

Better Care Fund 2019/20 Template

1. Guidance

Overview

Note on entering information into this template

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

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

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

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

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

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

2. Cover (click to go to sheet)

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to england.bettercaresupport@nhs.net
3. Please note that in line with fair processing of personal data we collect email addresses to communicate with key individuals from the local areas for various purposes relating to the delivery of the BCF plans including plan development, assurance, approval and provision of support. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed. Please let us know if any of the submitted contact information changes during the BCF planning cycle so we are able to communicate with the right people in a timely manner.

4. Strategic Narrative (click to go to sheet)

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

1. Approach to integrating care around the person. This should set out your approach to integrating health and social care around the people, particularly those with long term health and care needs. This should highlight developments since 2017 and cover areas such as prevention.
- 2 i. Approach to integrating services at HWB level (including any arrangements at neighbourhood level where relevant). This should set out the agreed approach and services that will be commissioned through the BCF. Where schemes are new or approaches locally have changed, you should set out a short rationale.
- 2 ii. DFG and wider services. This should describe your approach to integration and joint commissioning/delivery with wider services. In all cases this should include housing, and a short narrative on use of the DFG to support people with care needs to remain independent through adaptations or other capital expenditure on their homes. This should include any discretionary use of the DFG.
3. How your BCF plan and other local plans align with the wider system and support integrated approaches. Examples may include the read across to the STP (Sustainability Transformation Partnerships) or ICS (Integrated Care Systems) plan(s) for your area and any other relevant strategies.

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

5. Income (click to go to sheet)

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

6. Expenditure (click to go to sheet)

This sheet should be used to set out the schemes that constitute the BCF plan for the HWB including the planned expenditure and the attributes to describe the scheme. This information is then aggregated and utilised to analyse the BCF plans nationally and sets the basis for future reporting and to particularly demonstrate that National Condition 2 and 3 are met.

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

On this sheet please enter the following information:

1. Scheme ID:

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

2. Scheme Name:

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

3. Brief Description of Scheme

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

4. Scheme Type and Sub Type:

- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available at the end of the table (follow the link to the description section at the top of the main expenditure table).

- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.

- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.

- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.

- While selecting schemes and sub-types, the sub-type field will be flagged in 'red' font if it is from a previously selected scheme type. In this case please clear the sub-type field and reselect from the dropdown if the subtype field is editable.

5. Planned Outputs

- The BCF Planning requirements document requires areas to set out planned outputs for certain scheme types (those which lend themselves to delivery of discrete units of delivery) to help to better understand and account for the activity funded through the BCF.

- The Planned Outputs fields will only be editable if one of the relevant scheme types is selected. Please select a relevant unit from the drop down and an estimate of the outputs expected over the year. This is a numerical field.

6. Metric Impact

- This field is collecting information on the metrics that a chem will impact on (rather than the actual planned impact on the metric)

- For the schemes being planned please select from the drop-down options of 'High-Medium-Low-n/a' to provide an indicative level of impact on the four BCF metrics. Where the scheme impacts multiple metrics, this can be expressed by selecting the appropriate level from the drop down for each of the metrics. For example, a discharge to assess scheme might have a medium impact on Delayed Transfers of Care and permanent admissions to residential care. Where the scheme is not expected to impact a metric, the 'n/a' option could be selected from the drop-down menu.

7. Area of Spend:

- Please select the area of spend from the drop-down list by considering the area of the health and social system which is most supported by investing in the scheme.

- Please note that where 'Social Care' is selected and the source of funding is "CCG minimum" then the planned spend would count towards National Condition 2.

- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.

- We encourage areas to try to use the standard scheme types where possible.

8. Commissioner:

- Identify the commissioning entity for the scheme based on who commissions the scheme from the provider. If there is a single commissioner, please select the option from the drop-down list.

- Please note this field is utilised in the calculations for meeting National Condition 3.

- If the scheme is commissioned jointly, please select 'Joint'. Please estimate the proportion of the scheme being commissioned by the local authority and CCG/NHS and enter the respective percentages on the two columns alongside.

9. Provider:

- Please select the 'Provider' commissioned to provide the scheme from the drop-down list.

- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.

10. Source of Funding:

- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop-down list

- If the scheme is funding across multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.

11. Expenditure (£) 2019/20:

- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)

12. New/Existing Scheme

- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

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

7. HICM (click to go to sheet)

National condition four of the BCF requires that areas continue to make progress in implementing the High Impact Change model for managing transfers of care and continue to work towards the centrally set expectations for reducing DToc. In the planning template, you should provide:

- An assessment of your current level of implementation against each of the 8 elements of the model – from a drop-down list
- Your planned level of implementation by the end March 2020 – again from a drop-down list

A narrative that sets out the approach to implementing the model further. The Narrative section in the HICM tab sets out further details.

8. Metrics (click to go to sheet)

This sheet should be used to set out the Health and Wellbeing Board's performance plans for each of the Better Care Fund metrics in 2019/20. The BCF requires plans to be agreed for the four metrics. This should build on planned and actual performance on these metrics in 2018/19.

1. Non-Elective Admissions (NEA) metric planning:

- BCF plans as in previous years mirror the latest CCG Operating Plans for the NEA metric. Therefore, this metric is not collected via this template.

2. Residential Admissions (RES) planning:

- This section requires inputting the information for the numerator of the measure.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care) for the Residential Admissions numerator measure.

- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from ONS subnational population projections.

- The annual rate is then calculated and populated based on the entered information.

- Please include a brief narrative associated with this metric plan

3. Reablement (REA) planning:

- This section requires inputting the information for the numerator and denominator of the measure.

- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).

- Please then enter the planned numerator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.

- The annual proportion (%) Reablement measure will then be calculated and populated based on this information.

- Please include a brief narrative associated with this metric plan

4. Delayed Transfers of Care (DToc) planning:

- The expectations for this metric from 2018/19 are retained for 2019/20 and these are prepopulated.

- Please include a brief narrative associated with this metric plan.

- This narrative should include details of the plan, agreed between the local authority and the CCG for using the Winter Pressures grant to manage pressures on the system over Winter.

9. Planning Requirements (click to go to sheet)

This sheet requires the Health & Wellbeing Board to confirm whether the National Conditions and other Planning Requirements detailed in the BCF Policy Framework and the BCF Requirements document are met. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2019/20 for further details.

The Key Lines of Enquiry (KLOE) underpinning the Planning Requirements are also provided for reference as they will be utilised to assure plans by the regional assurance panel.

1. For each Planning Requirement please select 'Yes' or 'No' to confirm whether the requirement is met for the BCF Plan.

2. Where the confirmation selected is 'No', please use the comments boxes to include the actions in place towards meeting the requirement and the target timeframes.

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

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

Better Care Fund 2019/20 Template

2. Cover

Version 0.1



Please Note:

- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.
- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".
- Please note that national data for plans is intended for release in aggregate form once plans have been assured, agreed and baselined as per the due process outlined in the BCF Planning Requirements for 2019/20.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

| | |
|---|-------------------------|
| Health and Wellbeing Board: | Gateshead |
| Completed by: | Hilary Bellwood |
| E-mail: | hilarybellwood@nhs.net |
| Contact number: | 0191 217 2960 |
| Who signed off the report on behalf of the Health and Wellbeing Board: | Councillor Lynn Caffrey |
| Will the HWB sign-off the plan after the submission date? | Yes |
| If yes, please indicate the date when the HWB meeting is scheduled: | 18/10/19 |

| | Role: | Professional Title (where applicable) | First-name: | Surname: | E-mail: |
|--|---|---------------------------------------|-------------|-------------------|---|
| *Area Assurance Contact Details: | Health and Wellbeing Board Chair | | Lynne | Caffrey | Clr.LCaffrey@Gateshead.gov.uk |
| | Clinical Commissioning Group Accountable Officer (Lead) | | Mark | Adams | mark.adams11@nhs.net |
| | Additional Clinical Commissioning Group(s) Accountable Officers | | N/A | | |
| | Local Authority Chief Executive | | Sheena | Ramsey | SheenaRamsey@Gateshead.Gov.UK |
| | Local Authority Director of Adult Social Services (or equivalent) | | Caroline | O'Neill | CarolineONeill@Gateshead.Gov.UK |
| | Better Care Fund Lead Official | | Hilary John | Bellwood Costello | hilarybellwood@nhs.net JohnCostello@gateshead.gov.uk |
| | LA Section 151 Officer | | Darren | Collins | DarrenCollins@Gateshead.Gov.Uk |
| <i>Please add further area contacts that you would wish to be included in official correspondence --></i> | | | | | |
| | | | | | |
| | | | | | |

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

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

Please see the Checklist below for further details on incomplete fields

| | Complete: |
|--------------------------|-----------|
| 2. Cover | No |
| 4. Strategic Narrative | No |
| 5. Income | Yes |
| 6. Expenditure | Yes |
| 7. HICM | Yes |
| 8. Metrics | Yes |
| 9. Planning Requirements | Yes |

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

Checklist

2. Cover

[^^ Link back to top](#)

| | Cell Reference | Checker |
|--|----------------|---------|
| Health & Wellbeing Board | D13 | Yes |
| Completed by: | D15 | Yes |
| E-mail: | D17 | Yes |
| Contact number: | D19 | Yes |
| Who signed off the report on behalf of the Health and Wellbeing Board: | D21 | Yes |
| Will the HWB sign-off the plan after the submission date? | D23 | Yes |
| If yes, please indicate the date when the HWB meeting is scheduled: | D24 | Yes |
| Area Assurance Contact Details - Role: | C27 : C36 | Yes |
| Area Assurance Contact Details - First name: | F27 : F36 | Yes |
| Area Assurance Contact Details - Surname: | G27 : G36 | No |
| Area Assurance Contact Details - E-mail: | H27 : H36 | No |
| Sheet Complete | | No |

