County Offices
Newland
Lincoln
LN1 1YL

14 June 2021

**Lincolnshire Health and Wellbeing Board**

A meeting of the **Lincolnshire Health and Wellbeing Board** will be held on **Tuesday, 22 June 2021 at 2.00 pm in Council Chamber, County Offices, Newland, Lincoln LN1 1YL** for the transaction of the business set out on the attached Agenda.

Yours sincerely

Debbie Barnes OBE
Chief Executive

**MEMBERS OF THE BOARD**

**Lincolnshire County Council:** Councillors: Mrs W Bowkett (Executive Councillor Adult Care and Public Health), Mrs P A Bradwell OBE (Executive Councillor Children's Services, Community Safety and Procurement), K H Cooke, W H Gray, R J Kendrick, C E H Marfleet, Mrs S Rawlins and Mrs S Woolley (Executive Councillor NHS Liaison, Community Engagement, Registration and Coroners)

**Lincolnshire County Council Officers:** Heather Sandy (Executive Director of Children's Services), Glen Garrod (Executive Director of Adult Care and Community Wellbeing) and Professor Derek Ward (Director of Public Health)

**District Council:** Councillor Richard Wright

**NHS Lincolnshire Clinical Commissioning Group:** Sean Lyons and John Turner

**Healthwatch Lincolnshire:** 1 Vacancy

**Police and Crime Commissioner:** Marc Jones

**Lincolnshire Partnership Foundation NHS Trust:** Kevin Lockyer and Sarah Connery

**United Lincolnshire Hospitals NHS Trust:** Elaine Baylis and Andrew Morgan

**Lincolnshire Community Health Services NHS Trust:** Elaine Baylis and Maz Fosh

**Primary Care Network Alliance:** Dr Sunil Hindocha

**ASSOCIATE MEMBERS (Non-Voting):**
Jason Harwin, Lincolnshire Police
Oliver Newbould, NHS E/I
1 Vacancy, Voluntary and Community Sector

**LINCOLNSHIRE HEALTH AND WELLBEING BOARD AGENDA**
**TUESDAY, 22 JUNE 2021**

## 9 Discussion Items

**9a** **Update on Covid-19** — Verbal Report

*(To receive a verbal update from Derek Ward, Director of Public Health, on the current Covid-19 position in Lincolnshire)*

**9b** **Integrated Care Systems (ICS) Legislation Update** — 85 - 94

*(To receive a report from John Turner, Chief Executive, NHS Lincolnshire Clinical Commissioning Group, which provides the Board with an update in relation to Integrated Care System (ICS) legislation)*

**9c** **Housing, Health and Care Delivery Group Delivery Plan** — 95 - 106

*(To receive a report from Councillor Mrs Wendy Bowkett, Chairman of the Housing, Health & Care Delivery Group, which asks the Board to consider the Housing, Health and Care Delivery Group Delivery Plan. Sean Johnson, Public Health, Programme Manager, will also be present for this item)*

## 10 Information Items

**10a** **An Action Log of Previous Decisions** — 107 - 110

*(For the Board to note decisions taken since June 2020)*

**10b** **Lincolnshire Health and Wellbeing Board Forward Plan** — 111 - 114

*(This item provides the Board with a copy of the Lincolnshire Health and Wellbeing Board Forward Plan for the period 8 June 2021 to 29 March 2022)*

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**Please note:** for more information about any of the following please contact the Democratic Services Officer responsible for servicing this meeting

- Business of the meeting
- Any special arrangements
- Copies of reports

Contact details set out above.

Please note: This meeting will be broadcast live on the internet and access can be sought by accessing Agenda for Lincolnshire Health and Wellbeing Board on Tuesday, 22nd June, 2021, 2.00 pm (moderngov.co.uk)

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https://www.lincolnshire.gov.uk/council-business/search-committee-records

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**LINCOLNSHIRE HEALTH AND WELLBEING BOARD**
**9 MARCH 2021**

**PRESENT: COUNCILLOR MRS S WOOLLEY (CHAIRMAN)**

**Lincolnshire County Council:** Councillors Mrs P A Bradwell OBE (Executive Councillor Adult Care, Health and Children's Services), C N Worth (Executive Councillor Culture and Emergency Services), Mrs W Bowkett, R J Kendrick, C E H Marfleet and C R Oxby.

**Lincolnshire County Council Officers:** Glen Garrod (Executive Director of Adult Care and Community Wellbeing) and Professor Derek Ward (Director of Public Health).

**District Council:** Councillor Donald Nannestad (District Council).

**Lincolnshire Clinical Commissioning Group:** John Turner (Lincolnshire Clinical Commissioning Group).

**Healthwatch Lincolnshire:** Mike Hill.

**Police and Crime Commissioner:** Marc Jones.

**Associate Member (non-voting):** Jason Harwin (Lincolnshire Police).

**Officers In Attendance:** : Dr Kakoli Choudhury (Consultant in Public Health Medicine) (Public Health), Alison Christie (Programme Manager, Strategy and Development), Katrina Cope (Senior Democratic Services Officer) (Democratic Services) and Lorraine Graves (Interim Head of Mental Health Services).

29 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillor N H Pepper, Heather Sandy (Executive Director – Children's Services and Elaine Baylis (Lincolnshire Co-ordinating Board).

The Board noted that Linda Dennett (Lead Nurse, Children's Services) had replaced Heather Sandy (Executive Director – Children's Services) for this meeting only.

30 DECLARATIONS OF MEMBERS' INTEREST

There were no declarations of members' interest made at this point in the meeting.

31 MINUTES OF THE LINCOLNSHIRE HEALTH AND WELLBEING BOARD MEETING HELD ON 1 DECEMBER 2020

RESOLVED

That the minutes of the Lincolnshire Health and Wellbeing Board meeting held on 1 December 2020 be agreed and signed by the Chairman as a correct record.

32 ACTION UPDATES FROM THE PREVIOUS MEETING

RESOLVED

That the Action Updates presented be noted.

33 CHAIRMAN'S ANNOUNCEMENTS

Further to the Chairman's announcements circulated. The Chairman advised the Board of the sad news of the death of Michael Oliver, Chairman of the Board of Trustees at Linkage Trust. The Chairman advised further that he would be sadly missed and that the Board's thoughts were with his family at this time.

RESOLVED

That the Chairman's announcements on pages 21 to 25 of the report pack be noted.

34 DECISION ITEM

34a Changes to the Lincolnshire Health and Wellbeing Board Terms of Reference to incorporate the functions of the Integrated Care System Partnership Board

The Board gave consideration to a report which proposed changes to the Health and Wellbeing Board's (HWB) Terms of Reference to incorporate the functions of the Integrated Care System (ICS) Partnership Board. The Board were reminded that discussion on this item had been deferred from the 1 December 2020 meeting, due to the publication of a consultation document on Integrated Care Systems (ICSs) by NHSEI on 26 November 2020.

The Board noted that the ICS guidance and the White Paper announced on 11 February 2021, built on the route map set out in the NHS Long Term Plan for health and care to join up locally around people's needs.

The Board was advised that the approach in Lincolnshire was to incorporate the functions of the ICS Partnership Board into the HWB; pages 28 and 29 provided a list of advantages for this approach, which included building on the strong partnership working of the HWB; continuing focus on the wider determinant of health; collaborative working; population health management and neighbourhood working; and the genuine desire across the health and care system to develop innovative ways of working.

Paragraph 1.3 advised the Board of the main changes to the HWB Terms of reference. The main changes were in Section 2 Context, Section 3 Objectives, Section 4 Functions and Responsibilities, Section 5 Membership, Section 7 Accountability and Section 11 Quorum. A copy of the revised Terms of Reference was provided in Appendix A to the report for the Board to consider.

The Board noted that subject to the HWB endorsing the changes, the revised terms of reference would then need to be reflected in the Council's Constitution and agreed by Full Council in the new municipal year. It was noted further that the first meeting of the HWB under the new terms of reference was scheduled to take place on 8 June 2021.

In conclusion, it was highlighted that every area was required to have an ICS by April 2021, with an overarching board in place to provide a strategic steer and to oversee the work of the local integrated health and care system. The proposal to incorporate the function of the ICS Partnership Board with the HWB would put Lincolnshire in a unique position and at the forefront of partnership working.

During consideration of this item, it was highlighted that district councils had been heavily involved in partnership working during the pandemic; and it was felt that district council representation on the Board should be increased to two representatives from one, to enable them to have more representation. There was recognition that district councils had played a huge part throughout the pandemic. Reference was also made to the fact that there were some 'dual hatters' on the Board representing both the county and the district. It was highlighted that membership would be reviewed again in twelve months' time when, subject to legislation, the Clinical Commissioning Group was discontinued and the ICS came into effect. The Board noted that the proposals put forward at this stage were just the first steps in the process.

RESOLVED

1. That the revised Terms of Reference set out in Appendix A be endorsed.

2. That the necessary changes to the Councils Constitution be recommended to Full Council for approval.

35 DISCUSSION ITEMS

35a Covid-19 Update

The Chairman invited Derek Ward, Director of Public Health, to provide an update on the current Covid-19 position in Lincolnshire.

The Board was advised that the England infection rate was currently at 66 per 100,000 population; and that the Lincolnshire rate of infection had come down to 70 per 100,000

population (7 day rolling average up to 6 March 2021). It was noted that there was some variance across Lincolnshire.

The Board noted that 70,000 Covid-19 tests had been carried out (up to 6 March 2021).

The Chief Executive of the Lincolnshire CCG extended his thanks to the Director of Public Health and his team for all their assistance throughout the pandemic.

The Board noted that 650,000 people over the age of 18 had been offered the vaccine; and that 300,000 had received their first vaccine. It was noted that good progress was being made with the vaccination programme and that Lincolnshire was on target for the over 50's to have received their vaccination by the 15 April 2021; and for the whole adult population of Lincolnshire to have had their vaccinations by 31 July 2021.

During discussion, the Board raised the following comments:

- If the seven day summary information was available to district councils. Confirmation was given that all district councils had access to the information, through the restricted Share Point site;
- How many people had refused to have the Covid-19 vaccination? The Board was advised that only a small number of people had refused the vaccination in Lincolnshire;
- The longer term effects of Covid-19. The Board noted that there was a lot of complexity with regard to the longer term effects of Covid-19, as it was impacting people in different ways. Assurance was given that clinical leads were doing lots of work with regard to this, as there were mental health issues as well as physical issues; and
- Reassurance was given that Lincolnshire would meet the target set for 15 April 2021.

RESOLVED

That the verbal update be received and noted.

35b Director of Public Health Annual Report 2020

The Chairman invited Derek Ward, Director of Public Health, to present this item to the Board.

Note: Councillor Mrs P A Bradwell OBE left the meeting at 2:47pm.

The Board was advised that Director of Public Health's Annual Report for 2020 focussed on Covid-19 and the impact of the disease on health and wellbeing in Lincolnshire. Appendix A to the report provided a copy of the aforementioned annual report for the Board's consideration.

RESOLVED

That the Annual Report from the Director of Public Health be received and noted.

35c Integrated Care System Update

The Chairman invited John Turner, Chief Executive, NHS Lincolnshire Clinical Commissioning Group, to present the item, which provided an update on the Integrated Care System (ICS).

The Board noted that a shared understanding had been reached with the NHSEI regional team concerning the proposed governance arrangements for the Lincolnshire ICS. The Board was advised that the final submission of the Lincolnshire ICS designation application was made on 15 February 2021 and that it was anticipated that designation would be received by April 2021.

During consideration of the item, it was highlighted that Lincolnshire had learnt a lot from the pandemic, and that the learning, innovation and community involvement needed to be maintained as part of the ICS.

RESOLVED

That the Integrated Care System Update report as presented be noted.

35d Suicide Prevention Strategy and Action Plan

The Chairman invited Dr Kakoli Choudhury, Public Health Consultant, to present the report, which advised of the progress made towards the implementation of the Suicide Prevention Action Plan. A copy of the Action Plan was detailed at Appendix A to the report for the Board's consideration.

The Board noted that the Strategy and Action Plan had been produced in collaboration with the Suicide Prevention Steering Group, which was a system-wide, multi-agency partnership consisting of statutory and non-statutory organisations. Details of the progress made on delivery of the action plan were provided on page 70 of the report pack.

Overall, it was noted that progress on the action plan had been good, despite the pandemic. The Committee noted further that the majority of actions were on target. Two actions shown in 'Red' on the action plan 1.2 – *Identify/develop clear pathways of support for both individuals and professionals* and 4.2 – *Develop Real Time Surveillance* were behind target, mainly as a result of the re-deployment of staff into the Covid-19 response; and that their delivery dates would need to be adjusted. It was also highlighted that it was planned to contract 4.2 out for a short period of time. The Committee was advised that the one action 4.1 – *Explore alternative data sources to gather intelligence to aid prevention of suicidal behaviours* shown as being 'Yellow' was behind target as a result of the current time commitment of Intelligence Teams across the system on the Covid-19 response; and as a result of this, the delivery date might have to change.

During consideration of this item, one member enquired whether the number of deaths by suicide had increased during the pandemic. The Board was advised that there had not been an increase in the number. A further point raised was whether there was data available to identify those individuals who had been near misses, as those individuals were likely to need further help and support. The Board noted that near misses did pose challenges as two thirds of them did not enter mental health services, as not all had mental health issues. There was recognition that there needed to be a whole approach which looked at mental health and wellbeing.

RESOLVED

That the report presented be received and noted and that support be given to the work the Public Health Division are leading on for Suicide Prevention.

35e Reforming the Mental Health Act White Paper

The Chairman invited Sarah Connery, Acting Chief Executive, Lincolnshire Partnership NHS Foundation Trust (LPFT), and Lorraine Graves, Interim Head of Mental Health Services, to present the item, which provided the Board with a summary of the Reforming the Mental Health Act White paper and details of the consultation questions.

Note: Councillor C E H Marfleet joined the meeting at 15:10pm.

The Board was advised that the White Paper proposed a substantive programme of legislative reforms to give people greater control over their treatment; and to ensure that people were treated with dignity and respect. It also included steps to improve how people with a learning disability and autistic people were treated in law and reduce the reliance on specialist inpatient services for this group.

Note: Councillor R J Kendrick left the meeting at 15:13pm.

The White paper also included a series of questions on the implementation and impact of the proposed reforms, which the government was seeking views on (Appendix 2). It was noted that the consultation concluded on 21 April 2021.

Attached to the report for the Board's consideration were the following Appendices:

- Appendix 1 – provided a summary of the key proposals in the Reforming the Mental Health White Paper;
- Appendix 2 – provided a list of the consultation questions;
- Appendix 3 – provided a copy of the proposed Lincolnshire Health and Care System response to the consultation. (this was a 'To Follow' document, which was circulated to the Board prior to the meeting)

It was noted that Appendix 3, the proposed Lincolnshire health and care system response had been compiled with input from LPFT, the County Council, the NHS Lincolnshire Clinical Commissioning Group, East Midlands Ambulance Service, Lincolnshire Police, primary care, third sector, voluntary sector and wider community services. The Board was advised that there had been positive feedback and that the system had responded swiftly to agree a joint consultation response.

The Board were very supportive of the changes the White Paper proposed and to the Lincolnshire health and care system response to the consultation.

The Chairman agreed to write separately in support of the system response.

RESOLVED

1. That the content of the briefing note and consultation questions in Appendices 1 and 2 to the report be noted.

2. That the proposed system response to the consultation as detailed in Appendix 3 be noted and approved.

Note: Marc Jones (Police and Crime Commissioner) left the meeting at 3:22pm.

35f Mental Health Services in Lincolnshire

The Chairman invited Sarah Connery, Acting Chief Executive, Lincolnshire Partnership NHS Foundation Trust (LPFT), to provide a presentation on Mental Health Services in Lincolnshire. A copy of the presentation slides were contained in the report pack on pages 107 to 116.

The presentation provided the Board with information as to the number of people serviced by the Trust in Lincolnshire and North East Lincolnshire.

The presentation advised the Board of the following:

- that the Trust's overall ratings were 'Good';
- that the Trust operated from 50 locations;
- that the Trust had a total of 220 in-patient beds;
- that the Trust's income was approximately £115 million;
- that the Trust had 50,000 service users;
- that the Trust employed 2,500 staff; and had 10,000 members.

The services the Trust provided were in four broad categories which were: Adult inpatient and urgent care, Adult community; specialist; and older people and frailty. It was highlighted that the Trust's vision was 'To support people to live well in their communities'.

The Board was advised that during the Covid-19 pandemic there had been reduced capacity and that teams had been innovative in dealing with demand, having safety as their first priority.

The Board was advised of the emotional wellbeing helpline open to all Lincolnshire health and care staff, the steps2change talking therapies; the mental health advice line for professionals; and the Who's looking after you information available to support health and care staff in Lincolnshire.

In conclusion, it was noted that due to the increased demand that had been driven by Covid-19, more was being done to transform mental health services, with reference being made to the Lincolnshire Community Mental Health Transformation.

During consideration of this item, the Board made reference to the importance of social interaction, the stigma attached to mental health issues; and the need for quick referrals. The Board noted that there was provision for self-referral or referral through the GP. The Board noted further that a person going through the Step2Change referral could be waiting up to 18 weeks. Reassurance was given that the individual would be given a suite of tools to use during this time, after assessment but before treatment; and that they would be signposted as to what to do if their condition was to escalate.

RESOLVED

That the presentation on Mental Health Services in Lincolnshire be received and noted.

36 INFORMATION ITEMS

36a Implementing a Population Health Management Approach in Lincolnshire

RESOLVED

That the Implementing a Population Health Management Approach in Lincolnshire report be noted.

36b Better Care Fund 2021/22

RESOLVED

That the Better Care Fund 2021/22 report presented be noted.

36c An Action Log of Previous Decisions

RESOLVED

That the Action Log of Previous Decisions as presented be noted.

36d Lincolnshire Health and Wellbeing Board Forward Plan

RESOLVED

That the Lincolnshire Health and Wellbeing Board Forward Plan presented be noted.

The meeting closed at 3.51 p.m.

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| Meeting Date | Minute No | Agenda Item & Action Required | Update and Action Taken |
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| **09.06.20** | | **No update to report** | |
| **29.09.20** | **15a** | **Health and Wellbeing Board Review and Refocus**<br>That agreement be given by the Lincolnshire Health and Wellbeing Board to:<br>• Review the purpose, membership and priorities, as detailed in the report;<br>• Receive a further report on the outcome of the review at the next meeting of the Board scheduled for 1 December 2020;<br>• Make recommendations to Lincolnshire County Council on proposed changes to the Council's Constitution with regards to the Lincolnshire Health and Wellbeing Board. | Two review workshops have been facilitated by the LGA looking at the future purpose and membership of the HWB. A proposal paper is being presented to the HWB on 1 December on merging the role of the HWB with that of the Integrated Care System Partnership Board.<br><br>The review of the priorities is currently on hold due to the COVID-19 second wave and their capacity of key colleagues to support any review work. This second phase will be progressed in early 2021 once the review of purpose and membership has concluded. |
| **29.09.20** | **16e (4)** | **Centre for Ageing Better – Rural Strategic Partnership**<br>That each constituent member organisation of the Board to seek formal commitment from their organisation to work together to achieve the aims of the Partnership. | • The Steering Group is currently developing a Partner Commitment for agencies to formally adopt to show their commitment<br>• An engagement plan will be developed alongside this commitment to ensure that partners are kept up to date and are able to contribute fully to the work of the partnership<br>• The new Partnership Manager comes into post on 16 November – these tasks will be part of her work plan once her induction tasks are completed |
| **01.12.20** | **26a** | **Health and Wellbeing – proposal to incorporate the functions of the anticipated Lincolnshire Integrated Care System Partnership Board**<br><br>It was agreed that a copy of the new guidance from NHSE/NHSI would be forwarded to all members of the Board | The guidance from NHSEI on the Integrated Care Systems was circulated to Board Members following the meeting. |

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| | | c. That officers develop revised terms of reference and for these to be presented to the Board meeting in March. | Revised terms of reference have been drafted for discussion at the extraordinary HWB meeting on 9 Feb before being formally presented for endorsement at the HWB March meeting. The revised terms of reference will still be subject to approval by Full Council as changes will be required to the Constitution. |
| | **26b** | **Lincolnshire Homes for Independence Blueprint**<br>2**.** That relevant partners be recommended to adopt the blueprint through the appropriate decision-making process for their organisation. | The Chair of the Housing, Health and Care Delivery Group has emailed all partners asking them to provide an update on progress through the HHCDG. The expectation is that all partners will have adopted the Blueprint by March 2021. |
| | **27a** | **Covid-19 Update**<br>Concern was expressed regarding the availability of flu vaccines along the coast. The Chief Executive of the Lincolnshire CCG advised that he was aware of some issues, but felt these had been rectified as a delivery of flu vaccines had been received in the county during the previous week. Reassurance was given that the matter would be followed up. | |
| | **27b** | **Social Prescribing**<br>**3.** That the Board reviews what further support and influence the Board can provide across all organisations to further commit funding in order to mitigate short-term risks, as the Social Prescribing Link worker model grows in maturity, but also to review how as a system Lincolnshire supports community development initiatives to ensure there are services and activities available for Social Prescribing to refer to (particularly in light of the impact of Covid-19). | This will be reviewed as part of the work to refocus the Health and Wellbeing Board following Covid -19. |
| | **28b** | **Lincolnshire Health and Wellbeing Board Forward Plan**<br>During consideration of the Board's Forward Plan, reference was made to a recent communication from | This refers to measures announced by the Chancellor as part of the Spending Review on 25 November 2020. A statement from Secretary of State for Housing, Communities and Local Government confirmed a |

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| | | the Rt Hon Robert Jenrick MP, Secretary of State for Housing, Communities and Local Government, which had made reference to funding for public sector infrastructure totalling £10 billion. It was agreed that a copy of said letter would be forwarded on to the Chief Executive of Lincolnshire Clinical Commissioning Group to investigate further, to see if the letter referred to new funding or to funding already committed.<br><br>2.That an Extra-ordinary meeting of the Lincolnshire Health and Wellbeing Board be arranged for late January/early February 2021 to discuss the alignment of the HWB with the ICSPB. | package of investment to build more homes, end rough sleeping and support and level up communities across England in light of Covid. This includes:<br><br>• £7.1bn National Home Building Fund to build more affordable and sustainable homes<br>• Funding to level up and strengthen communities, including new £4bn Levelling Up Fund<br>• More money for councils, with access to an additional £2.2bn to deliver services and £3bn to help tackle the pandemic<br>• An extra £254m to tackle homelessness and rough sleeping<br>• £70m to implement new laws to improve building safety.<br><br>An Extra-ordinary meeting of the Lincolnshire Health and Wellbeing Board was scheduled for 9 February 2021 but subsequently cancelled due to the forthcoming publication of the White Paper. |
| **09.03.21** | **34a** | **Changes to the Lincolnshire Health and Wellbeing Board Terms of Reference to incorporate the functions of the Integrated Care System Partnership Board**<br><br>2. That the necessary changes to the Councils Constitution be recommended to full Council for approval | A report was presented to full Council on 21 May 2021 recommending the necessary changes to the Council's Constitution.<br><br>The recommendation was approved. |
| | **35e** | **Reforming the Mental health Act White Paper**<br>The Chairman agreed to write separately in support of the system response | Cllr Woolley, on behalf of the Lincolnshire Health and Wellbeing Board, sent a letter to Nadine Dorries MP on 15 March 2021.<br><br>A response was received from the Minister's office on 8 April 2020 which |

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| | | | included a template to enable Lincolnshire to support a system response. |

**Lincolnshire Health and Wellbeing Board – 22 June 2021**

**Chairman's Announcements**

**System Chairs' Development Network**

On Thursday 27 May I chaired a meeting of the Midlands Systems Chairs' Development Network which brought together strategic leaders across the health and care system. The event was supported by the Local Government Association, NHS Confederation and NHSE&I. The first part of the session focused on the next steps in the integration programme. This was followed by a presentation from Andy Fox, Assistant Director of Public Health, on the Covid-19 Vaccination Rollout in Lincolnshire – Successes, Challenges and Lessons Learnt. This was well received and provided an excellent opportunity to showcase the excellent work that is taking place across the system to protect the population of Lincolnshire.

**Local Government Association Community Wellbeing Board**

I also attended a virtual meeting of the LGA Community Wellbeing Board on 27 May 2021. Updates were given on the Integration and Innovation: working together to improve health and social care White Paper and specifically on the LGA activity since the last meeting in February 2021. The agenda also included an opportunity to discuss the Public Health reforms and the Supreme Court Ruling on Sleep-in Shifts.

**Integration and Innovation: working together to improve health and social care for all – Local Government Association (LGA) Position Paper**

The LGA has published a position paper on the proposals set out in the Health and Social Care White Paper. The LGA has based the response on the views of member authorities and from the Local Government Health and Care Sounding Board, comprising representatives of local government, NHS membership bodies, national stakeholders and government departments.

**Transforming the Public Health System**

The Transforming the Public Health System Policy Paper was published by the Department of Health on 29 March 2021. A consultation on the proposals closed on 26 April 2021 and a copy of the response provided by the Lincolnshire Health and Wellbeing Board on behalf of the Lincolnshire health and care system is provided in Appendix A.

