users

Again, from public intelligence received, concerns and issues were raised with Healthwatch Walsall about various communication problems between Walsall Healthcare NHS Trust and patients. The Walsall Healthwatch Advisory Board agreed that a piece of work would be undertaken into how communications have affected patients within a range of departments at the Hospital. The aim of the project is to highlight good practice or to identify any problems faced by patients. Members of the senior management team at Walsall Manor Hospital are aware of the project.

It should be noted that this is a very broad piece of work at this stage which may culminate in a more specific piece of work being undertaken in the future once the findings have been analysed.

Due to Covid-19, the methodologies used for this work priority were by an online survey, individual case studies and 3 online focus groups being held. The work was carried out until mid-March 2020 and the analysis is currently underway. The final report, findings and recommendations will be sent to the provider, commissioner and to our extensive network of contacts. The work will also be published on our website.

3.3 Covid-19

From early on in the pandemic to the end of October 2020, Healthwatch Walsall ran an online survey seeking the views of the public about how Covid was affecting them. We received 70 survey responses from which it is apparent that mental health, isolation and loneliness have been the biggest issues for the citizens of Walsall.

Our final report was produced and shared with partners across the Borough, and it has also been published on our website.

During the pandemic all members of the Healthwatch Walsall team signed up as volunteers with One Walsall, three members of staff were deployed in volunteering

roles making befriending calls to isolated citizens and one member of staff was involved in the Walsall Hospital NHS Trust family liaison pilot project.

There is a dedicated Covid-19 page on the Healthwatch Walsall website that is kept up to date and provides the public with information and advice on a local, regional and national basis.

3.4 Young people's experience of Health and Social Care services

Healthwatch Walsall recognise the importance of engaging with young people in order to gather their views about health and social care services.

Due to the barriers experienced in engaging with young people to date this work continues and it remains our aspiration to develop a Youth Forum and to engage wherever possible with young people.

3.5 Public involvement in the Black Country Sustainability Transformation Partnership (STP)

The STP brings together organisations across primary care, community services, social care, mental health, acute hospitals and specialised services across the Black Country. The STP aims are to:

- Improve the health and wellbeing of local people
- Improve the quality of local health and care services
- Deliver financial stability and efficiency throughout the local health care system

Healthwatch Walsall continues to be involved in the STP by attending the Programme Board meetings and the local BCWB STP/Healthwatch meetings. We support any engagement opportunities linked to the workstreams.

3.6 Walsall Together (WT)

Healthwatch Walsall was commissioned to deliver Walsall Together to support partner organisations in the commitment to ensuring patient engagement/voice is incorporated into the integrated care partnership.

We have continued to engage with patients and service users through online workshops whilst extending our reach through support from Walsall Together Partners. We have extended our messages around the importance of the patient voice. We have continued to make good progress in being able to engage with service users to look to widen our engagement during 2021.

Walsall Together Service User Group meetings take place and we continue to widen the representation on the group. Key discussions have been around the case for change, progress to date, patient engagement and what Walsall Together means for the wider health and social care economy. We have also had a detailed presentation from the Walsall Together Programme Team on Walsall Together as a whole, communications. This is available on our website.

3.7 Volunteer Recruitment

We continue to work with a group of passionate and active volunteers, a small cohort of whom supported our work on access to GP services. Due to Covid-19 however, the volunteer recruitment drive has been put on hold until such time as we are in a position to offer a varied portfolio of volunteering opportunities. During the early part of March 2020 we were fortunate to recruit a young Healthwatch volunteer who will be working with the team to reach out to other young people.

Engaging Communities Solutions holds the Investing in Volunteers accreditation which is valid until April 2023.

3.8 Enter & View

At the present time, since Covid-19 our Enter and View programme has been suspended.

Enter and View paperwork was previously revised in order to provide more information and at a CQC/HW meeting held last year, a request was made for HW to start asking residents how often they have contact with their families. This further amendment will be included in our Enter and View visit paperwork once we can resume the programme of visits.

The E&V lead followed up with care providers to see what recommendations they acted upon and it was pleasing to note that Cedar Falls had implemented 13 recommendations made as follows:

1. Subject to residents consent, curtains are opened in their rooms in the day.
2. Red plates are provided for the residents that need them.
3. Pictorial menu in place and pictures are being updated in line with new menus.
4. Least restrictive observations are taking place and if assisting a resident, staff sit at the residents level rather than standing whilst assisting.
5. Condiments are available on all tables.
6. Walking frames are not stored in the lounge and are now placed with the person.
7. All walking frames contain a label identifying who the frame belongs to.
8. Hoists are not stored in rooms whilst residents are in there. They are stored in the downstairs corridor.
9. Breakfast trolley has been revamped and more options are available. Juice and drinks are made available. Due to Covid-19 fruit is not left out, but tinned fruit is available on the breakfast trolley.
10. Cleaning hours and schedules have been updated.
11. New windows are on order (at the time of the response being provided, they had not been delivered due to the pandemic).
12. Crash mats and falls mats are cleaned daily.
13. The flooring has been replaced as has the stair carpet.

Time will be included in our future work programme to ensure we follow up on all recommendations made with care providers to see if they have acted upon them and if not, we will seek a response as to why they have not been implemented.

3.9 Engage and Share

One of the functions of Healthwatch is to undertake Enter and View visits to health and social care premises to obtain the views of service users about the services they receive. That said and as noted above, since the pandemic all face-to-face engagement has been suspended to protect the safety of everyone. However, to fill this void, Healthwatch Walsall have come up with a new concept that is being branded as Engage and Share. This is a much more concise set of questions that we will be asking service users, relatives, staff and home managers just to gauge the current situation and how service users are feeling during these very difficult times.

From intelligence received we are going to commence this form of engagement with a small cohort of learning disability homes in the Borough and if this pilot project goes well, it is our intention to extend this to all learning disability homes and service users' homes within the Borough.

The set of questions can also be adapted to suit a variety of commissioned services and will enable Healthwatch Walsall to provide intelligence and produce reports that will be shared with commissioners of services and published on our website.

3.10 First Friday Focus

In June 2020 Healthwatch Walsall commenced its First Friday Focus online digital coffee mornings to provide a means of providing updates to the public of Walsall on a range of topics and to listen to their experiences of health and social care services in the Borough.

These have been very well received and have continued on a monthly basis with the current schedule confirmed up to and including April 2021. We have reached different audiences on each session and have made many new connections and given the public the means to have their voice heard.

There will be a cumulative report written to ensure that intelligence and feedback received is captured and this can then be shared with partners.

3.11 Strategic Engagement

Healthwatch Walsall has built up a working relationship with a number of strategic level organisations and committees. These include the Health and Wellbeing Board, Walsall Together Board, Social Care and Health Scrutiny Committee, Quality Surveillance Group, CCG Governing Body in Common, Primary Care Commissioning Committee in Common, A&E Delivery Board and CCG Quality Assurance Committee, Safeguarding Partnership and the CCG Health Board. Our remit is to work with these partnerships to ensure the voice of the public and patients are heard,

and to provide advice, guidance and assurance on how to achieve this, to work collaboratively to maximise resources and to avoid duplication.

Healthwatch continues to be a strong voice for patients and service users in strategic decision making.

4. Implications for Joint Working arrangements:

Good joint working and partner relationships have and continue to be crucial in the delivery of Healthwatch Walsall work plan. We continue to act independently with a strong Board to champion the public/patient voice but engage in partnership activities to improve and enhance health and social care. Hence combining the roles as a critical friend.

5. Health and Wellbeing Priorities:

- Commitment to supporting the HWBB priorities.
- Healthwatch Walsall support the promotion and delivery of initiatives to support the improvements in health identified in the JSNA.
- Enable those at risk of poor health to access appropriate health and care, with informed choices.
- Empowering and signposting people to appropriate services to support positive health and wellbeing.
- Remove unwarranted variation in health care and ensure access, with consistent quality.
- Enable those at risk of poor health to access appropriate health and care services, with informed choice.
- Marmot objectives: Action on health inequalities requires action across all the social determinants of health, including education, occupation, income, home and community. enabling all children, young people and adults to maximise their capabilities and have control over their lives. (Healthwatch Walsall delivery around Care Assessments and Hearing Impairments – Access to Health and Social Care).

6. Safeguarding

- Healthwatch Walsall have a seat on the Adult and Children Safeguarding boards.
- Healthwatch Walsall Chair and Manager have quarterly meetings with the Safeguarding Partnership independent Chair and Business Manager.
- Healthwatch Walsall hosted a First Friday Focus session on safeguarding issues presented by two members of the Safeguarding Team.
- Healthwatch Walsall, via intelligence escalate safeguarding / issues of concern to the relevant authorities.

Background papers

All reports are published on our website: www.healthwatchwalsall.co.uk

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Health and Wellbeing Board

27 April 2021

Agenda item

BETTER CARE FUND 2020/2021 YEAR-END REPORT

1. Purpose

This report presents year-end 2020/21 performance in relation to Walsall Better Care Fund and Improved Better Care Fund programme.

2. Recommendations

- 2.1 That the Health and Wellbeing Board receives and approves the plan, and has the opportunity to ask any questions that may arise.
- 2.2 That the Health and Wellbeing Board agrees to delegate authority to the Executive Director of Adult Social Care and Managing Director for Walsall Clinical Commissioning Group at place base to make minor amendments to the plan before submission to the BCF national team on 24 May 2021. Any amendments will be in consultation with the Portfolio Holder for Health and the Portfolio Holder for Adult Social Care.

3. Report detail

- 3.1 Appendix 1 details the year-end plan for submission to the national BCF team. The table below highlights key messages for members to note from the year-end update of our local Walsall Better Care Fund programme, which also includes spend from the Improved Better Care Fund.

Message to note	BCF 2020/21 YEAR-END
Overview	<p>Management of BCF programme during financial year 2020/21</p> <p>In January 2021, members received an assurance update in relation to the monitoring and oversight of the local Better Care Fund programme in the absence of national reporting.</p> <p>During financial year 2020/21, partners adhered to national advice, rolled 2019/20 BCF programmes into 2020/21, and ensured spend and performance continued to be monitored against previous conditions through approved governance.</p> <p>A number of schemes funded by the programme continued to support the system during the financial year, providing vital support to the system and contributing to</p>

	<p>the local response to the pandemic, COVID-19.</p> <p>The use of the Hospital Discharge COVID fund made available to local systems in March 2020, supported spend across a number of schemes funded by our local BCF programme. As a result, overspends reported during financial year 2019/20 were not a risk for financial year 2020/21.</p> <p>Appendix 1 highlights the schemes funded by BCF during financial year 2020/21. Tab 5 of the plan provides a breakdown of schemes across the main programme, which is a mixture of social care and health services, with the improved BCF schemes being social care funded services, which include funding payment teams, commissioners and social workers.</p> <p>Locally, our Improved BCF funding was available during financial year 2020/21, resulting in the support of teams across Adult Social Care, all of which add value to the directorate and provide stability to services and staffing structures such as social workers, occupational therapists, the brokerage service and commissioners.</p>
<p>Income and Expenditure</p>	<p>The draft pre-audit position across the overall BCF programme shows an underspend of 491K. This is a result of allocations from our 2019/20 position where some scheme allocations were increased, with others reduced.</p> <p>The identified underspend shown has been agreed and carried forward into financial 2021/22 and will be utilised as per BCF conditions.</p>
<p>Performance</p>	<p>Performance during 2020 was good. Locally, our BCF programme funds a number of services, which supported our local COVID response, namely the Intermediate Care Service, Integrated Equipment Service and the provider market for use of beds and care packages who all performed over and above to provide support to residents of Walsall on discharge from hospital, or providing support in the community.</p> <p>Year-end successes</p> <p>BCF was a key driver to push integration during 2020. In the absence of reporting, we focussed on our services supporting our response to COVID, and reviewed governance at Joint Commissioning Committee (JCC) level. This led us to strengthening our sub committees with decision-making responsibilities of operational matters, and agreed to strategic oversight at committee level to develop commissioning activity for the Walsall Together model of care, working to outcomes of self-care and promoting independence utilising services via our BCF programme to do so.</p> <p>Year-end challenges</p> <p>We acknowledge locally information sharing across the system remains a challenge. To address this, as part of the Walsall Digital Strategy, the Walsall-Wolverhampton shared care record initiative is being progressed with Walsall Together partners. We also acknowledge the use of individual dashboards to monitor performance, however we acknowledge further development is required to align all performance measures and monitoring as we move towards meeting our Walsall Together outcomes through our Integrated Care System.</p> <p>Next steps</p>

The Hospital Discharge COVID fund has been extended. This will mean low risk of overspend across the BCF programme this financial year for services we have previously reported overspends against, namely our discharge to assess beds.

The BCF Manager will continue to work across the system to develop the programme, and will monitor spend and performance through JCC sub groups with commissioners and finance colleagues to provide assurance to JCC members. Local updates in relation to 2021/22 reporting will be provided once policy and guidance documents are published by the national team.

Background papers

Appendix 1 BCF year-end 2020/21 financial position

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1. Guidance

Overview

This template is for Health and Wellbeing Boards (HWBs) to provide end of year reporting on their Better Care Fund (BCF) plans. The template should be submitted to the BCF team by 24 May 2021. Since BCF plans were not collected 2020-21, the end of year reporting will collect information and data on scheme level expenditure that would normally be collected during planning. This is to provide effective accountability for the funding, information and input for national reporting. Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

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

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

Checklist (all sheets)

1. On each sheet, there is a section that helps identify the data fields that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF team.
2. The checker column will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'.
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are 'Green' containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Complete'.
5. Please ensure that all boxes on the checklist tab are green before submission.

