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ITEMS PRESENTED AT

HEALTH AND WELLBEING BOARD

Date: Friday, 22 January 2016

5. **REFORM AGENDA (GREATER MANCHESTER STRATEGY)**

To receive a presentation of NHS Trafford Clinical Commissioning Group. 1 - 12

8. **HEALTH AND SOCIAL CARE DEVOLUTION - TRAFFORD LOCALITY PLAN**

To receive a presentation of the Acting Corporate Director, Children, Families and Wellbeing.

Note: This item was heard as part of the presentation for item 5.

9. **BETTER CARE FUND**

To receive a report of NHS Trafford Clinical Commissioning Group. 13 - 24

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GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

Strategic Plan
Update to Trafford HWBB Jan 16

GM level: Devolution – Taking Charge in Greater Manchester

- **Greater Manchester is taking charge** and taking responsibility – in a historic first, devolution is handing the power and responsibility over to the people and the 37 local authorities and NHS organisations here

- **We are all taking charge of a huge opportunity** – we will have the freedom and flexibility to focus on our **place and our people**, making our own decisions in GM over some of the most important things in our lives, not just health.

- **At the same time we are all taking responsibility for a huge challenge –** we have the people who live in parts of GM are out of work longer, die younger and suffer far more illness than in other parts of GM and other parts of the country and we think we can change this, but there will be difficult decisions along the way

- **Our goal** is to see the fastest and biggest improvement to the health, wealth and wellbeing of the 2.8m people of GM so we have skilled, healthy and independent people

- **Our vision is that we become a place where** we take charge and responsibility to look after ourselves and each other. There's a role for everyone, from the individual to the family, the community, the voluntary sector and the public bodies to work together

- **So that by 2021** we have delivered benefits ranging from 600 fewer deaths from cardiovascular disease to1,300 fewer deaths from cancer and 16,000 fewer children in poverty

- But it's also a **long term deal** where we'll need to take charge and responsibility for looking after ourselves and each other over many years

Outline Structure of the Plan

Chapter 1 - Ambition for the Strategic Plan

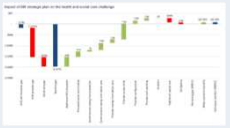
- How health and social care fit into the broader devolution agenda (from SR submission) – pulling in PSR team
- Growth & reform leading to a place based, population health approach – co designed between health and social care
- MOU description, (include paragraph which covers clinical and final sustainability within 5 years) leading to a 'comprehensive clinical and financial sustainability plan'

Chapter 2 - Work since the MOU

- Principles we have worked to – co design with the system/place focus/outcomes based
- Bringing the system together – Locality Plans, Provider federation
- Governance
- Early wins – published early wins and also early examples of working together i.e. mental health strategy, cancer

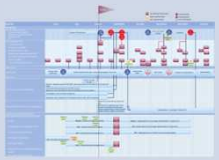
Chapter 3 - The transformation themes

- Radical upgrade in prevention & population health
- Integrated Community based care & support
- Integrated acute & specialist services
- Shared service and back office efficiencies
- Enabling for the new models of care



Chapter 4 - Financial Plan

- Outputs from the PWC work against the financial plan



Chapter 5 – Implementation/delivery

- Key areas of focus for Jan - March
- Stakeholders – co-design
- Public engagement