4. Strategic Narrative

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| | Cell Reference | Checker |
|--|----------------|---------|
| A) Person-centred outcomes: | B20 | Yes |
| B) (i) Your approach to integrated services at HWB level (and neighbourhood where applicable): | B31 | No |
| B) (ii) Your approach to integration with wider services (e.g. Housing): | B37 | Yes |
| C) System level alignment: | B44 | No |
| Sheet Complete | | No |

5. Income

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

6. Expenditure

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

7. HCIM

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

8. Metrics

[^^ Link back to top](#)

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

| | |
|----------------|-----|
| Sheet Complete | Yes |
|----------------|-----|

9. Planning Requirements

[^^ Link back to top](#)

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

| | |
|----------------|-----|
| Sheet Complete | Yes |
|----------------|-----|

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Better Care Fund 2019/20 Template

3. Summary

Selected Health and Wellbeing Board:

Gateshead

Income & Expenditure

[Income >>](#)

| Funding Sources | Income | Expenditure | Difference |
|-----------------------------|--------------------|--------------------|------------|
| DFG | £1,860,611 | £1,860,611 | £0 |
| Minimum CCG Contribution | £16,235,688 | £16,235,688 | £0 |
| iBCF | £9,918,556 | £9,918,556 | £0 |
| Winter Pressures Grant | £1,133,285 | £1,133,285 | £0 |
| Additional LA Contribution | £0 | £0 | £0 |
| Additional CCG Contribution | £0 | £0 | £0 |
| Total | £29,148,140 | £29,148,140 | £0 |

[Expenditure >>](#)

NHS Commissioned Out of Hospital spend from the minimum CCG allocation

| | |
|------------------------|------------|
| Minimum required spend | £4,522,303 |
| Planned spend | £5,388,565 |

Adult Social Care services spend from the minimum CCG allocations

| | |
|------------------------|------------|
| Minimum required spend | £6,380,402 |
| Planned spend | £6,380,402 |

Scheme Types

| | |
|--|--------------------|
| Assistive Technologies and Equipment | £0 |
| Care Act Implementation Related Duties | £0 |
| Carers Services | £1,315,885 |
| Community Based Schemes | £0 |
| DFG Related Schemes | £1,860,611 |
| Enablers for Integration | £414,556 |
| HICM for Managing Transfer of Care | £2,619,000 |
| Home Care or Domiciliary Care | £4,947,285 |
| Housing Related Schemes | £0 |
| Integrated Care Planning and Navigation | £347,207 |
| Intermediate Care Services | £3,952,082 |
| Personalised Budgeting and Commissioning | £0 |
| Personalised Care at Home | £0 |
| Prevention / Early Intervention | £2,983,179 |
| Residential Placements | £5,039,030 |
| Other | £5,669,305 |
| Total | £29,148,140 |

[HICM >>](#)

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

[Metrics >>](#)

| | |
|---------------------------------|-------------------------------|
| Non-Elective Admissions | Go to Better Care Exchange >> |
| Delayed Transfer of Care | |

Residential Admissions

| | | 19/20 Plan |
|--|-------------|-------------|
| Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population | Annual Rate | 875.5197801 |

Reablement

| | | 19/20 Plan |
|---|------------|-------------|
| Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services | Annual (%) | 0.879120879 |

[Planning Requirements >>](#)

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

Better Care Fund 2019/20 Template

4. Strategic Narrative

Selected Health and Wellbeing Board:

Gateshead

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

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

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

[Link to B\) \(i\)](#)

[Link to B\) \(ii\)](#)

[Link to C\)](#)

A) Person-centred outcomes

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

- Prevention and self-care

- Promoting choice and independence

Remaining Word Limit:

0

Our vision for health and social care was articulated within our original BCF submission in 2014:

'An affordable, locality-based, care system where an empowered community has access to responsive, needs-based, personalised services'

This was reinforced in 2017 where we described the BCF Plan as a key component of the transformational work taking place in the Gateshead Health and Care economy, we said it "has provided the catalyst for us in developing new models of integrated delivery and commissioning based on the needs of communities."

We recognised that at the heart of our vision our Health and Social Care system required new models of care delivery across care settings with a focus on 'care outside of hospitals. In 2017 our BCF submission brought our narrative up to date in relation to new models of care, describing their contribution to our local vision for health and care in Gateshead, the plans for transformation of services, implementing the vision of the Five Year Forward View and integration of health and social care services by 2020. We set out the background to the local health and care economy and described our plan to develop and implement our new model for care outside of hospital - People, Communities and Care Model

We understood that our new model for care outside of hospital needed to be underpinned by a sustainable system which has 'prevention' and 'early intervention' at its core supported by 'connected communities', where people, families and communities have strong, empowering and enduring relationships. Describing a system architecture designed to shift care from hospital settings to community settings and ideally to people's own homes, the model captured work already underway in many parts of the Gateshead geography. We said "Out of hospital care and support" would be underpinned by a 'joined-up' system, with services across general practice, community services and social care delivering support to people that is coordinated and person-centred.

The plan highlighted the already well established working arrangements across Gateshead, not only good interagency relationships at all levels of organisations, but also great examples of joint working and innovation to be capitalised upon.

Since then, a place-based approach to the integration of health and care has been established through the Gateshead Health & Care System.

In 2018 organisations across Gateshead came together as the Gateshead System because it was clear that if they were to make a step change at Place level they needed to work together in a different way to deliver better outcomes for local people with less resource:

- Gateshead boasts some of the best health and care services, but stubborn health inequalities still persist (within Gateshead itself and relative to the rest of the country.)
- People told us that their experience of care is fragmented, and where our system has needed to be strongest (e.g. for people with multiple and complex needs), it has often been the weakest.
- Add workforce challenges (recruitment and retention across the health and care sector) and financial sustainability into the mix and there is a powerful case to do things differently.

System partners came together recognising

- the need to work differently to deliver better outcomes for local people within less resources,
- the need to develop as a Gateshead place partnership of local commissioning and provider organisations working together with local people to deliver better health and care outcomes for our communities
- the need to address persistent health inequalities that remain in line with Gateshead's Thrive agenda.

Gateshead Health and Care System, is a partnership between Gateshead Council, Newcastle Gateshead CCG, Gateshead Health Foundation Trust, Newcastle Hospitals, Newcastle, Tyne and Wear Mental Health Trust, primary care and the voluntary sector. We recognise that population health and wellbeing cannot be achieved through provision of services alone. This can only be achieved through linking strategy with the wider determinants of health such as housing, education, and employment as well as being able to empower people and communities to be more active partners in their health.

The development of Gateshead integrated strategic planning is complex, challenging and multi-faceted. At the same time, it provides a unique opportunity to shape, guide and bring together our health and care system in pursuit of our joint vision and a common set of key outcomes that are owned collectively by local health and care partners and local people. It also provides us with an opportunity to jointly address a number of key challenges facing our local health and care economy, whilst also making the most of opportunities to do things differently through our joint working arrangements.

Our integrated planning approach is based on the primacy of Place which is a key underlying principle. This means that, as far as possible, integrated planning (commissioning and provision) of services takes place at a Gateshead Place level on the one hand and as close to peoples' homes as possible on the other hand (consistent with maximising the quality of care and getting the most for the Gateshead £).

The focus for the Gateshead Health and Care System is to shift care upstream to prevent the levels of ill health our population experiences, to provide integrated and proactive care and support whereby ill health is managed earlier and more effectively. These approaches have been shown to reduce the need

B) HWB level

(i) Your approach to integrated services at HWB level (and neighbourhood where applicable), this may include (but is not limited to):

- Joint commissioning arrangements
- Alignment with primary care services (including PCNs (Primary Care Networks))
- Alignment of services and the approach to partnership with the VCS (Voluntary and Community Sector)

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We have strong joint working arrangements across Gateshead Health and Care System and we are confident that together we can make some clear, sustainable changes; there is system support for an integrated approach to health and care based on three core objectives:

- (i) shift the balance of services from acute hospital care and crisis interventions to community support with a focus on prevention and early help.
- (ii) support the development of integrated care and treatment for people with complicated long-term health conditions, social problems or disabilities.
- (iii) create a better framework for managing the difficult decisions required to ensure effective, efficient and economically secure services during a period of continued public sector financial austerity.

We are committed to pursue a ‘primacy of place’ approach in taking forward integration, and as far as possible, integrated planning of services occurs at Place level with services being provided as close to peoples’ homes as possible whilst ensuring quality and safe care responsive to peoples’ needs. We have a shared and consistent narrative on what we are seeking to achieve for the benefit of local people linked to Gateshead’s Thrive agenda, and have a better understanding of health inequality challenges and opportunities to address them. We have developed a Memorandum of Understanding and Terms of Reference that have been signed up to for the System to work together (Documents, 3 & 4) and the Gateshead Plan (Document 2) acts as an iterative narrative of our local System journey. The plan outlines our system Work Programme (including transformation programme areas) which in 2019/20 has 3 priority areas, Children and Young People’s Health and Wellbeing, Frailty and People with Multiple and Complex Needs (inc. Frequent Attenders) The BCF schemes remain grouped under the five broad areas identified in the template, and are reflective of the system work taking place, with many schemes are already supporting the priorities and transformation areas such as the falls service, frailty team, Intermediate Care, care home initiative and community health teams. Our Director for Gateshead System, is a joint appointment with the CCG and LA, leading on relationship management, Gateshead Community Services and GP engagement, as well as responsibilities for joint commissioning children and LD services.