Cover

1. The cover sheet provides essential information on: the area for which the template is being completed; contacts; and a list of questions to be completed.
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 submitted.
3. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

National Conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2020-21 (link below) continue to be met through the year, at the time of

<https://www.gov.uk/government/publications/better-care-fund-policy-statement-2020-to-2021/better-care-fund-policy-statement-2020-to-2021>

This sheet sets out the four conditions and requires the HWB 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 during the year and how it is being addressed. Please note that where a national condition is not being met, the HWB is expected to contact the

The four national conditions are as below:

- National condition 1: Plans covering all mandatory funding contributions have been agreed by HWB areas and minimum contributions are pooled in a section 75 agreement (an agreement made under section 75 of the NHS Act 2012)
- National condition 2: The contribution to social care from the CCG via the BCF is agreed and meets or exceeds the minimum contribution
- National condition 3: Spend on CCG commissioned out of hospital services meets or exceeds the minimum ringfenced spend
- National condition 4: The CCG and LA have confirmed compliance with these conditions to the HWB.

Income and Expenditure Actuals

The Better Care Fund 2020-21 pool constitutes mandatory funding sources and any voluntary additional pooling from LAs (Local Authorities) and CCGs. The mandatory funding sources are the Disabled Facilities Grant (DFG), the improved Better Care Fund (iBCF) grant, and the minimum CCG contribution.

Income section:

- Please confirm the total HWB level actual BCF pooled income for 2020-21. Please include income from additional and LA contributions in 2020-21 in the yellow boxes provided.
- Please provide any comments that may be useful for local context for the reported actual income in 2020-21.

Expenditure section:

- Please enter the total HWB level actual BCF expenditure for 2020-21 in the yellow box provided.
- Please share any comments that may provide a useful local context to the reported actual expenditure in 2020-21

Year End Feedback

This section provides an opportunity to feedback on delivering the BCF in 2020-21 through a set of survey questions which are, overall, consistent with those from previous years.

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of BCF. Covid-19 had a significant impact on services and schemes delivered on the ground which may have changed the context. However, national BCF partners would value and appreciate local area feedback to understand views and reflections of the progress and challenges faced during 2020-21.

Delivery of the Better Care Fund

There are a total of 3 questions in this section. Each is set out as a statement, for which you are asked to select one of the following options:

- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

The questions are:

1. The overall delivery of the BCF has improved joint working between health and social care in our locality
2. Our BCF schemes were implemented as planned in 2020-21
3. The delivery of our BCF plan in 2020-21 had a positive impact on the integration of health and social care in our locality

Part - Successes and Challenges

This part of the survey utilises the SCIE (Social Care Institute for Excellence) Integration Logic Model published on the link below to capture two key challenges and successes against the 'Enablers for integration' expressed in the Logic Model:

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model) in your locality
5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model) in your locality

As noted above, these are free text responses to be assigned to one of the following categories from the SCIE Integration Logic Model - Enablers summarised below. Please see link below for fuller details:

[SCIE - Integrated care Logic Model](#)

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care

Social care fees

This section collects data on average fees paid by the local authority for social care. This is similar to data collected in previous years.

The questions have been updated for 2020-21 to distinguish long term fee rates from temporary uplifts related to the additional costs and pressures on care providers resulting from the COVID-19 pandemic
Specific guidance on individual questions can be found on the relevant tab.

CCG-HWB Mapping

The final sheet provides details of the CCG - HWB mapping used to calculate contributions to Health and Wellbeing

Better Care Fund 2020-21 Year-end Template

2. Cover

Version 1.0

Please Note:

- The BCF end of year reports are categorised as 'Management Information' and data from them will be published 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.
- 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.
- All information, including that provided on local authority fee rates, will be supplied to BCF partners to inform policy development.
- 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:	Walsall
Completed by:	Charlene Thompson
E-mail:	charlene.thompson@walsall.gov.uk
Contact number:	01922 653007
Is the template being submitted subject to HWB / delegated sign-off?	No, sign-off has been received
Where a sign-off has been received, please indicate who signed off the report on behalf of the HWB?	
Job Title:	Councillor Stephen Craddock
Name:	Chair, Walsall Health and Wellbeing Board

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

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

Please see the Checklist on each sheet for further details on incomplete fields

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Income	Yes
5. Expenditure	No
6. Income and Expenditure actual	Yes
7. Year-End Feedback	Yes
8. IBCF	Yes

[<< Link to the Guidance sheet](#)

Better Care Fund 2020-21 Year-end Template

3. National Conditions

Selected Health and Wellbeing Board:

Walsall

Confirmation of Nation Conditions	
National Condition	Confirmation
1) A Plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006? (This should include engagement 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 BCF policy?	Yes
3) Agreement to invest in NHS commissioned out of hospital services?	Yes
4) The CCG and LA have confirmed compliance with these conditions to the HWB?	Yes

--

If the answer is "No" please provide an explanation as to why the condition was not met in 2020-21:
--



Checklist

Complete:

Yes

Yes

Yes

Yes

Better Care Fund 2020-21 Year-end Template

4. Income

Selected Health and Wellbeing Board:

Walsall

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Walsall	£4,202,771
DFG breakdown for two-tier areas only (where applicable)	
Total Minimum LA Contribution (exc iBCF)	£4,202,771

iBCF Contribution	Contribution
Walsall	£13,764,046
Total iBCF Contribution	£13,764,046

Are any additional LA Contributions being made in 2020-21? If yes, please detail below	Yes
--	-----

Local Authority Additional Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Walsall	£1,143,596	iBCF2 Carryforward
Total Additional Local Authority Contribution	£1,143,596	

CCG Minimum Contribution	Contribution
NHS Walsall CCG	£22,103,775
Total Minimum CCG Contribution	£22,103,775

Are any additional CCG Contributions being made in 2020-21? If yes, please detail below	No
---	----

Additional CCG Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding. If you are including funding made available to support the Hospital Discharge Service Policy in 2020-21, you should record this here
Total Additional CCG Contribution	£0	
Total CCG Contribution	£22,103,775	

	2020-21
Total BCF Pooled Budget	£41,214,188

Funding Contributions Comments
Optional for any useful detail e.g. Carry over
The underspend against IBCF for 2020/21 has been carried forward into 2021/22. The underspend against the main programme from unallcoated uplifts and variances from funding received against 2019/20 spend will also be carried forward into 2021/22.

Better Care Fund 2020-21 Year-end Template

5. Expenditure

Selected Health and Wellbeing Board:

Walsall

Running Balances	Income	Expenditure	Balance
DFG	£4,202,771	£4,202,771	£0
Minimum CCG Contribution	£22,103,775	£21,536,201	£567,574
iBCF	£13,764,046	£12,907,993	£856,053
Additional LA Contribution	£1,143,596	£411,764	£731,832
Additional CCG Contribution	£0	£0	£0
Total	£41,214,188	£39,058,729	£2,155,459

Required Spend	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£6,281,266	£10,281,651	£0
Adult Social Care services spend from the minimum CCG allocations	£8,803,525	£8,806,332	£0

Checklist

Complete:

No	No	No	Yes	Yes	No	No	No	Yes	No	No	No	No
----	----	----	-----	-----	----	----	----	-----	----	----	----	----

[Link to Scheme Type description](#)

Scheme ID	Scheme Name	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Expenditure								New/ Existing Scheme
					Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	
1	FEP - OOH A&E support	Intermediate Care Services	Rapid / Crisis Response		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£87,040	Existing
2	FEP - Support within acute setting	Intermediate Care Services	Rapid / Crisis Response		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£471,722	Existing
3	FEP - Additional community investment	Intermediate Care Services	Rapid / Crisis Response		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£905,221	Existing
4	Funding for ICS team	Intermediate Care Services	Other	Staffing	Social Care		LA			Local Authority	Minimum CCG Contribution	£4,342,455	Existing
5	Rapid Response Team within SLA	Intermediate Care Services	Rapid / Crisis Response		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£631,812	Existing
6	District nursing wrap around team with Service	Intermediate Care Services	Reablement/Rehabilitation Services		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£740,356	Existing
7	Stroke intermediate care home care service	Intermediate Care Services	Reablement/Rehabilitation Services		Community Health		LA			Local Authority	Minimum CCG Contribution	£87,000	Existing

8	Redesign of stroke/rehab/falls	Intermediate Care Services	Reablement/Rehabilitation Services		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£702,468	Existing
9	Walsall Cardiac Rehabilitation Trust	Intermediate Care Services	Reablement/Rehabilitation Services		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£299,759	Existing
11	Transitional care support beds within care homes	Intermediate Care Services	Bed Based - Step Up/Down		Community Health		LA			Local Authority	Minimum CCG Contribution	£1,636,000	Existing
12	Protecting Adult Social Care	Integrated Care Planning and Navigation	Care Coordination		Social Care		LA			Local Authority	iBCF	£10,308,570	Existing
13	Quality In Care Team	Prevention / Early Intervention	Risk Stratification		Social Care		LA			Local Authority	Minimum CCG Contribution	£78,000	New
14	Integrated Community Equipment Store -	DFG Related Schemes	Other	System Upgrade	Community Health		CCG			Private Sector	Minimum CCG Contribution	£10,266	New
15	Clinical front door Intermediate Care Provision within	Intermediate Care Services	Other	Staffing	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£1,029,126	Existing
15	Clinical back door Intermediate Care Provision within	Intermediate Care Services	Other	Staffing	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£1,263,623	Existing
16	Psychiatric liaison team (Adults)	Intermediate Care Services	Other	MH support	Mental Health		CCG			NHS Community Provider	Minimum CCG Contribution	£584,700	Existing
17	Psychiatric liaison team (OP)	Intermediate Care Services	Other	MH support	Mental Health		CCG			CCG	Minimum CCG Contribution	£443,395	Existing
18	Home from hospital services for dementia and	Intermediate Care Services	Reablement/Rehabilitation Services		Community Health		LA			Local Authority	Minimum CCG Contribution	£66,000	Existing
19	Community nursing in reach team	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£152,577	Existing
20	Single Point of Access	Integrated Care Planning and Navigation	Single Point of Access		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£248,833	Existing
21	Single Point of Access - Community	Integrated Care Planning and Navigation	Single Point of Access		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£52,224	Existing
22	Enhanced primary care to nursing homes	Residential Placements	Nursing Home		Primary Care		CCG			Private Sector	Minimum CCG Contribution	£222,103	Existing

23	Protecting social services - care act element	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Social Care		LA			Local Authority	Minimum CCG Contribution	£313,627	Existing
24	Dementia support workers, advisors and cafes	Integrated Care Planning and Navigation	Care Coordination		Mental Health		CCG			Private Sector	Minimum CCG Contribution	£204,038	Existing
25	Support to Carers	Carers Services	Carer Advice and Support		Social Care		LA			Private Sector	Minimum CCG Contribution	£470,000	Existing
26	Integrated community equipment store -	Assistive Technologies and Equipment	Community Based Equipment		Social Care		LA			NHS Community Provider	Minimum CCG Contribution	£62,866	Existing
27	Integrated community equipment store -	Assistive Technologies and Equipment	Community Based Equipment		Community Health		LA			NHS Community Provider	Minimum CCG Contribution	£627,218	Existing
28	Integrated equipment service	Assistive Technologies and Equipment	Community Based Equipment		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£478,211	Existing
29	Disabled Facilities capital grant	DFG Related Schemes	Adaptations		Other		LA			Private Sector	DFG	£3,314,771	Existing
30	Integrated Cummunity Equipment Store	DFG Related Schemes	Other	Enabler	Social Care		LA			NHS Community Provider	DFG	£888,000	Existing
31	Case management apporach in nursing and	Community Based Schemes			Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£357,378	Existing
32	Evening and night support	Personalised Care at Home			Community Health		CCG			CCG	Minimum CCG Contribution	£80,896	Existing
33	Co-ordination of personal health budgets	Personalised Budgeting and Commissioning	Personal Health Budgets		Community Health		CCG			CCG	Minimum CCG Contribution	£12,724	Existing
34	Short term care home placement budgets	Other		Community support	Social Care		LA			Local Authority	Minimum CCG Contribution	£3,480,835	Existing
35	Risk of unachieved reduction in	Other		Community support	Other		CCG			CCG	Minimum CCG Contribution	£1,173,509	Existing
36	End of Life placements	Residential Placements	Nursing Home		Community Health		CCG			Private Sector	Minimum CCG Contribution	£129,669	Existing
37	Shared Lives	Carers Services	Carer Advice and Support		Social Care		LA			Local Authority	Minimum CCG Contribution	£58,549	New
	BCF manager (CCG share)						CCG			CCG	Minimum CCG Contribution	£32,000	New

38	Additional support Quality in Care Team	HICM for Managing Transfer of Care	Chg 8. Enhancing Health in Care Homes		Social Care		LA			Local Authority	Additional LA Contribution	£36,698	Existing
39	Additional support Model of senior structure	HICM for Managing Transfer of Care	Chg 3. Multi-Disciplinary/Multi-Agency Discharge		Social Care		LA			Local Authority	Additional LA Contribution	£263,000	Existing
40	Additional support Payments support team	Personalised Budgeting and Commissioning	Integrated Personalised Commissioning		Social Care		LA			Local Authority	Additional LA Contribution	£59,956	Existing
42	Additional finance support	Personalised Budgeting and Commissioning	Integrated Personalised Commissioning		Social Care		LA			Local Authority	iBCF	£100,000	Existing
46	Additional support Commissioning	Personalised Budgeting and Commissioning	Integrated Personalised Commissioning		Social Care		LA			Local Authority	Additional LA Contribution	£52,110	New
48	Employment support services	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Social Care		LA			Local Authority	iBCF	£23,455	Existing

49	Additional Social Worker posts	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Social Care		LA			Local Authority	iBCF	£475,768	Existing
50	Increase in social worker hours	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Social Care		LA			Local Authority	iBCF	£14,517	New
51	Better Care Fund Manager part funding	Other		Support to programme	Social Care		LA			Local Authority	iBCF	£32,000	Existing
52	Commissioning posts and hours	Personalised Budgeting and Commissioning	Integrated Personalised Commissioning		Social Care		LA			Local Authority	iBCF	£83,934	Existing
53	Brokerage and business support	Personalised Budgeting and Commissioning	Integrated Personalised Commissioning		Social Care		LA			Local Authority	iBCF	£314,747	Existing
54	Commissioning posts and hours	Personalised Budgeting and Commissioning	Integrated Personalised Commissioning		Social Care		LA			Local Authority	iBCF	£11,135	Existing
55	Case mgt support officer	Personalised Budgeting and Commissioning	Integrated Personalised Commissioning		Social Care		LA			Local Authority	iBCF	£30,000	Existing
56	Lead OT post	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Social Care		LA			Local Authority	iBCF	£13,867	Existing
57	Residential and Nursing	Residential Placements	Care Home		Social Care		LA			Local Authority	iBCF	£494,878	Existing
58	Community Care	Home Care or Domiciliary Care			Social Care		LA			Local Authority	iBCF	£696,387	Existing
59	Community Care	Home Care or Domiciliary Care			Social Care		LA			Local Authority	iBCF	£228,708	Existing
60	Direct payments	Home Care or Domiciliary Care			Social Care		LA			Local Authority	iBCF	£80,027	Existing

[^^ Link back up](#)

Scheme Type	Description	
Assistive Technologies and Equipment	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Digital participation services).	
Care Act Implementation Related Duties	Funding planned towards the implementation of Care Act related duties.	
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.	
Community Based Schemes	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood level (eg: Integrated Neighbourhood Teams)	
DFG Related Schemes	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes.	