GM level: Strategic Plan

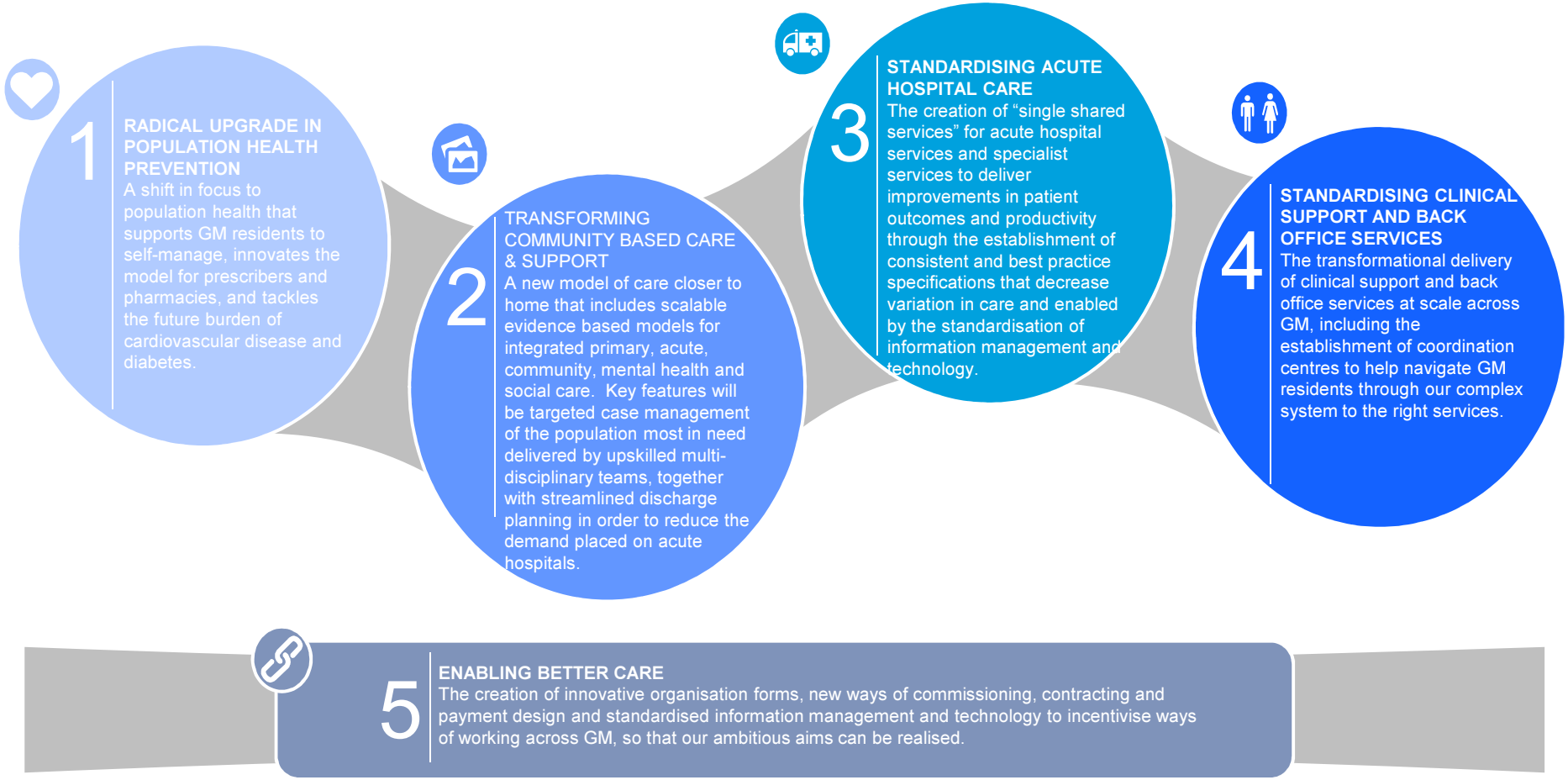
- The Strategic Plan sets out our **collective ambition for GM** over the next five years: it is high level and shows our direction of travel and detailed implementation plans are being worked on between now and March

- It is the **culmination of years of conversations** between the people of GM and the organisations which run our public services about improving health, wealth and wellbeing