**Lincolnshire Health and Care System Response**

**UK Health Security Agency**

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| What do local health partners most need from the UKHSA? | The policy paper published on 24 March 2021 clearly states the role and purpose of UKHSA is to lead the UK's approach to health security by planning for, preventing and responding to external health threats such as infectious diseases or environmental hazards. To do this, UKHSA needs to provide national and international expertise on all aspects of health protection, especially on those areas that fall outside of the remit of Directors of Public Health and local health protection teams.<br><br>Given the experience of managing the local response to the pandemic, strengthening systems to deliver joined up action on population health at national and local levels and developing health protection capability for the future are vital functions. Clear lines of governance, communication and engagement need establishing between the UKHSA and local health partners to ensure national strategies are translated into an effective local response: – this needs to happen at an ICS level.<br><br>Lincolnshire supports the ADPH's comments regarding surge capacity for outbreaks or emergencies – these need to be accessible for local teams including from regional health protection teams, the NHS and wider deployment of resources through Local Resilience Forums.<br><br>There also needs to be clear lines of accountability across the system so national and local partners understand their respective roles and responsibilities (this needs to include existing local structures such as local health protection boards and LRFs). Ideally, these need to be articulated in either a Memorandum of Understanding or in legislation. |
| How can the UKHSA support its partners to take the most effective action? | UKHSA needs to work across the whole system – local and regional as well as building strong links with the Office for Health Promotion. This can be achieved through the following:<br><br>• Clearly defined roles and responsibilities which enables a genuine partnership relationship and approach<br>• A well communicated system with clear lines of engagement and participation from all partners. This includes supporting Local Resilience Forums in their planning and response to any related emergency impacting on public health<br>• Development of an effective and live strategy with clear priorities, messaging and golden thread<br>• Provision of timely information, intelligence, early warning indicators and trends to enable local partners to adapt their health protection response. |

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| | • Ensuring all parts of the public health system – including UKHSA – address/reduce health inequalities<br>• Providing direct access to the intelligence and information |
| How do you think the health protection capabilities we need in the future should differ from the ones we have had to date? | At a local level, as Lincolnshire slowly moves from 'response' to 'recovery', the health response capability at local and national levels should be assessed and reassessed at an early stage through debriefs and enquiries, and action taken to act upon any recommendations to ensure we are in a good position to deliver the demands that a post-pandemic recovering country needs. Our approach must be insight driven and able to respond to emerging needs. Our ability to engage and empower our communities to increase the potential for prevention should be embraced. Having in depth insight and understanding of our communities is important, particularly our more diverse communities where views/understanding on health matters may differ.<br><br>However, it is difficult to fully comment on how health protection capabilities need to differ in the future without understanding what the role of the regional health protection function will be. This issue has not been addressed in the policy paper and currently there appears to be a gap between the role of UKHSA at a national and international level, and the local health protection response delivered at an ICS level. From Lincolnshire's perspective there are two options:<br><br>• Delegate current regional health protection functions to local areas, or<br>• Keep a regional health protection function to provide that link between UKHSA and local areas.<br><br>Will future policy documents address this issue? |
| How can UKHSA excel at listening to, understanding and influencing citizens? | The importance of place and in particular the need to listen to and work with local communities to address health inequalities and ensure everyone is able to lead a healthy and prosperous life is paramount<br><br>By utilising existing local mechanisms already in place such as Citizens Panels, Healthwatch, frontline agencies and community and voluntary sector organisations and establishing effective networks which includes all levels of local government and harness the capacity and capabilities of health, planning and communications professionals in these organisations. Ensure that 'listening, understanding and influencing' takes account of the different ways in which we may need to engage with communities and gain insights to inform future approach. To influence our communities – we need to understand them. Learning from Covid will be key to this. |

**Office of Health Promotion**

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| Within the structure | • The role of the Chief Medical Officer needs to remain independent. |

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| outlined, how can we best safeguard the independence of scientific advice to Government? | • There needs to be clear communication of the independence of scientific advice and clear blue water between scientific advice and Government policy.<br>• Scientific advice should be published independently.<br>• There needs to be close scrutiny of information sources and continued review of advice and guidance in a timely manner, and faster than NICS is currently able to do. |
| Where and how do you think system wide workforce development can be best delivered? | The current model delivered through Health Education England (HEE) does not work effectively for Lincolnshire. If there is a genuine desire to expand health promotion skills, then system wide workforce development needs to be delivered at a local ICS level to ensure the offer is responsive to local needs and issues – it cannot be a 'one size fits all' model. A localised approach will provide an opportunity for all partners from across the wider local health and care system to be included to share learning, understanding and added value. A more localised offer will also enable areas like Lincolnshire to build closer links with the University of Lincoln Medical School and the Greater Lincolnshire Enterprise Partnership (GLEP) to address the skills shortages we have in the county by promoting training and opportunities with Lincolnshire residents, so we are able to 'grow our own' health and care workforce. |
| How can we best strengthen joined up working across government on the wider determinants of health? | Lincolnshire welcomes the proposals in the recent White Paper giving the NHS a more explicit role in preventing ill health and supporting stronger collaborative working between the NHS and local partners to tackle population health challenges. ICSs provides a platform for stronger partnership working across the health and care system. However, to succeed, the duty to collaborate needs to be a duty for all health and social care providers. In terms of strengthening joined up working across government, our view is that this could be done by creating direct pathways of equal importance from all geographical areas, healthcare providers and patient populations.<br><br>The role of district councils in the health and care system also needs to be recognised. They offer a range of valuable contributions which support the aspirations for the future public health system – both in terms of direct service delivery and in shaping opportunities for wellbeing and prosperity for 'people and place'. As we recover from the impacts of Covid 19, the role of prevention, wider determinants of health, place shaping, community wellbeing and ensuring the right organisations are engaged and able to make an active contribution will be key.<br><br>Lincolnshire supports the ambition to join up government action on the wider determinants of health to promote greater innovation and collaboration in policy making and delivery. To ensure the new ministerial board on prevention is not just seen as purely a health function, it needs to be chaired by either the Prime Minister, the Cabinet Office or the Treasury, rather than the Secretary of State for Health. |

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| | Objective and standards set nationally by OHP need to be delivered appropriately locally within region or ICS by local organisations. For example, care association delivery of digital capabilities training in Lincolnshire is tailored to local solutions and providers. |
| How can we design or implement these reforms in a way that best ensures prevention continues to be prioritised over time? | Lincolnshire health and care partners welcome moves to bring prevention to the forefront and better connected to the NHS along with population health management. We believe that connecting the work through PCNs will drive better health outcomes for local populations. Despite improvements in joined up working at local level, prevention continues to feel disconnected.<br><br>One way that prevention could be prioritised over time is to monitor, report and publish levels of investment in treatment versus prevention. Another is to develop outcome-based metrics that focus on lifelong health outcomes and health inequalities across providers with clear actions that will achieve these targets, underpinned by a joined-up focus across government. We also need to create a greater understanding of the benefits realised within health and social care by achieving these outcomes.<br><br>Ultimately, there needs to be a fundamental shift in how resources/budgets are allocated which moves away from treating sickness to funding health and wellbeing. The New Zealand government has adopted a wellbeing budget approach aimed at building wellbeing into all policies and services, a similar approach should be considered in England as part of the departmental budget setting process with the Treasury. |



**Local Response**

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| How can we strengthen the local authority and Director of Public Health role in addressing the full range of issues that affect the health of local populations? | The events of the past year have provided a much stronger footing for the Director of Public Health (and local authority) to take a strong leadership role in the local system, covering all partners. Much of the learning from this needs to be embedded through the recovery stage and into the future. To make this truly effective there needs to be a high degree of 'local autonomy' to enable an effective response to local needs by:<br><br>• Making Directors of Public Health a statutory role on ICSs so they can influence the whole agenda<br>• Ensuring there is a strong link between the ICS and Health & Wellbeing Boards. In Lincolnshire, system leaders have agreed to incorporate the functions of the ICS Partnership Board into the HWB to ensure there is a continued focus on prevention and health inequalities across the whole health and care system.<br>• Strengthen local autonomy and flexibility to develop processes and structures which work best for the local area, and |

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| | devolve decision making and resources to enable this.<br><br>Further detail is needed on where healthcare public health sits, including DPH advice to the NHS – HCPH cannot be separated from the rest of the public health system. |
| How do we ensure that future arrangements encourage effective collaboration between national, regional and local actors across the system? | • The policy paper does not provide any detail on what the regional offer will look like – this needs to be addressed in future policy documents.<br>• The development of national policy and priorities need to be shaped with local and regional players and enable flexibility to enable local leadership to direct resources to meet local need. Clearly there needs to be formal governance structure in place that supports this, but there also needs to be effective informal governance and relationships that will enable effective collaborative working across all levels of government.<br>• More local representatives sitting on Westminster programme boards; in the past the default has been to engage with PHE, but there is now an opportunity for the wider system to engage with local leaders or representative bodies (e.g. ADPH)<br>• Work should be carried out to capture this good practice from the pandemic and to encourage continuation of work in areas crossing over into other aspects of health promotion work. A good example would be the continued use of environmental health professionals, used as part of the contact tracing response due to their previous experience in disease outbreaks (particularly food poisoning), to be used in a similar way as local ambassadors for good hygiene and health practices.<br>• Effective coordination between UKHSA/OHP and NHSE/I and NHSx on funding streams – in particular digital funding available to ICSs to ensure best use of resources in delivery and monitoring. |
| What additional arrangements might be needed to ensure that regionally focussed public health teams best meet the needs of local government and local NHS providers | Lincolnshire supports strengthening the role of ICSs in driving joined up local action on population health including through the new statutory aim for the NHS of improving health and wellbeing. The principle of subsidiarity is key here, with region only taking responsibility for things where there is a clear need to work on a larger footprint or things need doing only once. Everything else should be devolved down the lowest possible level and as near to the patient as possible.<br><br>The regional public health teams should be focused on delivering the health protection component of Public Health England. The regional roles and responsibilities need to be clearly articulated – this includes setting out what functions they will discharge on behalf of UKHSA and the functions they will deliver to support local health protection teams.<br><br>Local DPHs/Health Protection teams cannot be put in the same situation again as they were at the beginning of the Covid pandemic when we were told by PHE that they did not have the capacity to provide support to local health protection teams. |

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| | Locally, we were required to provide the functions that PHE should have been delivering. Local areas cannot be put in this situation again, so there needs to be a strong regional offer, or the functions need to be delegated to local DPHs who can then be held to account. |

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Lincolnshire COUNTY COUNCIL
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**LINCOLNSHIRE HEALTH AND WELLBEING BOARD**

Open Report on behalf of Derek Ward, Director of Public Health

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| Report to | **Lincolnshire Health and Wellbeing Board** |
| Date: | **22 June 2021** |
| Subject: | **Terms of Reference and Procedure Rules, Roles and Responsibilities of Board Members** |

**Summary:**
The Lincolnshire Health and Wellbeing Board (HWB) is required to review its governance arrangements on an annual basis. At the last HWB meeting on 9 March 2021, the Board endorsed proposals for the HWB to incorporate the functions of the Integrated Care System (ICS) Partnership Board. It also agreed to recommend the proposal to full Council on 21 May 2021 to enable the relevant changes to be made to the Council's Constitution.

**Actions Required:**
The HWB is asked to agree the Terms of Reference, Procedural Rules and Board Member's Roles and Responsibilities as set out in Appendix A.

## 1. Background

The functions of the Board are set out in Sections 195 and 196 of the Health and Social Care Act 2012 as follows:

- to encourage persons who arrange for the provision of any health and social care services in the area to work in an integrated manner;
- to provide advice, assistance or other support, as it thinks appropriate, for the purpose of encouraging joint commissioning;
- to prepare and publish a Joint Strategic Needs Assessment (JSNA) on the local population;
- to prepare and publish a Joint Health and Wellbeing Strategy (JHWS).

In line with the legislation, the Board became a formal committee of the County Council in April 2013. The Terms of Reference and Procedural Rules were formally adopted by the Board in September 2013 and are subject to annual review. The Terms of Reference and Procedural Rules, along with the Board Member's Roles and Responsibilities and Agenda Management Process, as set out in Appendix A, provide the formal governance arrangements for the Board.

At the meeting on 9 March 2021, the HWB endorsed proposals to change the terms of reference to incorporate the functions of the ICS Partnership Board, subject to Council approving the necessary changes to the Council's Constitution. Council approval was given at its meeting on 21 May 2021.

The final version of the governance documents is provided in Appendix A. It has been updated from the version presented on 9 March to reflect changes to Executive Portfolios resulting from the County Council elections held in May 2021.

## 2. Conclusion

The HWB is asked to agree the governance documents

## 3. Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy

The Council and Clinical Commissioning Group must have regard to the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS).

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| The HWB is responsible for producing both the JSNA and JHWS. |

## 4. Consultation

Not applicable

## 5. Appendices

| These are listed below and attached at the back of the report | |
|---|---|
| Appendix A | Health and Wellbeing Board Terms of Reference, Procedural Rules, Board Member's Role and Responsibilities |

## 6. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Alison Christie, Programme Manager Strategy and Development, who can be contacted on alison.christie@lincolnshire.gov.uk

# LINCOLNSHIRE HEALTH AND WELLBEING BOARD

# TERMS OF REFERENCE and PROCEDUAL RULES

## June 2021

**Next review date June 2022**

**LINCOLNSHIRE HEALTH AND WELLBEING BOARD**
**Terms of Reference and Procedural Rules**

## 1. PURPOSE

1.1 This document sets out the agreed principles and way of working for the Lincolnshire Health and Wellbeing Board which includes acting as the Integrated Care System Partnership Board (ICSPB) from April 2021.

1.2 It reflects the strong and effective partnership working across the health and care system and a commitment to the joint endeavour to deliver better health outcomes to the people of Lincolnshire.

## 2. CONTEXT

2.1 The Lincolnshire Health and Wellbeing Board (the Board) is established as a consequence of Section 194 of the Health and Social Care Act 2012 as a committee of Lincolnshire County Council.

2.2 Lincolnshire has a long history of strong and effective joint working to address the factors that determine health throughout the life course, and to seek to reduce demand on health and care services in a more preventative and proactive way.

2.3 The introduction of an Integrated Care System (ICS) in Lincolnshire is the next step on the evolution of partnership working. Health and Care System Leaders agree the ICS can best deliver outcomes for Lincolnshire by the Board fulfilling the role of the ICSPB.

2.4 The advantages of this approach are seen to be:

2.4.1 It builds on the strong partnership working ethos cultivated through the Board since 2013.

2.4.2 The move towards population health management will ensure place based and neighbourhood working is focused on delivering outcomes based on the needs of the population.

2.4.3 It ensures a continued focus on the wider determinants of health which have an impact on an individual's health and wellbeing.

2.4.4 The coterminous boundary offers Lincolnshire advantages over other areas and maximises opportunities to work collaboratively.

2.4.5 It reflects a genuine desire across the local health and care system to develop innovative ways of working and to capitalise on the advances made during the Covid-19 pandemic.

## 3. OBJECTIVES

3.1 To provide strong local leadership across the health and care system to improve the health and

wellbeing of Lincolnshire's population.

3.2 To maximise opportunities and circumstances for joint working and integration of services and make the best use of existing opportunities and process to prevent duplication or omission within Lincolnshire.

3.3 To work collaboratively to address the wider determinants of health – the physical, cultural, social and political environment in which we live – which impact on an individual's health outcomes.

3.4 To promote transformational change through shifting the health and care system towards preventing rather than treating ill health and disability by promoting self-care and healthy living.

3.5 To maximise the opportunities and resources available to Lincolnshire by integrating services.

3.6 To reduce current inequalities in the provision of healthcare and close the gap.

3.7 To ensure a focus on issues and needs, requiring partnership and collective action across a range of organisations, to deliver.

**4. FUNCTIONS AND RESPONSIBILITES OF THE BOARD**

4.1 To deliver the functions of a Health and Wellbeing Board as set out in Section 195 and 196 of the Health and Social Care Act 2012 as follows:

4.1.1 To encourage persons who arrange for the provision of any health and social care services in the area to work in an integrated manner.

4.1.2 To provide advice, assistance or other support, as it thinks appropriate, for the purpose of encouraging joint commissioning.

4.1.3 To prepare and publish a Joint Strategic Needs Assessment (JSNA) on the local population.

4.1.4 To prepare and publish a Joint Health and Wellbeing Strategy (JHWS)

4.2 To produce the Pharmaceutical Needs Assessment (PNA) in accordance with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (SI 2013/349) and liaising with NHS England and Improvement (NHSEI) to ensure recommendations or gaps in services are addressed.

4.3 To provide the overarching strategic partnership for the health and care system, setting the vision and strategy.

4.4 To provide oversight of the work undertaken by the member partners to take forward the Lincolnshire ICS to deliver the 'triple aim' duty for all NHS organisations of better health for the whole population, better quality care for all patients and financially sustainable services for the taxpayer.

4.5 To provide a system wide governance forum, including NHS, local government and wider

partners, to enable collective focus and direction to the responsibilities and decision making of the individual partners.

## 5. MEMBERSHIP

5.1 The membership of the Board will comprise the following *(* denotes statutory members of the Health and Wellbeing Board as required by Section 194 of the Health and Social Care Act 2012*[1]):

- The Executive Councillor for NHS Liaison, Community Engagement, Registration and Coroners
- The Executive Councillor for Children's Services, Community Safety and Procurement
- The Executive Councillor for Adult Care and Public Health
- Five further County Councillors
- The Director of Public Health*
- The Executive Director of Children Services*
- The Executive Director of Adult Care and Community Wellbeing*
- Chair, NHS Lincolnshire CCG
- Chief Executive, NHS Lincolnshire CCG
- Chair, Primary Care Network Alliance
- Chair, United Lincolnshire Hospitals NHS Trust
- Chief Executive, United Lincolnshire Hospitals NHS Trust
- Chair, Lincolnshire Partnership Foundation NHS Trust
- Chief Executive, Lincolnshire Partnership Foundation NHS Trust
- Chair, Lincolnshire Community Health Services NHS Trust
- Chief Executive, Lincolnshire Community Health Services NHS Trust
- One designated District Council representative
- The Police and Crime Commissioner for Lincolnshire
- A designated representative of Healthwatch Lincolnshire*

5.2 Associate Members[2] of the Board are as follows:

- A designated representative from NHSEI
- Chief Constable/representative, Lincolnshire Police
- A designated representative for the Voluntary and Community Sector

5.3 The Board will confirm the representative nominations by the partner organisations at the Annual General Meeting.

5.4 Board Members, through a majority vote, have the authority to approve individuals as Associate Members of the Board. The length of their membership will be for up to one year and will be subject to re-selection at the next Annual General Meeting (AGM).

[1] In addition to the positions highlighted, statutory membership of the Health and Wellbeing Board also includes at least one elected Councillor from the upper tier authority, nominated by the Leader of the Council, and at least one representative from each Clinical Commissioning Group whose area falls within or coincides with the local authority area.

[2] Associate member status is appropriate for individuals wanting to be involved with the work of the HWB, but who are not designated as core members. The HWB has the authority to invite associated members to join and approve their membership before they take their place. Associate members will not, unless specifically requested, be consulted on dates and venues of meetings but are invited to submit agenda items and have a standing invitation to attend meetings if an issue they are keen to discuss is on the agenda. Associated members will not have voting rights at HWB meetings.

5.5 Each non statutory member of the Board shall nominate a named substitute and provide details to the LCC Democratic Services Officer.

5.6 Two working days advance notice, that a substitute member will be attending a meeting of the Board, needs to be given to the LCC Democratic Services Officer.

5.7 Substitute members will have the same powers as Board Members.

**6. CHAIR AND VICE CHAIR**

6.1 The Board shall elect the Chair and Vice Chair at each AGM

6.2 The Chair and Vice Chair will not be from the same organisation.

6.3 The appointment will be by a majority vote of all Board Members/substitutes present at the meeting and will be for a term of one year.

**7. ACCOUNTABILITY**

7.1 The Board carries formal delegated authority to carry out its functions under Section 195 and 196 of the Health and Social Care Act 2012 from the County Council.

7.2 Save for the statutory functions referred to in paragraph 7.1 the Board will not have decision-making powers and will not exercise any functions of any other partner body. It will discharge its responsibilities by means of recommendation to the relevant partner organisations, who will act in accordance with their respective powers and duties to improve health and wellbeing of the people living in Lincolnshire.

7.3 NHS Members will ensure that they keep their organisation advised on the work of the Board.

7.4 The District Council Member will ensure that they keep all District Councils advised on the work of the Board.

7.5 Board members bring the responsibility, accountability and duties of their individual roles to the Board to provide information, data and consultation material appropriate to inform the discussions and decisions.

7.6 The arrangements for the Board to fulfil the role of the ICSPB do not affect the role and functions of the Health Scrutiny Committee for Lincolnshire.

7.7 The Board will report to Full Council and NHSEI via the Regional Team as required.

7.8 The Board will provide information to the public through publications, local media, and wider public activities and by publishing the minutes of meetings on the County Council website and Lincolnshire's Integrated Care System website.

7.9 When required the members of the Board will take place in round table discussions with the public, voluntary, community, private and independent sectors to ensure there is a 'conversation' with Lincolnshire communities about health and wellbeing.

## 8. ROLES AND RESPONSIBILITIES OF BOARD MEMBERS

8.1 To work together effectively to ensure the delivery of the functions and shared objectives are met for the benefit of Lincolnshire's communities.

8.2 To work collaboratively to build a partnership approach to key issues and provide collective and shared leadership for the communities of Lincolnshire.

8.3 To participate in discussions to reflect the views of their partner organisations, being sufficiently briefed and able to make recommendations about future policy developments and service delivery.

8.4 To champion the work and partnership approach in wider networks and in the community.

8.5 To ensure that there are communication mechanisms in place within the partner organisations to enable information about the priorities and recommendations are disseminated and appropriate action is taken to ensure the shared objectives are met.

8.6 To demonstrate commitment by prioritising attendance at meetings and development sessions.

8.7 To demonstrate commitment by prioritising activity in between meetings, such as responding to email communications and providing information within set deadlines.

8.8 To treat each other as equals, with respect and demonstrate that they value the contribution of others by listening and responding and encouraging real dialogue.

8.9 To act in accordance with the Board Member's roles and responsibilities listed in Appendix A.

## 9. BOARD MEETINGS

9.1 The Board will meet in public no less than four times per year including an AGM.

9.2 Additional meetings of the Board may be convened with the agreement of the Chair and Vice Chair.

9.3 The Board will hold development or wider partnership events as required. These meetings will be held in private.

9.4 All papers are to be sent to the Programme Manager Strategy and Development no later than 15 working days before the date of the scheduled meeting for approval with the Chair and Vice Chair. The appropriate committee report template should be used.

9.5 All finalised agenda items or reports to be tabled at the meeting will be sent by the Programme Manager Strategy and Development to the Democratic Services Officer no later than seven working days in advance of the next meeting. No business will be conducted that is not on the agenda.

9.6 Democratic Services will circulate and publish the agenda and reports at least five clear working days prior to the meeting. Exempt[3] or Confidential[4] Information shall only be circulated to Core Members.

**10. PROCEDURE AT MEETINGS**

10.1 Members of the public may attend all formal meetings of the Board subject to the exceptions in the Access to Information Procedure Rules as set out in Part 4 of Lincolnshire County Council's Constitution.

10.2 Only Board members, or their substitute, are entitled to speak through the Chair. Associate Members and the public are entitled to speak if pre-arranged with the Chair before the meeting.

10.3 The aim of the Board is to make its business accessible to all members of the community and partners. Accessibility will be achieved in the following ways:

10.3.1 Ensuring adequate access to Board meetings.

10.3.2 To include a work programme of planned future work on the agenda.

10.3.3 Reports and presentations are in a style that is accessible to the wider community, and of a suitable length, so that their content can be understood.

10.3.4 Enabling the recording of meetings to assist the secretariat in accurately recording actions and decisions.

**11. QUORUM**

11.1 Any full meeting of the Board shall be quorate if not less than a third of the Board membership are present.

11.2 This third should include the following:

- Either the Board Chair or Vice Chair, and in addition
- A Lincolnshire County Council Executive Councillor
- An NHS Chair

11.3 Failure to achieve a quorum within thirty minutes of the scheduled start of the meeting, or should the meeting become inquorate after it has started, shall render the meeting adjourned until the next scheduled meeting of the Board.

[3] Exempt Information is information falling within any of the descriptions set out in Part I of Schedule 12A of the Local Government Act 1972 subject to the qualifications set out in Part II and the interpretation provisions set out in Part III of the said schedule. In each case, read as if references there in to 'the authority' were references to 'the Board' or any of the partner organisations.

[4] Confidential Information is information furnished to partner organisations or the Board by a government department upon terms (however expressed) which forbid the disclosure of the information to the public.

**12. DECLARATIONS OF INTEREST**

12.1 At the start of all meetings, all core members who are members of Lincolnshire County Council shall declare any interest in accordance with the Member's Code of Conduct which is set out in Part 5 of the Lincolnshire County Council's Constitution

**13. VOTING**

13.1 Each core member or substitute member shall have one vote.

13.2 Wherever possible, decisions will be reached by consensus. In exceptional circumstances and where decisions cannot be reached by consensus of opinion, voting will take place and decisions agreed by a simple majority. The Chair will have a casting vote.

13.3 Decisions of the Board will be as recommendations to the partner organisations to deliver improvements in the health and wellbeing of the population of Lincolnshire.

**14. CONDUCT OF MEMBERS AT MEETINGS**

14.1 It is important to ensure that there is no impression created that individuals are using their position to promote their own interests, whether financial or otherwise, rather than the general public interest.

14.2 When at Board meetings or when representing the said Board, in whatever capacity, a member must uphold the seven Nolan Principles of Public Life:

- Selflessness
- Integrity
- Objectivity
- Accountability
- Openness
- Honesty
- Leadership

**15. MINUTES**

15.1 Democratic Services shall minute the meetings and produce and circulate an action log as part of the agenda to all core members.

15.2 Democratic Services will send the draft minutes to the Director of Public Health, Chief Executive of NHS Lincolnshire CCG and lead officers within ten working days of the meeting for comment.

15.3 The draft minutes, following comment from relevant officers (point 15.2 above), will be circulated to core members.

15.4 The draft minutes will be approved at the next quorate minuted meeting of the Board.

15.5 LCC Democratic Services will publish the minutes, excluding Exempt and Confidential Information, on the Lincolnshire County Council website.

**16. OFFICER AND ADMINSTRATIVE SUPPORT**

16.1 Appropriate officer and administrative support to be provided by Lincolnshire County Council and NHS Lincolnshire CCG.

**17. EXPENSES**

17.1 Partnership organisations are responsible for meeting the expenses of their own representatives.

**18. OPERATIONAL/WORKING SUBGROUPS**

18.1 With the agreement of the Board, operational/working subgroups can be set up to consider specific issues or areas of work to support the activities of the Board. Operational/working subgroups will be responsible for arranging the frequency and venue of their meetings.

18.2 Any recommendations of the operational/working subgroup will be made to the Board who will consider them in accordance with these terms of reference.