There is an opportunity as a whole system, to strategically plan, commission and deliver better outcomes together based upon the JSNA. We work closely with Public Health colleagues, using population segmentation to provide a measure of what ‘thrive’ looks like, and to also inform the provision of resources where we may choose to target them having regard to the social gradient. The approach will enable providers to innovate and work across the health and care system including housing support over the long term, whilst facilitating a move away from transactional commissioning with a focus instead on transformation based upon population need. Work is also underway to further transform the model for older persons care homes in response to key challenges facing the care home market - market sustainability, financial viability, workforce challenges, quality of care and the complexity of people’s needs. The vanguard care home initiative, which stemmed from one of the BCF schemes, enabled us to test and introduce a range of inventions to support the Care Home provision and secure improvements for the older people cared for and for the system. Through this work, Gateshead is now in a prime position to look at a different approach as to how we support older people living in care homes over the next decade. This new approach will ensure that we have the right number of care homes that are sustainable, offering choice and good quality care. The Gateshead Care Partnership (GCP) established to transform community health services and whose member organisations form part of the Gateshead Health & Care System, were winners of the 2018 HSJ Award for improved partnership working between health and the LA. GCPs Transformation Programme covers the priorities identified by the PCNs and addresses population health needs by working:

- with the Gateshead Inner West PCN on a joint approach to frailty
- in East Gateshead with GP Practices and the PCN we have established MDTs to co-ordinate care for vulnerable adults with complex health, care and social conditions

The Health & Care System supports the emerging PCNs and involves the networks in its work, PCN Clinical Directors are invited to attend System meetings that focus on the 3 key priority areas and transformation programmes described. Blue Stone Consortium (a consortium of 3rd sector organisations), is a key partner of the H&C System, actively contributing to all areas of work as well as playing a particular role in such areas as workforce including at ICS level. This is complemented by VCS and HealthWatch representation on our Health & Wellbeing Board where BCF submissions and quarterly template returns are endorsed.

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

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Gateshead Health and Care System recognises the importance of the adaptations services that it delivers to support vulnerable people to remain in their own homes. These services which reach across all housing tenures engage with individuals, their families and carers who need, or in the future may need, services and support to lead their lives and thrive. Ensuring that these services are delivering well is central to achieving effective delivery in health, social care, early intervention and prevention

In the last year Gateshead Council has been working with health partners to focus on improving the Falls prevention pathway, now broadened into a strategic system wide review which will include the Disabled Facilities Grant and adaptations services.

Work has also been undertaken to align the infrastructure in relation to occupational therapy capacity with the available DFG resources. In addition, processes in relation to progressing adaptations works have been considered to remove unnecessary barriers and improve the pace at which adaptations can be undertaken.

A review of Gateshead's DFG Policy has commenced and will be subject to public consultation. This policy will provide an opportunity to make a real difference to the lives of vulnerable and disabled people in Gateshead by exercising greater flexibility in the use of DFG / BCF through the discretionary powers in the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 (RRO).

The review of the DFG Policy, will consider extending the forms of assistance available to include the elderly and the vulnerable in the borough in such a way to enable the Council to deal with immediate health and safety issues, to prevent where possible admissions to hospital and to improve the housing stock thereby allowing those people to remain in their homes for longer and to lead more independent lives. Any and all assistance provided under this Policy, with the exception of Mandatory DFG is at the discretion of the Council and is subject to available resources.

An options appraisal examining major and minor adaptations services in Gateshead is currently being carried out. It will consider the structure, skills mix and delivery model of existing services and inform future decision making about the delivery of adaptations services.

Embedded within the Council's housing strategy is the integration of health and housing within our strategic planning. Housing is a basic human need and good quality homes are essential to ensuring that residents have the best physical and mental health possible. A warm, dry home, free from hazards and with sufficient space is a positive contributor to health and wellbeing.

Conversely, poor housing and homelessness are key drivers of social exclusion and contribute to lower life expectancy and preventable causes of death. Each year 233 people per 100,000 in Gateshead die from causes considered to be preventable, compared to the England average of 185 per 100,000. There are three strategic themes: supply, standards and support.

Housing Support can help break the cycle of disadvantage and inequity. Support is provided in many ways and by a range of organisations including the Council and The Gateshead Housing Company, registered housing providers, the voluntary and community sector, and the NHS. The Council and its partners want to provide Gateshead residents with the right type of advice and support, that is proportionate, timely and at its heart promotes independence and equality.

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

- How the BCF plan and other plans align to the wider integration landscape, such as STP/ICS plans

- A brief description of joint governance arrangements for the BCF plan

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In the North ICP and in Gateshead, the local system is transforming and many of the traditional boundaries between providers and commissioners are already being removed in response to integrated care approaches. The CCGs, FTs and LAs are working in collaboration through the Gateshead Health and Care System as the vehicle to collectively understand how best to meet our population's needs, in order to utilise our combined resources e.g. workforce to best effect, at place based level.

Our place-based approach also has implications for our relationship with wider footprints/ 'collaborative areas' at Integrated Care System (ICS) level. As a local system, we are clear that we see the role of the ICS/ICP as being to support our journey and local working arrangements across health and social care. This is best represented by the inverted 'pyramid' diagram where local place is placed at the apex, followed by the ICP layer and then the ICS layer at sub-regional and regional levels as described in the Gateshead plan 2019. (Document 2 Slide 46)

In terms of system integration, we now need to ensure through our Place-based approach we join more of the Gateshead system together to enable all our organisations' work to be serving the 'thrive' agenda. This will involve reviewing culture, governance and how the work of our teams is better aligned to serve our citizens. We also need to focus down, for any additional placed based commissioned work, on a smaller number of specific priorities and to use our collective energies, capacity and resources to take them forward to secure tangible results.

We are aligned to the vision and priorities and system working of the North East and North Cumbria (NENC) ICS in terms of transforming health outcomes and helping people to live longer, healthier and wealthier lives, and in particular the following Gateshead system priority areas and transformation programme are linked:

Improving population health and preventing ill health - People with Multiple and Complex Needs (inc. Frequent Attenders)

Optimising health services – (safe and sustainable care in the most appropriate setting) - Transforming community Services

Mental health – improve access to services and standards of care. - Children and Young People's Health and Wellbeing

Learning disabilities – improve quality of care, waiting times and outcomes for patients. - Deciding Together, Delivering Together and Community Model for Learning Disabilities

We have reviewed the outcomes of the Gateshead Care Homes Vanguard to ensure learning from its success is being implemented across the system, and similarly, the ICS Frailty work stream and Frailty iCare work. Our place-based approach for integration of health and care, links strategy with the wider determinants of health such as housing, education, and employment as well as being empowering people and communities to be more active partners in their health and care. The is to shift care upstream to prevent the levels of ill health our population experiences, to provide integrated and proactive care and support whereby ill health is managed earlier and more effectively. These approaches have been shown to reduce the need for high cost acute care and long term care packages thus managing cost and improving health and wellbeing:

- Locality Working – ongoing patient focussed services wrapped around GP practices and Care homes
- Falls reviewing team to ensure correct level of assessment is conducted by correct practitioner, year of care pilot with primary care- standing lying BP roll out in GP surgeries; increasing capacity of strength and balance to provide preventative support.
- Rapid Response- creation of one team across health and social care to develop a broader skill range across all professionals to enable faster responses to people and in particular support to avoid emergency admissions to hospital and care homes; implementation of SPOC to ensure referral hits the correct place first time
- Local Authority- Trusted assessments between health care and Prime Services- speeding up access to care packages to assist timely and appropriate discharge with appropriately trained staff
- Workforce and Development- Reviewed Skills across the Community Services. New workstream set up to review system wide workforce development linked into regional workforce group

Better Care Fund 2019/20 Template

5. Income

Selected Health and Wellbeing Board:

Gateshead

| Local Authority Contribution | |
|--|--------------------|
| Disabled Facilities Grant (DFG) | Gross Contribution |
| Gateshead | £1,860,611 |
| DFG breakdown for two-tier areas only (where applicable) | |
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| Total Minimum LA Contribution (exc iBCF) | £1,860,611 |

| iBCF Contribution | Contribution |
|--------------------------------|-------------------|
| Gateshead | £9,918,556 |
| Total iBCF Contribution | £9,918,556 |

| Winter Pressures Grant | Contribution |
|--|-------------------|
| Gateshead | £1,133,285 |
| Total Winter Pressures Grant Contribution | £1,133,285 |

| | |
|--|----|
| Are any additional LA Contributions being made in 2019/20? If yes, please detail below | No |
|--|----|

| Local Authority Additional Contribution | Contribution | Comments - please use this box clarify any specific uses or sources of funding |
|--|--------------|--|
| | | |
| | | |
| Total Additional Local Authority Contribution | £0 | |

| CCG Minimum Contribution | Contribution |
|---------------------------------------|--------------------|
| NHS Newcastle Gateshead CCG | £16,235,688 |
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| | |
| Total Minimum CCG Contribution | £16,235,688 |

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|---|----|
| Are any additional CCG Contributions being made in 2019/20? If yes, please detail below | No |
|---|----|

| Additional CCG Contribution | Contribution | Comments - please use this box clarify any specific uses or sources of funding |
|--|--------------------|--|
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| | | |
| Total Addition CCG Contribution | £0 | |
| Total CCG Contribution | £16,235,688 | |

| | |
|--------------------------------|--------------------|
| | 2019/20 |
| Total BCF Pooled Budget | £29,148,140 |

| |
|---|
| Funding Contributions Comments Optional for any useful detail e.g. Carry over |
| |