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

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

Personalised Budgeting and Commissioning	Various person centred approaches to commissioning and budgeting.	
Personalised Care at Home	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.	
Prevention / Early Intervention	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.	
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.	
Other	Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.	

[^^ Link back up](#)

Better Care Fund 2020-21 Year-end Template

6. Income and Expenditure actual

Selected Health and Wellbeing Board:

Walsall

Income

Disabled Facilities Grant	£4,202,771	
Improved Better Care Fund	£13,764,046	
CCG Minimum Fund	£22,103,775	
Minimum Sub Total		£40,070,592
Planned		
CCG Additional Funding	£0	
LA Additional Funding	£1,143,596	
Additional Sub Total		£1,143,596
	Planned 20-21	Actual 20-21
Total BCF Pooled Fund	£41,214,188	£41,214,188

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2020-21

Expenditure

	2020-21
Plan	£39,058,729

Do you wish to change your actual BCF expenditure?

No

Actual

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2020-21

[Empty box]

[Blue bar]

2020-21

Actual

Do you wish to change your additional actual CCG funding?	No	£22,103,919
---	----	-------------

Do you wish to change your additional actual LA funding?	No	
--	----	--

£1,143,596

[Light blue bar]

[Blue bar]

[Yellow bar]

[Light blue bar]

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Better Care Fund 2020-21 Year-end Template

7. Year-End Feedback

The purpose of this survey is to provide an opportunity for local areas to provide feedback on how the BCF has changed the context. However, national BCF partners would value your feedback. There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board:

Part 1: Delivery of the Better Care Fund

Please use the below form to indicate what extent you agree with the following statements.

Statement:

1. The overall delivery of the BCF has improved joint working between health and social care in our locality
2. Our BCF schemes were implemented as planned in 2020-21
3. The delivery of our BCF plan in 2020-21 had a positive impact on the integration of health and social care in our locality

Part 2: Successes and Challenges

Please select two Enablers from the SCIE Logic model which you have seen as a success in progressing.

Please provide a brief description alongside.

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2020-21

Success 1

Success 2

5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2020-21

Challenge 1

Challenge 2

Footnotes:

Question 4 and 5 are should be assigned to one of the following cat

1. Local contextual factors (e.g. financial health, funding arrangeme
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with
4. Empowering users to have choice and control through an asset b
5. Integrated workforce: joint approach to training and upskilling of
6. Good quality and sustainable provider market that can meet den
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care

Other

as to consider and give feedback on th
and appreciate local area feedback to

Walsall

he following statements and then deta

Response:
Strongly Agree
Agree
Strongly Agree

ve observed demonstrable success in p

SCIE Logic Model Enablers, Response category:
2. Strong, system-wide governance and systems leadership
9. Joint commissioning of health and social care

SCIE Logic Model Enablers, Response category:

3. Integrated electronic records and sharing across the system with service users

6. Good quality and sustainable provider market that can meet demand

Categories:

Needs, demographics, urban vs rural factors

Service users

Shared approach, shared decision making

Workforce

Standards

the impact of the BCF. Covid-19 had a significant impact on services and schemes delivered on the ground. We want to understand views and reflections of the progress and challenges faced during 2020-21

Please provide any further supporting information in the corresponding comment boxes.

Comments: Please detail any further supporting information for each response

In Walsall, we utilised BCF funding for integrated teams and services. This has been a great starting position for us to strengthen our joint working approach through our agreement to have a clear model working towards resilient communities, early intervention and prevention through our Walsall Together offer.

Our 2020/2021 plan was a roll-over from 2019/2020, however our BCF schemes continue to support the system in relation to integration and outcomes such as promoting independence.

A number of our BCF funded schemes have supported the system in responding to the pandemic. This was seen across our Intermediate Care Service by ensuring we discharged patients and used step down beds or worked with our domiciliary care market to start care packages. We also ensured our equipment service was able to respond quickly, and we saw

progressing and two Enablers which you have experienced a relatively greater degree of

Response - Please detail your greatest successes

During 2020, we reviewed our governance in relation to BCF and strengthened it by ensuring a strong oversight to drive development of the programme, in line with local changes we are seeing through the ICS. Operationally, to respond accordingly to pressures over 2020 staff were re-deployed to other areas which included BCF funded services such as our equipment store.

As we move towards the implementation of our Integrated Care System, we have developed several Care Partnership contracts. By doing so, we have improved our joint commissioning conversations and develop parts of the system which are currently BCF schemes. Our partnership working has been resilient to the pandemic, particularly in relation to low numbers of delays seen across our Medically F

Response - Please detail your greatest challenges

Whilst conversations are progressing , we are still exploring and working through the complex our teams. It is however a priority through our Walsall Together board. As an outstanding cha now developing our Walsall Together Digital Strategy and progressing this initiative with Wals June 2021.

Our provider market has struggled with staff retention and upskilling staff where required dur seen high vacancy rates and there has also been a requirement to diversify the workforce too challenges, commissioners have worked well with the market through regular forums and con and buleetins to offer support and to understand the local challenges.

ors)

g and co-production

he ground which may have

plit of operational and strategic rough developments of the ther areas of the system, some
s.75 agreements and Intgrated tions, and have agreement to een a success in our response it for Discharge List.

Checklist
Complete:
Yes
Yes
Yes
Yes
Yes

ities of shared records across
llenge for us locally, we are
all Together partners from

ing the pandemic. We have
. Whilst these have been
nmuncation via letters, emails

Yes
Yes

Better Care Fund 2020-21 Year-end Template

8. improved Better Care Fund

Selected Health and Wellbeing Board:

Walsall

These questions cover average fees paid by your local authority (including client contributions/

The averages will likely need to be calculated from records of payments paid to social care provic

We are interested ONLY in the average fees actually received by external care providers for you

- Any amounts that you usually include in reported fee rates but are not paid to care providers e.
- Any amounts that are paid from sources other than eligible local authority funding and client co

Respecting these exclusions, the average fees SHOULD INCLUDE:

- Client contributions /user charges.
- Fees paid under spot and block contracts, fees paid under a dynamic purchasing system, payme part of a Managed Personal Budget.
- Fees that did not change as a result of the additional IBCF allocation, as well as those that did. V

If you only have average fees at a more detailed breakdown level than the three service types of **calculate for each of the three service types an average weighted by the proportion of clients t**

1. Take the number of clients receiving the service for each detailed category.
2. Divide the number of clients receiving the service for each detailed category (e.g. age 65+ resic
3. Multiply the resultant proportions from Step 2 by the corresponding fee paid for each detailed
4. For each service type, sum the resultant detailed category figures from Step 3.

Please leave any missing data cells as blank e.g. do not attempt to enter '0' or 'N/A'.

	For information - your 2019-20 fee as reported in Q2 2019-20*
1. Please provide the average amount that you paid to external providers for home care, calculated on a consistent basis. (£ per contact hour, following the exclusions as in the instructions above)	£14.33

<p>2. Please provide the average amount that you paid for external provider care homes without nursing for clients aged 65+, calculated on a consistent basis. (£ per client per week, following the exclusions as in the instructions above)</p>	<p>£504.55</p>
<p>3. Please provide the average amount that you paid for external provider care homes with nursing for clients aged 65+, calculated on a consistent basis. (£ per client per week, following the exclusions in the instructions above)</p>	<p>£600.81</p>
<p>4. Please provide additional commentary if your 2019-20 fee is different from that reported at Q2 2019-20. Please do not use more than 250 characters.</p>	
<p>5. Please briefly list the covid-19 support measures that have most increased your average fees for 2020-21. Please do not use more than 250 characters.</p>	

Footnotes:

- * "." in the column C lookup means that no 2019-20 fee was reported by your council in Q2 20
- ** For column F, please calculate your fee rate as the expenditure during the year divided by t
pick up any support that you have provided in terms of occupancy guarantees.
(Occupancy guarantees should result in a higher rate per actual user.)

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(user charges) to external care providers for your local authority's eligible clients.

lers and the number of client weeks they relate to, unless you already have suitable manager

ur local authority's eligible supported clients (including client contributions/user charges). S

g. your local authority's own staff costs in managing the commissioning of places.

ontributions/user charges, i.e. you should EXCLUDE third party top-ups, NHS Funded Nursing C

nts for travel time in home care, any allowances for external provider staff training, fees dire

We are interested in the whole picture, not just fees that were specifically increased using add

home care, 65+ residential and 65+ nursing requested below (e.g. you have the more detailed

hat receive each detailed category:

idential without dementia, age 65+ residential with dementia) by the total number of clients r
category.

Average 2019-20 fee. If you have newer/better data than at Q2 2019-20, enter it below and explain why it differs in the comments. Otherwise enter the Q2 2019-20 value from the previous column	What was your anticipated average fee rate for 2020-21, if COVID-19 had not occurred?	What was your actual average fee rate per actual user for 2020-21? **
£14.33	£15.42	£15.93

£504.55	£544.00	£598.46
£600.81	£636.50	£758.25
<p>As a system we are focussed on ensuring care is commissioned to meet assessed needs, there agreed above usual rates.</p>		

19-20
 he number of actual client weeks during the year. This will

ment information.

Specifically the averages SHOULD EXCLUDE:

Care and full cost paying clients.

ctly commissioned by your local authority and fees commissioned by your local authority as
ditional iBCF funding.

d categories of 65+ residential without dementia, 65+ residential with dementia) **please**

ceiving the relevant service (e.g. age 65+ residential).

Implied uplift: anticipated 2020-21 rates compared to 2019-20 rates.	Implied uplift: actual 2020-21 rates compared to 2019-20 rates.
7.6%	11.2%