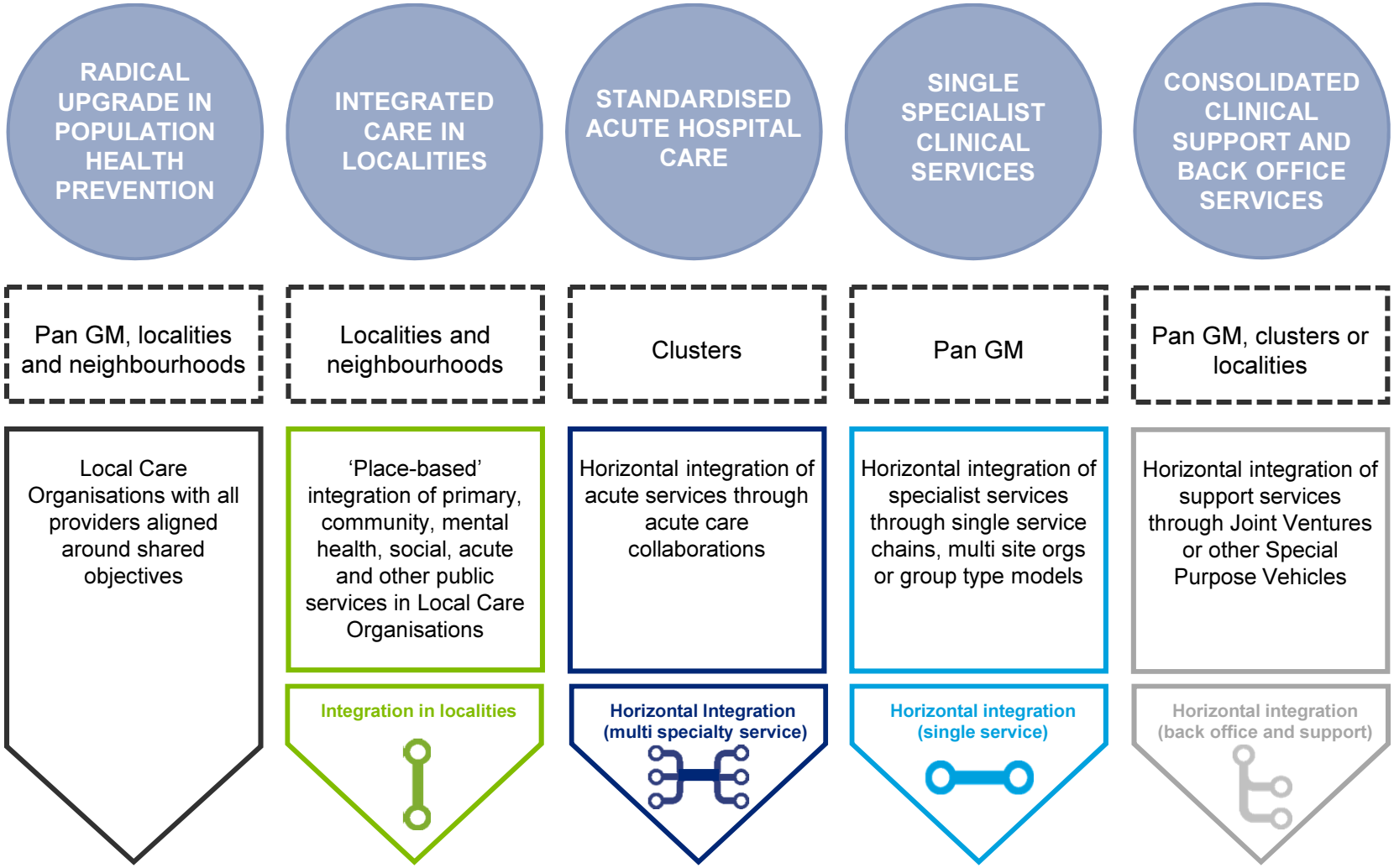
- It's also the result of **some very new conversations** between the public services in GM – and between us and the government and national bodies

- **We are looking at four big areas**:
  - A fundamental change in the way people and our communities take charge of – and responsibility for – their own health and wellbeing, whether they are well or ill
  - A big focus on local care where doctors, nurses and other health professionals come together with social care in teams – so when people do need support from public services it's largely in their community, with hospitals only needed for more specialist care
  - Hospitals across GM working together to make sure expertise and experience can be shared widely so that everyone in GM can benefit equally from the same high standards of care
  - Other changes which will make sure standards are consistent and high quality across GM, as well as saving money, for example sharing some functions across lots of organisations, sharing and consolidating public sector buildings, investing in new technology, research, innovation and the spreading of great ideas.