Better Care Fund 2019/20 Template

6. Expenditure

Selected Health and Wellbeing Board:

Gateshead

<< Link to summary sheet

| Running Balances | Income | Expenditure | Balance |
|-----------------------------|--------------------|--------------------|-----------|
| DFG | £1,860,611 | £1,860,611 | £0 |
| Minimum CCG Contribution | £16,235,688 | £16,235,688 | £0 |
| iBCF | £9,918,556 | £9,918,556 | £0 |
| Winter Pressures Grant | £1,133,285 | £1,133,285 | £0 |
| Additional LA Contribution | £0 | £0 | £0 |
| Additional CCG Contribution | £0 | £0 | £0 |
| Total | £29,148,140 | £29,148,140 | £0 |

| Required Spend | Minimum Required Spend | Planned Spend | Under Spend |
|--|------------------------|---------------|-------------|
| NHS Commissioned Out of Hospital spend from the minimum CCG allocation | £4,522,303 | £5,388,565 | £0 |
| Adult Social Care services spend from the minimum CCG allocations | £6,380,402 | £6,380,402 | £0 |

| Scheme ID | Scheme Name | Brief Description of Scheme | Scheme Type | Sub Types | Please specify if 'Scheme Type' is 'Other' | Planned Outputs | | Metric Impact | | | | Expenditure | | | | | | | | |
|-----------|---|--|---|--------------------------------------|--|---------------------|-------------------------|----------------|----------------|----------------|----------------|---------------|--|--------------|-------------------------------|------------------------------|-----------------|--------------------------|-----------------|----------------------|
| | | | | | | Planned Output Unit | Planned Output Estimate | NEA | DTOC | RES | REA | Area of Spend | Please specify if 'Area of Spend' is 'other' | Commissioner | % NHS (if Joint Commissioner) | % LA (if Joint Commissioner) | Provider | Source of Funding | Expenditure (£) | New/ Existing Scheme |
| 1 | Managing Discharges and Admission | To support the Achieving Change Together Team (ACT) integrating commissioning and reablement at the point of Assessment/ review to improve outcomes. Provision of | Prevention / Early Intervention | Other | Transformation and modernisation | | | High | Low | High | High | Social Care | | LA | | | Local Authority | iBCF | £457,000 | Existing |
| 1 | Managing Discharges and Admission Avoidance | Facilitating discharge to alternative pathways care. Integrated social work team to expedite discharge from hospital. | HICM for Managing Transfer of Care | Chg 1. Early Discharge Planning | | | | Medium | High | High | High | Social Care | | LA | | | Local Authority | Minimum CCG Contribution | £736,000 | Existing |
| 1 | Managing Discharges and Admission Avoidance | The service provides assessment of social care needs as well as "step up" community and "step down" from hospital intermediate care services. In addition this scheme covers provision of funding to enable the Council to discharge certain duties under the Care Act 2014. | HICM for Managing Transfer of Care | Other approaches | | | | Medium | High | High | High | Social Care | | LA | | | Local Authority | Minimum CCG Contribution | £1,025,000 | Existing |
| 1 | Managing Discharges and Admission | Mental health social worker capacity | Integrated Care Planning and Navigation | Care Planning, Assessment and Review | | | | High | Low | High | High | Social Care | | LA | | | Local Authority | iBCF | £30,000 | Existing |
| 1 | Managing Discharges and Admission Avoidance | Expansion of IC services to include the ability to step patients up and down avoids hospital and care home admissions and promotes independence at home. | Intermediate Care Services | Reablement/Rehabilitation Services | | Hours of Care | - | High | High | High | High | Social Care | | LA | | | Local Authority | Minimum CCG Contribution | £3,104,000 | Existing |
| 2 | Market Shaping and Stabilisation | To enable fees to providers to be restructured and facilitate increases to ensure the stability of the market and availability of packages of care | Home Care or Domiciliary Care | | | Hours of Care | - | Medium | High | High | Medium | Social Care | | LA | | | Local Authority | iBCF | £1,710,000 | Existing |
| 2 | Market Shaping and Stabilisation | To enable fees to providers to be restructured and facilitate increases to ensure the stability of the market and availability of packages of care | Home Care or Domiciliary Care | | | Hours of Care | - | High | High | High | High | Social Care | | LA | | | Local Authority | iBCF | £2,350,000 | Existing |
| 2 | Market Shaping and Stabilisation | Brokerage function for the provision of home care packages | Integrated Care Planning and Navigation | Care Planning, Assessment and Review | | | | Medium | High | High | Medium | Social Care | | LA | | | Local Authority | Minimum CCG Contribution | £116,000 | Existing |
| 2 | Market Shaping and Stabilisation | To enable fees to providers to be restructured and facilitate increases to ensure the stability of the market and availability of packages of care | Residential Placements | Care Home | | Placements | - | Medium | High | Not applicable | Not applicable | Social Care | | LA | | | Local Authority | iBCF | £3,228,000 | Existing |
| 4 | Service Pressures | Provision of packages of care | Home Care or Domiciliary Care | | | Hours of Care | - | High | High | High | High | Social Care | | LA | | | Local Authority | iBCF | £366,000 | Existing |
| 4 | Service Pressures | MCA Dols capacity | Enablers for Integration | Integrated workforce | | | | Not applicable | Not applicable | Medium | Not applicable | Social Care | | LA | | | Local Authority | iBCF | £120,000 | Existing |
| 4 | Service Pressures | To support the Multi Agency Adult Referral Team (MAART) | Integrated Care Planning and Navigation | Care Coordination | | | | High | Low | Not applicable | Not applicable | Social Care | | LA | | | Local Authority | iBCF | £95,000 | Existing |
| 4 | Service Pressures | Bed based intermediate care provision | Intermediate Care Services | Reablement/Rehabilitation Services | | Hours of Care | - | High | High | High | High | Social Care | | LA | | | Local Authority | iBCF | £300,000 | Existing |
| 4 | Service Pressures | Support for day service opportunities with a focus on enablement | Prevention / Early Intervention | Other | Physical Health / Wellbeing | | | Medium | Not applicable | High | Medium | Social Care | | LA | | | Local Authority | iBCF | £200,000 | Existing |
| 4 | Service Pressures | Provision of placements | Residential Placements | Care Home | | Placements | - | Medium | High | Not applicable | Not applicable | Social Care | | LA | | | Local Authority | iBCF | £875,000 | Existing |
| 5 | Transformation | Post to Support Data Integration and Performance Analysis | Enablers for Integration | Shared records and Interoperability | | | | Not applicable | Low | Low | Medium | Social Care | | LA | | | Local Authority | Minimum CCG Contribution | £80,000 | Existing |

| | | | | | | | | | | | | | | | | | | | | |
|---|-----------------------------------|---|---|--------------------------------------|--|---------------|---|--------|--------|----------------|----------------|-------------|--|----|--|--|-----------------|--------------------------|------------|----------|
| 5 | Transformation | Capacity to support service transformation and collaboration | Enablers for Integration | Implementation & Change Mgt capacity | | | | Medium | High | High | High | Social Care | | LA | | | Local Authority | iBCF | £187,556 | Existing |
| 6 | Carers | The purpose of this contract is to provide an all age carers service in Gateshead. The aim of the Service is to keep carers informed, support carers to look after their health and | Carers Services | Carer Advice and Support | | | | Medium | Medium | High | High | Social Care | | LA | | | Local Authority | Minimum CCG Contribution | £510,402 | Existing |
| 7 | Disabled Facilities Grant | DFG is directed through the BCF to encourage areas to think strategically about the use of home adaptations, use of technologies to support people to live independently in their own homes for longer, and to take a joined-up approach to improving outcomes across health, social care and housing. Innovation in this area could include combining DFG and other funding sources to create fast-track delivery systems, alongside information and advice services about local housing options | DFG Related Schemes | Adaptations | | | | High | High | High | High | Social Care | | LA | | | Local Authority | DFG | £1,860,611 | Existing |
| 1 | Managing Discharges and Admission | Increase in social work capacity to support discharge from hospital | HICM for Managing Transfer of Care | Chg 1. Early Discharge Planning | | | | High | High | High | Medium | Social Care | | LA | | | Local Authority | Minimum CCG Contribution | £91,000 | New |
| 1 | Managing Discharges and Admission | Step down bed capacity | Intermediate Care Services | Reablement/Rehabilitation Services | | Placements | - | Medium | High | High | Medium | Social Care | | LA | | | Local Authority | Minimum CCG Contribution | £20,000 | New |
| 1 | Managing Discharges and Admission | Reablement at home | Intermediate Care Services | Reablement/Rehabilitation Services | | Hours of Care | - | High | High | High | High | Social Care | | LA | | | Local Authority | Winter Pressures Grant | £135,000 | New |
| 3 | Planned Care | Residential Care Placement | Residential Placements | Care Home | | Placements | - | Low | High | Not applicable | Not applicable | Social Care | | LA | | | Local Authority | Winter Pressures Grant | £400,000 | New |
| 3 | Planned Care | Home Care Placements | Home Care or Domiciliary Care | | | Hours of Care | - | High | High | High | High | Social Care | | LA | | | Local Authority | Winter Pressures Grant | £450,000 | New |
| 2 | Market Shaping and Stabilisation | Other Interventions | Home Care or Domiciliary Care | | | Hours of Care | - | High | High | High | High | Social Care | | LA | | | Local Authority | Winter Pressures Grant | £71,285 | New |
| 5 | Transformation | Investment in revenue to support aids and adaptations | Enablers for Integration | Implementation & Change Mgt capacity | | | | High | Medium | Medium | High | Social Care | | LA | | | Local Authority | Winter Pressures Grant | £27,000 | New |
| 1 | Managing Discharges and Admission | Expansion of 7 day working | Integrated Care Planning and Navigation | Care Coordination | | | | High | High | High | High | Social Care | | LA | | | Local Authority | Winter Pressures Grant | £50,000 | New |