7.8%	18.6%
5.9%	26.2%
before care packages and bed rates at times have been	

82 characters remaining

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

CCG to Health and Well-Being Board Mapping for 2020-21

HWB Code	LA Name	CCG Code	CCG Name	% CCG in HWB	% HWB in CCG
E09000002	Barking and Dagenham	07L	NHS Barking and Dagenham CCG	90.4%	87.2%
E09000002	Barking and Dagenham	08C	NHS Hammersmith and Fulham CCG	0.1%	0.2%
E09000002	Barking and Dagenham	08F	NHS Havering CCG	6.8%	8.0%
E09000002	Barking and Dagenham	08M	NHS Newham CCG	0.4%	0.7%
E09000002	Barking and Dagenham	08N	NHS Redbridge CCG	2.7%	3.7%
E09000002	Barking and Dagenham	08W	NHS Waltham Forest CCG	0.1%	0.2%
E09000003	Barnet	06N	NHS Herts Valleys CCG	0.0%	0.1%
E09000003	Barnet	07P	NHS Brent CCG	2.1%	2.0%
E09000003	Barnet	08C	NHS Hammersmith and Fulham CCG	0.8%	0.5%
E09000003	Barnet	08E	NHS Harrow CCG	1.3%	0.8%
E09000003	Barnet	08Y	NHS West London CCG	0.2%	0.1%
E09000003	Barnet	09A	NHS Central London (Westminster) CCG	0.3%	0.2%
E09000003	Barnet	93C	NHS North Central London CCG	25.0%	96.3%
E08000016	Barnsley	02P	NHS Barnsley CCG	94.6%	98.1%
E08000016	Barnsley	02X	NHS Doncaster CCG	0.3%	0.4%
E08000016	Barnsley	03A	NHS Greater Huddersfield CCG	0.2%	0.2%
E08000016	Barnsley	03L	NHS Rotherham CCG	0.3%	0.3%
E08000016	Barnsley	03N	NHS Sheffield CCG	0.2%	0.5%
E08000016	Barnsley	03R	NHS Wakefield CCG	0.4%	0.6%
E06000022	Bath and North East Somerset	11X	NHS Somerset CCG	0.2%	0.5%
E06000022	Bath and North East Somerset	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	0.2%	1.1%
E06000022	Bath and North East Somerset	92G	NHS Bath and North East Somerset, Swindon and Wiltshire CCG	21.0%	98.4%
E06000055	Bedford	06F	NHS Bedfordshire CCG	37.7%	97.4%
E06000055	Bedford	06H	NHS Cambridgeshire and Peterborough CCG	0.4%	1.9%
E06000055	Bedford	78H	NHS Northamptonshire CCG	0.2%	0.6%
E09000004	Bexley	08C	NHS Hammersmith and Fulham CCG	0.0%	0.1%
E09000004	Bexley	72Q	NHS South East London CCG	12.5%	98.4%
E09000004	Bexley	91Q	NHS Kent and Medway CCG	0.2%	1.5%
E08000025	Birmingham	05C	NHS Dudley CCG	0.2%	0.0%
E08000025	Birmingham	05L	NHS Sandwell and West Birmingham CCG	38.7%	17.5%
E08000025	Birmingham	05Y	NHS Walsall CCG	0.5%	0.1%
E08000025	Birmingham	08C	NHS Hammersmith and Fulham CCG	0.6%	0.2%
E08000025	Birmingham	15E	NHS Birmingham and Solihull CCG	78.5%	81.8%
E08000025	Birmingham	18C	NHS Herefordshire and Worcestershire CCG	0.7%	0.4%
E06000008	Blackburn with Darwen	00Q	NHS Blackburn with Darwen CCG	88.9%	95.7%
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	0.8%	1.8%
E06000009	Blackpool	00R	NHS Blackpool CCG	86.0%	97.7%
E06000009	Blackpool	02M	NHS Fylde and Wyre CCG	2.0%	2.3%
E08000001	Bolton	00T	NHS Bolton CCG	97.3%	97.5%
E08000001	Bolton	00V	NHS Bury CCG	1.5%	1.0%
E08000001	Bolton	00X	NHS Chorley and South Ribble CCG	0.2%	0.1%
E08000001	Bolton	01G	NHS Salford CCG	0.6%	0.5%
E08000001	Bolton	02H	NHS Wigan Borough CCG	0.8%	0.9%
E06000058	Bournemouth, Christchurch and Poole	11A	NHS West Hampshire CCG	0.2%	0.3%
E06000058	Bournemouth, Christchurch and Poole	11J	NHS Dorset CCG	52.7%	99.7%
E06000036	Bracknell Forest	10C	NHS Surrey Heath CCG	0.2%	0.1%
E06000036	Bracknell Forest	15A	NHS Berkshire West CCG	0.5%	2.1%
E06000036	Bracknell Forest	15D	NHS East Berkshire CCG	26.0%	96.7%
E06000036	Bracknell Forest	99M	NHS North East Hampshire and Farnham CCG	0.6%	1.0%
E08000032	Bradford	02T	NHS Calderdale CCG	0.3%	0.1%
E08000032	Bradford	03J	NHS North Kirklees CCG	0.2%	0.0%
E08000032	Bradford	15F	NHS Leeds CCG	0.9%	1.4%
E08000032	Bradford	36J	NHS Bradford District and Craven CCG	90.5%	98.5%
E09000005	Brent	07P	NHS Brent CCG	89.1%	85.8%
E09000005	Brent	07W	NHS Ealing CCG	0.5%	0.6%
E09000005	Brent	08C	NHS Hammersmith and Fulham CCG	1.0%	0.7%
E09000005	Brent	08E	NHS Harrow CCG	6.0%	4.0%
E09000005	Brent	08Y	NHS West London CCG	4.1%	2.5%
E09000005	Brent	09A	NHS Central London (Westminster) CCG	1.4%	0.8%
E09000005	Brent	93C	NHS North Central London CCG	1.4%	5.6%
E06000043	Brighton and Hove	09D	NHS Brighton and Hove CCG	97.8%	99.7%
E06000043	Brighton and Hove	70F	NHS West Sussex CCG	0.0%	0.2%
E06000043	Brighton and Hove	97R	NHS East Sussex CCG	0.0%	0.1%
E06000023	Bristol, City of	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	49.6%	100.0%
E09000006	Bromley	08C	NHS Hammersmith and Fulham CCG	0.2%	0.2%
E09000006	Bromley	36L	NHS South West London CCG	0.3%	1.5%
E09000006	Bromley	72Q	NHS South East London CCG	17.2%	98.1%
E09000006	Bromley	91Q	NHS Kent and Medway CCG	0.0%	0.2%
E06000060	Buckinghamshire	04F	NHS Milton Keynes CCG	1.3%	0.7%
E06000060	Buckinghamshire	06F	NHS Bedfordshire CCG	0.5%	0.4%
E06000060	Buckinghamshire	06N	NHS Herts Valleys CCG	1.2%	1.4%
E06000060	Buckinghamshire	08G	NHS Hillingdon CCG	0.7%	0.4%
E06000060	Buckinghamshire	10Q	NHS Oxfordshire CCG	0.5%	0.7%
E06000060	Buckinghamshire	14Y	NHS Buckinghamshire CCG	94.5%	94.9%
E06000060	Buckinghamshire	15D	NHS East Berkshire CCG	1.4%	1.2%
E06000060	Buckinghamshire	78H	NHS Northamptonshire CCG	0.1%	0.2%
E08000002	Bury	00T	NHS Bolton CCG	0.7%	1.1%
E08000002	Bury	00V	NHS Bury CCG	94.0%	94.4%
E08000002	Bury	01A	NHS East Lancashire CCG	0.0%	0.1%
E08000002	Bury	01D	NHS Heywood, Middleton and Rochdale CCG	0.4%	0.5%
E08000002	Bury	01G	NHS Salford CCG	1.4%	1.9%
E08000002	Bury	14L	NHS Manchester CCG	0.6%	1.9%
E08000033	Calderdale	01D	NHS Heywood, Middleton and Rochdale CCG	0.1%	0.1%
E08000033	Calderdale	02T	NHS Calderdale CCG	98.4%	98.8%
E08000033	Calderdale	03A	NHS Greater Huddersfield CCG	0.3%	0.3%
E08000033	Calderdale	36J	NHS Bradford District and Craven CCG	0.2%	0.7%
E10000003	Cambridgeshire	06F	NHS Bedfordshire CCG	1.1%	0.7%
E10000003	Cambridgeshire	06H	NHS Cambridgeshire and Peterborough CCG	71.7%	96.8%
E10000003	Cambridgeshire	06K	NHS East of North Herts CCG	0.8%	0.7%

E1000003	Cambridgeshire	07H	NHS West Essex CCG	0.2%	0.1%
E1000003	Cambridgeshire	07K	NHS West Suffolk CCG	3.9%	1.4%
E1000003	Cambridgeshire	26A	NHS Norfolk and Waveney CCG	0.3%	0.4%
E0900007	Camden	07P	NHS Brent CCG	1.2%	1.7%
E0900007	Camden	08C	NHS Hammersmith and Fulham CCG	1.1%	1.2%
E0900007	Camden	08Y	NHS West London CCG	0.3%	0.3%
E0900007	Camden	09A	NHS Central London (Westminster) CCG	5.4%	4.7%
E0900007	Camden	93C	NHS North Central London CCG	15.4%	92.1%
E0600056	Central Bedfordshire	04F	NHS Milton Keynes CCG	0.1%	0.1%
E0600056	Central Bedfordshire	06F	NHS Bedfordshire CCG	56.7%	94.9%
E0600056	Central Bedfordshire	06K	NHS East and North Hertfordshire CCG	0.3%	0.7%
E0600056	Central Bedfordshire	06N	NHS Herts Valleys CCG	0.4%	0.9%
E0600056	Central Bedfordshire	06P	NHS Luton CCG	2.1%	1.7%
E0600056	Central Bedfordshire	14Y	NHS Buckinghamshire CCG	0.8%	1.6%
E0600049	Cheshire East	01W	NHS Stockport CCG	1.6%	1.2%
E0600049	Cheshire East	02A	NHS Trafford CCG	0.2%	0.1%
E0600049	Cheshire East	02E	NHS Warrington CCG	0.7%	0.4%
E0600049	Cheshire East	05G	NHS North Staffordshire CCG	1.2%	0.6%
E0600049	Cheshire East	15M	NHS Derby and Derbyshire CCG	0.1%	0.2%
E0600049	Cheshire East	27D	NHS Cheshire CCG	51.6%	97.4%
E0600050	Cheshire West and Chester	01F	NHS Halton CCG	0.2%	0.0%
E0600050	Cheshire West and Chester	02E	NHS Warrington CCG	0.4%	0.3%
E0600050	Cheshire West and Chester	12F	NHS Wirral CCG	0.3%	0.3%
E0600050	Cheshire West and Chester	27D	NHS Cheshire CCG	47.3%	99.5%
E0900001	City of London	07T	NHS City and Hackney CCG	1.8%	66.3%
E0900001	City of London	08C	NHS Hammersmith and Fulham CCG	0.1%	4.3%
E0900001	City of London	08V	NHS Tower Hamlets CCG	0.3%	12.8%
E0900001	City of London	08Y	NHS West London CCG	0.0%	0.2%
E0900001	City of London	09A	NHS Central London (Westminster) CCG	0.1%	3.4%
E0900001	City of London	72Q	NHS South East London CCG	0.0%	0.3%
E0900001	City of London	93C	NHS North Central London CCG	0.0%	12.7%
E0600052	Cornwall & Scilly	11N	NHS Kernow CCG	99.7%	99.4%
E0600052	Cornwall & Scilly	15N	NHS Devon CCG	0.3%	0.6%
E0600047	County Durham	00P	NHS Sunderland CCG	1.1%	0.6%
E0600047	County Durham	13T	NHS Newcastle Gateshead CCG	0.7%	0.7%
E0600047	County Durham	16C	NHS Tees Valley CCG	0.1%	0.1%
E0600047	County Durham	84H	NHS County Durham CCG	96.8%	98.6%
E0800026	Coventry	05A	NHS Coventry and Rugby CCG	74.6%	99.8%
E0800026	Coventry	05H	NHS Warwickshire North CCG	0.4%	0.2%
E0800026	Coventry	05R	NHS South Warwickshire CCG	0.1%	0.0%
E0900008	Croydon	08C	NHS Hammersmith and Fulham CCG	0.3%	0.2%
E0900008	Croydon	36L	NHS South West London CCG	23.9%	93.7%
E0900008	Croydon	72Q	NHS South East London CCG	1.0%	4.7%
E0900008	Croydon	92A	NHS Surrey Heartlands CCG	0.6%	1.4%
E1000006	Cumbria	01H	NHS North Cumbria CCG	99.9%	63.5%
E1000006	Cumbria	01K	NHS Morecambe Bay CCG	53.2%	36.5%
E0600005	Darlington	16C	NHS Tees Valley CCG	15.2%	96.6%
E0600005	Darlington	42D	NHS North Yorkshire CCG	0.0%	0.1%
E0600005	Darlington	84H	NHS County Durham CCG	0.7%	3.3%
E0600015	Derby	15M	NHS Derby and Derbyshire CCG	26.6%	100.0%
E1000007	Derbyshire	01W	NHS Stockport CCG	0.1%	0.0%
E1000007	Derbyshire	01Y	NHS Tameside and Glossop CCG	13.9%	4.3%
E1000007	Derbyshire	02Q	NHS Bassetlaw CCG	0.2%	0.0%
E1000007	Derbyshire	03N	NHS Sheffield CCG	0.5%	0.3%
E1000007	Derbyshire	04V	NHS West Leicestershire CCG	0.6%	0.3%
E1000007	Derbyshire	05D	NHS East Staffordshire CCG	7.9%	1.4%
E1000007	Derbyshire	15M	NHS Derby and Derbyshire CCG	70.9%	92.5%
E1000007	Derbyshire	52R	NHS Nottingham and Nottinghamshire CCG	0.9%	1.2%
E1000008	Devon	11J	NHS Dorset CCG	0.3%	0.3%
E1000008	Devon	11N	NHS Kernow CCG	0.3%	0.2%
E1000008	Devon	11X	NHS Somerset CCG	0.4%	0.3%
E1000008	Devon	15N	NHS Devon CCG	66.0%	99.2%
E0800017	Doncaster	02P	NHS Barnsley CCG	0.3%	0.3%
E0800017	Doncaster	02Q	NHS Bassetlaw CCG	1.7%	0.6%
E0800017	Doncaster	02X	NHS Doncaster CCG	97.0%	97.7%
E0800017	Doncaster	03L	NHS Rotherham CCG	1.5%	1.2%
E0800017	Doncaster	03R	NHS Wakefield CCG	0.1%	0.2%
E0600059	Dorset	11A	NHS West Hampshire CCG	1.7%	2.5%
E0600059	Dorset	11J	NHS Dorset CCG	45.9%	95.7%
E0600059	Dorset	11X	NHS Somerset CCG	0.6%	0.9%
E0600059	Dorset	92G	NHS Bath and North East Somerset, Swindon and Wiltshire CCG	0.4%	0.9%
E0800027	Dudley	05C	NHS Dudley CCG	91.9%	90.6%
E0800027	Dudley	05L	NHS Sandwell and West Birmingham CCG	4.0%	7.0%
E0800027	Dudley	06A	NHS Wolverhampton CCG	1.7%	1.5%
E0800027	Dudley	15E	NHS Birmingham and Solihull CCG	0.1%	0.6%
E0800027	Dudley	18C	NHS Herefordshire and Worcestershire CCG	0.1%	0.3%
E0900009	Ealing	07P	NHS Brent CCG	2.1%	1.9%
E0900009	Ealing	07W	NHS Ealing CCG	87.0%	89.7%
E0900009	Ealing	07Y	NHS Hounslow CCG	4.4%	3.3%
E0900009	Ealing	08C	NHS Hammersmith and Fulham CCG	5.1%	3.5%
E0900009	Ealing	08E	NHS Harrow CCG	0.4%	0.3%
E0900009	Ealing	08G	NHS Hillingdon CCG	0.7%	0.5%
E0900009	Ealing	08Y	NHS West London CCG	0.8%	0.5%
E0900009	Ealing	09A	NHS Central London (Westminster) CCG	0.4%	0.2%
E0900009	Ealing	93C	NHS North Central London CCG	0.0%	0.1%
E0600011	East Riding of Yorkshire	02Y	NHS East Riding of Yorkshire CCG	97.2%	85.1%
E0600011	East Riding of Yorkshire	03F	NHS Hull CCG	8.7%	7.5%
E0600011	East Riding of Yorkshire	03Q	NHS Vale of York CCG	6.8%	7.1%
E0600011	East Riding of Yorkshire	42D	NHS North Yorkshire CCG	0.2%	0.2%
E1000011	East Sussex	09D	NHS Brighton and Hove CCG	1.1%	0.6%
E1000011	East Sussex	70F	NHS West Sussex CCG	0.7%	1.2%
E1000011	East Sussex	91Q	NHS Kent and Medway CCG	0.2%	0.7%
E1000011	East Sussex	97R	NHS East Sussex CCG	99.4%	97.5%
E0900010	Enfield	06K	NHS East and North Hertfordshire CCG	0.3%	0.6%
E0900010	Enfield	06N	NHS Herts Valleys CCG	0.1%	0.2%
E0900010	Enfield	07T	NHS City and Hackney CCG	0.1%	0.1%
E0900010	Enfield	08C	NHS Hammersmith and Fulham CCG	0.2%	0.2%

