Sefton Council

NHS

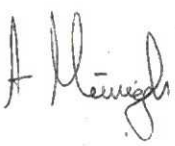
South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

BETTER CARE FUND SUBMISSION 2017-19

Summary of Plan

Local Authority	Sefton
Clinical Commissioning Groups	NHS Southport and Formby CCG NHS South Sefton CCG
Boundary Differences	None
Date to be agreed at Health and Well-Being Board	4 October 2017
Date resubmitted	22 September 2017
Minimum required value of BCF pooled budget	£21.589m
Total agreed value of pooled budget	£35.483m

Authorisation and signoff of this submission

Clinical Commissioning Group SSCCG	
By	Dr Andy Mimnagh
Position	Chair
Date	22 September 2017

Clinical Commissioning Group SFCCG	
By	Dr Rob Caudwell
Position	Chair
Date	22 September 2017

Council	MCarney
By	Margaret Carney
Position	Chief Executive
Date	22 September 2017

Health and Wellbeing Board	Cllr Moncur is currently on leave, so Margaret Carney's signature will be for both.
By Chair of Health and Wellbeing Board	Cllr Ian Moncur
Date	22 September 2017

Appendices and related documentation

Sefton's 2017/18 Better Care Fund plan refers to or calls upon information and evidence contained in a range of documents. Key documents are listed in the table below.

Appendix Number	Title	Physical appendix	Web-based appendix
1	Better Care Fund Planning Template – Part A	✓	
2	Integration Risk log - July	✓	
3	Better Care Fund Resubmission 2014	✓	
4	Better Care Fund Submission July 2016	✓	
5	Making it Happen - Sefton`s Health and Social Care Approach to Integration 2017-2020 http://modgov.sefton.gov.uk/documents/s74132/Making%20it%20Happen.pdf		✓
6	Integrated Community Reablement and Assessment Service (ICRAS) scheme narrative	✓	
7	An Integration Framework for Sefton (Draft v0.1)	✓	
8	Sefton Strategic Needs Assessment https://sefton.gov.uk/your-council/plans-policies/strategic-needs-assessment-(ssna).aspx		✓
9	Maturity Assessment – High Impact Change Model	✓	

10	Current Framework Partnership Agreement relating to the Commissioning of Health and Social Care Services and the establishment of a Pooled Fund to support those services pursuant to the Better Care Fund Section 75	✓	

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1. The Better Care Fund (BCF) and Sefton's Progress/Plans for Integration – the Story so Far

1.1. Reference is drawn to previous BCF submissions in 2014 and 2016 (Appendices 3 and 4), which set out Sefton's visions for integration.

1.2. Since then, Sefton Metropolitan Borough Council, Southport and Formby and South Sefton CCGs (the parties) have developed a route map to achieve population-level planning, joint commissioning, different models of multi-disciplinary working, pooling of budgets and a system driven by a focus on citizen outcomes.

1.3. In December 2016, via 'Making it Happen (Appendix 5)' the parties signed up to make this vision a reality, setting out how they intend to work together to move towards a more integrated approach.

1.4. Six months having passed since the publication of 'Making it Happen' and to coincide with the development of this BCF submission, a review of priorities has also taken place to examine same in terms of progress.

1.5. This review has resulted in a refresh and realignment of both BCF and other areas for integration to identify and evaluate areas which may offer the best opportunity of progressing the integration agenda for Sefton residents.

2. Local Agreement on Funding Arrangements

2.1. As discussed in 1.5 above, Sefton's BCF for 2017/18 and 2018/19 has undergone redesign in response to 'Making it Happen' and the following 'enabling workstreams' will form the basis of our journey towards integration.

Enabling Workstream	2017/18 £'000	2018/19 £'000
Early Intervention and Prevention	£68,000	£69,000
Early Years	£906,000	£923,000
Longer Term Care	£619,000	£0
	£8,104,093	£8,315,000
Intermediate Care and Reablement	£1,846,586	£1,881,883
	£3,644,037	£3,939,506
	£2,990,000	£2,990,000
	£1,666,000	£1,698,000

iBCF	£7,964,663	£10,954,918

2.2. The changes in overall funding levels for this year are:

BCF Contributions				
£'000	2015/16	2016/17	2017/18	2018/19
SSCCG	12,554	13,815	14,059	14,327
SFCCG	8,869	9,034	9,196	9,371
Sefton MBC	2,808	4,129	4,263	3,939
Sefton MBC (iBCF)			7,964	10,955
Total	**24,231**	**26,978**	**35,483**	**38,592**

2.3. Alongside this BCF pooled budget, as will be seen later in this document, there is a much wider plan towards delivering robust integrated commissioning and governance arrangements, describing the practical steps towards achieving this vision. As of each of the workstreams are considered in more detail in section 10.