**19. REVIEW**

19.1 This document will be reviewed on an annual basis and confirmed at the AGM, or earlier if necessary.

19.2 Any amendments shall only be included by a majority vote.

Signature:

Chair
Lincolnshire Health and Wellbeing Board

Date:

Signature:

Vice Chair
Lincolnshire Health and Wellbeing Board

Date:

**Appendix A**

**Key roles and responsibilities of individual core board members**

| Core Member | Key Roles and Responsibilities |
|---|---|
| **Lincolnshire County Council Executive Members** | • Report any issues raised by the public to the Board<br>• Report any issues raised by other councillors to the Board<br>• Provide strategic direction in relation to Lincolnshire's Joint Health and Wellbeing Strategy<br>• Report publicly on the work and progress of the Board<br>• Report to Executive on the work and progress of the Board<br>• Promote and ensure co-production of all commissioning plans and proposals |
| **Lincolnshire County Councillor** | • Report publicly on the work and progress of the Board<br>• Report any issues raised by the public to the Board<br>• Report any issues raised by other councillors to the Board |
| **Director of Public Health** | • Update the Board on public health related matters<br>• Ensure Lincolnshire is addressing health inequalities and promoting the health and wellbeing of all Lincolnshire residents<br>• Lead the revision and publication of the JSNA<br>• Lead the revision and publication of the Joint Health and Well-being Strategy |
| **Adults and Children's Executive Directors** | • Report on commissioning activity to the Board<br>• Provide relevant information requested by the Board<br>• Contribute to the creation of the JSNA<br>• Have regard to the JSNA and the JHWS when developing commissioning and budget proposals<br>• Report Board activity to assistant directors and heads of service |
| **NHS Lincolnshire Clinical Commissioning Group** | • Ensure that the Clinical Commissioning Group members/partners directly feed into the JSNA<br>• Have regard to the JSNA and the JHWS when developing commissioning and budget proposals<br>• Report commissioning activity to the Board<br>• Report Board activity to other Clinical Commissioning Group members |
| **Lincolnshire Healthwatch Representative** | • Reflect the public's views acting as the patient's voice to report any issues raised by the public to the Board<br>• Promote community participation and co-production in support of activity<br>• Ensure evidence from Healthwatch is fed into JSNA evidence base<br>• Report on and from Healthwatch England<br>• Ensure the JHWS reflects the need of Lincolnshire's population<br>• Provide reports to the Board on issues raised by providers or the public |

| Core Member | Key Roles and Responsibilities |
|---|---|
| | of Lincolnshire |
| **District Council Representative** | • Promote the Board's intentions to District Council partners<br>• Ensure evidence from the District Council is fed into JSNA evidence base<br>• Feedback any issues raised by partner districts or the public to the Board |
| **Office of the Police & Crime Commissioner** | • Update the JHCPB on any relevant commissioning intentions or issues<br>• Provide a strategic link between the HWB agenda and community safety<br>• Highlight any areas of mutual interest and benefit<br>• Have regard to JSNA and JHWBs when developing commissioning and budget proposals |
| **NHS Provider Organisations** | • Provide a strategic link between the Board and the STP programme<br>• Have regard to the JSNA and the JHWS<br>• Provide insight and perspective from the wider NHS in Lincolnshire |

| **Associate Members –** ***individuals wanting to be involved with the work of the HWB, but who are not designated as core members***. | **Key Roles and Responsibilities** |
|---|---|
| **NHS England Representative** | • Update the Board on any national commissioning issues which will affect Lincolnshire's JHWS<br>• Feedback on any issues raised by the Board affecting Lincolnshire to NHSEI<br>• Report on direct commissioning activity<br>• Have regard to JSNA and JHWS when developing commissioning and budget proposals |
| **Chief Constable/ Representative, Lincolnshire Police** | • Update the Board on any community safety issues which will affect Lincolnshire's JHWS<br>• To support joint working on cross cutting agendas, for example mental health and substance misuse<br>• To support partnership working and system integration<br>• To support the JSNA and JHWS |
| **Voluntary and Community Sector** | • To act as the representative for the wider voluntary and community sector in Lincolnshire.<br>• Establish networks and mechanisms to feedback to the wider voluntary and community sector.<br>• Reflect the public's views acting as a voice to report any issues raised by the public to the Board<br>• Promote community participation and co-production in support of activity |

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Lincolnshire COUNTY COUNCIL
Working for a better future

# LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Derek Ward, Director of Public Health

| | |
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| Report to | **Lincolnshire Health and Wellbeing Board** |
| Date: | **22 June 2021** |
| Subject: | **Lincolnshire's Joint Strategic Needs Assessment** |

**Summary:**

The Lincolnshire Health and Wellbeing Board has a statutory responsibility to produce and publish a Joint Strategic Needs Assessment (JSNA) into the current and future health and wellbeing needs of Lincolnshire's population. Work to maintain Lincolnshire's JSNA was put on hold in March 2020 due to the Covid pandemic. As part of resuming mainstream public health activities, the JSNA work programme will need to restart.

This report provides an update on the current position and sets out proposals to redesign the format of the JSNA to ensure it remains relevant and up to date.

**Actions Required:**

The HWB is asked to:

a) Note the content of the report
b) Agree to the redeveloping of Lincolnshire's JSNA using a life course approach as set out in Appendix A
c) Promote the importance of the JSNA within their respective organisations and ensure active engagement in the review process
d) Note the outline timescale

## 1. Background

### 1.1 Statutory Context

The Health and Care Act (2012) places a joint responsibility on upper tier local authorities and Clinical Commissioning Groups (CCGs) to prepare and publish a JSNA through the Health and Wellbeing Board, and to use the JSNA to inform decision making, commissioning and the development of the Joint Health and Wellbeing Strategy (JHWS).

The JSNA is an assessment of the current and future health and wellbeing needs of the people of Lincolnshire. It brings together a range of data, information and intelligence into an overarching web based shared resource. The JSNA is facilitated by Lincolnshire County Council (LCC) Public Health Division which includes managing the review process and ensuring wider stakeholder engagement. The current JSNA is made up of 34 topics and is currently published on the Lincolnshire Research Observatory.

### 1.2 Current Position

As the 'go to' shared online evidence base for Lincolnshire, the JSNA needs to be kept under review to ensure it contains current data and intelligence that reflects the changing needs of Lincolnshire's population. Following the fundamental review in 2017, a commitment was made to the HWB to maintain the JSNA as a 'live resource' through an annual rolling review programme to ensure each topic is refreshed and updated as new data and information becomes available.

However, there are issues with the current arrangements. The process to annually review all 34 topics is time consuming, cumbersome, resource intensive and repetitive. The competing demands of needing to keep the JSNA a live resource against an individual's work demands means that the end-to-end process to complete a basic review can take up to four months. More complex detailed reviews can take between six to nine months to complete. In addition, the LRO platform limits our ability to make the current JSNA format dynamic and visually appealing as it is not possible to include graphics and charts within the commentary to illustrate data and trend information.

The pandemic has highlighted the importance of having accurate data and information presented in an accessible and meaningful way. This raises an opportunity to rethink Lincolnshire's approach to the JSNA as the current approach is not sustainable and improvements to the process are needed to make it efficient and manageable in the longer term. Key to this is identifying a way to 'future proof' the narrative in JSNA so that it only needs reviewing on average every three or four years whilst also ensuring the JSNA contains the most up to date data and statistics. Prior to the Covid-19, the Public Health Intelligence Team started to develop a new 'dynamic dashboard' format using Power BI. This new format was piloted on the JSNA Healthy Weight Topic. There is now an opportunity to use the knowledge and expertise built up during Covid to completely redevelop the look and feel of the JSNA. There is also an opportunity to reiterate the fact that whilst the JSNA is facilitated by the Public Health Division its success depends upon full engagement by wider stakeholders and relevant topic experts.

In addition, the LRO is an ageing platform and is expected to be switched off in March 2023. Its replacement will be considered as part of the next phase of the County Council's Business Intelligence Review. Prior to Covid, planning was underway to republish all 34 topics, over a three-year period, in a format that could easily be transferred to any web platform. Given the uncertainty about the future of the LRO, plans are now needed to complete a review of the JSNA over the next 18 months.

An initial benchmarking exercise, reviewing Lincolnshire's JSNA against other comparable areas, has been completed. This review has found that Lincolnshire's JSNA is one of the most up to date, despite no reviews taking place in 2020. However, the structure and format of other JSNAs are simpler and use a dynamic approach to display the information making it much more accessible to use, especially for wider stakeholder groups who may not be experts in the subject matter.

In addition, Lincolnshire's JSNA does have a larger number of topic areas (34) when compared to other areas. Therefore, an exercise has also been undertaken to look at the topics and identify what opportunities there are to streamline the number of topics. Especially for those areas where there already exists a significant evidence base. For example, the Greater Lincolnshire Enterprise Partnership (GLEP) has a well-established 'economic' evidence base support their work; Community Safety are currently undertaking its own needs assessment and the Rural Strategic Partnership with the Centre for Ageing Better is developing a wealth of evidence on ageing well.

**1.3 Proposed Way Forward**

Moving forward, the proposal is to move away from the current topic-based structure to one based on a life course model:

- **Start Well** – giving every child the best start in life is crucial to reducing health inequalities across the life course. The Start Well Chapter therefore focuses on the key factors and wider determinants of health that impact on children and young people in Lincolnshire.

- **Live Well –** this chapter will provide information on the key factors and wider determinants of health that affect Lincolnshire's adult population, and it also examines the main causes of morbidity and preventable mortality.

- **Age Well –** this chapter focuses on the key factors and wider determinants of health that impact on older people in Lincolnshire (+65).

Appendix A provides further details of the sub themes, data and intelligence to be covered in each of the life course chapters.

By using a life course model, it acknowledges that:

- Health and wellbeing is not just about health services. The biggest impact on an individual's life is the wider determinants, for example the environment they are born and brought up in, their education and their wider relationships with others.

- Tackling health inequalities is required across the life cycle and the focus should be on closing the gap between vulnerable and well-off populations across all ages and stages of life.

- Inequalities in health and wellbeing are a result of an accumulation of disadvantages though life.

The intention is to keep the JSNA strategic and focused on the key factors rather than having individual lengthy topics. The outline structure of each chapter will follow a consistent format and provide the user with key information, analysis and resources to where further information can be

found. Wherever possible, wider needs assessments and intelligence gather exercises will be plugged into the JSNA for example, the DPH Annual reports, Population Health Management and the work already underway on health inequalities, so that the JSNA becomes a comprehensive evidence-based resource for all partners in Lincolnshire to use.

**1.4 Timescales & Resources**

Work to redevelop the JSNA will need to begin as soon as possible but will be dependant on the capacity of the Public Health Division to support the process given that we are still responding to the pandemic. An outline timeline is shown below:

| **Task** | **Provisional Timescale** |
|---|---|
| Planning | July 2021 |
| Identify expert leads & key stakeholders | July - August 2021 |
| Start to develop new Chapters | From September 2021 |
| Develop and produce communication and summary materials | From September 2022 |
| New JSNA published | By March 2023* |

*This is the date when the LRO is being switched off, publication of the new JSNA may happen before this date.

## 2. Conclusion

The Health and Wellbeing Board is required to produce and publish a JSNA for Lincolnshire. The current JSNA is publicly available on the LRO but has not been updated since 2019. This report sets out a proposal to redevelop the next iteration of the JSNA using a life course model.

## 3. Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy

The Council and Clinical Commissioning Group must have regard to the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.

| |
|---|
| This report sets out proposals for the future maintenance of the JSNA. |

## 4. Consultation

Not applicable

## 5. Appendices

| These are listed below and attached at the back of the report | |
|---|---|
| Appendix A | Proposed Life Course Model |

## 6. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Alison Christie, Programme Manager Strategy and Development can be contacted alison.christie@lincolnshire.gov.uk

**Joint Strategic Needs Assessment – Life Course Model** **Appendix A**

**Start Well**

- Maternity – preconception, ante natal and post-natal
    - Smoking in pregnancy
    - Low birth weight
    - Breastfeeding
    - Perinatal mental health
    - Immunisation
- Early Years development
- Educational Attainment and Training
- Lifestyle
    - Physical activity
    - Healthy Weight
    - Risky behaviour
- Improving Life Chances
    - Mental Health and Emotional Wellbeing
    - Special Educational Needs and Disability
    - Children in the criminal justice system
    - Young Carers
    - Accidental death

**Live Well**

- Healthy Lifestyles
    - Smoking and Smoking Prevalence
    - Excess Weight and Obesity
    - Healthy Eating
    - Physical Inactivity
    - Alcohol and Substance Misuse
    - Sexual Health
- Burden of Ill health
    - Global Burden of Disease
    - Long Term Health Conditions including
        - Cancer
        - Cardiovascular Disease
        - Chronic Obstructive Pulmonary Disease
        - Diabetes
        - Musculoskeletal Conditions
- Disabilities
    - Physical Disabilities
    - Learning Disabilities
- Mental Health
- Wider Determinants of Health
    - Housing – healthy living conditions
    - Homelessness
    - Employment

- Financial Inclusion
- Community Safety

- Mortality
  - All causes, all age mortality
  - Premature mortality
  - Suicide

**Age Well**

- Falls
- Dementia
- Caring
- Healthy & Suitable Homes
- Mobility
- Social Connectivity (loneliness & Isolation)
- Immunisation

**LINCOLNSHIRE HEALTH AND WELLBEING BOARD**

Open Report on behalf of Derek Ward, Director of Public Health

| | |
|---|---|
| Report to | **Lincolnshire Health and Wellbeing Board** |
| Date: | **22 June 2021** |
| Subject: | **Lincolnshire Pharmaceutical Needs Assessment 2022** |

**Summary:**

Completion of a Pharmaceutical Needs Assessment (PNA) is a statutory duty for Health and Wellbeing Boards to undertake at least every 3 years. Due to the Covid pandemic, the requirement to republish an updated PNA by 21 March 2021 was suspended. The Board is now required to publish the PNA by 31 March 2022.

Data and information contained in the PNA will be used to plan pharmaceutical services in the county to best meet local health needs. The purpose of this report is to set out the process and timescales for completing the review.

**Actions Required:**

The Health and Wellbeing Board is asked to:

- Note the process and requirement to produce a revised Pharmaceutical Needs Assessment (PNA) by 31 March 2022
- Receive the Terms of Reference for the Lincolnshire PNA Steering Group
- Receive the project plan setting out the timeline for producing the Lincolnshire PNA

## 1. Background

The Pharmaceutical Needs Assessment (PNA) is a report of the present and future needs for pharmaceutical services in Lincolnshire. It is used to identify any gaps in current services or improvements that could be made in future pharmaceutical provision. To prepare the report

data is gathered from a range of sources including pharmacy contractors, dispensing GP practices, pharmacy users and other residents.

The Health and Social Care Act (2012) transferred responsibility for developing and updating PNAs to Health and Wellbeing Boards (HWBs). The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs.

Due to pandemic, in June 2020 the Department of Health and Social Care suspended the statutory duty to produce a revised PNA by 1 April 2021. HWBs are now required to publish an updated assessment by 1 April 2022.

Lincolnshire County Council Public Health Division is facilitating the process to prepare a revised assessment with external pharmaceutical expert resource being provided by the University of Lincoln. A PNA Steering Group (SG) has been convened to support the development of the PNA. The PNA SG held its first meeting on 8 June 2021. At this meeting a Terms of Reference (Appendix A) for the group and Project Plan (Appendix B) for the PNA were agreed.

The intention is to bring a draft of the PNA to the next HWB meeting in September 2021 for the Board to consider prior to undertaking the mandatory 60-day consultation exercise during October and November. The final PNA document will be presented to the Board in March 2022 for sign off ahead of the document being published on the Council's website.

The PNA SG is currently gathering the data and intelligence, including canvassing views from service providers, commissioners and the public, on current pharmaceutical service provision in Lincolnshire.

**2. Conclusion**

The draft PNA 2022 is currently being prepared by the PNA SG. The draft assessment will be presented at the next HWB meeting in September to approve for consultation. Subject to that approval, it will be made available for a mandatory 60-day consultation. The final PNA 2022 will be presented to the Board in March 2022 prior to publication no later than 31 March 2022.

**3. Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy**

The Council and Clinical Commissioning Group must have regard to the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.

| |
|---|
| Evidence from the JSNA will be used to inform the analysis used in the PNA 2022. The PNA complements the JSNA and forms part of the evidence base on the present and future needs for pharmaceutical services in Lincolnshire. |

**4. Consultation**

A 60-day consultation is a mandatory component of the Pharmaceutical Needs Assessment (PNA) preparation. The consultation follows a period of data gathering on health needs, service provision and views of residents on the existing levels of pharmacy provision. The proposed

consultation will be on the findings of the draft Pharmaceutical Needs Assessment, approved by the HWB at its September meeting. It is anticipated that the consultation questions will broadly cover the following:

- To what extent do you agree or disagree with this assessment? (The findings on whether there are gaps or not in pharmaceutical provision)
- To what extent do you agree or disagree with the other conclusions contained within the draft PNA
- In your opinion, how accurately does the draft PNA reflect each of the following? (current provision of pharmaceutical services, current pharmaceutical needs of Lincolnshire's population, future pharmaceutical needs of Lincolnshire's population (over the next three years)
- Any other comments
- We will also collect some (optional) basic data about the respondent (in line with LCC guidance)

The regulations also list a range of stakeholders who must be consulted. A stakeholder list is being developed by the PNA SG and will be used to help distribute the questionnaires.

The PNA SG has membership of some of the key stakeholders – pharmacy (represented by the LPC), health services (represented by the CCG, LMC, LCC), residents (represented by Health Watch). A consultation plan will be developed by the PNA SG to ensure appropriate opportunities to engage with wider partners and the public are identified as part of the process to develop the PNA 2022.

## 5. Appendices

| These are listed below and attached at the back of the report | |
|---|---|
| Appendix A | Lincolnshire PNA Steering Group Terms of Reference |
| Appendix B | Lincolnshire PNA 2022 Project Plan |

## 6. Background Papers

| Document | Where can it be accessed |
|---|---|
| The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 | http://www.legislation.gov.uk/uksi/2013/349/contents/made |

This report was written by Alison Christie, Programme Manager Strategy & Development, who can be contacted on alison.christie@lincolnshire.gov.uk

**Appendix A**

# LINCOLNSHIRE PHARMACEUTICAL NEEDS ASSESSMENT
# STEERING GROUP TERMS OF REFERECE

## 1. BACKGROUND

In order to provide pharmaceutical services providers (most commonly community pharmacists but also dispensing appliance contractors and GPs in rural areas) are required to apply to be included on a pharmaceutical list. For their inclusion to be approved they are required to demonstrate that the services they wish to provide meet an identified need in the Pharmaceutical Needs Assessment (PNA) for the area.

From April 2013 the Health and Social Care Act 2012 transferred responsibility for developing and updating PNAs from the former primary care trusts (PCTs) to Health and Wellbeing Boards. At the same time the responsibility for using PNAs as the basis for determining market entry to the pharmaceutical list transferred from PCTs to NHS England.

## 2. PURPOSE

The Health and Wellbeing Board (HWB) has the legal responsibility for producing a PNA every three years. A revised PNA for Lincolnshire needs to be published by 31 March 2022.

The purpose of the PNA Steering Group (PNA SG) is to develop the revised PNA on behalf of the HWB.

The PNA SG will set the timetable for the development of the PNA, agree the format and content, oversee the statutory consultation exercise and ensure the PNA complies with statutory requirements.

## 3. ROLE

The PNA SG has been established to:

- Oversee and drive the formal process to review the PNA for Lincolnshire, including the 60 day statutory consultation exercise;
- Ensure the published PNA complies with all the statutory requirements set out in the appropriate Regulations;
- Promote integration and linkages with other key strategies and plans including the Lincolnshire Joint Strategic Needs Assessment, the Joint Health and Wellbeing Strategy for Lincolnshire and Lincolnshire's Sustainability and Transformation Plan;
- Establish arrangements to regularly review the PNA following publication, including issuing subsequent supplementary statements in response to any significant changes.

## 4. KEY FUNCTIONS

- To oversee the PNA process
- To approve the framework for the PNA

- To approve the project plan and timeline, and drive delivery to ensure key milestones are met
- To ensure the development of the PNA meets all statutory requirements
- To determine the localities which will be used for the basis of the assessment
- To undertake an assessment of the pharmaceutical needs of the population including:
    - Mapping current pharmaceutical service provision in Lincolnshire
    - Reviewing of opening hours and location of services
    - Using the JSNA & other profile data to review the health needs of the population
    - Analysing current and projected population changes in conjunction with existing patterns of service provision
    - Identifying any gaps in service provision and proposed solutions on how gaps can be addressed
    - Consideration of future needs, including housing growth, and its impact on the development of services - in terms of essential, advanced and enhanced service provision.
- To produce a draft PNA for consultation
- To ensure active engagement arrangements are in place
- To oversee the consultation exercise ensuring that it meets the requirements set out in the Regulations
- To consider and act upon formal responses received during the formal consultation process, amending the PNA document as appropriate
- To ensure the Lincolnshire Health and Wellbeing Board is updated on progress and that the final PNA is signed off by the Board by the end of March 2022.

**5. MEMBERSHIP**

Core membership will consist of:

- Senior Professional Pharmacist, University of Lincoln
- Programme Manager, Strategy & Development (LCC)
- Programme Manager, Public Health Intelligence (LCC)
- Chief Executive Officer, Healthwatch Lincolnshire
- Representative, Local Pharmaceutical Committee
- Representative, Local Medical Committee
- Representative, NHS Lincolnshire CCG

Each core member has one vote. Core members may provide a deputy to meetings in their absence. The PNA SG shall be quorate with four core members in attendance. The following core members are required for quoracy:

- Senior Professional Pharmacist, University of Lincoln
- Representative, Local Pharmaceutical Committee
- Representative, Local Medical Committee

In addition to the PNA SG core membership, specific expertise will be requested as required in order to meet specific elements of the Regulations, for example LCC's Corporate Communications and Community Engagement Team will be asked to support the statutory consultation exercise.

NHS England and NHS Improvement (NHSE&I) will support the production of the PNA by providing any necessary data and information but will not be core members of the PNA Steering Group.

## 6. REPORTING ARRANGEMENTS

- The PNA SG will report to the HWB as required and at key decision points
- The Senior Responsible Officer will provide regular updates on progress to the Chairman of the HWB and the Director of Public Health.

## 7. FREQUENCY OF MEETINGS

The PNA SG will meet, either on a face to face basis or virtually every 4 – 6 weeks or in accordance with the project plan.

Following publication of the agreed PNA, the SG will be convened on a quarterly basis to fulfil its role in timely maintenance of the PNA.

The meetings will be administered by Public Health, Lincolnshire County Council.

## 8. DECLARATIONS OF INTEREST

Declarations of interest will be a standing item on each PNA SG agenda, and the details will be recorded in the minutes. Where a member has a conflict of interest for any given item, they will be entitled to participate in the discussion but will not be permitted to be involved in final decision making.

If any issues arise concerning conflicts of interest, these will be reported to the HWB.

## 9. Steering Group Member Responsibilities

Members of the PNA SG will:

- commit to attend meetings regularly
- nominate a deputy, wherever possible, to attend meetings on their behalf in their absence
- actively contribute to the compilation of the revised PNA and any subsequent supplementary statements
- come to meetings prepared with all documents and contribute to the debate
- understand that the discussions at the PNA SG are confidential, unless stated otherwise, and are not to be disclosed to any unauthorised person
- declare any conflicts of interest which might have a bearing on their actions, views and involvement within the PNA SG

## LINCOLNSHIRE 2022 PNA PROJECT PLAN

| | | Owner | May 2021 | June 2021 | July 2021 | August 2021 | September 2021 | October 2021 | November 2021 | December 2021 | January 2022 | February 2022 | March 2022 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Stage 1 | Project Start / PH internal Working Group meets | **AC** | **18** | | | | | | | | | | |
| Stage 1 | **First Steering Group Meeting** | **AC** | | ***8*** | | | | | | | | | |
| Stage 1 | Produce Communication & Engagement Plan and complete initial EIA | **AC** | | | | | | | | | | | |
| Stage 1 | Deadline for HWB papers | **AC** | | **1** | | | | | | | | | |
| Stage 1 | HWB meeting to receive paper on process & timescales | **AG/AC** | | **22** | | | | | | | | | |
| Stage 1 | HSC meeting to receive paper on process & timescales – for information | **AC** | | | **TBC** | | | | | | | | |
| Stage 2 | Data collation including questionnaires | | | | | | | | | | | | |
| Stage 2 | **Second Steering Group Meeting** to agree and lock down the data | | | | ***TBC*** | | | | | | | | |
| Stage 3 | Complete draft PNA including recommendations | | | | | ***13*** | | | | | | | |
| Stage 3 | Circulate draft PNA to Steering Group and NHSE | | | | | ***16*** | | | | | | | |
| Stage 3 | **Third Steering Group Meeting**-agree draft PNA | | | | | ***TBC*** | | | | | | | |
| Stage 3 | Prepare consultation – documentation, correspondence to statutory consultees, webpages | **AC** | | | | | | | | | | | |
| Stage 3 | Deadline for HWB papers | **AC** | | | | | **6** | | | | | | |
| Stage 3 | HWB meeting to agree Draft PNA for consultation | **AG/AC** | | | | | **28** | | | | | | |
| Stage 3 | Statutory Consultation Exercise (61 days) | | | | | | | **4** | | **3** | | | |
| Stage 3 | Deadline for HSC papers | **AC** | | | | | | | **TBC** | | | | |
| Stage 3 | HSC meeting to review draft & input into consultation | **AG/AC** | | | | | | | **TBC** | | | | |
| Stage 4 | HWB meeting to provide a verbal update on the consultation exercise/key headlines | **AG/AC** | | | | | | | | **7** | | | |
| Stage 4 | Produce consultation report and draft final PNA | | | | | | | | | | | | |
| Stage 4 | Circulate draft Final PNA to Steering Group | | | | | | | | | | | | |
| Stage 4 | **Fourth Steering Group Meeting**-agree final PNA | | | | | | | | | | ***TBC*** | | |
| Stage 4 | Deadline for HSC papers | **AC** | | | | | | | | | | **TBC** | |
| Stage 4 | HSC meeting to final draft & provide scrutiny comments to HWB | **AG/AC** | | | | | | | | | | **TBC** | |
| Stage 4 | Deadline for HWB papers | **AC** | | | | | | | | | | | **7** |
| Stage 4 | HWB meeting to agree draft Final PNA for publication | **AG/AC** | | | | | | | | | | | **29** |
| Stage 4 | Convene steering group (if needed) to receive/inform comments from HWB | **AG** | | | | | | | | | | | **30** |
| Stage 4 | Amend final PNA for feedback from HWB | **AG** | | | | | | | | | | | **30** |
| Stage 4 | Upload Final PNA onto Council or Observatory (TBC) website, and make 'live' | **AC** | | | | | | | | | | | **31** |

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**LINCOLNSHIRE HEALTH AND WELLBEING BOARD**

Open Report on behalf of Glen Garrod, Executive Director – Adult Care and Community Wellbeing

| | |
|---|---|
| Report to | **Lincolnshire Health and Wellbeing Board** |
| Date: | **22 June 2021** |
| Subject: | **Better Care Fund Final Report 2020/21** |

**Summary:**
The Better Care Fund (BCF) has an annual assurance and reporting mechanism into NHS England/Improvement. Due to the Covid-19 pandemic 2020/21 assurance has been more light touch; however an end of year finance report has been submitted. This report updates the Health and Wellbeing Board that the submission was made on time 24th May 2021 and seeks retrospective approval from the Board.