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

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

| | | |
|--|--|--|
| <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>Care Coordination Single Point of Access Care Planning, Assessment and Review Other</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> | <p>Bed Based - Step Up/Down Rapid / Crisis Response Reablement/Rehabilitation Services Other</p> |

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

[^^ Link back up](#)

Better Care Fund 2019/20 Template

7. High Impact Change Model

Selected Health and Wellbeing Board:

Gateshead

Explain your priorities for embedding elements of the High Impact Change Model for Managing Transfers of Care locally, including:

- Current performance issues to be addressed
- The changes that you are looking to embed further - including any changes in the context of commitments to reablement and Enhanced Health in Care Homes in the NHS Long-Term Plan
- Anticipated improvements from this work

The Newcastle/ Gateshead health care system has worked collaboratively to implement the High Impact Change Model which has resulted in a reduction in unnecessary admissions and rapid and supported discharges to the most appropriate place for recovery rather than extended lengths of stay in an acute hospital bed. Specifically we can now demonstrate:

- Shorter lengths of stay when patients are admitted;
- Fewer patients waiting to be discharged when their acute care is complete; and
- Reductions in Delayed Transfers of Care (DToc) when compared to the original baseline figure.

In order to achieve this, there have been a number of system-wide improvements which have been implemented that have improved patient flow throughout all parts of the system which include being able to pro-actively manage transitions through the provision of timely and accurate information, good communication between hospital and primary care physicians, integrated working between health and care staff (acute and community based) and a single point of co-ordination.

Importantly the system has also moved beyond small-scale projects implemented initially to ensure delivery of the 8 Changes in the HICM (and as described in previous BCF submissions) and adopted comprehensive and mainstreamed admission avoidance and supported discharge programmes influenced by multiple evidence-based strategies and as part of a long term strategic commitment to integrating service provision between all key stakeholders.

Going forward our approach will be aligned not only to further embedding and enhancing the core components of the HICM but will also pro-actively target and support people with chronic, long-term conditions and the rapidly increasing frail, elderly population living within the City/Borough. Indeed as the vast majority of our emergency admissions result from acute exacerbations of one or more long-term conditions or is frailty related, we will focus on the proactive management of people through improved, comprehensive and standardised care planning. We will also better integrate community health and care teams as well as work closely with the third and independent sector so that when an admission is necessary, patients can be transferred from an inpatient environment to a community setting with no delays and are able to continue their rehabilitation therapy at home (or normal place of residence) with the same intensity and expertise that they would receive in hospital.

The evidence collected as a result of the CCGs participation in the Care Home Vanguard programme will also be used to deliver the components that have had the highest impact on the resident's quality of care to all of our Care Homes and join up primary, community and secondary, social care to residents of care and nursing homes, via a range of in reach services.

| | | Please enter current position of maturity | Please enter the maturity level planned to be reached by March 2020 | If the planned maturity level for 2019/20 is below established, please state reasons behind that? |
|-------|---|---|---|---|
| Chg 1 | Early discharge planning | Mature | Exemplary | |
| Chg 2 | Systems to monitor patient flow | Mature | Exemplary | |
| Chg 3 | Multi-disciplinary/Multi-agency discharge teams | Mature | Exemplary | |
| Chg 4 | Home first / discharge to assess | Mature | Exemplary | |
| Chg 5 | Seven-day service | Mature | Exemplary | |
| Chg 6 | Trusted assessors | Mature | Exemplary | |
| Chg 7 | Focus on choice | Mature | Exemplary | |
| Chg 8 | Enhancing health in care homes | Exemplary | Exemplary | |

Better Care Fund 2019/20 Template

8. Metrics

Selected Health and Wellbeing Board:

8.1 Non-Elective Admissions

| | 19/20 Plan | Overview Narrative |
|---|---|--|
| Total number of specific acute non-elective spells per 100,000 population | <p>Collection of the NEA metric plans via this template is not required as the BCF NEA metric plans are based on the NEA CCG Operating plans submitted via SDCS.</p> | <p>Targets for NEA have been set based on historic growth trends, factoring in changes to the recording of Ambulatory Care in Newcastle and impact of QIPP schemes across the HWB area.</p> <p>Importantly though we acknowledge that despite our integrated approach, our health and care system has and still continues to face a range of challenges, and managing transfers is a complex task, for which there is no single answer or quick fix. The Gateshead health care system has though worked collaboratively to implement the High Impact Change Model which has resulted in a reduction in unnecessary admissions and rapid and supported discharges to the most appropriate place for recovery rather than extended lengths of stay in an acute hospital bed.</p> <p>Schemes which will impact on reducing non-elective admissions:</p> <p>Managing Discharges and Admission Avoidance will have a high impact on reducing non-elective admissions. The service provides assessment of social care needs as well as “step up” community and “step down” from hospital intermediate care services. In addition this scheme covers provision of funding to enable the Council to discharge certain duties under the Care Act 2014.</p> <p>Expansion of IC services to include the ability to step patients up and down avoids hospital and care home admissions and promotes independence at home.</p> <p>Review existing service portfolio, including remaining non-elective activity scheme represents a proportion of the current in year costs of non-elective admissions in Gateshead.</p> <p>Market Shaping and Stabilisation scheme enables fees to providers to be restructured and facilitate increases to ensure the stability of the market and availability of packages of care, hence a high impact on reducing non-elective admissions.</p> <p>Service Pressures and the provision of packages of care will have a strong impact on non-elective admissions.</p> <p>Disabled Facilities Grant is directed through the BCF to encourage areas to think strategically about the use of home adaptations, use of technologies to support people to live independently in their own homes for longer, and to take a joined-up approach to improving outcomes across health, social care and housing. Innovation in this area could include combining DFG and other funding sources to create fast-track delivery systems, alongside information and advice services about local housing options</p> |

Please set out the overall plan in the HWB area for reducing Non-Elective Admissions, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

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

8.2 Delayed Transfers of Care

| 19/20 Plan | Overview Narrative |
|------------|--------------------|
|------------|--------------------|

| | | | |
|--|------------|---|---|
| <p>Delayed Transfers of Care per day (daily delays) from hospital (aged 18+)</p> | <p>6.5</p> | <p>The DTOC target for 19/20 retains the centrally set expectation, which for Gateshead was a stretch target based on Q3 17/18 performance and remains one of the best performing quarters for the LA. Gateshead has made significant improvements in DTOC performance over the past 2 years and has improved from 15.1 average daily delays in Q1 17/18 to 8.3 average daily days in Q1 2019/20.</p> <p>In order to further reduce delays, there have been a number of system-wide improvements which have been implemented that have improved patient flow throughout all parts of the system which include being able to pro-actively manage transitions through the provision of timely and accurate information, good communication between hospital and primary care physicians, integrated working between health and care staff (acute and community based) and a single point of co-ordination.</p> <p>Going forward our approach will be aligned not only to further embedding and enhancing the core components of the HICM but will also pro-actively target and support people with chronic, long-term conditions and the rapidly increasing frail, elderly population living within the City/Borough. Indeed as the vast majority of our emergency admissions result from acute exacerbations of one or more long-term conditions or is frailty related, we will focus on the proactive management of people through improved, comprehensive and standardised care planning. We will also better integrate community health and care teams as well as work closely with the third and independent sector so that when an admission is necessary, patients can be transferred from an inpatient environment to a community setting with no delays and are able to continue their rehabilitation therapy at home (or normal place of residence) with the same intensity and expertise that they would receive in hospital.</p> <p>The evidence collected as a result of the CCGs participation in the Care Home Vanguard programme will also be used to deliver the components that have had the highest impact on the resident's quality of care to all of our Care Homes and join up primary, community and secondary, social care to residents of care and nursing homes, via a range of in reach services.</p> <p>The Winter Pressures funds will be used to provide additional resilience and ensure that adequate capacity and resource is available to enable core services to meet surges in demand, ensuring that services are able to continue as usual and provide high quality support to residents of Gateshead.</p> | <p>Please set out the overall plan in the HWB area for reducing Delayed Transfers of Care to meet expectations set for your area. This should include any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric. Include in this, your agreed plan for using the Winter Pressures grant funding to support the local health and care system to manage demand pressures on the NHS, with particular reference to seasonal winter pressures.</p> |
|--|------------|---|---|