3. Key Components for Integration

Local vision for integrating health and social care services (KLOEs 14, 17)	Sefton's local vision was articulated in the BCF submissions 2014 and 2016 (Appendices 3 and 4 (clause B(1)) and the plan of action for delivery thereof is set out in our Joint Integration Approach: Making it Happen (Appendix 5). The schemes set out in this BCF narrative also contribute and are congruent with the regional strategic plans and the Five Year Forward View within Cheshire and Merseyside by supporting new models of care, seven day services and facilitating integrated working across the health and social care system and present the first real step towards integration across health and social care in Sefton.
Commitment to integration (KLOE 15)	See Section 4 below.
Progress against former national conditions (KLOE 16)	Our 2016 BCF submission (Appendix 4, page 32) reviewed compliance at that time with national conditions 3-5 – seven day working, data sharing and joint approach to care planning. The *seven day working* condition was met, as set out in the 2016 submission. Any service transformation plans since then continue to be reviewed on the basis of 24/7 delivery. *Data sharing* original plans were set out in our 2014 BCF submission and this condition was met in 2016 (Appendix 4, page 37). It has since been developed yet further as part of our integration agenda, with access to social care records available in both community and acute settings. A *Joint approach to care planning* condition was also met in our 2016 submission (page 38) and with the launch of the new ICRAS service, will be enhanced further.
Governance (KLOE 18)	The governance processes are set out in detail clause 3.4 of our 2016 submission. The operation of this in practical terms is also

	considered in section 4 below.
Reducing health inequalities (KLOE 19)	Dahlgren and Whitehead's 1992 representation of the wider determinants of health below informed the Acheson Report (DH, 1998) and all of our service specifications now a requirement for providers to be aware of the local wider determinants of health and consider the Sefton Strategic Needs Assessment as well as the patient's assessment. It is also expected that the provider's practitioners will consider more than the patient's presenting condition but to use the 'Making Every Contact Count' methodology in sign posting patients where other factors affect their health, such as obesity, smoking etc.
Financial risk sharing and contingency (KLOE 21-23)	Set out in our 2016 submission (clause 5). However, paragraph 4 below describes how progress towards a financial risk sharing arrangement is planned. The current Section 75 agreement is attached at Appendix 10, however, a new draft to support our aspirations as part of the Better Care Fund is currently being prepared.
iBCF	The Council's decision to spend its allocation of £6.985m on the following is agreed and supported by the CCGs. • meeting adult social care needs with additional reablement resource; • reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready, supporting the ICRAS project and training of trusted assessors; and • ensuring that the local social care provider market is supported. The iBCF funding also supports a number of aspects for delivery of the High Impact Change Model (see Appendix 9, Maturity Assessment – High Impact Change Model).

4. Translating the Workstreams into Integration

4.1. Appendix 7 (A draft Integration Framework for Sefton) formally sets out how we will progress integration in Sefton.

4.2. Following the realignment of workstreams which have the potential to offer the best benefits for our population, this year's Better Care Fund is the next step of this process, supporting construction of the larger project and a high level phased approach, Appendix 7, page 3.

4.3. A process to identify and manage risks related to the plan is a project deliverable (page 2, Appendix 7) and the BCF risk register is also included at Appendix 2 hereof.

4.4. Management and control of the individual workstreams and sub-groups will be via the Integrated Commissioning Group in accordance with our governance framework.

4.5. Further work will be progressed around the development of risk share arrangements as the Integrated Commissioning Group works through priorities. The respective

Finance teams, as enablers, will respond to service re-design and seek to develop and implement appropriate risk share arrangements in place between both parties.

4.6. In the short term, benefit realisation will be via measurement against the CCGs' and local authority's statutory and contractual reporting mechanisms. However, new outcome measures and the process by which underperforming schemes will be managed will be developed as part of the deliverables of this project. Indeed, in relation to the ICRAS workstream, development of such measures will be sooner still, these being planned to be developed at North Mersey level.

4.7. At the end of Phase 1 of the project, all workstreams will be assessed for benefits to Sefton residents using **S**pecific, **M**easureable, **A**chievable, **R**ealistic and **T**imebound (SMART) criteria and a decision made whether to 'Stop or Go' the worksteam as part of the integration project.