E09000010	Enfield	93C	NHS North Central London CCG	21.6%	98.9%
E10000012	Essex	06H	NHS Cambridgeshire and Peterborough CCG	0.1%	0.0%
E10000012	Essex	06K	NHS East and North Hertfordshire CCG	1.5%	0.6%
E10000012	Essex	06L	NHS Ipswich and East Suffolk CCG	0.2%	0.0%
E10000012	Essex	06Q	NHS Mid Essex CCG	100.0%	25.5%
E10000012	Essex	06T	NHS North East Essex CCG	98.6%	22.7%
E10000012	Essex	07G	NHS Thurrock CCG	1.5%	0.2%
E10000012	Essex	07H	NHS West Essex CCG	97.2%	19.9%
E10000012	Essex	07K	NHS West Suffolk CCG	3.0%	0.5%
E10000012	Essex	07L	NHS Barking and Dagenham CCG	0.2%	0.0%
E10000012	Essex	08C	NHS Hammersmith and Fulham CCG	0.1%	0.0%
E10000012	Essex	08F	NHS Havering CCG	0.4%	0.0%
E10000012	Essex	08N	NHS Redbridge CCG	2.9%	0.6%
E10000012	Essex	08W	NHS Waltham Forest CCG	0.5%	0.1%
E10000012	Essex	99E	NHS Basildon and Brentwood CCG	99.8%	18.1%
E10000012	Essex	99F	NHS Castle Point and Rochford CCG	95.3%	11.4%
E10000012	Essex	99G	NHS Southend CCG	3.4%	0.4%
E08000037	Gateshead	00L	NHS Northumberland CCG	0.5%	0.8%
E08000037	Gateshead	00N	NHS South Tyneside CCG	0.3%	0.2%
E08000037	Gateshead	00P	NHS Sunderland CCG	0.0%	0.1%
E08000037	Gateshead	13T	NHS Newcastle Gateshead CCG	38.1%	97.7%
E08000037	Gateshead	84H	NHS County Durham CCG	0.5%	1.2%
E10000013	Gloucestershire	05R	NHS South Warwickshire CCG	0.6%	0.3%
E10000013	Gloucestershire	10Q	NHS Oxfordshire CCG	0.2%	0.2%
E10000013	Gloucestershire	11M	NHS Gloucestershire CCG	97.5%	98.6%
E10000013	Gloucestershire	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	0.1%	0.1%
E10000013	Gloucestershire	18C	NHS Herefordshire and Worcestershire CCG	0.5%	0.6%
E10000013	Gloucestershire	92G	NHS Bath and North East Somerset, Swindon and Wiltshire CCG	0.1%	0.2%
E09000011	Greenwich	08C	NHS Hammersmith and Fulham CCG	0.8%	0.8%
E09000011	Greenwich	09A	NHS Central London (Westminster) CCG	0.1%	0.0%
E09000011	Greenwich	72Q	NHS South East London CCG	15.2%	99.2%
E09000011	Greenwich	93C	NHS North Central London CCG	0.0%	0.1%
E09000012	Hackney	07T	NHS City and Hackney CCG	90.1%	92.2%
E09000012	Hackney	08C	NHS Hammersmith and Fulham CCG	1.4%	1.3%
E09000012	Hackney	08V	NHS Tower Hamlets CCG	0.7%	0.7%
E09000012	Hackney	08W	NHS Waltham Forest CCG	0.1%	0.1%
E09000012	Hackney	09A	NHS Central London (Westminster) CCG	0.3%	0.2%
E09000012	Hackney	93C	NHS North Central London CCG	1.0%	5.5%
E06000006	Halton	01F	NHS Halton CCG	98.2%	96.5%
E06000006	Halton	01J	NHS Knowsley CCG	0.2%	0.3%
E06000006	Halton	02E	NHS Warrington CCG	0.7%	1.2%
E06000006	Halton	27D	NHS Cheshire CCG	0.2%	1.0%
E06000006	Halton	99A	NHS Liverpool CCG	0.3%	1.1%
E09000013	Hammersmith and Fulham	07P	NHS Brent CCG	0.3%	0.5%
E09000013	Hammersmith and Fulham	07W	NHS Ealing CCG	0.5%	1.0%
E09000013	Hammersmith and Fulham	07Y	NHS Hounslow CCG	0.5%	0.6%
E09000013	Hammersmith and Fulham	08C	NHS Hammersmith and Fulham CCG	67.9%	87.0%
E09000013	Hammersmith and Fulham	08Y	NHS West London CCG	7.0%	7.6%
E09000013	Hammersmith and Fulham	09A	NHS Central London (Westminster) CCG	2.5%	2.6%
E09000013	Hammersmith and Fulham	36L	NHS South West London CCG	0.0%	0.4%
E09000013	Hammersmith and Fulham	72Q	NHS South East London CCG	0.0%	0.1%
E09000013	Hammersmith and Fulham	93C	NHS North Central London CCG	0.0%	0.2%
E10000014	Hampshire	10C	NHS Surrey Heath CCG	0.9%	0.0%
E10000014	Hampshire	10J	NHS North Hampshire CCG	99.3%	16.0%
E10000014	Hampshire	10K	NHS Fareham and Gosport CCG	98.4%	14.1%
E10000014	Hampshire	10R	NHS Portsmouth CCG	4.5%	0.7%
E10000014	Hampshire	10V	NHS South Eastern Hampshire CCG	95.7%	14.6%
E10000014	Hampshire	10X	NHS Southampton CCG	4.9%	1.0%
E10000014	Hampshire	11A	NHS West Hampshire CCG	97.7%	39.2%
E10000014	Hampshire	11J	NHS Dorset CCG	0.5%	0.3%
E10000014	Hampshire	15A	NHS Berkshire West CCG	1.6%	0.6%
E10000014	Hampshire	15D	NHS East Berkshire CCG	0.2%	0.0%
E10000014	Hampshire	70F	NHS West Sussex CCG	0.2%	0.1%
E10000014	Hampshire	92A	NHS Surrey Heartlands CCG	0.6%	0.5%
E10000014	Hampshire	92G	NHS Bath and North East Somerset, Swindon and Wiltshire CCG	0.6%	0.4%
E10000014	Hampshire	99M	NHS North East Hampshire and Farnham CCG	76.6%	12.4%
E09000014	Haringey	07T	NHS City and Hackney CCG	3.0%	3.1%
E09000014	Haringey	08C	NHS Hammersmith and Fulham CCG	0.9%	0.9%
E09000014	Haringey	09A	NHS Central London (Westminster) CCG	0.2%	0.2%
E09000014	Haringey	93C	NHS North Central London CCG	18.3%	95.9%
E09000015	Harrow	06N	NHS Herts Valleys CCG	0.2%	0.5%
E09000015	Harrow	07P	NHS Brent CCG	3.8%	5.1%
E09000015	Harrow	07W	NHS Ealing CCG	1.3%	2.0%
E09000015	Harrow	08C	NHS Hammersmith and Fulham CCG	0.2%	0.2%
E09000015	Harrow	08E	NHS Harrow CCG	89.6%	83.9%
E09000015	Harrow	08G	NHS Hillingdon CCG	1.8%	1.9%
E09000015	Harrow	08Y	NHS West London CCG	0.1%	0.1%
E09000015	Harrow	93C	NHS North Central London CCG	1.1%	6.2%
E06000001	Hartlepool	16C	NHS Tees Valley CCG	13.6%	99.2%
E06000001	Hartlepool	84H	NHS County Durham CCG	0.1%	0.8%
E09000016	Havering	07G	NHS Thurrock CCG	0.1%	0.0%
E09000016	Havering	07L	NHS Barking and Dagenham CCG	3.7%	3.1%
E09000016	Havering	08C	NHS Hammersmith and Fulham CCG	0.1%	0.1%
E09000016	Havering	08F	NHS Havering CCG	91.6%	95.6%
E09000016	Havering	08M	NHS Newham CCG	0.1%	0.2%
E09000016	Havering	08N	NHS Redbridge CCG	0.7%	0.8%
E09000016	Havering	08W	NHS Waltham Forest CCG	0.1%	0.1%
E06000019	Herefordshire, County of	05N	NHS Shropshire CCG	0.3%	0.5%
E06000019	Herefordshire, County of	11M	NHS Gloucestershire CCG	0.3%	1.0%
E06000019	Herefordshire, County of	18C	NHS Herefordshire and Worcestershire CCG	23.2%	98.6%
E10000015	Hertfordshire	06F	NHS Bedfordshire CCG	0.1%	0.0%
E10000015	Hertfordshire	06H	NHS Cambridgeshire and Peterborough CCG	2.1%	1.6%
E10000015	Hertfordshire	06K	NHS East and North Hertfordshire CCG	97.0%	46.5%
E10000015	Hertfordshire	06N	NHS Herts Valleys CCG	98.0%	50.8%
E10000015	Hertfordshire	06P	NHS Luton CCG	0.4%	0.0%
E10000015	Hertfordshire	07H	NHS West Essex CCG	0.9%	0.2%
E10000015	Hertfordshire	08C	NHS Hammersmith and Fulham CCG	0.2%	0.0%