**Actions Required:**

That the Health and Wellbeing Board approves the Better Care Fund Final Report 2020/21.

## 1. Background

An update regarding the BCF was received by the Board in March 2021, which clarified that although the financial elements of the 2021/22 plan had been agreed, there is no further information regarding the next planning cycle or the assurance model to be used. It has however been indicated that a further roll over year is expected pending the multi-year spending review expected in the autumn. The Board will be updated as soon as possible after the national policy statement for 2021/22 is published.

In previous years there has been a BCF planning and assurance cycle which has included a new BCF plan submitted prior to, or near to the start of the period with both quarterly performance and finance reports throughout the cycle. Due to the Covid-19 pandemic a light touch regime was established in 2020/21. This included an end of year summary and a very brief response at the end of Q3. The Q3 return confirmed:

- Plans covering all mandatory funding contributions have been agreed by HWB areas and minimum contributions are pooled in a section 75 agreement (an agreement made under section 75 of the NHS Act 2006).
- The contribution to social care from the CCG via the BCF is agreed and meets or exceeds the minimum expectation.
- Spend on CCG commissioned out of hospital services meets or exceeds the minimum ringfence.
- CCGs and local authorities confirm compliance with the above conditions to their Health and Wellbeing Boards.

This Board report confirms that the end of year return was submitted by the deadline of 24 May 2021. NHE England requires Health and Wellbeing Boards to provide the end of year reporting of BCF plans. Due to the local election coinciding with the submission period, delegated authority was sought from the Vice Chair of the Board (John Turner) pending the new Council appointing members to the Board and the election of the Chair and Vice Chair for the new session.

**2. Conclusion**

It is recommended that the Health and Wellbeing Board approve the Better Care Fund end of year return.

**3. Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy**

The Council and Clinical Commissioning Groups must have regard to the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.

**4. Consultation**

None required.

**5. Appendices**

| These are listed below and attached at the back of the report | |
|---|---|
| Appendix A | Better Care Fund 2020/21 return |

**6. Background Papers**

No background papers within Section 100D of the Local Government Act 1972 were use in the preparation of this report.

This report was written by Gareth Everton, Head of Integration and Transformation, who can be contacted on 07990 785126 or gareth.everton@lincolnshire.gov.uk

# Better Care Fund 2020-21 Year-end Template

**1. Guidance**

**Overview**

This template is for Health and Wellbeing Boards (HWBs) to provide end of year reporting on their Better Care Fund (BCF) plans. The template should be submitted to the BCF team by 24 May 2021. Since BCF plans were not collected in 2020-21, the end of year reporting will collect information and data on scheme level expenditure that would normally be collected during planning. This is to provide effective accountability for the funding, information and input for national partners and into national datasets.

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

Data needs inputting in the cell

Pre-populated cells

**Note on viewing the sheets optimally**

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

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

**Checklist (all sheets)**

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

**Cover**

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

**National Conditions**

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

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

This sheet sets out the four conditions and requires the HWB to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met during the year and how this is being addressed. Please note that where a national condition is not being met, the HWB is expected to contact their Better Care Manager in the first instance.

The four national conditions are as below:

- National condition 1: Plans covering all mandatory funding contributions have been agreed by HWB areas and minimum contributions are pooled in a section 75 agreement (an agreement made under section 75 of the NHS Act 2006).
- National condition 2: The contribution to social care from the CCG via the BCF is agreed and meets or exceeds the minimum expectation.
- National condition 3: Spend on CCG commissioned out of hospital services meets or exceeds the minimum ringfence.
- National condition 4: The CCG and LA have confirmed compliance with these conditions to the HWB.

**Income and Expenditure Actuals**

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

**Income section:**

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

**Expenditure section:**

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

**Year End Feedback**

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

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF. Covid-19 had a significant impact on services and schemes delivered on the ground which may have changed the context. However, national BCF partners would value and appreciate local area feedback to understand views and reflections of the progress and challenges faced during 2020-21.
There is a total of 5 questions. These are set out below.

**Delivery of the Better Care Fund**
There are a total of 3 questions in this section. Each is set out as a statement, for which you are asked to select one of the following responses:
- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

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

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

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

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

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

**Social care fees**

This section collects data on average fees paid by the local authority for social care. This is similar to data collected in Q2 reporting in previous years.

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

**CCG-HWB Mapping**

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

# Better Care Fund 2020-21 Year-end Template

**2. Cover**

**Version 1.0**

*Please Note:*

*- The BCF end of year reports are categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website. Narrative sections of the reports will not be published. However as with all information collected and stored by public bodies, all BCF information including any narrative is subject to Freedom of Information requests.*

*- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.*

*- All information, including that provided on local authority fee rates, will be supplied to BCF partners to inform policy development.*

*- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.*

| | | Checklist: Complete: |
|---|---|---|
| **Health and Wellbeing Board:** | Lincolnshire | Yes |
| **Completed by:** | Gareth Everton | Yes |
| **E-mail:** | gareth.everton@lincolnshire.gov.uk | Yes |
| **Contact number:** | 079907851269 | Yes |
| **Is the template being submitted subject to HWB / delegated sign-off?** | No, sign-off has been received | Yes |

**Where a sign-off has been received, please indicate who signed off the report on behalf of the HWB?**

| | | |
|---|---|---|
| **Job Title:** | Vice Chair of the HWB / Chief Executive Lincolnshire CCG | Yes |
| **Name:** | John Turner | Yes |

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

**Complete**

| | Complete: |
|---|---|
| 2. Cover | Yes |
| 3. National Conditions | Yes |
| 4. Income | Yes |
| 5. Expenditure | Yes |
| 6. Income and Expenditure actual | Yes |
| 7. Year-End Feedback | Yes |
| 8. iBCF | Yes |

<< Link to the Guidance sheet

## Better Care Fund 2020-21 Year-end Template

**3. National Conditions**

Selected Health and Wellbeing Board: Lincolnshire

| Confirmation of Nation Conditions | | | Checklist |
|---|---|---|---|
| **National Condition** | **Confirmation** | **If the answer is "No" please provide an explanation as to why the condition was not met in 2020-21:** | Complete: |
| **1) A Plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006?** (This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas) | Yes | | Yes |
| **2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the BCF policy?** | Yes | | Yes |
| **3) Agreement to invest in NHS commissioned out of hospital services?** | Yes | | Yes |
| **4) The CCG and LA have confirmed compliance with these conditions to the HWB?** | Yes | | Yes |

# Better Care Fund 2020-21 Year-end Template

**4. Income**

Selected Health and Wellbeing Board: Lincolnshire

| Local Authority Contribution | |
|---|---|
| Disabled Facilities Grant (DFG) | Gross Contribution |
| Lincolnshire | £6,976,486 |
| | |
| DFG breakerdown for two-tier areas only (where applicable) | |
| Boston | £632,715 |
| East Lindsey | £2,039,523 |
| Lincoln | £851,990 |
| North Kesteven | £910,537 |
| South Holland | £772,382 |
| South Kesteven | £975,298 |
| West Lindsey | £794,041 |
| | |
| | |
| | |
| | |
| | |
| **Total Minimum LA Contribution (exc iBCF)** | **£6,976,486** |

| **iBCF Contribution** | Contribution |
|---|---|
| Lincolnshire | £33,249,463 |
| | |
| **Total iBCF Contribution** | **£33,249,463** |

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

| Local Authority Additional Contribution | Contribution | Comments - Please use this box clarify any specific uses or sources of funding |
|---|---|---|
| Lincolnshire | £84,750,871 | Adult care spend on community equipment, staff |
| | | |
| | | |
| **Total Additional Local Authority Contribution** | **£84,750,871** | |

| **CCG Minimum Contribution** | Contribution |
|---|---|
| NHS Lincolnshire East CCG | £18,739,736 |
| NHS Lincolnshire West CCG | £16,280,786 |
| NHS South Lincolnshire CCG | £11,316,004 |
| NHS South West Lincolnshire CCG | £9,076,635 |
| | |
| | |
| | |
| **Total Minimum CCG Contribution** | **£55,413,161** |

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

| Additional CCG Contribution | Contribution | Comments - Please use this box clarify any specific uses or sources of funding. If you are including funding made available to support the Hospital Discharge Service Policy in 2020-21, you should record this here |
|---|---|---|
| NHS Lincolnshire East CCG | £80,327,988 | CCGs merged in 2020-21 however NHS |
| | | |
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| | | |
| **Total Additional CCG Contribution** | **£80,327,988** | |
| **Total CCG Contribution** | **£135,741,149** | |

| | 2020-21 |
|---|---|
| **Total BCF Pooled Budget** | **£260,717,969** |

| **Funding Contributions Comments**<br>Optional for any useful detail e.g. Carry over |
|---|
| At the start of the planning cycle there were four CCCs in Lincolnshire, however at the start of the 2020/21 financial year these merged into one Lincolnshire CCG. At this stage we are unable to disaggregate the income or expenditure on an individual CCG level |

# Better Care Fund 2020-21 Year-end Template

**5. Expenditure**

Selected Health and Wellbeing Board: Lincolnshire

| Running Balances | Income | Expenditure | Balance |
|---|---|---|---|
| DFG | £6,976,486 | £6,976,486 | £0 |
| Minimum CCG Contribution | £55,413,161 | £55,413,161 | £0 |
| iBCF | £33,249,463 | £33,249,463 | £0 |
| Additional LA Contribution | £84,750,871 | £84,750,871 | £0 |
| Additional CCG Contribution | £80,327,988 | £80,327,988 | £0 |
| **Total** | £260,717,969 | £260,717,969 | **£0** |

| Required Spend | Minimum Required Spend | Planned Spend | Under Spend |
|---|---|---|---|
| NHS Commissioned Out of Hospital spend from the minimum CCG allocation | £15,839,353 | £24,229,133 | £0 |
| Adult Social Care services spend from the minimum CCG allocations | £19,162,160 | £35,514,390 | £0 |

**Checklist**

Complete:

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | | Yes | Yes | Yes | Yes |

Link to Scheme Type description

| | | | | | Expenditure | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Scheme ID | Scheme Name | Scheme Type | Sub Types | Please specify if 'Scheme Type' is 'Other' | Area of Spend | Please specify if 'Area of Spend' is 'other' | Commissioner | % NHS (if Joint Commissioner) | % LA (if Joint Commissioner) | Provider | Source of Funding | Expenditure (£) | New/ Existing Scheme |
| 1 | Intermediate Care | Intermediate Care Services | Reablement/Rehabilitation Services | | Community Health | | CCG | | | NHS Community Provider | Minimum CCG Contribution | £5,700,000 | Existing |
| 2 | Transitional Care | Personalised Budgeting and Commissioning | Integrated Personalised Commissioning | | Social Care | | CCG | | | NHS Community Provider | Minimum CCG Contribution | £1,301,520 | Existing |
| 3 | Neighbourhood Team | Integrated Care Planning and Navigation | Care Coordination | | Community Health | | CCG | | | NHS Community Provider | Minimum CCG Contribution | £6,587,000 | Existing |
| 3 | Neighbourhood Team | Integrated Care Planning and Navigation | Care Coordination | | Social Care | | LA | | | Local Authority | Additional LA Contribution | £20,000,000 | Existing |
| 4 | Equipment and Adaptation - DFG | DFG Related Schemes | Adaptations | | Social Care | | LA | | | Private Sector | DFG | £6,976,486 | Existing |
| 5 | Reablement | Intermediate Care Services | Reablement/Rehabilitation Services | | Social Care | | CCG | | | Private Sector | Minimum CCG Contribution | £2,368,716 | Existing |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 6 | Community Integrated Reablement | Intermediate Care Services | Reablement/Rehabilitation Services | | Social Care | | CCG | | | Private Sector | Minimum CCG Contribution | £1,506,138 | Existing |
| 7 | Residential Market Rate agreement | Care Act Implementation Related Duties | Other | Market Stabisatio | Social Care | | LA | | | Private Sector | Minimum CCG Contribution | £3,796,000 | Existing |
| 8 | Co-responders | Community Based Schemes | | | Social Care | | LA | | | Charity / Voluntary Sector | iBCF | £400,000 | Existing |
| 9 | AF&LTC inflation and NLW | Care Act Implementation Related Duties | Other | Market Stabisation | Social Care | | LA | | | Private Sector | iBCF | £12,864,000 | Existing |
| 10 | 7 Day working | HICM for Managing Transfer of Care | Chg 5. Seven-Day Services | | Social Care | | CCG | | | Local Authority | Minimum CCG Contribution | £317,220 | Existing |
| 11 | AF&LTC historic demographic growth | Care Act Implementation Related Duties | Other | Market Stabisation | Social Care | | LA | | | Private Sector | Minimum CCG Contribution | £2,462,000 | Existing |
| 12 | Trusted assessors | HICM for Managing Transfer of Care | Chg 6. Trusted Assessors | | Social Care | | LA | | | Private Sector | iBCF | £100,000 | Existing |
| 13 | Dementia family and friends | Prevention / Early Intervention | Social Prescribing | | Social Care | | LA | | | Private Sector | iBCF | £420,000 | Existing |
| 14 | Neighbourhood Team Development | Integrated Care Planning and Navigation | Other | Management capacity | Social Care | | LA | | | Local Authority | iBCF | £60,000 | Existing |
| 15 | Housing for independence | DFG Related Schemes | Adaptations | | Social Care | | LA | | | Local Authority | iBCF | £100,000 | Existing |
| 16 | Making every contact count | Prevention / Early Intervention | Social Prescribing | | Social Care | | LA | | | Private Sector | iBCF | £42,000 | Existing |
| 17 | market stablisation | Care Act Implementation Related Duties | Other | Market Stabisation | Social Care | | LA | | | Private Sector | iBCF | £3,943,971 | Existing |
| 18 | staffing | Community Based Schemes | | | Social Care | | LA | | | Local Authority | iBCF | £1,000,000 | Existing |
| 19 | quick response service/reablement | Intermediate Care Services | Reablement/Rehabilitation Services | | Community Health | | LA | | | Private Sector | iBCF | £1,803,360 | Existing |
| 20 | adult safeguarding | Care Act Implementation Related Duties | Deprivation of Liberty Safeguards (DoLS) | | Social Care | | LA | | | Local Authority | iBCF | £490,000 | Existing |
| 21 | Enhanced health in care home programme | HICM for Managing Transfer of Care | Chg 8. Enhancing Health in Care Homes | | Community Health | | LA | | | Local Authority | iBCF | £200,000 | Existing |
| 22 | carers-everyone/outreach/breaks | Carers Services | Carer Advice and Support | | Social Care | | LA | | | Charity / Voluntary Sector | iBCF | £650,000 | Existing |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 23 | Programme support costs | Other | | Additional programme support | Social Care | | LA | | | Local Authority | iBCF | £120,000 | Existing |
| 24 | LD S(75) CCG&LCC contribution | Integrated Care Planning and Navigation | Care Coordination | | Social Care | | LA | | | Private Sector | Additional LA Contribution | £51,709,094 | Existing |
| 24 | LD S(75) CCG&LCC contribution | Integrated Care Planning and Navigation | Care Coordination | | Social Care | | LA | | | Private Sector | Minimum CCG Contribution | £15,584,106 | Existing |
| 25 | Inflation & demographic growth | Care Act Implementation Related Duties | Other | NWL and inflation costs | Social Care | | LA | | | Local Authority | iBCF | £7,581,695 | Existing |
| 26 | LD S(75) historic pooled fund investment | Care Act Implementation Related Duties | Other | NWL and inflation costs | Social Care | | LA | | | Private Sector | Minimum CCG Contribution | £7,011,690 | Existing |
| 27 | Existing S(256) Adults | Housing Related Schemes | | | Social Care | | LA | | | Charity / Voluntary Sector | Minimum CCG Contribution | £646,000 | Existing |
| 28 | Integrated personalised commissioning/Int | Community Based Schemes | | | Social Care | | LA | | | Local Authority | iBCF | £100,000 | Existing |
| 29 | CCG CHC pressures | Community Based Schemes | | | Social Care | | LA | | | Private Sector | iBCF | £700,000 | Existing |
| 30 | Waking nights | Care Act Implementation Related Duties | Other | waking nights | Social Care | | LA | | | Private Sector | iBCF | £500,000 | Existing |
| 31 | LPFT Mental Illness prevention fund | Prevention / Early Intervention | Social Prescribing | | Mental Health | | LA | | | Charity / Voluntary Sector | iBCF | £375,000 | Existing |
| 32 | CAMHs S(75) CCG contribution | Integrated Care Planning and Navigation | Care Coordination | | Mental Health | | CCG | | | NHS Mental Health Provider | Minimum CCG Contribution | £6,284,821 | Existing |
| 32 | CAMHs S(75) CCG contribution | Integrated Care Planning and Navigation | Care Coordination | | Mental Health | | LA | | | NHS Mental Health Provider | Additional LA Contribution | £724,589 | Existing |
| 33 | Existing S(256) Childrens | Carers Services | Respite Services | | Social Care | | LA | | | Charity / Voluntary Sector | Minimum CCG Contribution | £521,000 | Existing |
| 34 | ICES original | Assistive Technologies and Equipment | Community Based Equipment | | Social Care | | LA | | | Private Sector | Additional CCG Contribution | £3,131,988 | Existing |
| 34 | ICES original | Assistive Technologies and Equipment | Community Based Equipment | | Social Care | | LA | | | Private Sector | Additional LA Contribution | £2,877,188 | Existing |
| 35 | Mental health S75 Agreement (LCC/LPFT) | Community Based Schemes | | | Mental Health | | LA | | | NHS Mental Health Provider | Additional LA Contribution | £8,440,000 | Existing |
| 36 | Mental health (CCG/LPFT) | Community Based Schemes | | | Mental Health | | CCG | | | NHS Mental Health Provider | Minimum CCG Contribution | £163,718 | Existing |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 36 | Mental health (CCG/LPFT) | Community Based Schemes | | | Mental Health | | CCG | | | NHS Mental Health Provider | Additional CCG Contribution | £74,519,000 | Existing |
| 37 | Transitional Beds S75 agreement (LCC/LCHS) | HICM for Managing Transfer of Care | Chg 1. Early Discharge Planning | | Community Health | | CCG | | | Private Sector | Additional CCG Contribution | £1,750,000 | Existing |
| 37 | Transitional Beds S75 agreement (LCC/LCHS) | HICM for Managing Transfer of Care | Chg 1. Early Discharge Planning | | Community Health | | LA | | | Private Sector | Additional LA Contribution | £1,000,000 | Existing |
| 38 | Winter Pressures | Prevention / Early Intervention | Risk Stratification | | Acute | | LA | | | NHS Acute Provider | iBCF | £1,799,437 | Existing |
| 39 | Mental health S75 Agreement (LCC/LPFT) | Community Based Schemes | | | Mental Health | | LA | | | NHS Mental Health Provider | Minimum CCG Contribution | £1,163,232 | Existing |
| 40 | CAMHs S(75) CCG contribution | Integrated Care Planning and Navigation | Care Coordination | | Mental Health | | LA | | | NHS Mental Health Provider | Additional CCG Contribution | £927,000 | Existing |
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^^ Link back up

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

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

| | | |
|---|---|---|
| Integrated Care Planning and Navigation | 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.<br>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.<br>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. | |
| Intermediate Care Services | Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and 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. | |
| Personalised Budgeting and Commissioning | Various person centred approaches to commissioning and budgeting. | |

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

^^ Link back up

## Better Care Fund 2020-21 Year-end Template

**6. Income and Expenditure actual**

Selected Health and Wellbeing Board: Lincolnshire

### Income

| | 2020-21 | |
|---|---|---|
| Disabled Facilities Grant | £6,976,486 | |
| Improved Better Care Fund | £33,249,463 | |
| CCG Minimum Fund | £55,413,161 | |
| **Minimum Sub Total** | | £95,639,110 |

| | Planned | | Actual | | | |
|---|---|---|---|---|---|---|
| CCG Additional Funding | £80,327,988 | | Do you wish to change your additional actual CCG funding? | No | | |
| LA Additional Funding | £84,750,871 | | Do you wish to change your additional actual LA funding? | No | | |
| **Additional Sub Total** | | £165,078,859 | | | | £165,078,859 |

| | Planned 20-21 | Actual 20-21 |
|---|---|---|
| **Total BCF Pooled Fund** | £260,717,969 | £260,717,969 |

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

### Expenditure

| | 2020-21 |
|---|---|
| Plan | £260,717,969 |

| | |
|---|---|
| Do you wish to change your actual BCF expenditure? | No |
| Actual | |

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

**Checklist**

Complete:

- Yes
- Yes
- Yes
- Yes
- Yes
- Yes

## Better Care Fund 2020-21 Year-end Template

**7. Year-End Feedback**

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF. Covid-19 had a significant impact on services and schemes delivered on the ground which may have changed the context. However, national BCF partners would value and appreciate local area feedback to understand views and reflections of the progress and challenges faced during 2020-21
There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board: Lincolnshire

**Part 1: Delivery of the Better Care Fund**

Please use the below form to indicate what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

| Statement: | Response: | Comments: Please detail any further supporting information for each response | Checklist Complete: |
|---|---|---|---|
| 1. The overall delivery of the BCF has improved joint working between health and social care in our locality | Agree | Lincolnshire has a long history of collaboration and joint working between health and care. The BCF continued to support improved joint working with a number of schemes funded through the BCF. The BCF progress and governance is through the HWB where there is good representation accross the system. | Yes |
| 2. Our BCF schemes were implemented as planned in 2020-21 | Agree | The impact of Covid 19 has been significant. Lincolnshire county council did not enact any Care Act easements and continued to meet stautory responsibilities. The NHS in Lincolnshire obviously faced challenges; however committed spending through the BCF scheme continued. | Yes |
| 3. The delivery of our BCF plan in 2020-21 had a positive impact on the integration of health and social care in our locality | Agree | The existing joint partnership working around the BCF plan ensured that the system delivered closer integration between health and social care. | Yes |

**Part 2: Successes and Challenges**

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.
Please provide a brief description alongside.

| 4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2020-21 | SCIE Logic Model Enablers, Response category: | Response - Please detail your greatest successes | |
|---|---|---|---|
| Success 1 | 3. Integrated electronic records and sharing across the system with service users | The Lincolnshire system has long held an ambition to introduce greater visability of joint patient records. The Care portal was launched some time ago which provided an interface between secondary and primary care. In this year the adult care records system was also embeddeed into the care portal. Relevant parts of the patient record is now shared and is visible between primary, secondary, mental health care and adult care. There are further plans to include the community NHS provider and voluntary sector services. | Yes |
| Success 2 | 2. Strong, system-wide governance and systems leadership | The system now has a Joint Working Executive Group (JWEG) which provides joint executive level governance and system leaderships. Plans have developed over the past year to develop the health and wellbeing board into the Integrated Care Service Partnership Board. | Yes |

| 5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2020-21 | SCIE Logic Model Enablers, Response category: | Response - Please detail your greatest challenges | |
|---|---|---|---|
| Challenge 1 | 6. Good quality and sustainable provider market that can meet demand | Recruitment and retention of the home care market is an issue in Lincolnshire. Demand for home care often outstrips demand which has caused challenges with the introduction of the Covid hospital discharge pathway. | Yes |
| Challenge 2 | 1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors) | Lincolnshire is a low population density, rural area. This presents issues with the delivery of community services with large distances to cover to offer support. | Yes |

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

**Better Care Fund 2020-21 Year-end Template**

**8. improved Better Care Fund**

Selected Health and Wellbeing Board: Lincolnshire

**These questions cover average fees paid by your local authority (including client contributions/user charges) to external care providers for your local authority's eligible clients.**
The averages will likely need to be calculated from records of payments paid to social care providers and the number of client weeks they relate to, unless you already have suitable management information.

**We are interested ONLY in the average fees actually received by external care providers for your local authority's eligible supported clients (including client contributions/user charges). Specifically the averages SHOULD EXCLUDE:**
- Any amounts that you usually include in reported fee rates but are not paid to care providers e.g. your local authority's own staff costs in managing the commissioning of places.
- Any amounts that are paid from sources other than eligible local authority funding and client contributions/user charges, i.e. you should EXCLUDE third party top-ups, NHS Funded Nursing Care and full cost paying clients.

**Respecting these exclusions, the average fees SHOULD INCLUDE:**
- Client contributions /user charges.
- Fees paid under spot and block contracts, fees paid under a dynamic purchasing system, payments for travel time in home care, any allowances for external provider staff training, fees directly commissioned by your local authority and fees commissioned by your local authority as part of a Managed Personal Budget.
- Fees that did not change as a result of the additional IBCF allocation, as well as those that did. We are interested in the whole picture, not just fees that were specifically increased using additional iBCF funding.

If you only have average fees at a more detailed breakdown level than the three service types of home care, 65+ residential and 65+ nursing requested below (e.g. you have the more detailed categories of 65+ residential without dementia, 65+ residential with dementia) **please calculate for each of the three service types an average weighted by the proportion of clients that receive each detailed category:**
1. Take the number of clients receiving the service for each detailed category.
2. Divide the number of clients receiving the service for each detailed category (e.g. age 65+ residential without dementia, age 65+ residential with dementia) by the total number of clients receiving the relevant service (e.g. age 65+ residential).
3. Multiply the resultant proportions from Step 2 by the corresponding fee paid for each detailed category.
4. For each service type, sum the resultant detailed category figures from Step 3.