5. Hindrances to integration

5.1. There are several barriers to successful integration of services, including ineffective or damaging management and supervision. At all levels, trust and communication are key to effective working and without provision for face-to-face contact through meetings, training and shared offices as well as collaboration in service planning, development and delivery it can fail.

5.2. The integration of services at a managerial level does not always ensure the effectiveness of professionals working together on the frontline. Therefore protocols and agreements that all partners agree to are essential for integrating work.

6. National Conditions

Condition	How we meet the conditions
6.1. Plans jointly agreed	This condition is met. This narrative plan and accompanying planning template has been jointly developed by CCG and council officers prior to this submission, adopting an approach that: a) reviewed progress made in implementing the 2016/17 plan schemes b) identified outstanding actions in respect of those schemes; d) reconsidered which schemes should be the focus of the 2017/18 plan in comparison to our integration aspirations; and e) examined financial and performance planning. This plan has been approved by all three organisations through formal delegated decision-making processes and will be ratified via CCG Governing Bodies and the Health and Wellbeing Board at the next meetings.
6.2. Maintain Social Care Services	This condition is met. Sefton Council continues to deal with unprecedented budgetary cuts. In an economy where the resources to support the Council's efforts to ensure that the needs of the most vulnerable have been drastically reduced, the CCG has maintained the level of funding to maintain social care services in line with inflation.

Condition	How we meet the conditions
	The 2016/17 BCF submission (Appendix 4) set out in considerable detail how this funding is used to support existing adult social care services and it is not proposed to restate these herein. As before, the key principles of this plan is to offer local people the best possible opportunity for independence and quality of life, whatever stage of life need arises and to continue to strive to improve services for our population through our integration agenda.
6.3. Agreement to invest in NHS Out of Hospital Services	This national condition has been met through resources available for out of hospital services within the BCF. Both CCGs' main providers of community services changed during 2017, due to re-procurement for Southport and Formby and acquisition process in South Sefton. The CCGs are working closely with new providers to ensure that services remain stable during the transition process. CCGs can demonstrate a track record of additional investment in community services during the last few years which has helped suppress demand for hospital admissions. However, the demand for local services in secondary care has exceeded the benefits delivered by the CCGs' investment meaning that additional funding to support the development of a risk-share remains challenging. The CCG is working will the local system partners to develop the ICRAS scheme (see section 10) to reduce inappropriate use of services and will continue to review investment in community and supporting services, to develop approaches that best meet the needs of our population, within available resources.
6.4. Implementation of the High Impact Change Model	This condition will be met via the introduction of the ICRAS scheme (see section 10), together with the Care Home Improvement Programme and Telemedicine set out in our 2016 submission (Appendix 4, page 12).

7. The BCF/Integration Workstreams

Workstream	Key Issues	Plans	Benefits (KLOE 20)
Early Intervention and Prevention	Minimise morbidity and mortality from preventable disease through assessment and provision of individually tailored evidence based interventions and education	There is considerable overlap and opportunity beyond mere alignment between public health programmes and the delivery of healthcare services in relation to, inter alia, obesity, hypertension, falls, COPD, stroke and mental health. This Workstream will consider this overlap and look to reduce duplication between services and consider any opportunities where integration between health and social care can offer improved access to information and education for Sefton residents.	**Shorter term benefits** The funding pooled in relation to this workstream currently supports the falls prevention agenda which includes, *inter alia,* the following benefits: • 95% of referrals for patients who have fallen classified as 'critical' receive same day verbal response and appointment <1 working day • 95% of referrals for patients who have fallen classified as 'urgent' receive verbal response <24 hours and appointment <3 working days • 95% of patients' quality of life improved (service user reported/post treatment questionnaire). **Longer term benefits** The ambition is for this workstream to move beyond falls prevention and include the wider prevention agenda.

Workstream	Key Issues	Plans	Benefits (KLOE 20)
			Clarity upon the full benefits of this workstream (and the others) will be more readily available as we advance through the integration framework described herein. Appendix 8 (Strategic Needs Assessment) sets out the prevalence of long term conditions in Sefton, which could be reduced with lifestyle and other changes. Integration of services may contribute towards, for example, addressing health inequalities, improving Sefton residents' ability to carry out activities of daily living independently for longer or reducing the incidents of conditions such as COPD or Diabetes.
Early Years	The 2006 Childcare Act requires local authorities to work with their NHS partners to improve outcomes for all children aged up to five years and to reduce inequalities by ensuring services are integrated to maximise benefits to families. Providing advice and support for parents can improve many aspects of children's lives. In our 2016 submission (Appendix 4,	This Workstream will all look at any overlap and opportunity beyond alignment of services and consider, for example, service delivery in integrated centres offering opportunities to work with other professionals to improve the quality of staff practice. Children and their families may benefit from a "one-stop shop"	**Shorter term benefits** This workstream and associated benefits are described in detail in Sefton`s Children and Young People`s Emotional Health and Wellbeing Strategy (see Appendix 4, page 15) which sets out the five year forward view for improving outcomes in Emotional Health and Wellbeing for children