E10000015	Hertfordshire	08E	NHS Harrow CCG	0.5%	0.1%
E10000015	Hertfordshire	08G	NHS Hillingdon CCG	2.2%	0.6%
E10000015	Hertfordshire	14Y	NHS Buckinghamshire CCG	0.2%	0.0%
E10000015	Hertfordshire	93C	NHS North Central London CCG	0.2%	0.2%
E09000017	Hillingdon	07P	NHS Brent CCG	0.1%	0.1%
E09000017	Hillingdon	07W	NHS Ealing CCG	5.3%	7.0%
E09000017	Hillingdon	07Y	NHS Hounslow CCG	1.2%	1.2%
E09000017	Hillingdon	08C	NHS Hammersmith and Fulham CCG	0.5%	0.4%
E09000017	Hillingdon	08E	NHS Harrow CCG	2.1%	1.7%
E09000017	Hillingdon	08G	NHS Hillingdon CCG	94.4%	89.5%
E09000017	Hillingdon	08Y	NHS West London CCG	0.1%	0.0%
E09000017	Hillingdon	14Y	NHS Buckinghamshire CCG	0.0%	0.1%
E09000018	Hounslow	07W	NHS Ealing CCG	5.3%	7.2%
E09000018	Hounslow	07Y	NHS Hounslow CCG	88.5%	87.1%
E09000018	Hounslow	08C	NHS Hammersmith and Fulham CCG	1.2%	1.1%
E09000018	Hounslow	08G	NHS Hillingdon CCG	0.2%	0.2%
E09000018	Hounslow	08Y	NHS West London CCG	0.2%	0.2%
E09000018	Hounslow	09A	NHS Central London (Westminster) CCG	0.1%	0.0%
E09000018	Hounslow	36L	NHS South West London CCG	0.7%	3.8%
E09000018	Hounslow	92A	NHS Surrey Heartlands CCG	0.1%	0.4%
E06000046	Isle of Wight	10L	NHS Isle of Wight CCG	100.0%	100.0%
E09000019	Islington	07T	NHS City and Hackney CCG	3.3%	4.0%
E09000019	Islington	08C	NHS Hammersmith and Fulham CCG	1.5%	1.8%
E09000019	Islington	09A	NHS Central London (Westminster) CCG	0.6%	0.6%
E09000019	Islington	93C	NHS North Central London CCG	15.0%	93.7%
E09000020	Kensington and Chelsea	07P	NHS Brent CCG	0.0%	0.2%
E09000020	Kensington and Chelsea	08C	NHS Hammersmith and Fulham CCG	1.4%	2.3%
E09000020	Kensington and Chelsea	08Y	NHS West London CCG	63.8%	91.6%
E09000020	Kensington and Chelsea	09A	NHS Central London (Westminster) CCG	4.0%	5.4%
E09000020	Kensington and Chelsea	36L	NHS South West London CCG	0.0%	0.1%
E09000020	Kensington and Chelsea	93C	NHS North Central London CCG	0.0%	0.4%
E10000016	Kent	08C	NHS Hammersmith and Fulham CCG	0.1%	0.0%
E10000016	Kent	72Q	NHS South East London CCG	0.4%	0.5%
E10000016	Kent	91Q	NHS Kent and Medway CCG	84.6%	99.4%
E10000016	Kent	97R	NHS East Sussex CCG	0.3%	0.1%
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	91.3%	98.6%
E09000021	Kingston upon Thames	08C	NHS Hammersmith and Fulham CCG	0.1%	0.2%
E09000021	Kingston upon Thames	36L	NHS South West London CCG	11.3%	98.8%
E09000021	Kingston upon Thames	92A	NHS Surrey Heartlands CCG	0.2%	1.1%
E08000034	Kirklees	02P	NHS Barnsley CCG	0.1%	0.0%
E08000034	Kirklees	02T	NHS Calderdale CCG	1.3%	0.7%
E08000034	Kirklees	03A	NHS Greater Huddersfield CCG	99.5%	54.6%
E08000034	Kirklees	03J	NHS North Kirklees CCG	98.9%	42.3%
E08000034	Kirklees	03R	NHS Wakefield CCG	1.6%	1.4%
E08000034	Kirklees	15F	NHS Leeds CCG	0.1%	0.3%
E08000034	Kirklees	36J	NHS Bradford District and Craven CCG	0.5%	0.7%
E08000011	Knowsley	01F	NHS Halton CCG	1.0%	0.8%
E08000011	Knowsley	01J	NHS Knowsley CCG	87.0%	88.1%
E08000011	Knowsley	01T	NHS South Sefton CCG	0.2%	0.2%
E08000011	Knowsley	01X	NHS St Helens CCG	2.3%	2.7%
E08000011	Knowsley	99A	NHS Liverpool CCG	2.4%	8.1%
E09000022	Lambeth	08C	NHS Hammersmith and Fulham CCG	1.6%	1.3%
E09000022	Lambeth	08Y	NHS West London CCG	0.1%	0.0%
E09000022	Lambeth	09A	NHS Central London (Westminster) CCG	1.5%	0.9%
E09000022	Lambeth	36L	NHS South West London CCG	1.2%	4.9%
E09000022	Lambeth	72Q	NHS South East London CCG	18.3%	92.6%
E09000022	Lambeth	93C	NHS North Central London CCG	0.0%	0.3%
E10000017	Lancashire	00Q	NHS Blackburn with Darwen CCG	11.1%	1.5%
E10000017	Lancashire	00R	NHS Blackpool CCG	14.0%	1.9%
E10000017	Lancashire	00T	NHS Bolton CCG	0.3%	0.0%
E10000017	Lancashire	00V	NHS Bury CCG	1.4%	0.2%
E10000017	Lancashire	00X	NHS Chorley and South Ribble CCG	99.8%	14.5%
E10000017	Lancashire	01A	NHS East Lancashire CCG	99.0%	29.9%
E10000017	Lancashire	01D	NHS Heywood, Middleton and Rochdale CCG	0.8%	0.2%
E10000017	Lancashire	01E	NHS Greater Preston CCG	100.0%	16.7%
E10000017	Lancashire	01J	NHS Knowsley CCG	0.1%	0.0%
E10000017	Lancashire	01K	NHS Morecambe Bay CCG	45.0%	12.3%
E10000017	Lancashire	01T	NHS South Sefton CCG	0.5%	0.0%
E10000017	Lancashire	01V	NHS Southport and Formby CCG	3.3%	0.3%
E10000017	Lancashire	01X	NHS St Helens CCG	0.4%	0.0%
E10000017	Lancashire	02G	NHS West Lancashire CCG	97.0%	8.6%
E10000017	Lancashire	02H	NHS Wigan Borough CCG	0.7%	0.2%
E10000017	Lancashire	02M	NHS Fylde and Wyre CCG	98.0%	13.7%
E08000035	Leeds	03J	NHS North Kirklees CCG	0.3%	0.0%
E08000035	Leeds	03Q	NHS Vale of York CCG	0.5%	0.2%
E08000035	Leeds	03R	NHS Wakefield CCG	1.4%	0.6%
E08000035	Leeds	15F	NHS Leeds CCG	97.6%	98.7%
E08000035	Leeds	36J	NHS Bradford District and Craven CCG	0.6%	0.5%
E06000016	Leicester	03W	NHS East Leicestershire and Rutland CCG	1.6%	1.3%
E06000016	Leicester	04C	NHS Leicester City CCG	93.0%	96.0%
E06000016	Leicester	04V	NHS West Leicestershire CCG	2.8%	2.7%
E10000018	Leicestershire	03W	NHS East Leicestershire and Rutland CCG	85.9%	39.8%
E10000018	Leicestershire	04C	NHS Leicester City CCG	7.0%	4.1%
E10000018	Leicestershire	04V	NHS West Leicestershire CCG	96.2%	53.1%
E10000018	Leicestershire	05H	NHS Warwickshire North CCG	1.6%	0.4%
E10000018	Leicestershire	15M	NHS Derby and Derbyshire CCG	0.4%	0.6%
E10000018	Leicestershire	52R	NHS Nottingham and Nottinghamshire CCG	0.6%	1.0%
E10000018	Leicestershire	71E	NHS Lincolnshire CCG	0.9%	1.0%
E09000023	Lewisham	08C	NHS Hammersmith and Fulham CCG	0.9%	0.8%
E09000023	Lewisham	09A	NHS Central London (Westminster) CCG	0.2%	0.2%
E09000023	Lewisham	36L	NHS South West London CCG	0.0%	0.2%
E09000023	Lewisham	72Q	NHS South East London CCG	16.6%	98.7%
E09000023	Lewisham	93C	NHS North Central London CCG	0.0%	0.1%
E10000019	Lincolnshire	03H	NHS North East Lincolnshire CCG	2.7%	0.6%
E10000019	Lincolnshire	03K	NHS North Lincolnshire CCG	5.0%	1.1%
E10000019	Lincolnshire	03W	NHS East Leicestershire and Rutland CCG	0.3%	0.1%

E10000019	Lincolnshire	06H	NHS Cambridgeshire and Peterborough CCG	0.2%	0.3%
E10000019	Lincolnshire	52R	NHS Nottingham and Nottinghamshire CCG	0.3%	0.4%
E10000019	Lincolnshire	71E	NHS Lincolnshire CCG	96.4%	97.5%
E08000012	Liverpool	01J	NHS Knowsley CCG	8.3%	2.6%
E08000012	Liverpool	01T	NHS South Sefton CCG	3.5%	1.0%
E08000012	Liverpool	99A	NHS Liverpool CCG	94.4%	96.4%
E06000032	Luton	06F	NHS Bedfordshire CCG	2.3%	4.7%
E06000032	Luton	06P	NHS Luton CCG	97.5%	95.3%
E08000003	Manchester	00V	NHS Bury CCG	0.4%	0.1%
E08000003	Manchester	00Y	NHS Oldham CCG	0.8%	0.3%
E08000003	Manchester	01D	NHS Heywood, Middleton and Rochdale CCG	0.5%	0.2%
E08000003	Manchester	01G	NHS Salford CCG	2.5%	1.1%
E08000003	Manchester	01W	NHS Stockport CCG	1.7%	0.9%
E08000003	Manchester	01Y	NHS Tameside and Glossop CCG	0.4%	0.2%
E08000003	Manchester	02A	NHS Trafford CCG	3.8%	1.4%
E08000003	Manchester	14L	NHS Manchester CCG	91.1%	95.8%
E06000035	Medway	91Q	NHS Kent and Medway CCG	15.0%	100.0%
E09000024	Merton	08C	NHS Hammersmith and Fulham CCG	0.4%	0.5%
E09000024	Merton	36L	NHS South West London CCG	14.5%	97.5%
E09000024	Merton	72Q	NHS South East London CCG	0.3%	2.0%
E06000002	Middlesbrough	16C	NHS Tees Valley CCG	22.4%	99.8%
E06000002	Middlesbrough	42D	NHS North Yorkshire CCG	0.0%	0.2%
E06000042	Milton Keynes	04F	NHS Milton Keynes CCG	95.5%	96.2%
E06000042	Milton Keynes	06F	NHS Bedfordshire CCG	1.5%	2.5%
E06000042	Milton Keynes	78H	NHS Northamptonshire CCG	0.5%	1.3%
E08000021	Newcastle upon Tyne	00L	NHS Northumberland CCG	0.9%	0.8%
E08000021	Newcastle upon Tyne	13T	NHS Newcastle Gateshead CCG	59.5%	95.2%
E08000021	Newcastle upon Tyne	99C	NHS North Tyneside CCG	5.9%	3.9%
E09000025	Newham	07L	NHS Barking and Dagenham CCG	0.6%	0.3%
E09000025	Newham	07T	NHS City and Hackney CCG	0.1%	0.1%
E09000025	Newham	08C	NHS Hammersmith and Fulham CCG	1.3%	0.9%
E09000025	Newham	08M	NHS Newham CCG	96.6%	96.1%
E09000025	Newham	08N	NHS Redbridge CCG	0.3%	0.2%
E09000025	Newham	08V	NHS Tower Hamlets CCG	0.3%	0.3%
E09000025	Newham	08W	NHS Waltham Forest CCG	1.7%	1.3%
E09000025	Newham	09A	NHS Central London (Westminster) CCG	0.7%	0.4%
E09000025	Newham	72Q	NHS South East London CCG	0.0%	0.1%
E09000025	Newham	93C	NHS North Central London CCG	0.0%	0.2%
E10000020	Norfolk	06H	NHS Cambridgeshire and Peterborough CCG	0.6%	0.7%
E10000020	Norfolk	06L	NHS Ipswich and East Suffolk CCG	0.2%	0.1%
E10000020	Norfolk	07K	NHS West Suffolk CCG	2.5%	0.7%
E10000020	Norfolk	26A	NHS Norfolk and Waveney CCG	87.7%	98.6%
E06000012	North East Lincolnshire	03H	NHS North East Lincolnshire CCG	95.9%	98.5%
E06000012	North East Lincolnshire	03K	NHS North Lincolnshire CCG	0.2%	0.2%
E06000012	North East Lincolnshire	71E	NHS Lincolnshire CCG	0.3%	1.3%
E06000013	North Lincolnshire	02Q	NHS Bassetlaw CCG	0.2%	0.2%
E06000013	North Lincolnshire	02X	NHS Doncaster CCG	0.0%	0.2%
E06000013	North Lincolnshire	02Y	NHS East Riding of Yorkshire CCG	0.0%	0.2%
E06000013	North Lincolnshire	03H	NHS North East Lincolnshire CCG	1.4%	1.4%
E06000013	North Lincolnshire	03K	NHS North Lincolnshire CCG	94.8%	96.8%
E06000013	North Lincolnshire	71E	NHS Lincolnshire CCG	0.3%	1.4%
E06000024	North Somerset	11X	NHS Somerset CCG	0.0%	0.2%
E06000024	North Somerset	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	21.5%	98.3%
E06000024	North Somerset	92G	NHS Bath and North East Somerset, Swindon and Wiltshire CCG	0.4%	1.5%
E08000022	North Tyneside	00L	NHS Northumberland CCG	0.7%	1.1%
E08000022	North Tyneside	13T	NHS Newcastle Gateshead CCG	1.0%	2.5%
E08000022	North Tyneside	99C	NHS North Tyneside CCG	93.3%	96.5%
E10000023	North Yorkshire	01A	NHS East Lancashire CCG	0.1%	0.0%
E10000023	North Yorkshire	01K	NHS Morecambe Bay CCG	1.8%	1.0%
E10000023	North Yorkshire	02X	NHS Doncaster CCG	0.2%	0.1%
E10000023	North Yorkshire	02Y	NHS East Riding of Yorkshire CCG	1.5%	0.7%
E10000023	North Yorkshire	03Q	NHS Vale of York CCG	32.8%	19.0%
E10000023	North Yorkshire	03R	NHS Wakefield CCG	1.9%	1.2%
E10000023	North Yorkshire	15F	NHS Leeds CCG	0.9%	1.3%
E10000023	North Yorkshire	16C	NHS Tees Valley CCG	0.3%	0.4%
E10000023	North Yorkshire	36J	NHS Bradford District and Craven CCG	8.1%	8.3%
E10000023	North Yorkshire	42D	NHS North Yorkshire CCG	99.4%	67.9%
E10000023	North Yorkshire	84H	NHS County Durham CCG	0.1%	0.1%
E10000021	Northamptonshire	03W	NHS East Leicestershire and Rutland CCG	2.0%	0.8%
E10000021	Northamptonshire	04F	NHS Milton Keynes CCG	3.1%	1.1%
E10000021	Northamptonshire	05A	NHS Coventry and Rugby CCG	0.3%	0.2%
E10000021	Northamptonshire	06F	NHS Bedfordshire CCG	0.1%	0.0%
E10000021	Northamptonshire	06H	NHS Cambridgeshire and Peterborough CCG	1.5%	1.9%
E10000021	Northamptonshire	10Q	NHS Oxfordshire CCG	1.0%	1.0%
E10000021	Northamptonshire	71E	NHS Lincolnshire CCG	0.2%	0.2%
E10000021	Northamptonshire	78H	NHS Northamptonshire CCG	99.0%	94.8%
E06000057	Northumberland	00L	NHS Northumberland CCG	97.9%	98.7%
E06000057	Northumberland	01H	NHS North Cumbria CCG	0.1%	0.1%
E06000057	Northumberland	13T	NHS Newcastle Gateshead CCG	0.3%	0.4%
E06000057	Northumberland	84H	NHS County Durham CCG	0.0%	0.2%
E06000057	Northumberland	99C	NHS North Tyneside CCG	0.8%	0.6%
E06000018	Nottingham	52R	NHS Nottingham and Nottinghamshire CCG	33.5%	100.0%
E10000024	Nottinghamshire	02Q	NHS Bassetlaw CCG	96.9%	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	15M	NHS Derby and Derbyshire CCG	1.4%	1.7%
E10000024	Nottinghamshire	52R	NHS Nottingham and Nottinghamshire CCG	64.7%	83.8%
E10000024	Nottinghamshire	71E	NHS Lincolnshire CCG	0.2%	0.2%
E08000004	Oldham	00Y	NHS Oldham CCG	94.6%	96.3%
E08000004	Oldham	01D	NHS Heywood, Middleton and Rochdale CCG	1.5%	1.4%
E08000004	Oldham	01Y	NHS Tameside and Glossop CCG	0.2%	0.2%
E08000004	Oldham	14L	NHS Manchester CCG	0.8%	2.1%
E10000025	Oxfordshire	05R	NHS South Warwickshire CCG	0.7%	0.3%
E10000025	Oxfordshire	10Q	NHS Oxfordshire CCG	97.4%	96.6%
E10000025	Oxfordshire	11M	NHS Gloucestershire CCG	0.2%	0.2%
E10000025	Oxfordshire	14Y	NHS Buckinghamshire CCG	2.5%	1.8%
E10000025	Oxfordshire	15A	NHS Bedfordshire West CCG	0.4%	0.3%