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

8.3 Residential Admissions

| | | 18/19 Plan | 19/20 Plan | Comments |
|--|-------------|------------|------------|---|
| Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population | Annual Rate | 856 | 876 | <p>Target for 2019/20 has been set to 2018/19 outturn. During the period of 2018/19 there were a total of 348 new admission to Long Term Residential or Nursing care (890.2 per 100,000 population). This exceeded the planned target of 334 (854.4 per 100,000 population). The ageing population remains a constant challenge and an increased need for people who have dementia type illness whose needs are such that they cannot continue to live independently or with support, therefore requiring a 24-hour care setting environment. With these challenges in mind, the plan for 2019/20 has been set to maintain the 2018/19 outturn.</p> <p>Going forward our approach will be aligned not only to further embedding and enhancing the core components of the HICM but will also pro-actively target and support people with chronic, long-term conditions and the rapidly increasing frail, elderly population living within the City/Borough. Indeed as the vast majority of our emergency admissions result from acute exacerbations of one or more long-term conditions or is frailty related, we will focus on the proactive management of people through improved, comprehensive and standardised care planning. We will also better integrate community health and care teams as well as work closely with the third and independent sector so that when an admission is necessary, patients can be transferred from an inpatient environment to a community setting with no delays and are able to continue their rehabilitation therapy at home (or normal place of residence) with the same intensity and expertise that they would receive in hospital.</p> <p>The evidence collected as a result of the CCGs participation in the Care Home Vanguard programme will also be used to deliver the components that have had the highest impact on the resident's quality of care to all of our Care Homes and join up primary, community and secondary, social care to residents of care and nursing homes, via a range of in reach services.</p> |
| | Numerator | 336 | 348 | |
| | Denominator | 39,257 | 39,748 | |

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

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

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

8.4 Reablement

| | | 18/19 Plan | 19/20 Plan | Comments |
|--|------------|------------|------------|---|
| | Annual (%) | 87.9% | 87.9% | <p>Target has been set at 2018/19 level target. During 2018/19, 84% (168 out of 200) of people aged 65 & Over who were discharged from hospital into reablement during October to December 2018 and still at home 91 days later. Performance is slightly lower than the planned target of 87.9% but has improved compared to the same period in 2017/18 (80.9%). The planned target has been maintained at 87.9%.</p> |
| | Numerator | 160 | 160 | |

| | | | | |
|---|-------------|-----|-----|---|
| Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services | Denominator | 182 | 182 | <p>Managing Discharges and Admission Avoidance will have a high impact on reducing non-elective admissions. The service provides assessment of social care needs as well as “step up” community and “step down” from hospital intermediate care services. In addition this scheme covers provision of funding to enable the Council to discharge certain duties under the Care Act 2014.</p> <p>Expansion of IC services to include the ability to step patients up and down avoids hospital and care home admissions and promotes independence at home.</p> <p>Review existing service portfolio, including remaining non-elective activity scheme represents a proportion of the current in year costs of non-elective admissions in Gateshead.</p> |
|---|-------------|-----|-----|---|

Please set out the overall plan in the HWB area for increasing the proportion of older people who are still at home 91 days after discharge from hospital into reablement/rehabilitation, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

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

Better Care Fund 2019/20 Template

9. Confirmation of Planning Requirements

Selected Health and Wellbeing Board:

Gateshead

| Theme | Code | Planning Requirement | Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR) | Please confirm whether your BCF plan meets this | Please note any supporting documents referred to and relevant page numbers to assist the assurers | Where the Planning requirement is not met, please note the actions in place towards meeting the requirement | Where the Planning requirement is not met, please note the anticipated timeframe for meeting it |
|--|------|---|--|---|---|---|---|
| NC1: Jointly agreed plan | PR1 | A jointly developed and agreed plan that all parties sign up to | <p>Has a plan, jointly developed and agreed between CCG(s) and LA, been submitted?</p> <p>Has the HWB approved the plan/delegated approval pending its next meeting?</p> <p>Have local partners including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan?</p> <p>Do the governance arrangements described support collaboration and integrated care?</p> <p>Where the strategic narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure, metric and HICM sections of the plan been submitted for each HWB concerned?</p> | Yes | <p>A place-based approach to the integration of health and care has been established through the Gateshead Health & Care System, whose organisations have been working together since 2018 as the "Gateshead System", established to work together in a different way at Place level to deliver better outcomes for local people. In our strategic narrative we continually reference the work of the Gateshead System and describe the future joint vision for the patients and public of Gateshead.</p> <p>The plan has been jointly developed and agreed between system partners as described in the narrative, and the HWB will approve the plan pending its next meeting 18/10/2019. The governance arrangements described in the narrative support collaboration and integration.</p> | | |
| | PR2 | A clear narrative for the integration of health and social care | <p>Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that covers:</p> <ul style="list-style-type: none"> - Person centred care, including approaches to delivering joint assessments, promoting choice, independence and personalised care? - A clear approach at HWB level for integrating services that supports the overall approach to integrated care and confirmation that the approach supports delivery at the interface between health and social care? - A description of how the local BCF plan and other integration plans e.g. STP/CSs align? <p>Is there a description of how the plan will contribute to reducing health inequalities (as per section 4 of the Health and Social Care Act) and to reduce inequalities for people with protected characteristics under the Equality Act 2010? This should include confirmation that equality impacts of the local BCF plan have been considered, a description of local priorities related to health inequality and equality that the BCF plan will contribute to addressing.</p> <p>Has the plan summarised any changes from the previous planning period? And noted (where appropriate) any lessons learnt?</p> | Yes | <p>Our narrative describes the approach in Gateshead for delivering integrated health and social care and identifies the progress that has been made since the inception of BCF. We have included in Section B1 narrative describing work underway to further transform the model for older persons care homes in response to key challenges facing the care home market which will ensure that we have the right number of care homes that are sustainable, offering choice and good quality care. We have also attached as separate documents case Study 1 and 2 which highlight the work of the Achieving Change Together Team (ACT) integrating commissioning and reablement at the point of Assessment/ review to improve outcomes.</p> <p>The narrative and the case studies provide examples of initiatives, funded via BCF that demonstrate the positive impact funding has had in delivering more effective ways of working across adult social care and health, taking a preventative approach to improve outcomes for service users, reduce pressures on the NHS and stabilise the social care market.</p> <p>Document 1 is a HWB paper from July 2019 which updates on the progress made in the last eighteen months in the Gateshead Health & Care System in taking forward a place-based approach to the integration of health and care in Gateshead.</p> <p>Document 2 is the Gateshead System Planning Framework which also sets out the narrative about why the system has come together and describes in more detail the approach going forward to deliver the required change, the what, the how and who will be involved.</p> | | |
| | PR3 | A strategic, joined up plan for DFG spending | <p>Is there confirmation that use of DFG has been agreed with housing authorities?</p> <p>Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home.</p> <p>In two tier areas, has:</p> <ul style="list-style-type: none"> - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory Disabled Facilities Grants? or - The funding been passed in its entirety to district councils? | Yes | <p>Our strategic narrative also describes the current and future proposed approach to using the DFG in Gateshead, embedded within the Council's housing strategy is the integration of health and housing within our strategic planning.</p> <p>We recognise the importance of the adaptations services that it delivers to support vulnerable people to remain in their own homes, and support to lead their lives and thrive. Ensuring that these services are delivering well is central to achieving effective delivery in health, social care, early intervention and prevention</p> <p>A review of Gateshead's DFG Policy has commenced and will be subject to public consultation. This policy will provide an opportunity to make a real difference to the lives of vulnerable and disabled people in Gateshead by exercising greater flexibility in the use of DFG / BCF through the discretionary powers in the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 (RRO).</p> | | |
| NC2: Social Care Maintenance | PR4 | A demonstration of how the area will maintain the level of spending on social care services from the CCG minimum contribution to the fund in line with the uplift in the overall contribution | Does the total spend from the CCG minimum contribution on social care match or exceed the minimum required contribution (auto-validated on the planning template)? | Yes | | | |
| NC3: NHS commissioned Out of Hospital Services | PR5 | Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the CCG minimum BCF contribution? | Does the total spend from the CCG minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)? | Yes | | | |
| NC4: Implementation of the High Impact Change Model for Managing Transfers of Care | PR6 | Is there a plan for implementing the High Impact Change Model for managing transfers of care? | <p>Does the BCF plan demonstrate a continued plan in place for implementing the High Impact Change Model for Managing Transfers of Care?</p> <p>Has the area confirmed the current level of implementation and the planned level at March 2020 for all eight changes?</p> <p>Is there an accompanying overall narrative setting out the priorities and approach for ongoing implementation of the HICM?</p> <p>Does the level of ambition set out for implementing the HICM changes correspond to performance challenges in the system?</p> <p>If the current level of implementation is below established for any of the HICM changes, has the plan included a clear explanation and set of actions towards establishing the change as soon as possible in 2019-20?</p> | Yes | <p>In reviewing our position in terms of our plan for implementing the High Impact Change Model for Managing Transfers of Care, we have acknowledged that despite our approach, our health and care system has and still continues to face a range of challenges, and managing transfers is a complex task, for which there is no single answer or quick fix.</p> <p>The system has worked collaboratively to implement the High Impact Change Model which has resulted in a reduction in unnecessary admissions.</p> <p>Importantly the system has also moved beyond small-scale projects implemented initially to ensure delivery of the 8 Changes in the HICM.</p> | | |