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

| | For information - your 2019-20 fee as reported in Q2 2019 20 * | Average 2019-20 fee. If you have newer/better data than at Q2 2019-20, enter it below and explain why it differs in the comments. Otherwise enter the Q2 2019-20 value from the previous column | What was your anticipated average fee rate for 2020-21, if COVID-19 had not occurred? | What was your actual average fee rate per actual user for 2020-21? ** | Implied uplift: anticipated 2020-21 rates compared to 2019-20 rates. | Implied uplift: actual 2020-21 rates compared to 2019-20 rates. | Checklist<br>Complete: |
|---|---|---|---|---|---|---|---|
| **1. Please provide the average amount that you paid to external providers for home care, calculated on a consistent basis.** (£ per contact hour, following the exclusions as in the instructions above) | £23.38 | £23.38 | £24.50 | £24.50 | 4.8% | 4.8% | Yes |
| **2. Please provide the average amount that you paid for external provider care homes without nursing for clients aged 65+, calculated on a consistent basis.** (£ per client per week, following the exclusions as in the instructions above) | £523.15 | £523.15 | £555.00 | £555.00 | 6.1% | 6.1% | Yes |
| **3. Please provide the average amount that you paid for external provider care homes with nursing for clients aged 65+, calculated on a consistent basis.** (£ per client per week, following the exclusions in the instructions above) | £551.18 | £551.18 | £579.00 | £579.00 | 5.0% | 5.0% | Yes |
| **4. Please provide additional commentary if your 2019-20 fee is different from that reported at Q2 2019-20. Please do not use more than 250 characters.** | | | | | | | Yes |
| **5. Please briefly list the covid-19 support measures that have most increased your average fees for 2020-21. Please do not use more than 250 characters.** | | | | | | | Yes |

**Footnotes:**

* ".." in the column C lookup means that no 2019-20 fee was reported by your council in Q2 2019-20

** For column F, please calculate your fee rate as the expenditure during the year divided by the number of actual client weeks during the year. This will pick up any support that you have provided in terms of occupancy guarantees.
(Occupancy guarantees should result in a higher rate per actual user.)

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

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

| | | | | | |
|---|---|---|---|---|---|
| E10000003 | Cambridgeshire | 06F | NHS Bedfordshire CCG | 1.1% | 0.7% |
| E10000003 | Cambridgeshire | 06H | NHS Cambridgeshire and Peterborough CCG | 71.7% | 96.8% |
| E10000003 | Cambridgeshire | 06K | NHS East and North Hertfordshire CCG | 0.8% | 0.7% |
| E10000003 | Cambridgeshire | 07H | NHS West Essex CCG | 0.2% | 0.1% |
| E10000003 | Cambridgeshire | 07K | NHS West Suffolk CCG | 3.9% | 1.4% |
| E10000003 | Cambridgeshire | 26A | NHS Norfolk and Waveney CCG | 0.3% | 0.4% |
| E09000007 | Camden | 07P | NHS Brent CCG | 1.2% | 1.7% |
| E09000007 | Camden | 08C | NHS Hammersmith and Fulham CCG | 1.1% | 1.2% |
| E09000007 | Camden | 08Y | NHS West London CCG | 0.3% | 0.3% |
| E09000007 | Camden | 09A | NHS Central London (Westminster) CCG | 5.4% | 4.7% |
| E09000007 | Camden | 93C | NHS North Central London CCG | 15.4% | 92.1% |
| E06000056 | Central Bedfordshire | 04F | NHS Milton Keynes CCG | 0.1% | 0.1% |
| E06000056 | Central Bedfordshire | 06F | NHS Bedfordshire CCG | 56.7% | 94.9% |
| E06000056 | Central Bedfordshire | 06K | NHS East and North Hertfordshire CCG | 0.3% | 0.7% |
| E06000056 | Central Bedfordshire | 06N | NHS Herts Valleys CCG | 0.4% | 0.9% |
| E06000056 | Central Bedfordshire | 06P | NHS Luton CCG | 2.1% | 1.7% |
| E06000056 | Central Bedfordshire | 14Y | NHS Buckinghamshire CCG | 0.8% | 1.6% |
| E06000049 | Cheshire East | 01W | NHS Stockport CCG | 1.6% | 1.2% |
| E06000049 | Cheshire East | 02A | NHS Trafford CCG | 0.2% | 0.1% |
| E06000049 | Cheshire East | 02E | NHS Warrington CCG | 0.7% | 0.4% |
| E06000049 | Cheshire East | 05G | NHS North Staffordshire CCG | 1.2% | 0.6% |
| E06000049 | Cheshire East | 15M | NHS Derby and Derbyshire CCG | 0.1% | 0.2% |
| E06000049 | Cheshire East | 27D | NHS Cheshire CCG | 51.6% | 97.4% |
| E06000050 | Cheshire West and Chester | 01F | NHS Halton CCG | 0.2% | 0.0% |
| E06000050 | Cheshire West and Chester | 02E | NHS Warrington CCG | 0.4% | 0.3% |
| E06000050 | Cheshire West and Chester | 12F | NHS Wirral CCG | 0.3% | 0.3% |
| E06000050 | Cheshire West and Chester | 27D | NHS Cheshire CCG | 47.3% | 99.5% |
| E09000001 | City of London | 07T | NHS City and Hackney CCG | 1.8% | 66.3% |
| E09000001 | City of London | 08C | NHS Hammersmith and Fulham CCG | 0.1% | 4.3% |
| E09000001 | City of London | 08V | NHS Tower Hamlets CCG | 0.3% | 12.8% |
| E09000001 | City of London | 08Y | NHS West London CCG | 0.0% | 0.2% |
| E09000001 | City of London | 09A | NHS Central London (Westminster) CCG | 0.1% | 3.4% |
| E09000001 | City of London | 72Q | NHS South East London CCG | 0.0% | 0.3% |
| E09000001 | City of London | 93C | NHS North Central London CCG | 0.0% | 12.7% |
| E06000052 | Cornwall & Scilly | 11N | NHS Kernow CCG | 99.7% | 99.4% |
| E06000052 | Cornwall & Scilly | 15N | NHS Devon CCG | 0.3% | 0.6% |
| E06000047 | County Durham | 00P | NHS Sunderland CCG | 1.1% | 0.6% |
| E06000047 | County Durham | 13T | NHS Newcastle Gateshead CCG | 0.7% | 0.7% |
| E06000047 | County Durham | 16C | NHS Tees Valley CCG | 0.1% | 0.1% |
| E06000047 | County Durham | 84H | NHS County Durham CCG | 96.8% | 98.6% |
| E08000026 | Coventry | 05A | NHS Coventry and Rugby CCG | 74.6% | 99.8% |
| E08000026 | Coventry | 05H | NHS Warwickshire North CCG | 0.4% | 0.2% |
| E08000026 | Coventry | 05R | NHS South Warwickshire CCG | 0.1% | 0.0% |
| E09000008 | Croydon | 08C | NHS Hammersmith and Fulham CCG | 0.3% | 0.2% |
| E09000008 | Croydon | 36L | NHS South West London CCG | 23.9% | 93.7% |
| E09000008 | Croydon | 72Q | NHS South East London CCG | 1.0% | 4.7% |
| E09000008 | Croydon | 92A | NHS Surrey Heartlands CCG | 0.6% | 1.4% |
| E10000006 | Cumbria | 01H | NHS North Cumbria CCG | 99.9% | 63.5% |
| E10000006 | Cumbria | 01K | NHS Morecambe Bay CCG | 53.2% | 36.5% |
| E06000005 | Darlington | 16C | NHS Tees Valley CCG | 15.2% | 96.6% |
| E06000005 | Darlington | 42D | NHS North Yorkshire CCG | 0.0% | 0.1% |
| E06000005 | Darlington | 84H | NHS County Durham CCG | 0.7% | 3.3% |
| E06000015 | Derby | 15M | NHS Derby and Derbyshire CCG | 26.6% | 100.0% |
| E10000007 | Derbyshire | 01W | NHS Stockport CCG | 0.1% | 0.0% |
| E10000007 | Derbyshire | 01Y | NHS Tameside and Glossop CCG | 13.9% | 4.3% |
| E10000007 | Derbyshire | 02Q | NHS Bassetlaw CCG | 0.2% | 0.0% |
| E10000007 | Derbyshire | 03N | NHS Sheffield CCG | 0.5% | 0.3% |
| E10000007 | Derbyshire | 04V | NHS West Leicestershire CCG | 0.6% | 0.3% |
| E10000007 | Derbyshire | 05D | NHS East Staffordshire CCG | 7.9% | 1.4% |
| E10000007 | Derbyshire | 15M | NHS Derby and Derbyshire CCG | 70.9% | 92.5% |
| E10000007 | Derbyshire | 52R | NHS Nottingham and Nottinghamshire CCG | 0.9% | 1.2% |
| E10000008 | Devon | 11J | NHS Dorset CCG | 0.3% | 0.3% |
| E10000008 | Devon | 11N | NHS Kernow CCG | 0.3% | 0.2% |
| E10000008 | Devon | 11X | NHS Somerset CCG | 0.4% | 0.3% |
| E10000008 | Devon | 15N | NHS Devon CCG | 66.0% | 99.2% |
| E08000017 | Doncaster | 02P | NHS Barnsley CCG | 0.3% | 0.3% |
| E08000017 | Doncaster | 02Q | NHS Bassetlaw CCG | 1.7% | 0.6% |
| E08000017 | Doncaster | 02X | NHS Doncaster CCG | 97.0% | 97.7% |
| E08000017 | Doncaster | 03L | NHS Rotherham CCG | 1.5% | 1.2% |
| E08000017 | Doncaster | 03R | NHS Wakefield CCG | 0.1% | 0.2% |
| E06000059 | Dorset | 11A | NHS West Hampshire CCG | 1.7% | 2.5% |
| E06000059 | Dorset | 11J | NHS Dorset CCG | 45.9% | 95.7% |
| E06000059 | Dorset | 11X | NHS Somerset CCG | 0.6% | 0.9% |
| E06000059 | Dorset | 92G | NHS Bath and North East Somerset, Swindon and Wiltshire CCG | 0.4% | 0.9% |
| E08000027 | Dudley | 05C | NHS Dudley CCG | 91.9% | 90.6% |
| E08000027 | Dudley | 05L | NHS Sandwell and West Birmingham CCG | 4.0% | 7.0% |
| E08000027 | Dudley | 06A | NHS Wolverhampton CCG | 1.7% | 1.5% |
| E08000027 | Dudley | 15E | NHS Birmingham and Solihull CCG | 0.1% | 0.6% |
| E08000027 | Dudley | 18C | NHS Herefordshire and Worcestershire CCG | 0.1% | 0.3% |
| E09000009 | Ealing | 07P | NHS Brent CCG | 2.1% | 1.9% |
| E09000009 | Ealing | 07W | NHS Ealing CCG | 87.0% | 89.7% |
| E09000009 | Ealing | 07Y | NHS Hounslow CCG | 4.4% | 3.3% |
| E09000009 | Ealing | 08C | NHS Hammersmith and Fulham CCG | 5.1% | 3.5% |
| E09000009 | Ealing | 08E | NHS Harrow CCG | 0.4% | 0.3% |
| E09000009 | Ealing | 08G | NHS Hillingdon CCG | 0.7% | 0.5% |
| E09000009 | Ealing | 08Y | NHS West London CCG | 0.8% | 0.5% |
| E09000009 | Ealing | 09A | NHS Central London (Westminster) CCG | 0.4% | 0.2% |
| E09000009 | Ealing | 93C | NHS North Central London CCG | 0.0% | 0.1% |
| E06000011 | East Riding of Yorkshire | 02Y | NHS East Riding of Yorkshire CCG | 97.2% | 85.1% |
| E06000011 | East Riding of Yorkshire | 03F | NHS Hull CCG | 8.7% | 7.5% |
| E06000011 | East Riding of Yorkshire | 03Q | NHS Vale of York CCG | 6.8% | 7.1% |
| E06000011 | East Riding of Yorkshire | 42D | NHS North Yorkshire CCG | 0.2% | 0.2% |
| E10000011 | East Sussex | 09D | NHS Brighton and Hove CCG | 1.1% | 0.6% |
| E10000011 | East Sussex | 70F | NHS West Sussex CCG | 0.7% | 1.2% |
| E10000011 | East Sussex | 91Q | NHS Kent and Medway CCG | 0.2% | 0.7% |
| E10000011 | East Sussex | 97R | NHS East Sussex CCG | 99.4% | 97.5% |

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

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| E10000015 | Hertfordshire | 06K | NHS East and North Hertfordshire CCG | 97.0% | 46.5% |
| E10000015 | Hertfordshire | 06N | NHS Herts Valleys CCG | 98.0% | 50.8% |
| E10000015 | Hertfordshire | 06P | NHS Luton CCG | 0.4% | 0.0% |
| E10000015 | Hertfordshire | 07H | NHS West Essex CCG | 0.9% | 0.2% |
| E10000015 | Hertfordshire | 08C | NHS Hammersmith and Fulham CCG | 0.2% | 0.0% |
| E10000015 | Hertfordshire | 08E | NHS Harrow CCG | 0.5% | 0.1% |
| E10000015 | Hertfordshire | 08G | NHS Hillingdon CCG | 2.2% | 0.6% |
| E10000015 | Hertfordshire | 14Y | NHS Buckinghamshire CCG | 0.2% | 0.0% |
| E10000015 | Hertfordshire | 93C | NHS North Central London CCG | 0.2% | 0.2% |
| E09000017 | Hillingdon | 07P | NHS Brent CCG | 0.1% | 0.1% |
| E09000017 | Hillingdon | 07W | NHS Ealing CCG | 5.3% | 7.0% |
| E09000017 | Hillingdon | 07Y | NHS Hounslow CCG | 1.2% | 1.2% |
| E09000017 | Hillingdon | 08C | NHS Hammersmith and Fulham CCG | 0.5% | 0.4% |
| E09000017 | Hillingdon | 08E | NHS Harrow CCG | 2.1% | 1.7% |
| E09000017 | Hillingdon | 08G | NHS Hillingdon CCG | 94.4% | 89.5% |
| E09000017 | Hillingdon | 08Y | NHS West London CCG | 0.1% | 0.0% |
| E09000017 | Hillingdon | 14Y | NHS Buckinghamshire CCG | 0.0% | 0.1% |
| E09000018 | Hounslow | 07W | NHS Ealing CCG | 5.3% | 7.2% |
| E09000018 | Hounslow | 07Y | NHS Hounslow CCG | 88.5% | 87.1% |
| E09000018 | Hounslow | 08C | NHS Hammersmith and Fulham CCG | 1.2% | 1.1% |
| E09000018 | Hounslow | 08G | NHS Hillingdon CCG | 0.2% | 0.2% |
| E09000018 | Hounslow | 08Y | NHS West London CCG | 0.2% | 0.2% |
| E09000018 | Hounslow | 09A | NHS Central London (Westminster) CCG | 0.1% | 0.0% |
| E09000018 | Hounslow | 36L | NHS South West London CCG | 0.7% | 3.8% |
| E09000018 | Hounslow | 92A | NHS Surrey Heartlands CCG | 0.1% | 0.4% |
| E06000046 | Isle of Wight | 10L | NHS Isle of Wight CCG | 100.0% | 100.0% |
| E09000019 | Islington | 07T | NHS City and Hackney CCG | 3.3% | 4.0% |
| E09000019 | Islington | 08C | NHS Hammersmith and Fulham CCG | 1.5% | 1.8% |
| E09000019 | Islington | 09A | NHS Central London (Westminster) CCG | 0.6% | 0.6% |
| E09000019 | Islington | 93C | NHS North Central London CCG | 15.0% | 93.7% |
| E09000020 | Kensington and Chelsea | 07P | NHS Brent CCG | 0.0% | 0.2% |
| E09000020 | Kensington and Chelsea | 08C | NHS Hammersmith and Fulham CCG | 1.4% | 2.3% |
| E09000020 | Kensington and Chelsea | 08Y | NHS West London CCG | 63.8% | 91.6% |
| E09000020 | Kensington and Chelsea | 09A | NHS Central London (Westminster) CCG | 4.0% | 5.4% |
| E09000020 | Kensington and Chelsea | 36L | NHS South West London CCG | 0.0% | 0.1% |
| E09000020 | Kensington and Chelsea | 93C | NHS North Central London CCG | 0.0% | 0.4% |
| E10000016 | Kent | 08C | NHS Hammersmith and Fulham CCG | 0.1% | 0.0% |
| E10000016 | Kent | 72Q | NHS South East London CCG | 0.4% | 0.5% |
| E10000016 | Kent | 91Q | NHS Kent and Medway CCG | 84.6% | 99.4% |
| E10000016 | Kent | 97R | NHS East Sussex CCG | 0.3% | 0.1% |
| E06000010 | Kingston upon Hull, City of | 02Y | NHS East Riding of Yorkshire CCG | 1.3% | 1.4% |
| E06000010 | Kingston upon Hull, City of | 03F | NHS Hull CCG | 91.3% | 98.6% |
| E09000021 | Kingston upon Thames | 08C | NHS Hammersmith and Fulham CCG | 0.1% | 0.2% |
| E09000021 | Kingston upon Thames | 36L | NHS South West London CCG | 11.3% | 98.8% |
| E09000021 | Kingston upon Thames | 92A | NHS Surrey Heartlands CCG | 0.2% | 1.1% |
| E08000034 | Kirklees | 02P | NHS Barnsley CCG | 0.1% | 0.0% |
| E08000034 | Kirklees | 02T | NHS Calderdale CCG | 1.3% | 0.7% |
| E08000034 | Kirklees | 03A | NHS Greater Huddersfield CCG | 99.5% | 54.6% |
| E08000034 | Kirklees | 03J | NHS North Kirklees CCG | 98.9% | 42.3% |
| E08000034 | Kirklees | 03R | NHS Wakefield CCG | 1.6% | 1.4% |
| E08000034 | Kirklees | 15F | NHS Leeds CCG | 0.1% | 0.3% |
| E08000034 | Kirklees | 36J | NHS Bradford District and Craven CCG | 0.5% | 0.7% |
| E08000011 | Knowsley | 01F | NHS Halton CCG | 1.0% | 0.8% |
| E08000011 | Knowsley | 01J | NHS Knowsley CCG | 87.0% | 88.1% |
| E08000011 | Knowsley | 01T | NHS South Sefton CCG | 0.2% | 0.2% |
| E08000011 | Knowsley | 01X | NHS St Helens CCG | 2.3% | 2.7% |
| E08000011 | Knowsley | 99A | NHS Liverpool CCG | 2.4% | 8.1% |
| E09000022 | Lambeth | 08C | NHS Hammersmith and Fulham CCG | 1.6% | 1.3% |
| E09000022 | Lambeth | 08Y | NHS West London CCG | 0.1% | 0.0% |
| E09000022 | Lambeth | 09A | NHS Central London (Westminster) CCG | 1.5% | 0.9% |
| E09000022 | Lambeth | 36L | NHS South West London CCG | 1.2% | 4.9% |
| E09000022 | Lambeth | 72Q | NHS South East London CCG | 18.3% | 92.6% |
| E09000022 | Lambeth | 93C | NHS North Central London CCG | 0.0% | 0.3% |
| E10000017 | Lancashire | 00Q | NHS Blackburn with Darwen CCG | 11.1% | 1.5% |
| E10000017 | Lancashire | 00R | NHS Blackpool CCG | 14.0% | 1.9% |
| E10000017 | Lancashire | 00T | NHS Bolton CCG | 0.3% | 0.0% |
| E10000017 | Lancashire | 00V | NHS Bury CCG | 1.4% | 0.2% |
| E10000017 | Lancashire | 00X | NHS Chorley and South Ribble CCG | 99.8% | 14.5% |
| E10000017 | Lancashire | 01A | NHS East Lancashire CCG | 99.0% | 29.9% |
| E10000017 | Lancashire | 01D | NHS Heywood, Middleton and Rochdale CCG | 0.8% | 0.2% |
| E10000017 | Lancashire | 01E | NHS Greater Preston CCG | 100.0% | 16.7% |
| E10000017 | Lancashire | 01J | NHS Knowsley CCG | 0.1% | 0.0% |
| E10000017 | Lancashire | 01K | NHS Morecambe Bay CCG | 45.0% | 12.3% |
| E10000017 | Lancashire | 01T | NHS South Sefton CCG | 0.5% | 0.0% |
| E10000017 | Lancashire | 01V | NHS Southport and Formby CCG | 3.3% | 0.3% |
| E10000017 | Lancashire | 01X | NHS St Helens CCG | 0.4% | 0.0% |
| E10000017 | Lancashire | 02G | NHS West Lancashire CCG | 97.0% | 8.6% |
| E10000017 | Lancashire | 02H | NHS Wigan Borough CCG | 0.7% | 0.2% |
| E10000017 | Lancashire | 02M | NHS Fylde and Wyre CCG | 98.0% | 13.7% |
| E08000035 | Leeds | 03J | NHS North Kirklees CCG | 0.3% | 0.0% |
| E08000035 | Leeds | 03Q | NHS Vale of York CCG | 0.5% | 0.2% |
| E08000035 | Leeds | 03R | NHS Wakefield CCG | 1.4% | 0.6% |
| E08000035 | Leeds | 15F | NHS Leeds CCG | 97.6% | 98.7% |
| E08000035 | Leeds | 36J | NHS Bradford District and Craven CCG | 0.6% | 0.5% |
| E06000016 | Leicester | 03W | NHS East Leicestershire and Rutland CCG | 1.6% | 1.3% |
| E06000016 | Leicester | 04C | NHS Leicester City CCG | 93.0% | 96.0% |
| E06000016 | Leicester | 04V | NHS West Leicestershire CCG | 2.8% | 2.7% |
| E10000018 | Leicestershire | 03W | NHS East Leicestershire and Rutland CCG | 85.9% | 39.8% |
| E10000018 | Leicestershire | 04C | NHS Leicester City CCG | 7.0% | 4.1% |
| E10000018 | Leicestershire | 04V | NHS West Leicestershire CCG | 96.2% | 53.1% |
| E10000018 | Leicestershire | 05H | NHS Warwickshire North CCG | 1.6% | 0.4% |
| E10000018 | Leicestershire | 15M | NHS Derby and Derbyshire CCG | 0.4% | 0.6% |
| E10000018 | Leicestershire | 52R | NHS Nottingham and Nottinghamshire CCG | 0.6% | 1.0% |
| E10000018 | Leicestershire | 71E | NHS Lincolnshire CCG | 0.9% | 1.0% |
| E09000023 | Lewisham | 08C | NHS Hammersmith and Fulham CCG | 0.9% | 0.8% |
| E09000023 | Lewisham | 09A | NHS Central London (Westminster) CCG | 0.2% | 0.2% |