E10000025	Oxfordshire	78H	NHS Northamptonshire CCG	0.1%	0.1%
E10000025	Oxfordshire	92G	NHS Bath and North East Somerset, Swindon and Wiltshire CCG	0.7%	0.8%
E06000031	Peterborough	06H	NHS Cambridgeshire and Peterborough CCG	23.2%	96.4%
E06000031	Peterborough	71E	NHS Lincolnshire CCG	1.1%	3.6%
E06000026	Plymouth	15N	NHS Devon CCG	21.9%	100.0%
E06000044	Portsmouth	10K	NHS Fareham and Gosport CCG	1.6%	1.4%
E06000044	Portsmouth	10R	NHS Portsmouth CCG	95.5%	98.3%
E06000044	Portsmouth	10V	NHS South Eastern Hampshire CCG	0.2%	0.2%
E06000038	Reading	10Q	NHS Oxfordshire CCG	0.3%	1.0%
E06000038	Reading	15A	NHS Berkshire West CCG	35.3%	99.0%
E09000026	Redbridge	07H	NHS West Essex CCG	1.8%	1.6%
E09000026	Redbridge	07L	NHS Barking and Dagenham CCG	4.8%	3.2%
E09000026	Redbridge	08C	NHS Hammersmith and Fulham CCG	0.3%	0.3%
E09000026	Redbridge	08F	NHS Havering CCG	0.8%	0.7%
E09000026	Redbridge	08M	NHS Newham CCG	1.3%	1.6%
E09000026	Redbridge	08N	NHS Redbridge CCG	92.2%	89.5%
E09000026	Redbridge	08W	NHS Waltham Forest CCG	3.2%	3.0%
E09000026	Redbridge	93C	NHS North Central London CCG	0.0%	0.1%
E06000003	Redcar and Cleveland	16C	NHS Tees Valley CCG	19.9%	98.8%
E06000003	Redcar and Cleveland	42D	NHS North Yorkshire CCG	0.4%	1.2%
E09000027	Richmond upon Thames	07Y	NHS Hounslow CCG	4.7%	6.8%
E09000027	Richmond upon Thames	08C	NHS Hammersmith and Fulham CCG	0.6%	0.7%
E09000027	Richmond upon Thames	08Y	NHS West London CCG	0.0%	0.1%
E09000027	Richmond upon Thames	36L	NHS South West London CCG	12.3%	92.2%
E09000027	Richmond upon Thames	92A	NHS Surrey Heartlands CCG	0.0%	0.1%
E08000005	Rochdale	00V	NHS Bury CCG	0.7%	0.6%
E08000005	Rochdale	00Y	NHS Oldham CCG	0.9%	1.0%
E08000005	Rochdale	01A	NHS East Lancashire CCG	0.2%	0.3%
E08000005	Rochdale	01D	NHS Heywood, Middleton and Rochdale CCG	96.6%	96.5%
E08000005	Rochdale	14L	NHS Manchester CCG	0.6%	1.6%
E08000018	Rotherham	02P	NHS Barnsley CCG	3.2%	3.1%
E08000018	Rotherham	02Q	NHS Bassetlaw CCG	0.9%	0.4%
E08000018	Rotherham	02X	NHS Doncaster CCG	1.0%	1.1%
E08000018	Rotherham	03L	NHS Rotherham CCG	97.9%	93.5%
E08000018	Rotherham	03N	NHS Sheffield CCG	0.8%	1.9%
E06000017	Rutland	03W	NHS East Leicestershire and Rutland CCG	10.0%	86.6%
E06000017	Rutland	06H	NHS Cambridgeshire and Peterborough CCG	0.0%	0.4%
E06000017	Rutland	71E	NHS Lincolnshire CCG	0.6%	12.5%
E06000017	Rutland	78H	NHS Northamptonshire CCG	0.0%	0.5%
E08000006	Salford	00T	NHS Bolton CCG	0.3%	0.3%
E08000006	Salford	00V	NHS Bury CCG	1.8%	1.3%
E08000006	Salford	01G	NHS Salford CCG	94.1%	94.5%
E08000006	Salford	02A	NHS Trafford CCG	0.2%	0.2%
E08000006	Salford	02H	NHS Wigan Borough CCG	0.9%	1.1%
E08000006	Salford	14L	NHS Manchester CCG	1.1%	2.6%
E08000028	Sandwell	05C	NHS Dudley CCG	3.0%	2.7%
E08000028	Sandwell	05L	NHS Sandwell and West Birmingham CCG	55.5%	88.5%
E08000028	Sandwell	05Y	NHS Walsall CCG	1.7%	1.4%
E08000028	Sandwell	06A	NHS Wolverhampton CCG	0.3%	0.3%
E08000028	Sandwell	15E	NHS Birmingham and Solihull CCG	1.9%	7.2%
E08000014	Sefton	01J	NHS Knowsley CCG	1.9%	1.1%
E08000014	Sefton	01T	NHS South Sefton CCG	95.9%	51.6%
E08000014	Sefton	01V	NHS Southport and Formby CCG	96.7%	41.8%
E08000014	Sefton	02G	NHS West Lancashire CCG	0.2%	0.0%
E08000014	Sefton	99A	NHS Liverpool CCG	2.9%	5.4%
E08000019	Sheffield	02P	NHS Barnsley CCG	0.9%	0.4%
E08000019	Sheffield	03L	NHS Rotherham CCG	0.4%	0.2%
E08000019	Sheffield	03N	NHS Sheffield CCG	98.5%	99.1%
E08000019	Sheffield	15M	NHS Derby and Derbyshire CCG	0.2%	0.4%
E06000051	Shropshire	05G	NHS North Staffordshire CCG	0.5%	0.4%
E06000051	Shropshire	05N	NHS Shropshire CCG	96.7%	95.3%
E06000051	Shropshire	05Q	NHS South East Staffordshire and Seisdon Peninsula CCG	1.3%	0.9%
E06000051	Shropshire	05X	NHS Telford and Wrekin CCG	2.4%	1.5%
E06000051	Shropshire	18C	NHS Herefordshire and Worcestershire CCG	0.6%	1.6%
E06000051	Shropshire	27D	NHS Cheshire CCG	0.2%	0.4%
E06000039	Slough	07W	NHS Ealing CCG	0.0%	0.2%
E06000039	Slough	07Y	NHS Hounslow CCG	0.0%	0.2%
E06000039	Slough	08G	NHS Hillingdon CCG	0.0%	0.1%
E06000039	Slough	14Y	NHS Buckinghamshire CCG	1.7%	5.7%
E06000039	Slough	15D	NHS East Berkshire CCG	34.3%	93.7%
E06000039	Slough	92A	NHS Surrey Heartlands CCG	0.0%	0.1%
E08000029	Solihull	05A	NHS Coventry and Rugby CCG	0.0%	0.1%
E08000029	Solihull	05H	NHS Warwickshire North CCG	0.2%	0.2%
E08000029	Solihull	05R	NHS South Warwickshire CCG	0.3%	0.4%
E08000029	Solihull	15E	NHS Birmingham and Solihull CCG	16.9%	99.0%
E08000029	Solihull	18C	NHS Herefordshire and Worcestershire CCG	0.0%	0.3%
E10000027	Somerset	11J	NHS Dorset CCG	0.4%	0.6%
E10000027	Somerset	11X	NHS Somerset CCG	98.5%	97.4%
E10000027	Somerset	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	0.2%	0.3%
E10000027	Somerset	15N	NHS Devon CCG	0.2%	0.5%
E10000027	Somerset	92G	NHS Bath and North East Somerset, Swindon and Wiltshire CCG	0.8%	1.2%
E06000025	South Gloucestershire	11M	NHS Gloucestershire CCG	0.9%	1.9%
E06000025	South Gloucestershire	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	28.2%	97.6%
E06000025	South Gloucestershire	92G	NHS Bath and North East Somerset, Swindon and Wiltshire CCG	0.2%	0.6%
E08000023	South Tyneside	00N	NHS South Tyneside CCG	99.2%	99.2%
E08000023	South Tyneside	00P	NHS Sunderland CCG	0.3%	0.6%
E08000023	South Tyneside	13T	NHS Newcastle Gateshead CCG	0.0%	0.2%
E06000045	Southampton	10X	NHS Southampton CCG	95.1%	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%	4.5%
E06000033	Southend-on-Sea	99G	NHS Southend CCG	96.6%	95.5%
E09000028	Southwark	08C	NHS Hammersmith and Fulham CCG	1.9%	1.5%
E09000028	Southwark	09A	NHS Central London (Westminster) CCG	2.6%	1.7%
E09000028	Southwark	36L	NHS South West London CCG	0.0%	0.2%
E09000028	Southwark	72Q	NHS South East London CCG	17.7%	95.9%
E09000028	Southwark	93C	NHS North Central London CCG	0.1%	0.6%
E08000013	St. Helens	01F	NHS Halton CCG	0.2%	0.2%