Workstream	Key Issues	Plans	Benefits (KLOE 20)
	page15), we set out our Children and Young People's Emotional Health and Wellbeing Strategy and identified funding for Child and Adolescent Mental Health Services.	approach. The involvement of the widest possible range of agencies and services means their needs are more likely to be met directly or through referral. Parents should be involved in the centre because they often have a clear idea about what they and their children need. Expertise and best practice can be shared, for example between health workers and teachers, leading to improved standards in both sectors.	and young people. **Longer term benefits** Again, the ambition is for this workstream to move that et out above and include a wider early years' agenda. The full benefits of this workstream will be further developed as we advance through the integration framework described herein. However, improving outcomes for children will increase developmental and educational gains and decrease future dependence upon social institutions. Families having an increased ability to cope will in the future, offer increased eligibility when those children become adults for employment, providing economic as well as social benefits. Supporting social and emotional development means children are less likely to adopt antisocial or violent behaviour throughout life. It means fewer disruptive toddlers, fewer unmanageable school

Workstream	Key Issues	Plans	Benefits (KLOE 20)
			children, fewer young people engaging in crime and antisocial behaviour and fewer mental health problems that commonly perpetuate a cycle of dysfunction.
Integrated Community Care	Page 11 (Community Services Transformation) of our 2016 BCF submission (Appendix 4) set out our aims and vision to transform community services, together with providing copies of our associated strategies.	Both CCGs' main providers of community services underwent considerable change during 2016 and 2017, due to re-procurement process for community services for Southport and Formby and an acquisition process of the community provider for South Sefton services. This has brought challenge in terms of timescales for the delivery of our community models and the CCGs continue to work closely with the new providers to ensure that services remain stable during the transition process Both new community healthcare providers, having taken over the services, are now transitioning to the new models of care. Part of this will necessitate how they now integrate and align with social care services and the community, voluntary and faith sectors. This Workstream will explore opportunities to be gained by such integration and our aspiration is to deliver a single point of access in	Benefits of this workstream will be identified and articulated as we advance through the integration framework described herein. Some key deliverables include: • to significantly reduce years of life lost from causes considered amenable to healthcare by 2.8% pa (Southport and Formby) and 2.4% (South Sefton); • to improve the quality of life for people with long term conditions by 1.8%/1.6% respectively pa; • to improve patient experience of GP and out of hours care by 5.6%/6.52% respectively.

Workstream	Key Issues	Plans	Benefits (KLOE 20)
		relation to both health and community services and also to consider how social care services might integrate and interface with primary care. Models such as the Care Home Improvement Project (CHIP) in South Sefton (Appendix 4, page 12) and telemedicine (page 13) are now well under way and consideration of a business case to extend the CHIP project to Southport and Formby is planned for later this year.	
Longer Term Care	The Sefton Strategic Needs Assessment (Appendix 8) identifies Sefton as having a growing elderly population: residents aged 65 and over to rise by more than 40% to 83,000 by 2035 (from 20% of the population to almost 30% of the population). Every quinary age group above 65 is projected to have a significant increase, in particular those aged 85-89 projected to increase by 84% and those aged 90 and over by 170%. The implications for longer term care in Sefton are massive.	Managing such increased demand will necessitate a new approach to service planning, enabling people to maximise their independence and decrease reliance upon acute and social care services. This workstream aims to bring together all aspects of support available for longer term care, reviewing any overlap and identifying opportunity beyond simple alignment of services, both to improve access and availability of services for Sefton residents, but to consider how best to spend our Sefton pound.	We anticipate being in a position to describe benefits of this workstream as we advance through the integration framework described herein. This workstream in particular will also be supported by the iBCF investment, with the outcomes described in Appendix 9 (and Appendix 1 thereof). *Carers*: this scheme encompasses the aspirations described in our 2016 submission (Appendix 4, page 13) including funding to support the requirements of the Care Act and Sefton's Personalisation Strategy (page 14). Sefton Carers'