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| E09000023 | Lewisham | 36L | NHS South West London CCG | 0.0% | 0.2% |
| E09000023 | Lewisham | 72Q | NHS South East London CCG | 16.6% | 98.7% |
| E09000023 | Lewisham | 93C | NHS North Central London CCG | 0.0% | 0.1% |
| E10000019 | Lincolnshire | 03H | NHS North East Lincolnshire CCG | 2.7% | 0.6% |
| E10000019 | Lincolnshire | 03K | NHS North Lincolnshire CCG | 5.0% | 1.1% |
| E10000019 | Lincolnshire | 03W | NHS East Leicestershire and Rutland CCG | 0.3% | 0.1% |
| E10000019 | Lincolnshire | 06H | NHS Cambridgeshire and Peterborough CCG | 0.2% | 0.3% |
| E10000019 | Lincolnshire | 52R | NHS Nottingham and Nottinghamshire CCG | 0.3% | 0.4% |
| E10000019 | Lincolnshire | 71E | NHS Lincolnshire CCG | 96.4% | 97.5% |
| E08000012 | Liverpool | 01J | NHS Knowsley CCG | 8.3% | 2.6% |
| E08000012 | Liverpool | 01T | NHS South Sefton CCG | 3.5% | 1.0% |
| E08000012 | Liverpool | 99A | NHS Liverpool CCG | 94.4% | 96.4% |
| E06000032 | Luton | 06F | NHS Bedfordshire CCG | 2.3% | 4.7% |
| E06000032 | Luton | 06P | NHS Luton CCG | 97.5% | 95.3% |
| E08000003 | Manchester | 00V | NHS Bury CCG | 0.4% | 0.1% |
| E08000003 | Manchester | 00Y | NHS Oldham CCG | 0.8% | 0.3% |
| E08000003 | Manchester | 01D | NHS Heywood, Middleton and Rochdale CCG | 0.5% | 0.2% |
| E08000003 | Manchester | 01G | NHS Salford CCG | 2.5% | 1.1% |
| E08000003 | Manchester | 01W | NHS Stockport CCG | 1.7% | 0.9% |
| E08000003 | Manchester | 01Y | NHS Tameside and Glossop CCG | 0.4% | 0.2% |
| E08000003 | Manchester | 02A | NHS Trafford CCG | 3.8% | 1.4% |
| E08000003 | Manchester | 14L | NHS Manchester CCG | 91.1% | 95.8% |
| E06000035 | Medway | 91Q | NHS Kent and Medway CCG | 15.0% | 100.0% |
| E09000024 | Merton | 08C | NHS Hammersmith and Fulham CCG | 0.4% | 0.5% |
| E09000024 | Merton | 36L | NHS South West London CCG | 14.5% | 97.5% |
| E09000024 | Merton | 72Q | NHS South East London CCG | 0.3% | 2.0% |
| E06000002 | Middlesbrough | 16C | NHS Tees Valley CCG | 22.4% | 99.8% |
| E06000002 | Middlesbrough | 42D | NHS North Yorkshire CCG | 0.0% | 0.2% |
| E06000042 | Milton Keynes | 04F | NHS Milton Keynes CCG | 95.5% | 96.2% |
| E06000042 | Milton Keynes | 06F | NHS Bedfordshire CCG | 1.5% | 2.5% |
| E06000042 | Milton Keynes | 78H | NHS Northamptonshire CCG | 0.5% | 1.3% |
| E08000021 | Newcastle upon Tyne | 00L | NHS Northumberland CCG | 0.9% | 0.8% |
| E08000021 | Newcastle upon Tyne | 13T | NHS Newcastle Gateshead CCG | 59.5% | 95.2% |
| E08000021 | Newcastle upon Tyne | 99C | NHS North Tyneside CCG | 5.9% | 3.9% |
| E09000025 | Newham | 07L | NHS Barking and Dagenham CCG | 0.6% | 0.3% |
| E09000025 | Newham | 07T | NHS City and Hackney CCG | 0.1% | 0.1% |
| E09000025 | Newham | 08C | NHS Hammersmith and Fulham CCG | 1.3% | 0.9% |
| E09000025 | Newham | 08M | NHS Newham CCG | 96.6% | 96.1% |
| E09000025 | Newham | 08N | NHS Redbridge CCG | 0.3% | 0.2% |
| E09000025 | Newham | 08V | NHS Tower Hamlets CCG | 0.3% | 0.3% |
| E09000025 | Newham | 08W | NHS Waltham Forest CCG | 1.7% | 1.3% |
| E09000025 | Newham | 09A | NHS Central London (Westminster) CCG | 0.7% | 0.4% |
| E09000025 | Newham | 72Q | NHS South East London CCG | 0.0% | 0.1% |
| E09000025 | Newham | 93C | NHS North Central London CCG | 0.0% | 0.2% |
| E10000020 | Norfolk | 06H | NHS Cambridgeshire and Peterborough CCG | 0.6% | 0.7% |
| E10000020 | Norfolk | 06L | NHS Ipswich and East Suffolk CCG | 0.2% | 0.1% |
| E10000020 | Norfolk | 07K | NHS West Suffolk CCG | 2.5% | 0.7% |
| E10000020 | Norfolk | 26A | NHS Norfolk and Waveney CCG | 87.7% | 98.6% |
| E06000012 | North East Lincolnshire | 03H | NHS North East Lincolnshire CCG | 95.9% | 98.5% |
| E06000012 | North East Lincolnshire | 03K | NHS North Lincolnshire CCG | 0.2% | 0.2% |
| E06000012 | North East Lincolnshire | 71E | NHS Lincolnshire CCG | 0.3% | 1.3% |
| E06000013 | North Lincolnshire | 02Q | NHS Bassetlaw CCG | 0.2% | 0.2% |
| E06000013 | North Lincolnshire | 02X | NHS Doncaster CCG | 0.0% | 0.2% |
| E06000013 | North Lincolnshire | 02Y | NHS East Riding of Yorkshire CCG | 0.0% | 0.2% |
| E06000013 | North Lincolnshire | 03H | NHS North East Lincolnshire CCG | 1.4% | 1.4% |
| E06000013 | North Lincolnshire | 03K | NHS North Lincolnshire CCG | 94.8% | 96.8% |
| E06000013 | North Lincolnshire | 71E | NHS Lincolnshire CCG | 0.3% | 1.4% |
| E06000024 | North Somerset | 11X | NHS Somerset CCG | 0.0% | 0.2% |
| E06000024 | North Somerset | 15C | NHS Bristol, North Somerset and South Gloucestershire CCG | 21.5% | 98.3% |
| E06000024 | North Somerset | 92G | NHS Bath and North East Somerset, Swindon and Wiltshire CCG | 0.4% | 1.5% |
| E08000022 | North Tyneside | 00L | NHS Northumberland CCG | 0.7% | 1.1% |
| E08000022 | North Tyneside | 13T | NHS Newcastle Gateshead CCG | 1.0% | 2.5% |
| E08000022 | North Tyneside | 99C | NHS North Tyneside CCG | 93.3% | 96.5% |
| E10000023 | North Yorkshire | 01A | NHS East Lancashire CCG | 0.1% | 0.0% |
| E10000023 | North Yorkshire | 01K | NHS Morecambe Bay CCG | 1.8% | 1.0% |
| E10000023 | North Yorkshire | 02X | NHS Doncaster CCG | 0.2% | 0.1% |
| E10000023 | North Yorkshire | 02Y | NHS East Riding of Yorkshire CCG | 1.5% | 0.7% |
| E10000023 | North Yorkshire | 03Q | NHS Vale of York CCG | 32.8% | 19.0% |
| E10000023 | North Yorkshire | 03R | NHS Wakefield CCG | 1.9% | 1.2% |
| E10000023 | North Yorkshire | 15F | NHS Leeds CCG | 0.9% | 1.3% |
| E10000023 | North Yorkshire | 16C | NHS Tees Valley CCG | 0.3% | 0.4% |
| E10000023 | North Yorkshire | 36J | NHS Bradford District and Craven CCG | 8.1% | 8.3% |
| E10000023 | North Yorkshire | 42D | NHS North Yorkshire CCG | 99.4% | 67.9% |
| E10000023 | North Yorkshire | 84H | NHS County Durham CCG | 0.1% | 0.1% |
| E10000021 | Northamptonshire | 03W | NHS East Leicestershire and Rutland CCG | 2.0% | 0.8% |
| E10000021 | Northamptonshire | 04F | NHS Milton Keynes CCG | 3.1% | 1.1% |
| E10000021 | Northamptonshire | 05A | NHS Coventry and Rugby CCG | 0.3% | 0.2% |
| E10000021 | Northamptonshire | 06F | NHS Bedfordshire CCG | 0.1% | 0.0% |
| E10000021 | Northamptonshire | 06H | NHS Cambridgeshire and Peterborough CCG | 1.5% | 1.9% |
| E10000021 | Northamptonshire | 10Q | NHS Oxfordshire CCG | 1.0% | 1.0% |
| E10000021 | Northamptonshire | 71E | NHS Lincolnshire CCG | 0.2% | 0.2% |
| E10000021 | Northamptonshire | 78H | NHS Northamptonshire CCG | 99.0% | 94.8% |
| E06000057 | Northumberland | 00L | NHS Northumberland CCG | 97.9% | 98.7% |
| E06000057 | Northumberland | 01H | NHS North Cumbria CCG | 0.1% | 0.1% |
| E06000057 | Northumberland | 13T | NHS Newcastle Gateshead CCG | 0.3% | 0.4% |
| E06000057 | Northumberland | 84H | NHS County Durham CCG | 0.0% | 0.2% |
| E06000057 | Northumberland | 99C | NHS North Tyneside CCG | 0.8% | 0.6% |
| E06000018 | Nottingham | 52R | NHS Nottingham and Nottinghamshire CCG | 33.5% | 100.0% |
| E10000024 | Nottinghamshire | 02Q | NHS Bassetlaw CCG | 96.9% | 13.5% |
| E10000024 | Nottinghamshire | 02X | NHS Doncaster CCG | 1.6% | 0.6% |
| E10000024 | Nottinghamshire | 03W | NHS East Leicestershire and Rutland CCG | 0.3% | 0.1% |
| E10000024 | Nottinghamshire | 15M | NHS Derby and Derbyshire CCG | 1.4% | 1.7% |
| E10000024 | Nottinghamshire | 52R | NHS Nottingham and Nottinghamshire CCG | 64.7% | 83.8% |
| E10000024 | Nottinghamshire | 71E | NHS Lincolnshire CCG | 0.2% | 0.2% |
| E08000004 | Oldham | 00Y | NHS Oldham CCG | 94.6% | 96.3% |
| E08000004 | Oldham | 01D | NHS Heywood, Middleton and Rochdale CCG | 1.5% | 1.4% |

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| E08000004 | Oldham | 01Y | NHS Tameside and Glossop CCG | 0.2% | 0.2% |
| E08000004 | Oldham | 14L | NHS Manchester CCG | 0.8% | 2.1% |
| E10000025 | Oxfordshire | 05R | NHS South Warwickshire CCG | 0.7% | 0.3% |
| E10000025 | Oxfordshire | 10Q | NHS Oxfordshire CCG | 97.4% | 96.6% |
| E10000025 | Oxfordshire | 11M | NHS Gloucestershire CCG | 0.2% | 0.2% |
| E10000025 | Oxfordshire | 14Y | NHS Buckinghamshire CCG | 2.5% | 1.8% |
| E10000025 | Oxfordshire | 15A | NHS Berkshire West CCG | 0.4% | 0.3% |
| E10000025 | Oxfordshire | 78H | NHS Northamptonshire CCG | 0.1% | 0.1% |
| E10000025 | Oxfordshire | 92G | NHS Bath and North East Somerset, Swindon and Wiltshire CCG | 0.7% | 0.8% |
| E06000031 | Peterborough | 06H | NHS Cambridgeshire and Peterborough CCG | 23.2% | 96.4% |
| E06000031 | Peterborough | 71E | NHS Lincolnshire CCG | 1.1% | 3.6% |
| E06000026 | Plymouth | 15N | NHS Devon CCG | 21.9% | 100.0% |
| E06000044 | Portsmouth | 10K | NHS Fareham and Gosport CCG | 1.6% | 1.4% |
| E06000044 | Portsmouth | 10R | NHS Portsmouth CCG | 95.5% | 98.3% |
| E06000044 | Portsmouth | 10V | NHS South Eastern Hampshire CCG | 0.2% | 0.2% |
| E06000038 | Reading | 10Q | NHS Oxfordshire CCG | 0.3% | 1.0% |
| E06000038 | Reading | 15A | NHS Berkshire West CCG | 35.3% | 99.0% |
| E09000026 | Redbridge | 07H | NHS West Essex CCG | 1.8% | 1.6% |
| E09000026 | Redbridge | 07L | NHS Barking and Dagenham CCG | 4.8% | 3.2% |
| E09000026 | Redbridge | 08C | NHS Hammersmith and Fulham CCG | 0.3% | 0.3% |
| E09000026 | Redbridge | 08F | NHS Havering CCG | 0.8% | 0.7% |
| E09000026 | Redbridge | 08M | NHS Newham CCG | 1.3% | 1.6% |
| E09000026 | Redbridge | 08N | NHS Redbridge CCG | 92.2% | 89.5% |
| E09000026 | Redbridge | 08W | NHS Waltham Forest CCG | 3.2% | 3.0% |
| E09000026 | Redbridge | 93C | NHS North Central London CCG | 0.0% | 0.1% |
| E06000003 | Redcar and Cleveland | 16C | NHS Tees Valley CCG | 19.9% | 98.8% |
| E06000003 | Redcar and Cleveland | 42D | NHS North Yorkshire CCG | 0.4% | 1.2% |
| E09000027 | Richmond upon Thames | 07Y | NHS Hounslow CCG | 4.7% | 6.8% |
| E09000027 | Richmond upon Thames | 08C | NHS Hammersmith and Fulham CCG | 0.6% | 0.7% |
| E09000027 | Richmond upon Thames | 08Y | NHS West London CCG | 0.0% | 0.1% |
| E09000027 | Richmond upon Thames | 36L | NHS South West London CCG | 12.3% | 92.2% |
| E09000027 | Richmond upon Thames | 92A | NHS Surrey Heartlands CCG | 0.0% | 0.1% |
| E08000005 | Rochdale | 00V | NHS Bury CCG | 0.7% | 0.6% |
| E08000005 | Rochdale | 00Y | NHS Oldham CCG | 0.9% | 1.0% |
| E08000005 | Rochdale | 01A | NHS East Lancashire CCG | 0.2% | 0.3% |
| E08000005 | Rochdale | 01D | NHS Heywood, Middleton and Rochdale CCG | 96.6% | 96.5% |
| E08000005 | Rochdale | 14L | NHS Manchester CCG | 0.6% | 1.6% |
| E08000018 | Rotherham | 02P | NHS Barnsley CCG | 3.2% | 3.1% |
| E08000018 | Rotherham | 02Q | NHS Bassetlaw CCG | 0.9% | 0.4% |
| E08000018 | Rotherham | 02X | NHS Doncaster CCG | 1.0% | 1.1% |
| E08000018 | Rotherham | 03L | NHS Rotherham CCG | 97.9% | 93.5% |
| E08000018 | Rotherham | 03N | NHS Sheffield CCG | 0.8% | 1.9% |
| E06000017 | Rutland | 03W | NHS East Leicestershire and Rutland CCG | 10.0% | 86.6% |
| E06000017 | Rutland | 06H | NHS Cambridgeshire and Peterborough CCG | 0.0% | 0.4% |
| E06000017 | Rutland | 71E | NHS Lincolnshire CCG | 0.6% | 12.5% |
| E06000017 | Rutland | 78H | NHS Northamptonshire CCG | 0.0% | 0.5% |
| E08000006 | Salford | 00T | NHS Bolton CCG | 0.3% | 0.3% |
| E08000006 | Salford | 00V | NHS Bury CCG | 1.8% | 1.3% |
| E08000006 | Salford | 01G | NHS Salford CCG | 94.1% | 94.5% |
| E08000006 | Salford | 02A | NHS Trafford CCG | 0.2% | 0.2% |
| E08000006 | Salford | 02H | NHS Wigan Borough CCG | 0.9% | 1.1% |
| E08000006 | Salford | 14L | NHS Manchester CCG | 1.1% | 2.6% |
| E08000028 | Sandwell | 05C | NHS Dudley CCG | 3.0% | 2.7% |
| E08000028 | Sandwell | 05L | NHS Sandwell and West Birmingham CCG | 55.5% | 88.5% |
| E08000028 | Sandwell | 05Y | NHS Walsall CCG | 1.7% | 1.4% |
| E08000028 | Sandwell | 06A | NHS Wolverhampton CCG | 0.3% | 0.3% |
| E08000028 | Sandwell | 15E | NHS Birmingham and Solihull CCG | 1.9% | 7.2% |
| E08000014 | Sefton | 01J | NHS Knowsley CCG | 1.9% | 1.1% |
| E08000014 | Sefton | 01T | NHS South Sefton CCG | 95.9% | 51.6% |
| E08000014 | Sefton | 01V | NHS Southport and Formby CCG | 96.7% | 41.8% |
| E08000014 | Sefton | 02G | NHS West Lancashire CCG | 0.2% | 0.0% |
| E08000014 | Sefton | 99A | NHS Liverpool CCG | 2.9% | 5.4% |
| E08000019 | Sheffield | 02P | NHS Barnsley CCG | 0.9% | 0.4% |
| E08000019 | Sheffield | 03L | NHS Rotherham CCG | 0.4% | 0.2% |
| E08000019 | Sheffield | 03N | NHS Sheffield CCG | 98.5% | 99.1% |
| E08000019 | Sheffield | 15M | NHS Derby and Derbyshire CCG | 0.2% | 0.4% |
| E06000051 | Shropshire | 05G | NHS North Staffordshire CCG | 0.5% | 0.4% |
| E06000051 | Shropshire | 05N | NHS Shropshire CCG | 96.7% | 95.3% |
| E06000051 | Shropshire | 05Q | NHS South East Staffordshire and Seisdon Peninsula CCG | 1.3% | 0.9% |
| E06000051 | Shropshire | 05X | NHS Telford and Wrekin CCG | 2.4% | 1.5% |
| E06000051 | Shropshire | 18C | NHS Herefordshire and Worcestershire CCG | 0.6% | 1.6% |
| E06000051 | Shropshire | 27D | NHS Cheshire CCG | 0.2% | 0.4% |
| E06000039 | Slough | 07W | NHS Ealing CCG | 0.0% | 0.2% |
| E06000039 | Slough | 07Y | NHS Hounslow CCG | 0.0% | 0.2% |
| E06000039 | Slough | 08G | NHS Hillingdon CCG | 0.0% | 0.1% |
| E06000039 | Slough | 14Y | NHS Buckinghamshire CCG | 1.7% | 5.7% |
| E06000039 | Slough | 15D | NHS East Berkshire CCG | 34.3% | 93.7% |
| E06000039 | Slough | 92A | NHS Surrey Heartlands CCG | 0.0% | 0.1% |
| E08000029 | Solihull | 05A | NHS Coventry and Rugby CCG | 0.0% | 0.1% |
| E08000029 | Solihull | 05H | NHS Warwickshire North CCG | 0.2% | 0.2% |
| E08000029 | Solihull | 05R | NHS South Warwickshire CCG | 0.3% | 0.4% |
| E08000029 | Solihull | 15E | NHS Birmingham and Solihull CCG | 16.9% | 99.0% |
| E08000029 | Solihull | 18C | NHS Herefordshire and Worcestershire CCG | 0.0% | 0.3% |
| E10000027 | Somerset | 11J | NHS Dorset CCG | 0.4% | 0.6% |
| E10000027 | Somerset | 11X | NHS Somerset CCG | 98.5% | 97.4% |
| E10000027 | Somerset | 15C | NHS Bristol, North Somerset and South Gloucestershire CCG | 0.2% | 0.3% |
| E10000027 | Somerset | 15N | NHS Devon CCG | 0.2% | 0.5% |
| E10000027 | Somerset | 92G | NHS Bath and North East Somerset, Swindon and Wiltshire CCG | 0.8% | 1.2% |
| E06000025 | South Gloucestershire | 11M | NHS Gloucestershire CCG | 0.9% | 1.9% |
| E06000025 | South Gloucestershire | 15C | NHS Bristol, North Somerset and South Gloucestershire CCG | 28.2% | 97.6% |
| E06000025 | South Gloucestershire | 92G | NHS Bath and North East Somerset, Swindon and Wiltshire CCG | 0.2% | 0.6% |
| E08000023 | South Tyneside | 00N | NHS South Tyneside CCG | 99.2% | 99.2% |
| E08000023 | South Tyneside | 00P | NHS Sunderland CCG | 0.3% | 0.6% |
| E08000023 | South Tyneside | 13T | NHS Newcastle Gateshead CCG | 0.0% | 0.2% |
| E06000045 | Southampton | 10X | NHS Southampton CCG | 95.1% | 99.5% |
| E06000045 | Southampton | 11A | NHS West Hampshire CCG | 0.2% | 0.5% |

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| E06000033 | Southend-on-Sea | 99F | NHS Castle Point and Rochford CCG | 4.7% | 4.5% |
| E06000033 | Southend-on-Sea | 99G | NHS Southend CCG | 96.6% | 95.5% |
| E09000028 | Southwark | 08C | NHS Hammersmith and Fulham CCG | 1.9% | 1.5% |
| E09000028 | Southwark | 09A | NHS Central London (Westminster) CCG | 2.6% | 1.7% |
| E09000028 | Southwark | 36L | NHS South West London CCG | 0.0% | 0.2% |
| E09000028 | Southwark | 72Q | NHS South East London CCG | 17.7% | 95.9% |
| E09000028 | Southwark | 93C | NHS North Central London CCG | 0.1% | 0.6% |
| E08000013 | St. Helens | 01F | NHS Halton CCG | 0.2% | 0.2% |
| E08000013 | St. Helens | 01J | NHS Knowsley CCG | 2.4% | 2.2% |
| E08000013 | St. Helens | 01X | NHS St Helens CCG | 91.6% | 96.3% |
| E08000013 | St. Helens | 02E | NHS Warrington CCG | 0.1% | 0.1% |
| E08000013 | St. Helens | 02H | NHS Wigan Borough CCG | 0.7% | 1.2% |
| E10000028 | Staffordshire | 04Y | NHS Cannock Chase CCG | 99.4% | 14.9% |
| E10000028 | Staffordshire | 05C | NHS Dudley CCG | 2.9% | 1.1% |
| E10000028 | Staffordshire | 05D | NHS East Staffordshire CCG | 92.1% | 14.9% |
| E10000028 | Staffordshire | 05G | NHS North Staffordshire CCG | 94.9% | 23.1% |
| E10000028 | Staffordshire | 05H | NHS Warwickshire North CCG | 1.2% | 0.3% |
| E10000028 | Staffordshire | 05N | NHS Shropshire CCG | 0.9% | 0.3% |
| E10000028 | Staffordshire | 05Q | NHS South East Staffordshire and Seisdon Peninsula CCG | 96.1% | 23.0% |
| E10000028 | Staffordshire | 05V | NHS Stafford and Surrounds CCG | 99.7% | 16.7% |
| E10000028 | Staffordshire | 05W | NHS Stoke on Trent CCG | 9.2% | 3.0% |
| E10000028 | Staffordshire | 05X | NHS Telford and Wrekin CCG | 1.0% | 0.2% |
| E10000028 | Staffordshire | 05Y | NHS Walsall CCG | 1.7% | 0.6% |
| E10000028 | Staffordshire | 06A | NHS Wolverhampton CCG | 2.5% | 0.8% |
| E10000028 | Staffordshire | 15E | NHS Birmingham and Solihull CCG | 0.3% | 0.4% |
| E10000028 | Staffordshire | 15M | NHS Derby and Derbyshire CCG | 0.5% | 0.6% |
| E10000028 | Staffordshire | 27D | NHS Cheshire CCG | 0.3% | 0.2% |
| E08000007 | Stockport | 01W | NHS Stockport CCG | 94.7% | 96.7% |
| E08000007 | Stockport | 01Y | NHS Tameside and Glossop CCG | 0.2% | 0.2% |
| E08000007 | Stockport | 14L | NHS Manchester CCG | 1.0% | 2.1% |
| E08000007 | Stockport | 27D | NHS Cheshire CCG | 0.4% | 1.0% |
| E06000004 | Stockton-on-Tees | 16C | NHS Tees Valley CCG | 28.5% | 99.3% |
| E06000004 | Stockton-on-Tees | 42D | NHS North Yorkshire CCG | 0.0% | 0.1% |
| E06000004 | Stockton-on-Tees | 84H | NHS County Durham CCG | 0.2% | 0.6% |
| E06000021 | Stoke-on-Trent | 05G | NHS North Staffordshire CCG | 3.4% | 2.7% |
| E06000021 | Stoke-on-Trent | 05V | NHS Stafford and Surrounds CCG | 0.3% | 0.1% |
| E06000021 | Stoke-on-Trent | 05W | NHS Stoke on Trent CCG | 90.8% | 97.2% |
| E10000029 | Suffolk | 06H | NHS Cambridgeshire and Peterborough CCG | 0.1% | 0.2% |
| E10000029 | Suffolk | 06L | NHS Ipswich and East Suffolk CCG | 99.6% | 52.9% |
| E10000029 | Suffolk | 06T | NHS North East Essex CCG | 1.4% | 0.7% |
| E10000029 | Suffolk | 07K | NHS West Suffolk CCG | 90.5% | 29.8% |
| E10000029 | Suffolk | 26A | NHS Norfolk and Waveney CCG | 12.0% | 16.4% |
| E08000024 | Sunderland | 00N | NHS South Tyneside CCG | 0.5% | 0.3% |
| E08000024 | Sunderland | 00P | NHS Sunderland CCG | 98.5% | 95.9% |
| E08000024 | Sunderland | 13T | NHS Newcastle Gateshead CCG | 0.5% | 0.9% |
| E08000024 | Sunderland | 84H | NHS County Durham CCG | 1.6% | 3.0% |
| E10000030 | Surrey | 07Y | NHS Hounslow CCG | 0.8% | 0.2% |
| E10000030 | Surrey | 08C | NHS Hammersmith and Fulham CCG | 0.2% | 0.0% |
| E10000030 | Surrey | 10C | NHS Surrey Heath CCG | 98.7% | 7.6% |
| E10000030 | Surrey | 10J | NHS North Hampshire CCG | 0.1% | 0.0% |
| E10000030 | Surrey | 10V | NHS South Eastern Hampshire CCG | 0.1% | 0.0% |
| E10000030 | Surrey | 15D | NHS East Berkshire CCG | 3.4% | 1.3% |
| E10000030 | Surrey | 36L | NHS South West London CCG | 1.2% | 1.6% |
| E10000030 | Surrey | 70F | NHS West Sussex CCG | 1.4% | 1.0% |
| E10000030 | Surrey | 72Q | NHS South East London CCG | 0.0% | 0.1% |
| E10000030 | Surrey | 92A | NHS Surrey Heartlands CCG | 97.3% | 84.1% |
| E10000030 | Surrey | 99M | NHS North East Hampshire and Farnham CCG | 22.8% | 4.1% |
| E09000029 | Sutton | 08C | NHS Hammersmith and Fulham CCG | 0.0% | 0.1% |
| E09000029 | Sutton | 36L | NHS South West London CCG | 12.7% | 97.8% |
| E09000029 | Sutton | 72Q | NHS South East London CCG | 0.0% | 0.3% |
| E09000029 | Sutton | 92A | NHS Surrey Heartlands CCG | 0.4% | 1.8% |
| E06000030 | Swindon | 11M | NHS Gloucestershire CCG | 0.1% | 0.2% |
| E06000030 | Swindon | 92G | NHS Bath and North East Somerset, Swindon and Wiltshire CCG | 24.9% | 99.8% |
| E08000008 | Tameside | 00Y | NHS Oldham CCG | 3.6% | 3.9% |
| E08000008 | Tameside | 01W | NHS Stockport CCG | 1.8% | 2.4% |
| E08000008 | Tameside | 01Y | NHS Tameside and Glossop CCG | 85.2% | 87.9% |
| E08000008 | Tameside | 14L | NHS Manchester CCG | 2.1% | 5.8% |
| E06000020 | Telford and Wrekin | 05N | NHS Shropshire CCG | 1.8% | 2.9% |
| E06000020 | Telford and Wrekin | 05X | NHS Telford and Wrekin CCG | 96.6% | 97.1% |
| E06000034 | Thurrock | 07G | NHS Thurrock CCG | 98.4% | 98.7% |
| E06000034 | Thurrock | 07L | NHS Barking and Dagenham CCG | 0.4% | 0.4% |
| E06000034 | Thurrock | 08F | NHS Havering CCG | 0.3% | 0.4% |
| E06000034 | Thurrock | 08M | NHS Newham CCG | 0.0% | 0.1% |
| E06000034 | Thurrock | 99E | NHS Basildon and Brentwood CCG | 0.2% | 0.3% |
| E06000027 | Torbay | 15N | NHS Devon CCG | 11.6% | 100.0% |
| E09000030 | Tower Hamlets | 07T | NHS City and Hackney CCG | 1.2% | 1.1% |
| E09000030 | Tower Hamlets | 08C | NHS Hammersmith and Fulham CCG | 2.6% | 2.2% |
| E09000030 | Tower Hamlets | 08M | NHS Newham CCG | 0.2% | 0.3% |
| E09000030 | Tower Hamlets | 08V | NHS Tower Hamlets CCG | 98.6% | 94.5% |
| E09000030 | Tower Hamlets | 09A | NHS Central London (Westminster) CCG | 0.7% | 0.5% |
| E09000030 | Tower Hamlets | 72Q | NHS South East London CCG | 0.0% | 0.2% |
| E09000030 | Tower Hamlets | 93C | NHS North Central London CCG | 0.3% | 1.3% |
| E08000009 | Trafford | 01G | NHS Salford CCG | 0.1% | 0.2% |
| E08000009 | Trafford | 02A | NHS Trafford CCG | 95.9% | 92.3% |
| E08000009 | Trafford | 02E | NHS Warrington CCG | 0.1% | 0.1% |
| E08000009 | Trafford | 14L | NHS Manchester CCG | 2.8% | 7.4% |
| E08000036 | Wakefield | 02P | NHS Barnsley CCG | 0.8% | 0.6% |
| E08000036 | Wakefield | 03J | NHS North Kirklees CCG | 0.6% | 0.3% |
| E08000036 | Wakefield | 03R | NHS Wakefield CCG | 94.5% | 98.0% |
| E08000036 | Wakefield | 15F | NHS Leeds CCG | 0.4% | 1.1% |
| E08000030 | Walsall | 04Y | NHS Cannock Chase CCG | 0.6% | 0.3% |
| E08000030 | Walsall | 05L | NHS Sandwell and West Birmingham CCG | 1.7% | 3.3% |
| E08000030 | Walsall | 05Y | NHS Walsall CCG | 92.7% | 90.4% |
| E08000030 | Walsall | 06A | NHS Wolverhampton CCG | 1.5% | 1.4% |
| E08000030 | Walsall | 15E | NHS Birmingham and Solihull CCG | 1.0% | 4.7% |
| E09000031 | Waltham Forest | 07T | NHS City and Hackney CCG | 0.4% | 0.4% |