E08000013	St. Helens	01J	NHS Knowsley CCG	2.4%	2.2%
E08000013	St. Helens	01X	NHS St Helens CCG	91.6%	96.3%
E08000013	St. Helens	02E	NHS Warrington CCG	0.1%	0.1%
E08000013	St. Helens	02H	NHS Wigan Borough CCG	0.7%	1.2%
E10000028	Staffordshire	04Y	NHS Cannock Chase CCG	99.4%	14.9%
E10000028	Staffordshire	05C	NHS Dudley CCG	2.9%	1.1%
E10000028	Staffordshire	05D	NHS East Staffordshire CCG	92.1%	14.9%
E10000028	Staffordshire	05G	NHS North Staffordshire CCG	94.9%	23.1%
E10000028	Staffordshire	05H	NHS Warwickshire North CCG	1.2%	0.3%
E10000028	Staffordshire	05N	NHS Shropshire CCG	0.9%	0.3%
E10000028	Staffordshire	05Q	NHS South East Staffordshire and Seisdon Peninsula CCG	96.1%	23.0%
E10000028	Staffordshire	05V	NHS Stafford and Surrounds CCG	99.7%	16.7%
E10000028	Staffordshire	05W	NHS Stoke on Trent CCG	9.2%	3.0%
E10000028	Staffordshire	05X	NHS Telford and Wrekin CCG	1.0%	0.2%
E10000028	Staffordshire	05Y	NHS Walsall CCG	1.7%	0.6%
E10000028	Staffordshire	06A	NHS Wolverhampton CCG	2.5%	0.8%
E10000028	Staffordshire	15E	NHS Birmingham and Solihull CCG	0.3%	0.4%
E10000028	Staffordshire	15M	NHS Derby and Derbyshire CCG	0.5%	0.6%
E10000028	Staffordshire	27D	NHS Cheshire CCG	0.3%	0.2%
E08000007	Stockport	01W	NHS Stockport CCG	94.7%	96.7%
E08000007	Stockport	01Y	NHS Tameside and Glossop CCG	0.2%	0.2%
E08000007	Stockport	14L	NHS Manchester CCG	1.0%	2.1%
E08000007	Stockport	27D	NHS Cheshire CCG	0.4%	1.0%
E06000004	Stockton-on-Tees	16C	NHS Tees Valley CCG	28.5%	99.3%
E06000004	Stockton-on-Tees	42D	NHS North Yorkshire CCG	0.0%	0.1%
E06000004	Stockton-on-Tees	84H	NHS County Durham CCG	0.2%	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	0.3%	0.1%
E06000021	Stoke-on-Trent	05W	NHS Stoke on Trent CCG	90.8%	97.2%
E10000029	Suffolk	06H	NHS Cambridgeshire and Peterborough CCG	0.1%	0.2%
E10000029	Suffolk	06L	NHS Ipswich and East Suffolk CCG	99.6%	52.9%
E10000029	Suffolk	06T	NHS North East Essex CCG	1.4%	0.7%
E10000029	Suffolk	07K	NHS West Suffolk CCG	90.5%	29.8%
E10000029	Suffolk	26A	NHS Norfolk and Waveney CCG	12.0%	16.4%
E08000024	Sunderland	00N	NHS South Tyneside CCG	0.5%	0.3%
E08000024	Sunderland	00P	NHS Sunderland CCG	98.5%	95.9%
E08000024	Sunderland	13T	NHS Newcastle Gateshead CCG	0.5%	0.9%
E08000024	Sunderland	84H	NHS County Durham CCG	1.6%	3.0%
E10000030	Surrey	07Y	NHS Hounslow CCG	0.8%	0.2%
E10000030	Surrey	08C	NHS Hammersmith and Fulham CCG	0.2%	0.0%
E10000030	Surrey	10C	NHS Surrey Heath CCG	98.7%	7.6%
E10000030	Surrey	10J	NHS North Hampshire CCG	0.1%	0.0%
E10000030	Surrey	10V	NHS South Eastern Hampshire CCG	0.1%	0.0%
E10000030	Surrey	15D	NHS East Berkshire CCG	3.4%	1.3%
E10000030	Surrey	36L	NHS South West London CCG	1.2%	1.6%
E10000030	Surrey	70F	NHS West Sussex CCG	1.4%	1.0%
E10000030	Surrey	72Q	NHS South East London CCG	0.0%	0.1%
E10000030	Surrey	92A	NHS Surrey Heartlands CCG	97.3%	84.1%
E10000030	Surrey	99M	NHS North East Hampshire and Farnham CCG	22.8%	4.1%
E09000029	Sutton	08C	NHS Hammersmith and Fulham CCG	0.0%	0.1%
E09000029	Sutton	36L	NHS South West London CCG	12.7%	97.8%
E09000029	Sutton	72Q	NHS South East London CCG	0.0%	0.3%
E09000029	Sutton	92A	NHS Surrey Heartlands CCG	0.4%	1.8%
E06000030	Swindon	11M	NHS Gloucestershire CCG	0.1%	0.2%
E06000030	Swindon	92G	NHS Bath and North East Somerset, Swindon and Wiltshire CCG	24.9%	99.8%
E08000008	Tameside	00Y	NHS Oldham CCG	3.6%	3.9%
E08000008	Tameside	01W	NHS Stockport CCG	1.8%	2.4%
E08000008	Tameside	01Y	NHS Tameside and Glossop CCG	85.2%	87.9%
E08000008	Tameside	14L	NHS Manchester CCG	2.1%	5.8%
E06000020	Telford and Wrekin	05N	NHS Shropshire CCG	1.8%	2.9%
E06000020	Telford and Wrekin	05X	NHS Telford and Wrekin CCG	96.6%	97.1%
E06000034	Thurrock	07G	NHS Thurrock CCG	98.4%	98.7%
E06000034	Thurrock	07L	NHS Barking and Dagenham CCG	0.4%	0.4%
E06000034	Thurrock	08F	NHS Havering CCG	0.3%	0.4%
E06000034	Thurrock	08M	NHS Newham CCG	0.0%	0.1%
E06000034	Thurrock	99E	NHS Basildon and Brentwood CCG	0.2%	0.3%
E06000027	Torbay	15N	NHS Devon CCG	11.6%	100.0%
E09000030	Tower Hamlets	07T	NHS City and Hackney CCG	1.2%	1.1%
E09000030	Tower Hamlets	08C	NHS Hammersmith and Fulham CCG	2.6%	2.2%
E09000030	Tower Hamlets	08M	NHS Newham CCG	0.2%	0.3%
E09000030	Tower Hamlets	08V	NHS Tower Hamlets CCG	98.6%	94.5%
E09000030	Tower Hamlets	09A	NHS Central London (Westminster) CCG	0.7%	0.5%
E09000030	Tower Hamlets	72Q	NHS South East London CCG	0.0%	0.2%
E09000030	Tower Hamlets	93C	NHS North Central London CCG	0.3%	1.3%
E08000009	Trafford	01G	NHS Salford CCG	0.1%	0.2%
E08000009	Trafford	02A	NHS Trafford CCG	95.9%	92.3%
E08000009	Trafford	02E	NHS Warrington CCG	0.1%	0.1%
E08000009	Trafford	14L	NHS Manchester CCG	2.8%	7.4%
E08000036	Wakefield	02P	NHS Barnsley CCG	0.8%	0.6%
E08000036	Wakefield	03J	NHS North Kirklees CCG	0.6%	0.3%
E08000036	Wakefield	03R	NHS Wakefield CCG	94.5%	98.0%
E08000036	Wakefield	15F	NHS Leeds CCG	0.4%	1.1%
E08000030	Walsall	04Y	NHS Cannock Chase CCG	0.6%	0.3%
E08000030	Walsall	05L	NHS Sandwell and West Birmingham CCG	1.7%	3.3%
E08000030	Walsall	05Y	NHS Walsall CCG	92.7%	90.4%
E08000030	Walsall	06A	NHS Wolverhampton CCG	1.5%	1.4%
E08000030	Walsall	15E	NHS Birmingham and Solihull CCG	1.0%	4.7%
E09000031	Waltham Forest	07T	NHS City and Hackney CCG	0.4%	0.4%
E09000031	Waltham Forest	08C	NHS Hammersmith and Fulham CCG	0.8%	0.8%
E09000031	Waltham Forest	08M	NHS Newham CCG	1.3%	1.7%
E09000031	Waltham Forest	08N	NHS Redbridge CCG	1.3%	1.4%
E09000031	Waltham Forest	08W	NHS Waltham Forest CCG	94.2%	95.3%
E09000031	Waltham Forest	93C	NHS North Central London CCG	0.0%	0.4%
E09000032	Wandsworth	08C	NHS Hammersmith and Fulham CCG	1.9%	1.4%
E09000032	Wandsworth	08Y	NHS West London CCG	0.9%	0.6%
E09000032	Wandsworth	09A	NHS Central London (Westminster) CCG	1.3%	0.8%
E09000032	Wandsworth	36L	NHS South West London CCG	22.0%	93.3%

E09000032	Wandsworth	72Q	NHS South East London CCG	0.8%	3.8%
E09000032	Wandsworth	93C	NHS North Central London CCG	0.0%	0.1%
E06000007	Warrington	01F	NHS Halton CCG	0.3%	0.2%
E06000007	Warrington	01G	NHS Salford CCG	0.5%	0.6%
E06000007	Warrington	01X	NHS St Helens CCG	2.2%	1.9%
E06000007	Warrington	02E	NHS Warrington CCG	97.5%	97.0%
E06000007	Warrington	02H	NHS Wigan Borough CCG	0.2%	0.2%
E10000031	Warwickshire	04V	NHS West Leicestershire CCG	0.5%	0.3%
E10000031	Warwickshire	05A	NHS Coventry and Rugby CCG	25.1%	21.6%
E10000031	Warwickshire	05H	NHS Warwickshire North CCG	96.6%	30.4%
E10000031	Warwickshire	05Q	NHS South East Staffordshire and Seisdon Peninsula CCG	0.8%	0.3%
E10000031	Warwickshire	05R	NHS South Warwickshire CCG	96.0%	46.0%
E10000031	Warwickshire	10Q	NHS Oxfordshire CCG	0.3%	0.3%
E10000031	Warwickshire	11M	NHS Gloucestershire CCG	0.2%	0.2%
E10000031	Warwickshire	15E	NHS Birmingham and Solihull CCG	0.2%	0.5%
E10000031	Warwickshire	18C	NHS Herefordshire and Worcestershire CCG	0.2%	0.2%
E10000031	Warwickshire	78H	NHS Northamptonshire CCG	0.2%	0.2%
E06000037	West Berkshire	10J	NHS North Hampshire CCG	0.6%	0.9%
E06000037	West Berkshire	10Q	NHS Oxfordshire CCG	0.2%	1.1%
E06000037	West Berkshire	15A	NHS Berkshire West CCG	29.7%	97.7%
E06000037	West Berkshire	92G	NHS Bath and North East Somerset, Swindon and Wiltshire CCG	0.0%	0.4%
E10000032	West Sussex	09D	NHS Brighton and Hove CCG	1.1%	0.4%
E10000032	West Sussex	10V	NHS South Eastern Hampshire CCG	4.0%	1.0%
E10000032	West Sussex	70F	NHS West Sussex CCG	97.7%	97.4%
E10000032	West Sussex	92A	NHS Surrey Heartlands CCG	0.8%	1.0%
E10000032	West Sussex	97R	NHS East Sussex CCG	0.3%	0.2%
E09000033	Westminster	07P	NHS Brent CCG	1.3%	2.0%
E09000033	Westminster	08C	NHS Hammersmith and Fulham CCG	1.5%	1.7%
E09000033	Westminster	08Y	NHS West London CCG	22.4%	21.6%
E09000033	Westminster	09A	NHS Central London (Westminster) CCG	77.6%	70.8%
E09000033	Westminster	72Q	NHS South East London CCG	0.0%	0.2%
E09000033	Westminster	93C	NHS North Central London CCG	0.6%	3.7%
E08000010	Wigan	00T	NHS Bolton CCG	0.2%	0.2%
E08000010	Wigan	01G	NHS Salford CCG	0.8%	0.7%
E08000010	Wigan	01X	NHS St Helens CCG	3.5%	2.1%
E08000010	Wigan	02E	NHS Warrington CCG	0.4%	0.3%
E08000010	Wigan	02G	NHS West Lancashire CCG	2.9%	1.0%
E08000010	Wigan	02H	NHS Wigan Borough CCG	96.7%	95.9%
E06000054	Wiltshire	11A	NHS West Hampshire CCG	0.1%	0.2%
E06000054	Wiltshire	11J	NHS Dorset CCG	0.2%	0.4%
E06000054	Wiltshire	11M	NHS Gloucestershire CCG	0.4%	0.5%
E06000054	Wiltshire	11X	NHS Somerset CCG	0.4%	0.4%
E06000054	Wiltshire	15A	NHS Berkshire West CCG	0.2%	0.2%
E06000054	Wiltshire	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	0.2%	0.5%
E06000054	Wiltshire	92G	NHS Bath and North East Somerset, Swindon and Wiltshire CCG	51.0%	97.8%
E06000040	Windsor and Maidenhead	10C	NHS Surrey Heath CCG	0.2%	0.1%
E06000040	Windsor and Maidenhead	10Q	NHS Oxfordshire CCG	0.0%	0.2%
E06000040	Windsor and Maidenhead	14Y	NHS Buckinghamshire CCG	0.3%	1.0%
E06000040	Windsor and Maidenhead	15A	NHS Berkshire West CCG	0.4%	1.3%
E06000040	Windsor and Maidenhead	15D	NHS East Berkshire CCG	33.7%	96.9%
E06000040	Windsor and Maidenhead	92A	NHS Surrey Heartlands CCG	0.0%	0.5%
E08000015	Wirral	12F	NHS Wirral CCG	99.7%	99.6%
E08000015	Wirral	27D	NHS Cheshire CCG	0.2%	0.4%
E06000041	Wokingham	10Q	NHS Oxfordshire CCG	0.1%	0.4%
E06000041	Wokingham	15A	NHS Berkshire West CCG	32.1%	97.0%
E06000041	Wokingham	15D	NHS East Berkshire CCG	1.0%	2.5%
E08000031	Wolverhampton	05C	NHS Dudley CCG	1.3%	1.4%
E08000031	Wolverhampton	05L	NHS Sandwell and West Birmingham CCG	0.2%	0.3%
E08000031	Wolverhampton	05Q	NHS South East Staffordshire and Seisdon Peninsula CCG	1.9%	1.4%
E08000031	Wolverhampton	05Y	NHS Walsall CCG	3.4%	3.4%
E08000031	Wolverhampton	06A	NHS Wolverhampton CCG	94.0%	93.4%
E10000034	Worcestershire	05C	NHS Dudley CCG	0.7%	0.4%
E10000034	Worcestershire	05N	NHS Shropshire CCG	0.3%	0.1%
E10000034	Worcestershire	05R	NHS South Warwickshire CCG	2.4%	1.1%
E10000034	Worcestershire	11M	NHS Gloucestershire CCG	0.5%	0.6%
E10000034	Worcestershire	15E	NHS Birmingham and Solihull CCG	0.9%	2.0%
E10000034	Worcestershire	18C	NHS Herefordshire and Worcestershire CCG	74.6%	95.8%
E06000014	York	03Q	NHS Vale of York CCG	59.8%	99.9%
E06000014	York	42D	NHS North Yorkshire CCG	0.0%	0.1%

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

Health and Wellbeing Board – Work Programme

	REPORT ITEM	LEAD	July	Oct	Jan	April
WALSALL PLAN - JHWBS	Walsall Plan – priorities for Health and Wellbeing Board focus.					
PUBLIC HEALTH	Review of Public Health Commissioning Intentions	DPH				
	Infant Mortality	DPH				Progress Reported in DPH Annual report
	Director of Public Health Annual Report	DPH				For information
	JSNA Update	DPH				
	Health Protection Annual Report	DPH				
	Pharmaceutical Needs Assessment	DPH		2022		
CHILDRENS' SERVICES	SEND Report	ED Children's				
	Annual Report of Children's Safeguarding	ED Children's				
ADULT SOCIAL CARE	Better Care Fund (dates subject to National BCF Support Team Directives)	ED ASC	Q1	Q2	Q3	Q4 and finance reporting
	Local Authority Commissioning/ Spending Plans	ED ASC	2021 Annual report to July 2021 meeting			Annual Review
	Annual Report of Adults Safeguarding	ED ASC				

Health and Wellbeing Board – Work Programme

PARTNERS PROGRESS AND ENGAGEMENT	Walsall Together	WHT Board Member		Progress Report		
	CCG Commissioning/ Spending Plans	Chief Officer CCG	2021 Annual report to July 2021 meeting			Annual Review
	Healthwatch	Chair Health watch	Annual Report			Progress on Projects /Public Engagements
	Police Service	Police Rep				Annual Report
	Fire Service	Fire Rep	2021 Annual report to July 2021 meeting			Annual report
	Voluntary Sector (One Walsall)	CEO One Walsall	2021 Annual report to July 2021 meeting			Annual Report
SPECIAL REPORTS TO BOARD	CAMHS	CCG	2021 report to July 2021 meeting			Progress Report
	LONG TERM PLAN	CCG				
	CDOP ANNUAL REPORT	DPH				
	PH OUTCOMES FRAMEWORK (PHOF)	DPH				Included in DPH Annual report

NOTE: This is a ‘working’ document. The dates are provisional and are dependent on agreement from Lead Officers in accordance with reporting schedules

KEY:

ASC	Adult Social Care	BCF	Better Care Fund	CCG	Clinical Commissioning Group
DPH	Director of Public Health	ED	Executive Director	HWB	Health and Wellbeing
JHWBS	Joint Health and Wellbeing Strategy (the Walsall Plan).	VS	Voluntary Sector	WMCA	West Midlands Combined Authority
WHT	Walsall Healthcare Trust				