Workstream	Key Issues	Plans	Benefits (KLOE 20)
			Strategy has now been implemented.
Integrated Community Reablement and Assessment Service (ICRAS)	ICRAS has been developed in response to the need for integrated and aligned community services in Sefton, Liverpool and Knowsley for the delivery of step-up (admission avoidance) and step-down care (transition from hospital or other urgent care setting) for those with support needs. ICRAS will also support the implementation of the High Impact Change model. *"About one third of the admissions of older people to residential care can be avoided if the right set of interventions are available and offered to them at a time of crisis...*[but] *"Don't assess during the crisis –hold the person with health and care resources (preferably at home) and then assess after a*	This model has been developed building upon the work undertaken to describe an Admission Avoidance and Transition from Hospital Scheme (described in our 2016 submission) and as part of the work across the North Mersey Demand Management workstream. This is an ambitious project which has the potential to deliver much needed systemic change across North Mersey; but it will require a high level of sustained commitment from all North Mersey A&E Delivery Board members. The project has dedicated project management at both a Sefton and North Mersey level, to ensure delivery. Fundamental to scheme is delivery of the High Impact Change Model and trusted assessment. The scheme is described in more detail at Appendix 6.	**Admission avoidance** ICRAS will offer an alternative pathway for GPs, social workers and other community professionals identifying a person at risk of imminent hospital admission, with an anticipated benefits such as: • a reduction in Emergency Admissions (65+) per 100,000 65+ population by 3%; • performance within the 90th percentile of length of stay for emergency admissions (65+); **Reduction in Delayed Transfers of Care** Implementation of ICRAS pathway and discharge to assess commences on 2 October and benefits are envisaged to increase incrementally as the scheme matures and develops. Anticipated benefits include: • a reduction in delayed

Workstream	Key Issues	Plans	Benefits (KLOE 20)
	period of six to twelve weeks." Professor John Bolton (Institute of Public Care –Oxford Brookes University) National Audit of Intermediate Care, 2015	ICRAS is scheduled to go live on 2 October 2017. In addition, we recognise that Community Equipment Services (CES) (including Medical Devices), Disabled Facilities Grant, Telecare and Careline, Sensory Support and other equipment are vitally important in supporting independence and care at home. The current arrangements are historical and reflect neither the ambition to commission in an integrated manner or to enable provision to be better accountable and efficiently delivered In early 2017 a review of service delivery took place and recommendations have been made to improve operation of these services. Also, following the implementation of ICRAS, an enhancement to further integrate this element of servicer delivery is planned.	transfers of care (delayed days, per 100k population) from 4,443 delays in 16/17 to 3,285 for 17/18 and 3,247 for 18/19 or 27% for 18/19; • a reduction in lengths of stay by 3% for patients aged >65 admitted non-electively, increasing as the scheme matures; • An increase in the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services of 5%; • An increase in the proportion of older people (65 and over) who are discharged from hospital who receive reablement/rehabilitation services of 5%; • An increase in the proportion of discharges (following emergency admissions) which occur at the weekend of 10%.

8. Section E: National Metrics

Planning requirement area	BCF Planning Requirements	KLOEs to support assurance of the planning requirements	Narrative
Metrics – Non Elective Admissions	(11) Has a metric been set for reducing Non Elective Admissions?	(28) Does the narrative plan include an explanation for how this metric has been reached, including an analysis of previous performance and a realistic assessment of the impact of BCF schemes on performance in 2017-19? (29) Has a further reduction in Non Elective Admissions, additional to those in the CCG operating plan, been considered?	A metric has been set for non elective admissions based on the CCG operating plan targets. South Sefton and Southport & Formby CCG plans were based on the following methodology and rationale: Demographic and non demographic growth calculations were applied to the NHSE provided baseline operational plan data. The South Sefton CCG growth figure of 2016/17 Forecast Outturn plus 1% growth was based on the North Mersey "Acting as One" agreement offered to all contracts within the region. The Southport & Formby CCG demographic growth was based on the projected population growth for 2017/18 (NHS England figures used to generate CCG allocations). This is in addition to non-demographic growth of 0.5%. This is an estimate based on the knowledge that activity may increase but will be countered by QIPP schemes and transactional efficiencies such as contract challenges. Historically this level of non-demographic growth has been included and it is believed to be a suitable estimate. Activity trends over the past three years have been analysed, however it was concluded that to take account of activity from 2013/14 and 2014/15 would skew activity projections as in most areas, activity has grown in the last 18 months.