| | | | | | | | |
|---|-----|---|--|-----|--|--|--|
| Agreed expenditure plan for all elements of the BCF | PR7 | <p>Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?</p> | <p>Have the planned schemes been assigned to the metrics they are aiming to make an impact on? Expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated) Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (tick-box) Is there an agreed plan for use of the Winter Pressures grant that sets out how the money will be used to address expected demand pressures on the Health system over Winter? Has funding for the following from the CCG contribution been identified for the area? - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement?</p> | Yes | <p>There is a clear narrative describing the approach in Gateshead for meeting the ambition set for each metric and in agreeing the metrics and narrative we have ensured there is a read across between Tab 4 expenditure schemes and Tab 8 metrics. The components of the Better Care Fund pool are being used for the planned purpose, and for example we were fully compliant with NHSE/Is assurance process for CCGs to receive the allocation adjustment for the BCF minimum social care contribution, and more importantly the system discussed and agreed (via the Gateshead Integrated Commissioning Group) how the additional allocation would be utilised for the benefits of Gateshead patients and public.</p> | | |
| | PR8 | <p>Indication of outputs for specified scheme types</p> | <p>Has the area set out the outputs corresponding to the planned scheme types (Note that this is only for where any of the specified set of scheme types requiring outputs are planned)? (auto-validated)</p> | Yes | <p>Wherever possible we have attempted to set realistic outputs and targets for the schemes, however, similar to IBCF reporting we feel it is on occasions unrealistic to set figures as we do not envisage the money having a direct impact on the numbers of packages in this way. Gateshead through the Gateshead Care Partnership is developing a different service delivery model which will very much focus on early intervention, prevention and enablement. Alongside this there will be an imperative for keeping people in their own home for as long as possible through maximising the use of assistive technology and development of alternative interventions. The Council and CCG are committed to optimising the use of the funding and therefore projects will be evaluated as they progress and monitored through the wider BCF governance framework.</p> | | |
| Metrics | PR9 | <p>Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?</p> | <p>Is there a clear narrative for each metric describing the approach locally to meeting the ambition set for that metric? Is there a proportionate range of scheme types and spend included in the expenditure section of the plan to support delivery of the metric ambitions for each of the metrics? Do the narrative plans for each metric set out clear and ambitious approaches to delivering improvements? Have stretching metrics been agreed locally for: - Metric 2: Long term admission to residential and nursing care homes - Metric 3: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement</p> | Yes | <p>There is a clear narrative describing the approach in Gateshead for meeting the ambition set for each metric and in agreeing the metrics and narrative we have ensured there is a read across between Tab 4 expenditure schemes and Tab 8 metrics. For example as a system we have reviewed the DTOC data for last year to look at why people could not be discharged who were delayed and analysed the areas which contributed to delays, and whether lack of capacity was a contributing factor causing the delay, to understand what could be done to address this in order to agree schemes and enabling activity and use of the Winter Pressures grant to manage pressures on the system over Winter. We have also reviewed the outcomes of the Care Homes Vanguard to ensure learning from its success is being implemented across the system, and similarly, the ICS Frailty work stream and Frailty iCare work. We have included an extensive narrative to each metric box to outline our position.</p> | | |

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

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

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| E1000002 | Buckinghamshire | 06F | NHS Bedfordshire CCG | 0.6% | 0.5% |
| E1000002 | Buckinghamshire | 14Y | NHS Buckinghamshire CCG | 94.4% | 94.9% |
| E1000002 | Buckinghamshire | 15D | NHS East Berkshire CCG | 1.4% | 1.2% |
| E1000002 | Buckinghamshire | 06N | NHS Herts Valleys CCG | 1.2% | 1.4% |
| E1000002 | Buckinghamshire | 08G | NHS Hillingdon CCG | 0.7% | 0.4% |
| E1000002 | Buckinghamshire | 04F | NHS Milton Keynes CCG | 1.3% | 0.7% |
| E1000002 | Buckinghamshire | 04G | NHS Nene CCG | 0.1% | 0.2% |
| E1000002 | Buckinghamshire | 10Q | NHS Oxfordshire CCG | 0.6% | 0.7% |
| E0800002 | Bury | 00T | NHS Bolton CCG | 0.8% | 1.2% |
| E0800002 | Bury | 00V | NHS Bury CCG | 94.0% | 94.3% |
| E0800002 | Bury | 01A | NHS East Lancashire CCG | 0.0% | 0.2% |
| E0800002 | Bury | 01D | NHS Heywood, Middleton and Rochdale CCG | 0.4% | 0.5% |
| E0800002 | Bury | 14L | NHS Manchester CCG | 0.6% | 2.0% |
| E0800002 | Bury | 01G | NHS Salford CCG | 1.4% | 1.9% |
| E0800033 | Calderdale | 02R | NHS Bradford Districts CCG | 0.4% | 0.6% |
| E0800033 | Calderdale | 02T | NHS Calderdale CCG | 98.4% | 98.9% |
| E0800033 | Calderdale | 03A | NHS Greater Huddersfield CCG | 0.3% | 0.3% |
| E0800033 | Calderdale | 01D | NHS Heywood, Middleton and Rochdale CCG | 0.1% | 0.1% |
| E1000003 | Cambridgeshire | 06F | NHS Bedfordshire CCG | 1.1% | 0.7% |
| E1000003 | Cambridgeshire | 06H | NHS Cambridgeshire and Peterborough CCG | 71.8% | 96.7% |
| E1000003 | Cambridgeshire | 06K | NHS East and North Hertfordshire CCG | 0.8% | 0.7% |
| E1000003 | Cambridgeshire | 99D | NHS South Lincolnshire CCG | 0.3% | 0.0% |
| E1000003 | Cambridgeshire | 07H | NHS West Essex CCG | 0.2% | 0.1% |
| E1000003 | Cambridgeshire | 07J | NHS West Norfolk CCG | 1.6% | 0.4% |
| E1000003 | Cambridgeshire | 07K | NHS West Suffolk CCG | 4.0% | 1.4% |
| E0900007 | Camden | 07M | NHS Barnet CCG | 0.2% | 0.3% |
| E0900007 | Camden | 07P | NHS Brent CCG | 1.3% | 1.9% |
| E0900007 | Camden | 07R | NHS Camden CCG | 83.9% | 88.9% |
| E0900007 | Camden | 09A | NHS Central London (Westminster) CCG | 5.6% | 4.8% |
| E0900007 | Camden | 08C | NHS Hammersmith and Fulham CCG | 0.4% | 0.3% |
| E0900007 | Camden | 08D | NHS Haringey CCG | 0.5% | 0.6% |
| E0900007 | Camden | 08H | NHS Islington CCG | 3.2% | 3.0% |
| E0900007 | Camden | 08Y | NHS West London (K&C & QPP) CCG | 0.3% | 0.2% |
| E0600056 | Central Bedfordshire | 06F | NHS Bedfordshire CCG | 56.6% | 95.0% |
| E0600056 | Central Bedfordshire | 14Y | NHS Buckinghamshire CCG | 0.8% | 1.5% |
| E0600056 | Central Bedfordshire | 06K | NHS East and North Hertfordshire CCG | 0.3% | 0.6% |
| E0600056 | Central Bedfordshire | 06N | NHS Herts Valleys CCG | 0.4% | 0.9% |
| E0600056 | Central Bedfordshire | 06P | NHS Luton CCG | 2.3% | 1.9% |
| E0600056 | Central Bedfordshire | 04F | NHS Milton Keynes CCG | 0.1% | 0.1% |
| E0600049 | Cheshire East | 15M | NHS Derby and Derbyshire CCG | 0.1% | 0.3% |
| E0600049 | Cheshire East | 01C | NHS Eastern Cheshire CCG | 96.4% | 50.2% |
| E0600049 | Cheshire East | 05G | NHS North Staffordshire CCG | 1.1% | 0.6% |
| E0600049 | Cheshire East | 01R | NHS South Cheshire CCG | 98.6% | 45.8% |
| 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 | 02D | NHS Vale Royal CCG | 0.6% | 0.2% |
| E0600049 | Cheshire East | 02E | NHS Warrington CCG | 0.7% | 0.4% |
| E0600049 | Cheshire East | 02F | NHS West Cheshire CCG | 1.9% | 1.2% |
| E0600050 | Cheshire West and Chester | 01C | NHS Eastern Cheshire CCG | 1.2% | 0.7% |
| E0600050 | Cheshire West and Chester | 01F | NHS Halton CCG | 0.2% | 0.0% |
| E0600050 | Cheshire West and Chester | 01R | NHS South Cheshire CCG | 0.5% | 0.2% |
| E0600050 | Cheshire West and Chester | 02D | NHS Vale Royal CCG | 99.4% | 29.5% |
| E0600050 | Cheshire West and Chester | 02E | NHS Warrington CCG | 0.4% | 0.3% |
| E0600050 | Cheshire West and Chester | 02F | NHS West Cheshire CCG | 96.9% | 69.1% |
| E0600050 | Cheshire West and Chester | 12F | NHS Wirral CCG | 0.3% | 0.3% |
| E0900001 | City of London | 07R | NHS Camden CCG | 0.2% | 7.0% |
| E0900001 | City of London | 09A | NHS Central London (Westminster) CCG | 0.1% | 2.5% |
| E0900001 | City of London | 07T | NHS City and Hackney CCG | 1.8% | 70.4% |
| E0900001 | City of London | 08C | NHS Hammersmith and Fulham CCG | 0.0% | 1.2% |
| E0900001 | City of London | 08H | NHS Islington CCG | 0.1% | 3.6% |
| E0900001 | City of London | 08V | NHS Tower Hamlets CCG | 0.4% | 15.0% |
| E0900001 | City of London | 08Y | NHS West London (K&C & QPP) CCG | 0.0% | 0.2% |
| E0600052 | Cornwall & Scilly | 15N | NHS Devon CCG | 0.3% | 0.6% |
| E0600052 | Cornwall & Scilly | 11N | NHS Kernow CCG | 99.7% | 99.4% |
| E0600047 | County Durham | 00D | NHS Durham Dales, Easington and Sedgfield CCG | 97.0% | 52.4% |
| E0600047 | County Durham | 03D | NHS Hambleton, Richmondshire and Whitby CCG | 0.1% | 0.0% |
| E0600047 | County Durham | 00K | NHS Hartlepool and Stockton-On-Tees CCG | 0.1% | 0.0% |
| E0600047 | County Durham | 13T | NHS Newcastle Gateshead CCG | 0.7% | 0.7% |
| E0600047 | County Durham | 00J | NHS North Durham CCG | 96.7% | 46.3% |
| E0600047 | County Durham | 00P | NHS Sunderland CCG | 1.2% | 0.6% |
| E0800026 | Coventry | 05A | NHS Coventry and Rugby CCG | 74.5% | 99.8% |
| E0800026 | Coventry | 05H | NHS Warwickshire North CCG | 0.4% | 0.2% |
| E0900008 | Croydon | 07Q | NHS Bromley CCG | 1.6% | 1.3% |
| E0900008 | Croydon | 07V | NHS Croydon CCG | 95.3% | 93.2% |
| E0900008 | Croydon | 09L | NHS East Surrey CCG | 2.9% | 1.3% |
| E0900008 | Croydon | 08C | NHS Hammersmith and Fulham CCG | 0.2% | 0.0% |
| E0900008 | Croydon | 08K | NHS Lambeth CCG | 3.0% | 3.0% |
| E0900008 | Croydon | 08R | NHS Merton CCG | 0.8% | 0.4% |
| E0900008 | Croydon | 08T | NHS Sutton CCG | 0.8% | 0.4% |
| E0900008 | Croydon | 08X | NHS Wandsworth CCG | 0.5% | 0.5% |