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| E09000031 | Waltham Forest | 08C | NHS Hammersmith and Fulham CCG | 0.8% | 0.8% |
| E09000031 | Waltham Forest | 08M | NHS Newham CCG | 1.3% | 1.7% |
| E09000031 | Waltham Forest | 08N | NHS Redbridge CCG | 1.3% | 1.4% |
| E09000031 | Waltham Forest | 08W | NHS Waltham Forest CCG | 94.2% | 95.3% |
| E09000031 | Waltham Forest | 93C | NHS North Central London CCG | 0.0% | 0.4% |
| E09000032 | Wandsworth | 08C | NHS Hammersmith and Fulham CCG | 1.9% | 1.4% |
| E09000032 | Wandsworth | 08Y | NHS West London CCG | 0.9% | 0.6% |
| E09000032 | Wandsworth | 09A | NHS Central London (Westminster) CCG | 1.3% | 0.8% |
| E09000032 | Wandsworth | 36L | NHS South West London CCG | 22.0% | 93.3% |
| E09000032 | Wandsworth | 72Q | NHS South East London CCG | 0.8% | 3.8% |
| E09000032 | Wandsworth | 93C | NHS North Central London CCG | 0.0% | 0.1% |
| E06000007 | Warrington | 01F | NHS Halton CCG | 0.3% | 0.2% |
| E06000007 | Warrington | 01G | NHS Salford CCG | 0.5% | 0.6% |
| E06000007 | Warrington | 01X | NHS St Helens CCG | 2.2% | 1.9% |
| E06000007 | Warrington | 02E | NHS Warrington CCG | 97.5% | 97.0% |
| E06000007 | Warrington | 02H | NHS Wigan Borough CCG | 0.2% | 0.2% |
| E10000031 | Warwickshire | 04V | NHS West Leicestershire CCG | 0.5% | 0.3% |
| E10000031 | Warwickshire | 05A | NHS Coventry and Rugby CCG | 25.1% | 21.6% |
| E10000031 | Warwickshire | 05H | NHS Warwickshire North CCG | 96.6% | 30.4% |
| E10000031 | Warwickshire | 05Q | NHS South East Staffordshire and Seisdon Peninsula CCG | 0.8% | 0.3% |
| E10000031 | Warwickshire | 05R | NHS South Warwickshire CCG | 96.0% | 46.0% |
| E10000031 | Warwickshire | 10Q | NHS Oxfordshire CCG | 0.3% | 0.3% |
| E10000031 | Warwickshire | 11M | NHS Gloucestershire CCG | 0.2% | 0.2% |
| E10000031 | Warwickshire | 15E | NHS Birmingham and Solihull CCG | 0.2% | 0.5% |
| E10000031 | Warwickshire | 18C | NHS Herefordshire and Worcestershire CCG | 0.2% | 0.2% |
| E10000031 | Warwickshire | 78H | NHS Northamptonshire CCG | 0.2% | 0.2% |
| E06000037 | West Berkshire | 10J | NHS North Hampshire CCG | 0.6% | 0.9% |
| E06000037 | West Berkshire | 10Q | NHS Oxfordshire CCG | 0.2% | 1.1% |
| E06000037 | West Berkshire | 15A | NHS Berkshire West CCG | 29.7% | 97.7% |
| E06000037 | West Berkshire | 92G | NHS Bath and North East Somerset, Swindon and Wiltshire CCG | 0.0% | 0.4% |
| E10000032 | West Sussex | 09D | NHS Brighton and Hove CCG | 1.1% | 0.4% |
| E10000032 | West Sussex | 10V | NHS South Eastern Hampshire CCG | 4.0% | 1.0% |
| E10000032 | West Sussex | 70F | NHS West Sussex CCG | 97.7% | 97.4% |
| E10000032 | West Sussex | 92A | NHS Surrey Heartlands CCG | 0.8% | 1.0% |
| E10000032 | West Sussex | 97R | NHS East Sussex CCG | 0.3% | 0.2% |
| E09000033 | Westminster | 07P | NHS Brent CCG | 1.3% | 2.0% |
| E09000033 | Westminster | 08C | NHS Hammersmith and Fulham CCG | 1.5% | 1.7% |
| E09000033 | Westminster | 08Y | NHS West London CCG | 22.4% | 21.6% |
| E09000033 | Westminster | 09A | NHS Central London (Westminster) CCG | 77.6% | 70.8% |
| E09000033 | Westminster | 72Q | NHS South East London CCG | 0.0% | 0.2% |
| E09000033 | Westminster | 93C | NHS North Central London CCG | 0.6% | 3.7% |
| E08000010 | Wigan | 00T | NHS Bolton CCG | 0.2% | 0.2% |
| E08000010 | Wigan | 01G | NHS Salford CCG | 0.8% | 0.7% |
| E08000010 | Wigan | 01X | NHS St Helens CCG | 3.5% | 2.1% |
| E08000010 | Wigan | 02E | NHS Warrington CCG | 0.4% | 0.3% |
| E08000010 | Wigan | 02G | NHS West Lancashire CCG | 2.9% | 1.0% |
| E08000010 | Wigan | 02H | NHS Wigan Borough CCG | 96.7% | 95.9% |
| E06000054 | Wiltshire | 11A | NHS West Hampshire CCG | 0.1% | 0.2% |
| E06000054 | Wiltshire | 11J | NHS Dorset CCG | 0.2% | 0.4% |
| E06000054 | Wiltshire | 11M | NHS Gloucestershire CCG | 0.4% | 0.5% |
| E06000054 | Wiltshire | 11X | NHS Somerset CCG | 0.4% | 0.4% |
| E06000054 | Wiltshire | 15A | NHS Berkshire West CCG | 0.2% | 0.2% |
| E06000054 | Wiltshire | 15C | NHS Bristol, North Somerset and South Gloucestershire CCG | 0.2% | 0.5% |
| E06000054 | Wiltshire | 92G | NHS Bath and North East Somerset, Swindon and Wiltshire CCG | 51.0% | 97.8% |
| E06000040 | Windsor and Maidenhead | 10C | NHS Surrey Heath CCG | 0.2% | 0.1% |
| E06000040 | Windsor and Maidenhead | 10Q | NHS Oxfordshire CCG | 0.0% | 0.2% |
| E06000040 | Windsor and Maidenhead | 14Y | NHS Buckinghamshire CCG | 0.3% | 1.0% |
| E06000040 | Windsor and Maidenhead | 15A | NHS Berkshire West CCG | 0.4% | 1.3% |
| E06000040 | Windsor and Maidenhead | 15D | NHS East Berkshire CCG | 33.7% | 96.9% |
| E06000040 | Windsor and Maidenhead | 92A | NHS Surrey Heartlands CCG | 0.0% | 0.5% |
| E08000015 | Wirral | 12F | NHS Wirral CCG | 99.7% | 99.6% |
| E08000015 | Wirral | 27D | NHS Cheshire CCG | 0.2% | 0.4% |
| E06000041 | Wokingham | 10Q | NHS Oxfordshire CCG | 0.1% | 0.4% |
| E06000041 | Wokingham | 15A | NHS Berkshire West CCG | 32.1% | 97.0% |
| E06000041 | Wokingham | 15D | NHS East Berkshire CCG | 1.0% | 2.5% |
| E08000031 | Wolverhampton | 05C | NHS Dudley CCG | 1.3% | 1.4% |
| E08000031 | Wolverhampton | 05L | NHS Sandwell and West Birmingham CCG | 0.2% | 0.3% |
| E08000031 | Wolverhampton | 05Q | NHS South East Staffordshire and Seisdon Peninsula CCG | 1.9% | 1.4% |
| E08000031 | Wolverhampton | 05Y | NHS Walsall CCG | 3.4% | 3.4% |
| E08000031 | Wolverhampton | 06A | NHS Wolverhampton CCG | 94.0% | 93.4% |
| E10000034 | Worcestershire | 05C | NHS Dudley CCG | 0.7% | 0.4% |
| E10000034 | Worcestershire | 05N | NHS Shropshire CCG | 0.3% | 0.1% |
| E10000034 | Worcestershire | 05R | NHS South Warwickshire CCG | 2.4% | 1.1% |
| E10000034 | Worcestershire | 11M | NHS Gloucestershire CCG | 0.5% | 0.6% |
| E10000034 | Worcestershire | 15E | NHS Birmingham and Solihull CCG | 0.9% | 2.0% |
| E10000034 | Worcestershire | 18C | NHS Herefordshire and Worcestershire CCG | 74.6% | 95.8% |
| E06000014 | York | 03Q | NHS Vale of York CCG | 59.8% | 99.9% |
| E06000014 | York | 42D | NHS North Yorkshire CCG | 0.0% | 0.1% |

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

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# LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of John Turner, Chief Executive, NHS Lincolnshire Clinical Commissioning Group

| | |
|---|---|
| Report to | **Lincolnshire Health and Wellbeing Board** |
| Date: | **22 June 2021** |
| Subject: | **Integrated Care System (ICS) Legislation Update** |

**Summary:**

The NHS Long Term Plan published in 2019 set out an ambition for greater collaboration between partners in health and care systems to help accelerate progress in meeting the most critical health and care challenges – through the establishment of Integrated Care Systems (ICSs).

The NHS Long Term Plan set the target that by April 2021 ICSs will cover the whole country, growing out of the current network of Sustainability and Transformation Partnerships (STPs).

**Actions Required:**

Note the current position in relation to ICS legislation.

## 1. Background

Following the completion of a designation process, the Lincolnshire was confirmed as an Integrated Care System (ICS) from the 1 April 2021 by NHS England and Improvement.

In the final stages of the designation process (February 2021) the *White Paper Integration and Innovation: working together to improve health and care for all* was published, which set out proposals for the future of Integrated Care Systems including legislative change.

It is anticipated the NHS/Health Bill will be passed in the Summer of 2021 with amendments to the NHS Act taking effect from April 2022.

A summary of the current White Paper and legislative proposals together with next steps are set out in the presentation provided in Appendix A.

## 2. Conclusion

The Health and Wellbeing Board are asked to note the current position in relation to forthcoming ICS legislation.

## 3. Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy

The Council and Clinical Commissioning Group must have regard to the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.

| |
|---|
| The JSNA and JHWS will be used to inform the development of the ICS. |

## 4. Consultation

Not applicable

## 5. Appendices

| These are listed below and attached at the back of the report | |
|---|---|
| Appendix A | Integrated Care System (ICS) Legislation Update PowerPoint |

## 6. Background Papers

| Document | Where it can be accessed |
|---|---|
| Integration and Innovation Working Together to Improve Health and Care for All | https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version |

This report was written by Pete Burnett who can be contacted on 07814 515180 or peter.burnett4@nhs.net

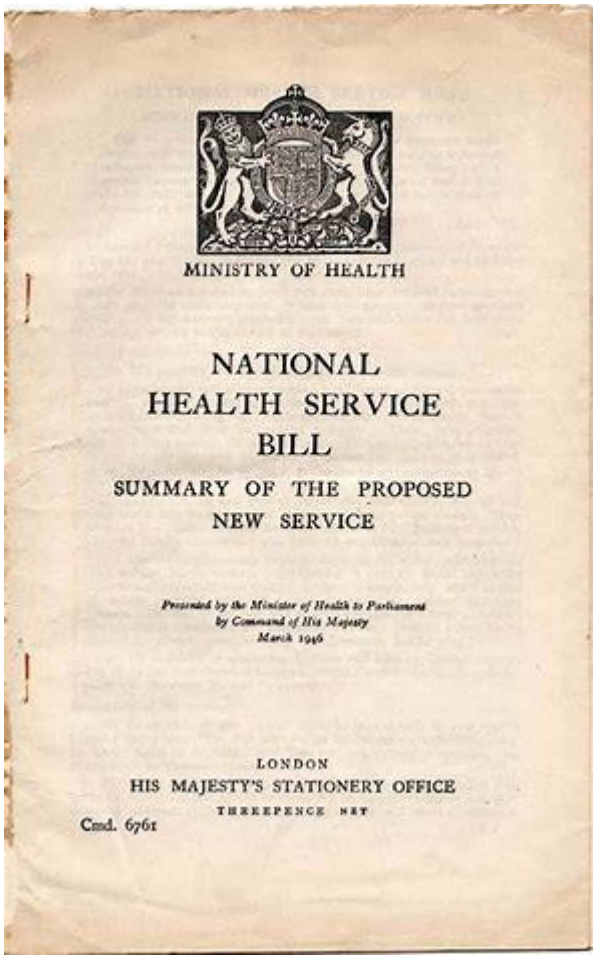
# Integrated Care System (ICS)

# Legislation Update

May 2021 – 0.1

# Legislation roadmap

- NHSEI recommendations for NHS Bill from September 2019
- NHSEI legislative proposals for Integrating Care November 2020
- White paper – Integration and Innovation: working together to improve health and social care for all February 2021
- NHS/Health Bill Summer 2021
- Amended NHS Act April 2022?



MINISTRY OF HEALTH

NATIONAL
HEALTH SERVICE
BILL

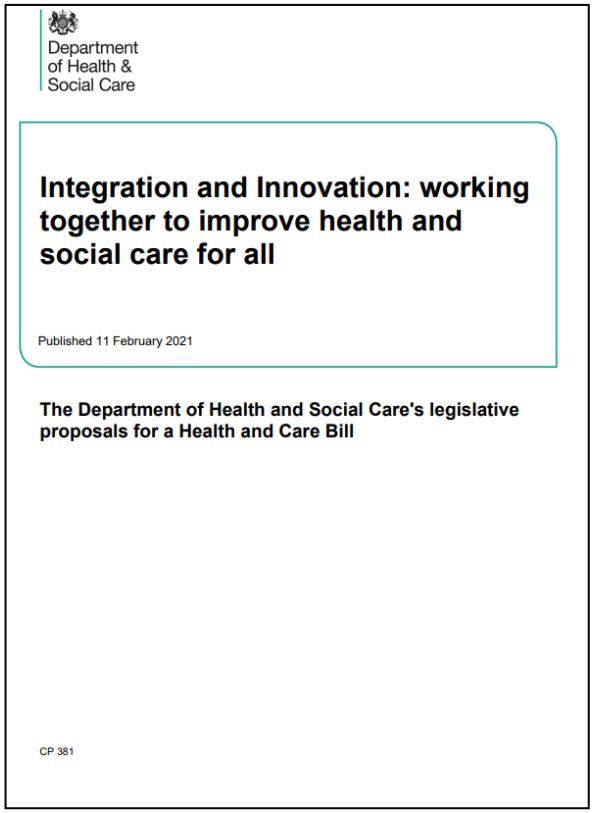
SUMMARY OF THE PROPOSED
NEW SERVICE

*Presented by the Minister of Health to Parliament*
*by Command of His Majesty*
*March 1946*

LONDON
HIS MAJESTY'S STATIONERY OFFICE
THREEPENCE NET
Cmd. 6761

# White Paper Proposals (1)

- Split into 4 areas:
  - Working together and supporting integration
  - Reducing bureaucracy
  - Enhancing public confidence and accountability
  - Additional proposals
- Aim to make the patient voice central in the system
- Create a permissive and flexible system from bottom
- Amount/level of guidance to go with legislation is unclear
- Time frame from entering Parliamentary process to implementation is testing


Department of Health & Social Care

**Integration and Innovation: working together to improve health and social care for all**

Published 11 February 2021

**The Department of Health and Social Care's legislative proposals for a Health and Care Bill**

CP 381

# White Paper Proposals (2)

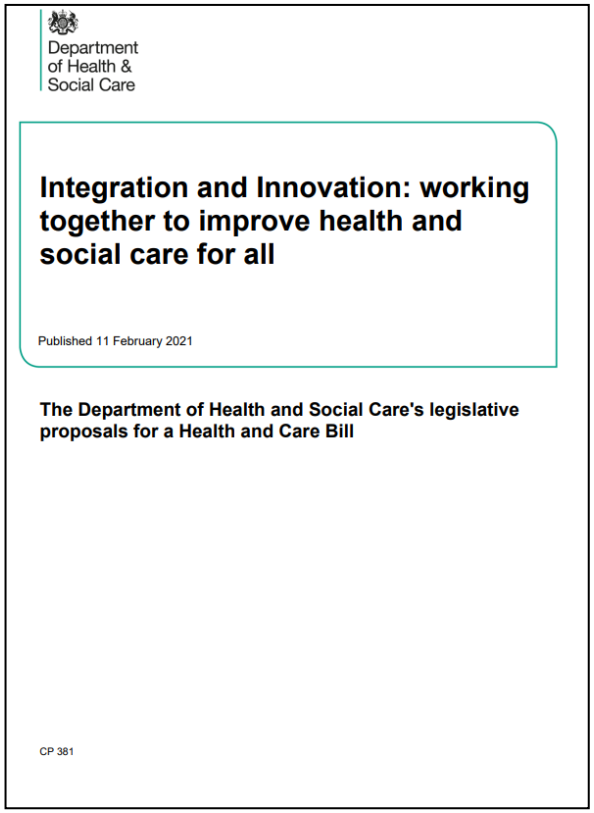
9 Proposals in Part 1 of White Paper – Working together and supporting integration:

**Decision Making**

1. Establishing Integrated Care Systems
2. Joint Committees
3. Collaborative Commissioning
4. Joint Appointments

**Supporting System**

5. Duty to Collaborate
6. Triple Aim
7. Power over Foundation Trusts Capital Spend Limits
8. Data Sharing
9. Patient Choice


Department of Health & Social Care

Integration and Innovation: working together to improve health and social care for all

Published 11 February 2021

The Department of Health and Social Care's legislative proposals for a Health and Care Bill

CP 381

# White Paper Proposals (3)

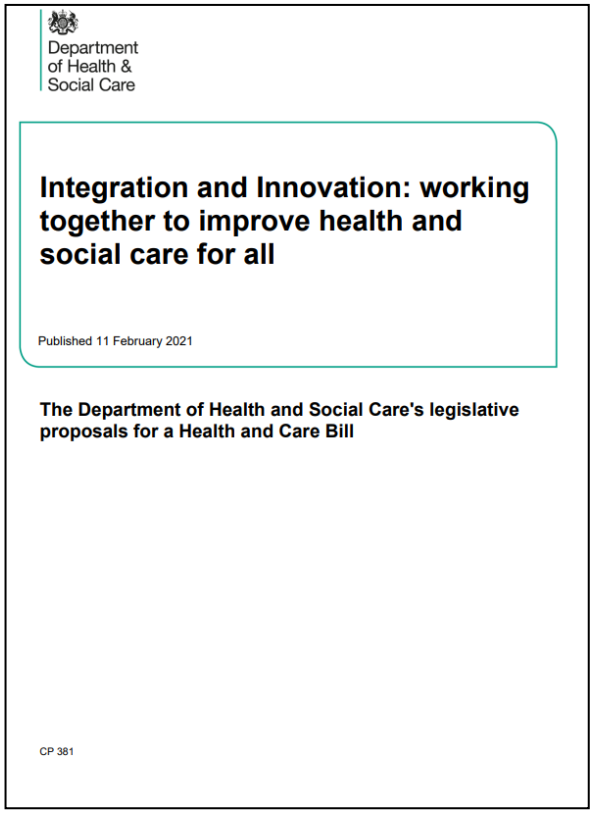
**Statutory corporate NHS body** model that additionally brings CCG statutory functions into the ICS:

- Established by partly 're-purposing' CCGs, so take on CCG functions, and also give additional functions to produce a new framework of duties and powers
- Abolish statutory CCGs and policy STPs/ICSs and replace with:
  - ICS NHS body – Integrated Care Board [NHS functions]; and
  - ICS Health and Care Partnership body – Integrated Partnership Board [health and social care]

Integrated Care Board (ICB) to consist of representatives from system partners – NHS providers, primary care and local government; alongside a Chair, Chief Executive and Chief Financial Officer. ICS can appoint such other members as it deems appropriate:

- Responsibilities include developing – plan to meet population health needs; capital plan for NHS providers; and securing provision of health services
- No power to direct NHS providers (other than contractual mechanisms)

- Integrated Partnership Board (IPB) to consist of representatives from ICB, local government, HWBs, Public Health and other bodies not on ICB
  - IPB to develop plan that addresses wider health, public health and social care needs of the system
- ICB and IPB work to advisory partnership arrangement


Department of Health & Social Care

**Integration and Innovation: working together to improve health and social care for all**

Published 11 February 2021

**The Department of Health and Social Care's legislative proposals for a Health and Care Bill**

CP 381

# Legislative proposals for Integrating Care

- *'Simple, local, evolutionary – those are the three watch words'* – Sir Simon Stevens (April 2021)
- Chief Executive will be a full time Accountable Officer and key system leadership role
- ICS primary statutory duty would be to secure the effective provision of health services to met the needs of the system population, working in collaboration with partner organisations
- Greater flexibility to make arrangements with providers
- Clear structure, without workarounds, and removes conflicts from current GP-led CGG model
- Transfer of NHSE commissioning functions and ability to form joint committees
- Reduce transactional burdens of current contracting processes and allow delegation to arrange some services to providers and drive care pathway transformation

# Next Steps

| 2021/22 | Key activities |
|---|---|
| By end of Q1 | Update SDPs, and confirm proposed boundaries, constituent partner organisations and place-based arrangements. |
| By end of Q2 | Confirm designate appointments to ICS chair and chief executive positions (following 2nd reading of the Bill in line with senior appointments guidance to be issued to NHSEI).<br><br>Confirm proposed governance arrangements for health and care partnership and NHS ICS body. |
| By end of Q3 | Confirm designate appointments to other ICS NHS body executive leadership role, including place-level leaders and non-executive roles. |
| By end of Q4 | Confirm designate appointments to any remaining senior ICS roles.<br><br>Complete due diligence and preparations for staff and property (assets and liabilities) transfers from CCGs to new ICS bodies.<br><br>Submit ICS NHS body Constitution for approval and agree 'MOU' with NHS England and Improvement. |
| 01 April 2022 | Establish new ICS NHS body; with staff and property (assets and liabilities) transferred and boards in place |

- Creating shadow statutory bodies aligned to White Paper - proposals needs to have started by now
- Whilst detail still required/awaited; Sir Simon's three watch words are ***simple, local, evolutionary***
- Each ICS needs a clear transition plan to enable System Development Plan

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**LINCOLNSHIRE HEALTH AND WELLBEING BOARD**

Open Report on behalf of Cllr Bowkett, Chairman: Housing, Health & Care Delivery Group

| | |
|---|---|
| Report to | **Lincolnshire Health and Wellbeing Board** |
| Date: | **22 June 2021** |
| Subject: | **Housing, Health and Care Delivery Group Delivery Plan** |

**Summary:**

This report presents the initial Housing, Health and Care Delivery Group (HHCDG) Delivery Plan to the Health and Wellbeing Board. This Plan has been developed by a small working group and was agreed by HHCDG at its meeting on 30 March 2021. However, this remains a live document and there is scope to revise, shape and influence the actions. The objectives are set as these were agreed in the Lincolnshire Homes for Independence Blueprint.

**Actions Required:**

The Health and Wellbeing Board is asked to:

1. Note the HHCDG Delivery Plan;
2. In particular, note those actions where Board member organisations will be the lead partner or part of the delivery team; and, along with the HHCDG representative(s), ensure appropriate representation to achieve those actions;
3. Comment on the Delivery Plan and suggest any additional actions.

## 1. Background

The Health and Wellbeing Board (HWB) set out a shared commitment to housing through the Health and Wellbeing Strategy. The Lincolnshire Homes for Independence Blueprint is owned by the Housing, Health and Care Delivery Group (HHCDG). It provides a high level vision for providing a greater range of housing options for those who need additional support, and better integrated services to promote and sustain independent living. The Delivery Plan identifies that a broad range of actions involving a number of different partners are necessary to support independence

and create homes for life. The implementation of the Delivery Plan will be overseen by the HHCDG, reporting annually on progress to the Health and Wellbeing Board (HWB).

The Delivery Plan builds on the response to the COVID-19 pandemic. During the past year, most people have spent more time at home than ever before and the impact of poor living conditions or unsuitable homes on people's physical and mental health has become more apparent. For example, there is an emphasis on targeting support to those who will see maximum benefit (e.g. people with long-term health conditions that are exacerbated by living in a cold, damp home).

Homelessness and rough sleeping have been at the fore during the pandemic, with the Everyone In campaign and prioritisation for COVID-19 vaccination, recognising the social, economic and health needs of those affected.

Lincolnshire is the rural strategic partner of the Centre for Ageing Better (AB). There is a specific action in the Delivery Plan to develop a work programme to redesign services providing aids, adaptations and improvements to existing homes. AB's work programme includes identifying those providing these services, in the public, private and voluntary and community sector (VCS), and holding workshops with stakeholders to support the re-design. AB will also contribute to other actions in the Delivery Plan.

Homelessness activity, the partnership with AB, and the work of the Communities and Volunteer Cell through the COVID-19 pandemic all provide an opportunity to review and maximise the contribution of the Voluntary and Community Sector (VCS) to achieving healthy homes and independent living.

**2. Conclusion**

The HHCDG Delivery Plan has been developed by agencies attending the HHCDG. Whilst the Plan does not commit partners to specific resources, the actions will require commitment from a range of agencies, including those who are HWB members. The Delivery Plan is owned by the HHCDG. Progress will be reviewed at every HHCDG meeting and reported annually to the HWB.

**3. Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy**

The Council and Clinical Commissioning Group must have regard to the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.

The Health and Wellbeing Board created the HHCDG and adopted Housing as one of seven priorities in the Joint Health and Wellbeing Strategy (JHWS) for Lincolnshire, underpinned by two Joint Strategic Needs Assessment (JSNA) topics on housing. The HHCDG members adopted a Memorandum of Understanding (MOU), agreeing to work together across the housing, health and care sectors to support residents. The HHCDG Delivery Plan is designed to deliver the Lincolnshire Homes for Independence Blueprint.

Good homes contribute to several of the other priorities in the JHWS e.g. good mental health, and being able to live well, independently with dementia. The wider environment around the home can have a positive or negative effect on mental health, physical activity levels and healthy weight.

| |
|---|
| Several actions in the Delivery Plan have the specific aim of maintaining accurate data and intelligence to strengthen the JSNA evidence base. This will be supported by a proposal to increase staff capacity in LCC's Public Health Intelligence Team through co-funded resources.<br><br>Delivery Objectives in the Blueprint have been derived, in part, from the JSNA topics on 'Housing Standards' and 'Insecure Homes and Homelessness'. The Blueprint itself does not provide the numbers of homes needed but the Delivery Objective on maintaining accurate data and intelligence will strengthen the JSNA evidence base. |

## 4. Consultation

The Delivery Plan was developed through a working group of the HHCDG and was considered and agreed by the HHCDG at its meetings on 30 March and 25 May 2021.