			A three year average would generate activity figures that would look too low when compared to 2015/16 activity; therefore plans are based on activity from the last 18 months. A number of transformational schemes are planned for implementation in 2017/18 and 2018/19 and have been accounted for in the CCG Operational Plans. In terms of realistically assessing the impact of schemes on performance, all schemes are based on best practice, evidence from academic literature, and activity and financial impacts have been modelled. Activity plans have been presented to CCG Governing Bodies and added to the CCG QIPP dashboards which are monitored on a monthly basis to assess progress and measure impact.
	(12) If a metric has been set for a further reduction in Non Elective Admissions, beyond the CCG operating plan target, has a financial contingency been considered?	(30) Has the metric taken into account performance to date and current trajectory and are schemes in place to support the target? See also National Condition 3.	A further reduction in Non Elective activity has been considered, but deemed unnecessary, as the work streams for 2017/18 focus on enabling functions to facilitate the integration of health and social care teams.
Metrics Admissions to residential care homes	(13) Has a metric been set to reduce permanent admissions to residential care?	(31) Does the narrative plan include an explanation for how this metric will be reached, including an analysis of previous performance and a realistic assessment of the impact of BCF schemes on performance in 2017-19?	Population pressures continue to place considerable additional demand on our LTRN services and we saw an increase in older person admissions on 16/17 following a plateauing out of the ability of our increased reablement service to hold the tide of additional admissions.

			Our planned figures here are based on an assumption we might be able to prevent any additional increase beyond population pressures, but won't be able to reduce admissions, particularly given the government's focus on improving DTOC which will place additional demands on social care services. As a result the planned admissions are set to maintain the overall metric at approximately the same level, despite predicted population increase. NB 16/17 Outturn numerator was 511.
Metrics – Effectiveness of Reablement	(14) Has a metric been set for increasing the number of people still at home 91 days after discharge from hospital to rehabilitation or reablement?	(32) Does the narrative plan include an explanation for how this metric will be reached, including an analysis of previous performance and a realistic assessment of the impact of the reablement funding allocation for health and social care and other BCF schemes on performance in 2017-19?	Sefton's changing demographics predict a continued and significant increase in our older population. As a result we anticipate an unavoidable increase in potential residential and nursing service user demand. We have significantly increased our preventative services such as reablement in order to help slow this demand pressure. Planned figures are set to maintain current performance at the rate of outturn of 16/17 actuals.
Metrics Delayed Transfers of Care	(15) Have the metrics been set for Delayed Transfers of Care?	(33) Have all partners agreed a metric for planned reductions in delayed transfers of care across the HWB that is at least as ambitious as the overall HWB target for reductions of DToC by November 2017?	The trajectory agreed and submitted in July 2017 is in line with the national expectations and locally we plan to maintain the current rates of DToC: 22.11 delays per day or 3.06% - South Sefton 5.21 delays per day or 1% - Southport & Formby
		(34) Is the metric in line with the expected reductions in DToC for social care and NHS attributed reductions for the HWB area set out in the DTOC template?	The metric in line with the expected reductions in DToC for social care and NHS attributed reductions for the HWB area set out in the DTOC template.

		(35) If the local area has agreed changes in attribution from those set out in the template is there a clear evidence base and rationale for those changes?	N/A
		(36) Does the narrative set out the contribution that the BCF schemes will make to the metric including an analysis of previous performance and a realistic assessment of the impact of BCF initiatives in 2017/19 towards meeting the ambition set out in the local A&E improvement plan?	The impact of the ICRAS scheme is described in detail in Appendix 6. The model has been developed building upon the work undertaken to describe an Admission Avoidance and Transition from Hospital Scheme and as part of the work across the North Mersey Demand Management work stream.
		(37) Have NHS and social care providers been involved in developing this narrative?	Yes, development of the ICRAS scheme was collaborative across the health, social care and third sector.
Integrity and completeness of BCF planning documents	(16) Has all the information requested in the DTOC and planning templates been provided and are all the minimum sections required in the narrative plan elaborated?	(38) Have the DTOC template, Planning template and Narrative plans been locally validated for completeness and accuracy as per the planning requirements? (Better Care Support Team will carry out central data validation)	The non-elective admissions have been locally validated against the CCG Operational Plans and are consistent with the latest recalibrated CCG plans. The nursing and residential home admissions data have been locally validated and a difference between 16/17 plan and 16/17 actual noted (490 plan vs 511 act). Reablement data has also been locally validated. DToC data has been locally validated and is consistent with NHSE reported rates.