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| E1000006 | Cumbria | 01K | NHS Morecambe Bay CCG | 54.0% | 36.6% |
| E1000006 | Cumbria | 01H | NHS North Cumbria CCG | 99.9% | 63.4% |
| E0600005 | Darlington | 00C | NHS Darlington CCG | 98.2% | 96.1% |
| E0600005 | Darlington | 00D | NHS Durham Dales, Easington and Sedgfield CCG | 1.2% | 3.2% |
| E0600005 | Darlington | 03D | NHS Hambleton, Richmondshire and Whitby CCG | 0.1% | 0.2% |
| E0600005 | Darlington | 00K | NHS Hartlepool and Stockton-On-Tees CCG | 0.2% | 0.6% |
| E0600015 | Derby | 15M | NHS Derby and Derbyshire CCG | 26.5% | 100.0% |
| E1000007 | Derbyshire | 02Q | NHS Bassetlaw CCG | 0.2% | 0.0% |
| E1000007 | Derbyshire | 15M | NHS Derby and Derbyshire CCG | 70.9% | 92.6% |
| E1000007 | Derbyshire | 05D | NHS East Staffordshire CCG | 7.9% | 1.4% |
| E1000007 | Derbyshire | 01C | NHS Eastern Cheshire CCG | 0.3% | 0.0% |
| E1000007 | Derbyshire | 04E | NHS Mansfield and Ashfield CCG | 2.1% | 0.5% |
| E1000007 | Derbyshire | 04L | NHS Nottingham North and East CCG | 0.3% | 0.0% |
| E1000007 | Derbyshire | 04M | NHS Nottingham West CCG | 5.1% | 0.6% |
| E1000007 | Derbyshire | 03N | NHS Sheffield CCG | 0.5% | 0.4% |
| E1000007 | Derbyshire | 01W | NHS Stockport CCG | 0.1% | 0.0% |
| E1000007 | Derbyshire | 01Y | NHS Tameside and Glossop CCG | 13.9% | 4.3% |
| E1000007 | Derbyshire | 04V | NHS West Leicestershire CCG | 0.5% | 0.2% |
| E1000008 | Devon | 15N | NHS Devon CCG | 65.7% | 99.2% |
| 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% |
| E0800017 | Doncaster | 02P | NHS Barnsley CCG | 0.3% | 0.3% |
| E0800017 | Doncaster | 02Q | NHS Bassetlaw CCG | 1.5% | 0.6% |
| E0800017 | Doncaster | 02X | NHS Doncaster CCG | 96.8% | 97.8% |
| E0800017 | Doncaster | 03L | NHS Rotherham CCG | 1.5% | 1.2% |
| E0800017 | Doncaster | 03R | NHS Wakefield CCG | 0.1% | 0.2% |
| E0600059 | Dorset | 11J | NHS Dorset CCG | 46.0% | 95.6% |
| E0600059 | Dorset | 11X | NHS Somerset CCG | 0.6% | 0.9% |
| E0600059 | Dorset | 11A | NHS West Hampshire CCG | 1.7% | 2.5% |
| E0600059 | Dorset | 99N | NHS Wiltshire CCG | 0.7% | 1.0% |
| E0800027 | Dudley | 15E | NHS Birmingham and Solihull CCG | 0.1% | 0.6% |
| E0800027 | Dudley | 05C | NHS Dudley CCG | 93.3% | 90.7% |
| E0800027 | Dudley | 05L | NHS Sandwell and West Birmingham CCG | 3.9% | 6.9% |
| E0800027 | Dudley | 06A | NHS Wolverhampton CCG | 1.8% | 1.5% |
| E0800027 | Dudley | 06D | NHS Wyre Forest CCG | 0.8% | 0.3% |
| E0900009 | Ealing | 07P | NHS Brent CCG | 1.8% | 1.6% |
| E0900009 | Ealing | 09A | NHS Central London (Westminster) CCG | 0.2% | 0.1% |
| E0900009 | Ealing | 07W | NHS Ealing CCG | 86.9% | 90.4% |
| E0900009 | Ealing | 08C | NHS Hammersmith and Fulham CCG | 5.5% | 3.1% |
| E0900009 | Ealing | 08E | NHS Harrow CCG | 0.4% | 0.3% |
| E0900009 | Ealing | 08G | NHS Hillingdon CCG | 0.7% | 0.5% |
| E0900009 | Ealing | 07Y | NHS Hounslow CCG | 4.7% | 3.5% |
| E0900009 | Ealing | 08Y | NHS West London (K&C & QPP) CCG | 0.7% | 0.4% |
| E0600011 | East Riding of Yorkshire | 02Y | NHS East Riding of Yorkshire CCG | 97.3% | 85.1% |
| E0600011 | East Riding of Yorkshire | 03F | NHS Hull CCG | 9.2% | 7.9% |
| E0600011 | East Riding of Yorkshire | 03M | NHS Scarborough and Ryedale CCG | 0.7% | 0.2% |
| E0600011 | East Riding of Yorkshire | 03Q | NHS Vale of York CCG | 6.6% | 6.8% |
| E1000011 | East Sussex | 09D | NHS Brighton and Hove CCG | 1.0% | 0.6% |
| E1000011 | East Sussex | 09F | NHS Eastbourne, Hailsham and Seaford CCG | 100.0% | 34.7% |
| E1000011 | East Sussex | 09P | NHS Hastings and Rother CCG | 99.7% | 33.3% |
| E1000011 | East Sussex | 09K | NHS High Weald Lewes Havens CCG | 98.1% | 29.6% |
| E1000011 | East Sussex | 09X | NHS Horsham and Mid Sussex CCG | 2.8% | 1.2% |
| E1000011 | East Sussex | 09J | NHS West Kent CCG | 0.8% | 0.7% |
| E0900010 | Enfield | 07M | NHS Barnet CCG | 1.0% | 1.2% |
| E0900010 | Enfield | 07T | NHS City and Hackney CCG | 0.1% | 0.1% |
| E0900010 | Enfield | 06K | NHS East and North Hertfordshire CCG | 0.3% | 0.6% |
| E0900010 | Enfield | 07X | NHS Enfield CCG | 95.2% | 90.9% |
| E0900010 | Enfield | 08C | NHS Hammersmith and Fulham CCG | 0.1% | 0.0% |
| E0900010 | Enfield | 08D | NHS Haringey CCG | 7.7% | 6.9% |
| E0900010 | Enfield | 06N | NHS Herts Valleys CCG | 0.1% | 0.2% |
| E0900010 | Enfield | 08H | NHS Islington CCG | 0.2% | 0.1% |
| E1000012 | Essex | 07L | NHS Barking and Dagenham CCG | 0.1% | 0.0% |
| E1000012 | Essex | 09E | NHS Basildon and Brentwood CCG | 99.8% | 18.2% |
| E1000012 | Essex | 06H | NHS Cambridgeshire and Peterborough CCG | 0.1% | 0.0% |
| E1000012 | Essex | 09F | NHS Castle Point and Rochford CCG | 95.2% | 11.5% |
| E1000012 | Essex | 06K | NHS East and North Hertfordshire CCG | 1.6% | 0.6% |
| E1000012 | Essex | 08F | NHS Havering CCG | 0.3% | 0.0% |
| E1000012 | Essex | 06L | NHS Ipswich and East Suffolk CCG | 0.2% | 0.0% |
| E1000012 | Essex | 06Q | NHS Mid Essex CCG | 100.0% | 25.5% |
| E1000012 | Essex | 06T | NHS North East Essex CCG | 98.6% | 22.7% |
| E1000012 | Essex | 08N | NHS Redbridge CCG | 2.9% | 0.6% |
| E1000012 | Essex | 09G | NHS Southend CCG | 3.3% | 0.4% |
| E1000012 | Essex | 07G | NHS Thurrock CCG | 1.4% | 0.2% |
| E1000012 | Essex | 08W | NHS Waltham Forest CCG | 0.5% | 0.1% |
| E1000012 | Essex | 07H | NHS West Essex CCG | 97.1% | 19.8% |
| E1000012 | Essex | 07K | NHS West Suffolk CCG | 2.3% | 0.4% |

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

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

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

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

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

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

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

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

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