The draft Delivery Plan (containing the delivery objectives but no specific actions) accompanied reports on adopting the Lincolnshire Homes for Independence blueprint to District Council and LCC committees, Corporate Leadership Teams and Executives and/or Executive Councillors.

## 5. Appendices

| These are listed below and attached at the back of the report | |
|---|---|
| Appendix A | Housing Health and Care Delivery Group Delivery Plan |

## 6. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were use in the preparation of this report.

This report was written by Sean Johnson, who can be contacted on 07917707186 or sean.johnson@lincolnshire.gov.uk.

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## Lincolnshire Homes for Independence
## Housing Health and Care Delivery Group - Delivery Plan for 2021-2023

Our **vision** is for people to live independently, stay connected and have greater choice in where and how they live.

The right home environment is essential to health and wellbeing, throughout life. Timely and appropriate support services enable people to live at home safely and independently. We are committed to working together, across local government, housing, health, care, and voluntary and community sectors to understand and respond to current and future needs in Lincolnshire."

This Delivery Plan has a number of collaborative actions that are supported by each organisation aligned to the 'Lincolnshire Homes for Independence' blueprint delivery objectives. In order to avoid duplication of efforts and ensure a strategic systems approach this Delivery Plan captures tasks from a range of work streams, including that of the Centre for Ageing Better.

| ID | Delivery objective | How will this be achieved? | Completion Date | Responsible Group and Lead | Update |
|---|---|---|---|---|---|
| **Understanding needs and opportunities** | | | | | |
| 2.1 | We will review the evidence base and develop analysis to maintain an up to date picture of demand for homes with care and support and preferred locations and clarify the priorities for future investment | Recruit up to two housing analysts, dedicated to linking data to housing issues, based alongside the LCC Public Health Intelligence Team to work across the Clinical Commissioning Group (CCG), district councils and the Centre for Ageing Better (CFAB). | | District Housing Network (DHN) [LCC Public Health] | |
| | | Complete the 'Insecure Homes and Homelessness' JSNA topic commentary as a comprehensive evidence base on the causes, effects and solutions to homelessness and rough sleeping. | | Subgroup of DHN including the Homelessness Network and Affordable Housing Group [County Homelessness Co-ordinator] | |
| | | Publish an updated housing market position statement on homes for working age adults and older people with care and support needs. | | DHN working with the Joint Adults Accommodation Strategy Group [LCC Adult Care] | Evidence base linked to the Housing LIN report for older people. |

| | | | | | |
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| | | Set out a process for making the link between demand/needs for homes with care and support and delivery. | | DHN linking in to IG and Greater Lincolnshire Housing Association Partnership (GLHAP) [District councils] | |
| | | Publish an updated extra care housing delivery programme (to be delivered through public and private/voluntary sector partnerships or through the market). | | Infrastructure Group working with DHN and LCC Extra Care Programme Board [LCC Adult Care] | |
| 2.2 | We will make a strong case for investment in housing to reduce health and care costs | Establish the extent to which local care costs are reduced through maximising independence. | | New task and finish group made up of CCG and DHN representatives [Housing Analyst] | |
| | | Define and map "services" across public, private, voluntary and community sectors that support independent living. | | Subgroup of HHCDG made up of DHN, GLHAP and VET (Voluntary Executive Team) representatives [District councils] | |
| | | Complete a gap analysis to compare best practice on preventative work in other areas with the Lincolnshire offer. | | DHN [Housing Analyst in conjunction with LCC Public Health Knowledge Officer] | |
| | | Build up a business case for investment in housing (preventative) as opposed to high-level care. | | DHN [District councils] | |
| | | Develop a HHCDG Communications Plan to raise awareness of housing, health and care issues, internally within organisations and externally. | | Subgroup of HHCDG made up of CCG, DHN and GLHAP representatives | |
| 2.3 | We will facilitate or | Identify examples of good practice with | | Homes for | |

| | | | | | |
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| | influence appropriate design of new build housing to take account of how people want to live while maintaining viability | Homes England in relation to the Homes for Independence new-build programme. | | Independence Working Subgroup of the Infrastructure Group (IG) [LCC Public Health] | |
| | | Support the IG to develop Design Guide(s) for Lincolnshire. | | IG supported by Development Management Officers Group (DMOG) [LCC Public Health] | |
| 2.4 | We will improve our understanding of housing conditions in Lincolnshire, the impact on physical and mental health, and the potential cost of poor housing to health, care and society | Develop an approach to maintain an up-to-date picture of housing conditions and decent home standards across Lincolnshire and the cost of remedial works. | | DHN through the Moving Forward with DFGs Group [District councils supported by the Housing Analyst] | |
| | | Complete a comprehensive literature review (or systematic review (review of reviews)) on impacts of poor condition homes. | | DHN [LCC Public Health Knowledge Officer] | |
| | | Commission or undertake a health impact (cost) assessment of poor condition homes. | | Subgroup of HHCDG made up of CCG and DHN representatives [Housing Analyst] | |
| | | Develop a targeted plan to make effective interventions on poor condition homes for maximum health benefit. | | Subgroup of HHCDG made up of CCG and DHN representatives [Housing Analyst] | |
| 2.5 | We will maximise the financial resources available to tackle poor housing standards and ensure they are effectively targeted | Pilot initiatives to target people with specific health conditions and to measure the impact (e.g. less medication or GP visits) of improving housing standards. | | Moving Forward with DFGs Group [CCG] | |
| | | Expand the Lincs 4 Warmer Homes (L4WH) scheme to access a broader range of financial support for energy efficiency | | Greater Lincolnshire Energy Efficiency Network [LCC Public | |

| | | | | | |
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| | | improvements and green homes. | | Health] | |
| | | Revisit and complete a countywide discretionary housing assistance policy. | | Moving Forward with DFGs Group [District councils] | |
| | | Consider the appropriate use and promotion of equity release schemes as part of the discretionary housing assistance policy. | | Moving Forward with DFGs Group [CFAB] | |
| 2.6 | We will make best use of enforcement powers available across different organisations to target criminal landlords | Develop and implement a protocol between district councils and LCC Trading Standards. | | Lincolnshire Housing Standards Group [LCC Trading Standards] | |
| | | Broaden the protocol relating to Houses in Multiple Occupation (HMOs) between district councils and Lincolnshire Fire and Rescue to all housing. | | Lincolnshire Housing Standards Group [Lincolnshire Fire and Rescue] | |
| **Housing for people with care and support needs** | | | | | |
| 3.1 | We will facilitate quality, choice and diversity of housing for people with care and support needs | Embed tenure blind home options advice across a range of housing, health and care services. | | Subgroup of HHCDG with CCG and DHN representatives [District councils] | |
| | | Improve housing/hospital interface focused on hospital avoidance and discharge - evaluating the role of Hospital Housing Link Workers in preventing readmission or homelessness. | | Subgroup of HHCDG with NHS (CCG and ULHT) and DHN representatives [ULHT] | |
| | | Investigate options for modern methods of construction (MMC) (e.g. modular buildings) for extensions and new-build housing. | | MMC and Energy Efficiency Working Subgroup of the IG [District councils] | |
| 3.2 | We will achieve a proportional move towards maximising independence for | Complete the Specialist Adults Accommodation Strategy for working age adults with learning disabilities and mental health issues. | | Specialist Adults Accommodation Strategy Group [LCC Adult Care] | Link between Strategy and preventing homelessness |

| | | | | | |
|---|---|---|---|---|---|
| | working-age adults and older people needing care | | | | within this cohort |
| | | Continue the Specialist Adults Accommodation Strategy Group and establish an Accommodation Sourcing Subgroup to oversee implementation. | | Specialist Adults Accommodation Strategy Group [LCC Adult Care] | |
| | | Define and agree common levels of housing with care and support for older people across organisations. | | DHN (linking in to GLHAP) [LCC Adult Care] | |
| | | Review the Lincolnshire Hoarding Protocol and establish a long-term plan for its implementation and funding. | | DHN (linking in to Lincolnshire Safeguarding Adults Board [LCC Public Health] | |
| 3.3 | We will improve services to extend people's housing choices in preparation for later life | Complete a series of stakeholder and user workshops and surveys to understand challenges and potential solutions leading to a CFAB programme of housing work/projects for people preparing for later life. | | CFAB Partnership Steering Group [CFAB] | |
| 3.4 | We will address the underlying causes leading to homelessness whilst still providing appropriate support and housing for those who need it | Refresh the Lincolnshire Homelessness and Rough Sleeping Strategy/strategies with a particular focus on prevention. | | DHN through the Lincolnshire Homelessness Strategy Group [District councils] | |
| | | Develop a joint agency protocol on housing and support for people with no recourse to public funds. | | DHN [LCC Public Health] | |
| 3.5 | We will increase units of single person accommodation to house those who would otherwise be sleeping | Implement Next Steps Accommodation Fund (NSAP) proposals. | | Lincolnshire Homelessness Network [District councils] | |
| | | Develop and submit proposals for the Rough Sleeping Accommodation | | Lincolnshire Homelessness Network | |

| | | | | | |
|---|---|---|---|---|---|
| | rough | Programme 2021-2024. | | [District councils] | |
| 3.6 | We will strengthen healthcare inclusion services for homeless people across the county | Embed voluntary and community sector services in mainstream healthcare inclusion services. | | Subgroup of HHCDG made up of CCG, DHN and VET representatives [CCG] | |
| | | Develop support services for vulnerable people (early intervention, young people, homelessness, care leavers, drugs and alcohol). | | Rough Sleeping Health Inclusion Programme Board – working with Neighbourhood Teams to replicate collaborative working [CCG] | |
| | | Continue and embed integrated NHS and mental health support following COVID-19 Everyone In. | | Rough Sleeping Health Inclusion Programme Board [LPFT] | |
| | | Complete and implement a Prison Release Protocol for people with no fixed address. | | Safer Communities Board linking with DHN [LCC Safer Communities] | |
| **Helping people remain in their current home** | | | | | |
| 4.1 | We will ensure services to support people to remain living in their current home complement each other as a system-wide approach | Recruit to the joint Strategic Lead – Enabling Healthy and Accessible Homes (EHAH) post. | | DHN through the Moving Forward with DFGs Group [District councils] | |
| | | Consider combining resources for DFG and equipment to work better together and look at the extent to which digital equipment can reduce the need for adaptations and equipment. | | HHCDG [LCC Adult Care supported by the Strategic Lead - EHAH] | |
| 4.2 | We will develop a seamless, customer-friendly 'one-stop shop' to deliver cost effective services with the person at the centre | Consider the future role and remit of the Wellbeing Service in coordinating and delivering services. | | Subgroup of HHCDG with CCG, DHN and CFAB representatives [LCC Public Health] | |
| | | Develop a one-stop shop to deliver aids, adaptations, equipment and home | | Moving Forward with DFGs Group [LCC Adult | |

| | | | | | |
|---|---|---|---|---|---|
| | | improvements in partnership with CFAB (to support design and evaluate impacts of new integrated service). | | Care and Public Health] | |
| | | Pilot delivery of stair lifts through the Lincolnshire Community Equipment Service. | | Moving Forward with DFGs Group [LCC Adult Care] | |
| | | Develop a simple Housing MOT for partner organisations (e.g. EMAS) to identify housing issues and an effective referral mechanism to a single, tenure-blind organisation or service. | | Moving Forward with DFGs Group [LCC Public Health] | |
| 4.3 | We will make best use of new digital technologies to enable homes for life | Develop understanding of how digital enabled homes can support independent living. | | Subgroup of HHCDG with CCG, DHN, GLHAP and CFAB representatives [District councils] | |
| | | Implement elements of the LCC Adult Care Digital Roadmap to support carers. | | Subgroup of HHCDG supported by LCC Adult Care Digital Board [LCC Adult Care] | |
| **Helping people find and move to a new, suitable home** | | | | | |
| 5.1 | We will influence delivery of new-build housing to provide greater choice of homes with care and support across all tenures | Influence the local plan process to allocate land for specific housing purposes and amend policies to deliver particular homes, in particular locations based on evidence of long-term needs. | | IG supported by the Housing Analyst [District councils] | |
| | | Develop a programme of new-build homes for independence (for all cohorts of people) through the IG in partnership with Homes England, incorporating all levels of 'extra' care. | | Homes for Independence Working Subgroup of the IG [District councils] | |
| | | Consider mechanisms to offer design and build opportunities to families with disabled | | DMOG [District councils] | |

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| | | children and people with complex needs. | | | |
| 5.2 | We will support more people with care and support needs to access social and private rented homes | Review working practices between organisations and services in line with local allocations policies (through Wellbeing Lincs and district council housing options teams). | | DHN working with GLHAP [District councils] | |
| | | Consider the feasibility of establishing a Social Letting Agency or similar approach to improve access to the private rented sector | | Lincolnshire Affordable Housing Group [District councils] | |
| 5.3 | We will provide more extra care housing of different levels to meet demand | Continue to progress the extra care housing programme and build out schemes. | | DHN supported by LCC Extra Care Housing Programme Board linked to the IG (LCC Corporate Property) | |

**Health and Wellbeing Board – Decisions from 9 June 2020**

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| **9 June 2020** | **1** | **Election of Chairman**<br>That Councillor Mrs S woolley be elected as the Chairman of the Lincolnshire Health and Wellbeing Board for 2020/21. |
| | **2** | **Election of Vice-Chairman**<br>That John Turner be elected as the Vice-Chairman of the Lincolnshire Health and Wellbeing Board for 2020/21. |
| | **5** | **Minutes of the Lincolnshire Health and Wellbeing Board Meeting held on 4 February 2020**<br>That the minutes of the Lincolnshire Health and Wellbeing Board meeting held on 4 February 2020 be agreed and signed by the Chairman as a correct record. |
| | **6** | **Action Updates**<br>That the Action Updates presented in the report be noted. |
| | **7** | **Chairman's Announcements**<br>That the Chairman's Announcements be received. |
| | **8a** | **NHS Lincolnshire CCG Update**<br>That the update from the Chief Executive of Lincolnshire Clinical Commissioning Group be received. |
| | **8b** | **Healthwatch Lincolnshire COVID-19 Barometer Campaign**<br>That the preliminary results of the first six weeks of the Barometer survey be received and that consideration be given by the Board to any impact to current Joint Health and Wellbeing Strategy priorities. |
| | **9a** | **Lincolnshire Health and Wellbeing Forward Plan**<br>That the Lincolnshire Health and Wellbeing Board Forward Plan to December 2020 as presented be noted. |
| **29 September 2020** | **12** | **Minutes of the Lincolnshire Health and Wellbeing Board Meeting held on 9 June 2020**<br>That the minutes of the Lincolnshire Health and Wellbeing Board meeting held on 9 June 2020 be agreed and signed by the Chairman as a correct record. |
| | **13** | **Action Updates**<br>That the Action Updates presented in the report be noted. |
| | **14** | **Chairman's Announcements**<br>That the Chairman's Announcements be received. |
| | **15a** | **Health and Wellbeing Board Review and Refocus**<br>That agreement be given by the Lincolnshire Health and Wellbeing Board to:<br>• Review the purpose, membership and priorities, as detailed in the report;<br>• Receive a further report on the outcome of the review at the next meeting of the Board scheduled for 1 December 2020;<br>• Make recommendations to Lincolnshire County Council on proposed changes to the Council's Constitution with regards to the Lincolnshire Health and Wellbeing Board. |
| | **16a** | **Covid-19 Update**<br>That the verbal update from the Director of Public Health be received. |

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| | **16b** | **NHS Lincolnshire Clinical Commissioning Group – Update on New Arrangements**<br>That the update report concerning NHS Lincolnshire CCG – new arrangements as presented be noted. |
| | **16c** | **COVID-19- NHS recovery Planning**<br>That the Covid-19-NHS recovery Planni8ng report as presented be received. |
| | **16d** | **Care Quality Commission (CQC) feedback on Provider Collaboration during the Pandemic**<br>1. That the Care Quality Commission Feedback on Provider Collaboration during the pandemic be received.<br>2. That support be given by the Board to the approach taken in working together across the health and care system in the county. |
| | **16e** | **Centre for Ageing Better – Rural Strategic Partnership**<br>1. That confirmation of the relationship between the Centre for Aging Better and Lincolnshire, including the proposed governance arrangements be noted.<br>2. That the vision and goals for the Partnership as detailed in the report presented be noted.<br>3. That the developing priorities as detailed in the report presented be noted.<br>4. That each constituent member organisation of the Board to seek formal commitment from their organisation to work together to achieve the aims of the Partnership. |
| | **18** | **Better Care Fund (BCF)**<br>That the Better Care Fund (BCF) report presented be noted. |
| | **19** | **An Action Log of Previous Decisions**<br>That the Action Log of previous decisions presented be noted. |
| | **20** | **Lincolnshire health and Wellbeing Board Forward Plan**<br>That the Lincolnshire Health and Wellbeing Board Forward Plan up to 30 March 2021 as presented be noted. |
| **1 December 2020** | **23** | **Minutes of the LHWBB meeting held on 29 September 2020**<br>That the minutes of the Lincolnshire Health and Wellbeing Board meeting held on 29 September 2020 be agreed and signed by the Chairman as a correct record. |
| | **24** | **Action Updates from the Previous Meeting**<br>That the Action Updates presented be received. |
| | **26a** | **Health and Wellbeing Review – proposal to incorporate the functions of the anticipated Lincolnshire Integrated Care System Partnership Board**<br>a. That the report presented be noted.<br>b. That support be given to the proposal to align the functions of the anticipated ICSPB with the HWB.<br>c. That officers develop revised terms of reference and for these to be presented to the Board meeting in March.<br>d. That the comments raised by the Board on the proposed membership be taken into consideration. |
| | **26b** | **Lincolnshire Homes for Independence Blueprint**<br>1. That the Lincolnshire Homes for Independence Blueprint be |

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| | | endorsed.<br>2. That relevant partners be recommended to adopt the blueprint through the appropriate decision-making process for their organisation. |
| | **27a** | **Covid-19 Update**<br>That the update be received. |
| | **27b** | **Social Prescribing**<br>1. That the progress made in social prescribing from both the original proof of concept and new funding streams, and to sign off completion of the proof of concept project be noted.<br>2. That the ambitions for the services/new national expectations against the current risks and mitigations as detailed in the report be received.<br>3. That the Board reviews what further support and influence the Board can provide across all organisations to further commit funding in order to mitigate short-term risks, as the Social Prescribing Link worker model grows in maturity, but also to review how as a system Lincolnshire supports community development initiatives to ensure there are services and activities available for Social Prescribing to refer to (particularly in light of the impact of Covid-19).<br>4. That future responsibility be delegated to the Personalisation Board to monitor further updates on this service and agree the Personalisation Board will in turn report by exception back to the Health and Wellbeing Board as required. |
| | **28a** | **An Action Log of previous decision**<br>That the Action Log of Previous Decisions as presented be noted. |
| | **28b** | **Lincolnshire Health and wellbeing Board Forward Plan**<br>1. That the Lincolnshire Health and Wellbeing Board Forward Plan up to 7 December 2021 be received.<br>2. That an Extra-ordinary meeting of the Lincolnshire Health and Wellbeing Board be arranged for late January/early February 2021 to discuss the alignment of the HWB with the ICSPB. |
| **9 March 2021** | **31** | **Minutes of the Lincolnshire Health and Wellbeing Board meeting held on 1 December 2020**<br>That the minutes of the Lincolnshire Health and Wellbeing Board meeting held on 1 December 2020 be agreed and signed by the Chairman as a correct record. |
| | **32** | **Action Updates from the Previous Meeting**<br>That the Action Updates presented be noted. |
| | **33** | **Chairman's Announcements**<br>That the Chairman's announcements on pages 21 to 25 of the report pack be noted. |
| | **34a** | **Changes to the Lincolnshire and Wellbeing Board Terms of Reference to incorporate the functions of the Integrated Care System Partnership Board**<br>1. That the revised Terms of Reference set out in Appendix A be endorsed.<br>2. That the necessary changes to the Councils Constitution be recommended to Full Council for approval. |
| | **35a** | **Covid-19 Update** |

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| | | That the verbal update be received and noted |
| | **35b** | **Director of Public Health Annual Report 2020**<br>That the Annual Report from the Director of Public Health be received and noted. |
| | **35c** | **Integrated Care System Update**<br>That the Integrated Care System Update report as presented be noted. |
| | **35d** | **Suicide Prevention Strategy and Action Plan**<br>That the report presented be received and notes and that support be given to the work the Public Health Division are leading on for Suicide Prevention |
| | **35e** | **Reforming the Mental Health Act White Paper**<br>1. That the content of the briefing note and consultation questions in Appendices 1 and 2 to the report be noted.<br>2. That the proposed system response to the consultation as detailed in Appendix 3 be noted and approved. |
| | **35f** | **Mental Health Services in Lincolnshire**<br>That the presentation on Mental Health Services in Lincolnshire be received and noted. |
| | **36a** | **Implementing a Population Health Management Approach in Lincolnshire**<br>That the Implementing a Population Health Management Approach in Lincolnshire report be noted. |
| | **36b** | **Better Care Fund 2021/22**<br>That the Better Care Fund 2021/22 report presented be noted. |
| | **36c** | **An Action Log of Previous Decisions**<br>That the Action Log of Previous Decisions as presented be noted. |
| | **36d** | **Lincolnshire Health and Wellbeing Board Forward Plan**<br>That the Lincolnshire Health and Wellbeing Board Forward Plan presented be noted. |

**Lincolnshire Health and Wellbeing Board Forward Plan June 2021 to March 2022**

**Items for the Lincolnshire Health and Wellbeing Board are shown below:**

| **22 June 2021, 2pm** | | |
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| **Item & Rationale** | **Presenter/Contributor** | **Purpose** |
| **Annual General Meeting – election of Chairman and Vice Chairman** | | Decision |
| **Terms of Reference, Procedure Rules, Roles and Responsibilities of Board Members**<br>To receive a report on behalf of the Director of Public Health asking the Board to affirm the governance documents following Full Council agreeing the constitutional changes. | Alison Christie<br>Programme Manager | Decision |
| **Lincolnshire's Joint Strategic Needs Assessment**<br>To receive an update from the Director of Public Health on the changes being made to the way the JSNA will be published | Alison Christie<br>Programme Manager | Decision |
| **Lincolnshire Pharmaceutical Needs Assessment 2022**<br>To receive a report on behalf of the Director of Public Health asking the Board to agree the process and timescales for reviewing the Pharmaceutical Needs Assessment (PNA) which needs to be republished by 31 March 2022. | Alison Christie,<br>Programme Manager | Decision |
| **Better Care Fund year end NHSE Report**<br>To receive the year-end report on Lincolnshire's Better Care Fund (BCF) asking the Health and Wellbeing Board to ratify the submission made to NHS England on 24 May 2021. | Glen Garrod, Executive Director and Gareth Everton<br>Head of Integration and Transformation | Decision |
| **Integrated Care System Legislation Update**<br>To receive a report for the Chief Executive of NHS Lincolnshire Clinical Commissioning Group on the development of Lincolnshire's ICS | John Turner<br>Chief Executive NHS Lincolnshire CCG | Discussion |
| **Housing Health and Care Delivery Group Delivery Plan**<br>To receive a report from the Housing Health and Care Delivery Group (HHCDG) providing details on the work programme for the HHCDG and comment on the actions to meet objectives in the Lincolnshire Homes for Independence Blueprint. | Cllr Bowkett, Chairman HHCDG and Sean Johnson Programme Manager | Discussion |

**Lincolnshire Health and Wellbeing Board Forward Plan June 2021 to March 2022**

**Planned items for future Lincolnshire Health and Wellbeing Board are shown below:**

| **28 September 2021, 2pm, TBC** | | |
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| **Item & Rationale** | **Presenter/Contributor** | **Purpose** |
| **Lincolnshire Pharmaceutical Needs Assessment**<br>To receive a report on the PNA and agree the draft Pharmaceutical Needs Assessment (PNA) 2022 document for consultation | Alison Christie, Programme Manager on behalf of the PNA Steering Group | Decision |
| **Rural Proofing for Health Toolkit**<br>To receive a report on behalf of the Executive Director for Adult Care and Community Wellbeing which introduced the Rural Services Network's Rural Proofing for Health Toolkit. The Board is asked to decide whether to recommend its use in service development and decision-making processes. | Sean Johnson<br>Programme Manager<br>Public Health Division | Decision |
| **Joint Strategic Asset Assessment (JSAA)**<br>To receive a presentation on behalf of the Director of Public Health on the development of the Joint Strategic Asset Assessment in Connect to Support Lincolnshire and to demonstrate its use. | Sean Johnson<br>Programme Manager<br>Public Health Division | Discussion |
| **Better Care Fund update**<br>To receive an information report on behalf of the Executive Director for Adult Care and Community Wellbeing, on the BCF. | Gareth Everton<br>Head of Integration and Transformation | Information |
| **The importance of community beds in transitional care both for covid positive and covid negative patients and the positive impact these have on the acute hospital trusts**<br>To receive a report on behalf of the health and care system providing details of what bed capacity there is in the community provided by Lincolnshire Community Health Service NHS Trust and Lincolnshire County Council during the pandemic. | Tracy Perrett Head of Hospitals and Special Projects | Information |

**Lincolnshire Health and Wellbeing Board Forward Plan June 2021 to March 2022**

| **7 December 2021, 2pm, TBC** | | |
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| **Item & Rationale** | **Presenter/Contributor** | **Purpose** |
| **Lincolnshire Pharmaceutical Needs Assessment**<br>To receive a report on the outcome of the statutory consultation exercise | Alison Christie, Programme Manager on behalf of the PNA Steering Group | Decision |
| **Better Care Fund update**<br>To receive an information report on behalf of the Executive Director for Adult Care and Community Wellbeing, on the BCF. | Gareth Everton<br>Head of Integration and Transformation | Information |

| **29 March 2022, 2pm, TBC** | | |
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| **Item & Rationale** | **Presenter/Contributor** | **Purpose** |
| **Lincolnshire Pharmaceutical Needs Assessment**<br>To receive a report asking the Board to approve the Pharmaceutical Needs Assessment (PNA) 2022 prior to publication on the council's website by 1 April 2022. | Alison Christie, Programme Manager on behalf of the PNA Steering Group | Decision |
| **Better Care Fund update**<br>To receive an information report on behalf of the Executive Director for Adult Care and Community Wellbeing, on the BCF. | Gareth Everton<br>Head of Integration and Transformation | Information |

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