It will describe the application of a radical new landscape of commissioning and provision towards a common purpose to maximise health benefit



It will be clear how we will work together to ensure we deliver on our potential



GM level: Strategic Plan

- **We are aiming for some big benefits for the people of GM by 2021, including the following (and more will be developed in the coming months)**:

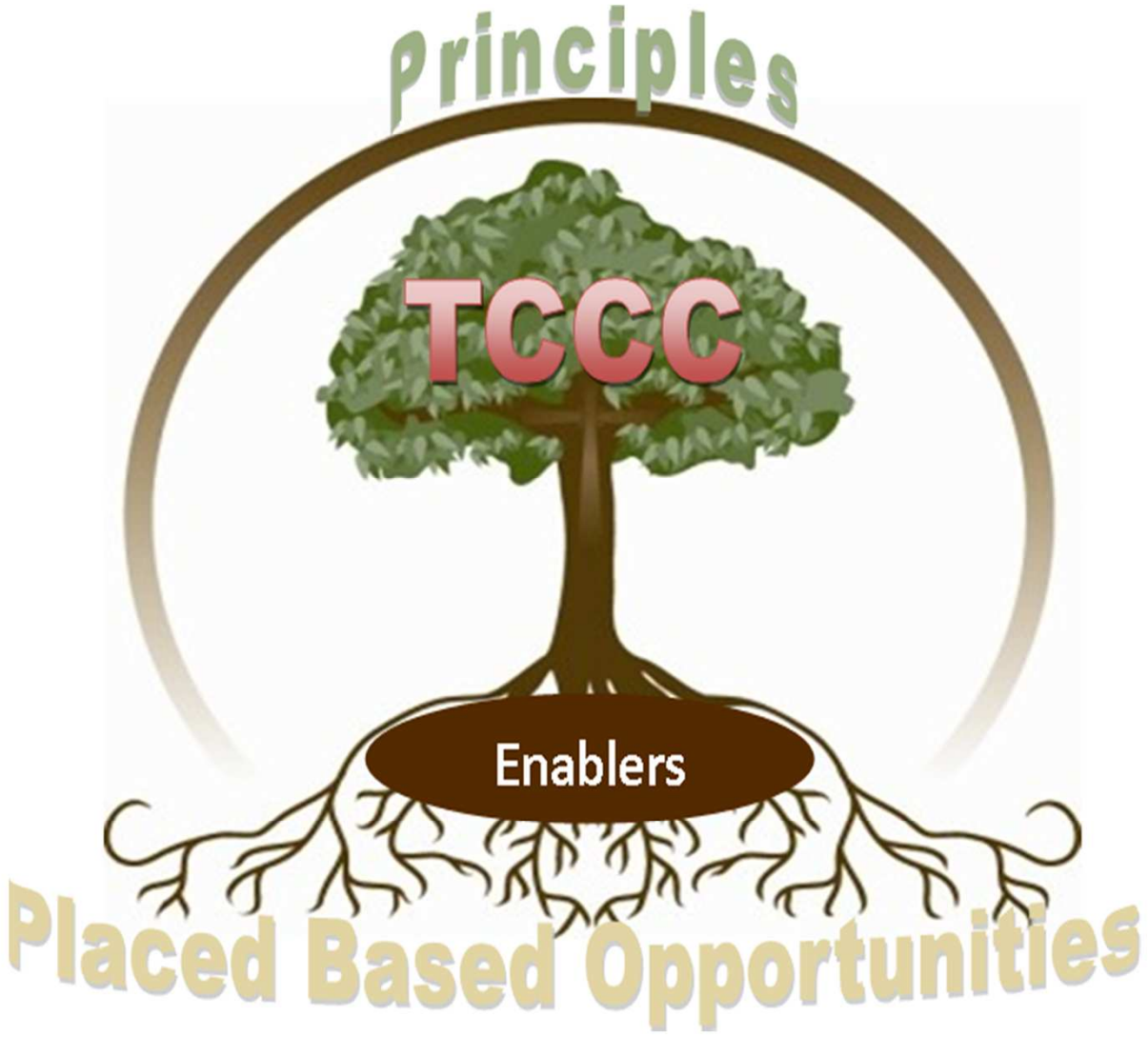
  - 1,300 fewer people dying from cancer
  - 600 fewer people dying from cardiovascular disease
  - 580 fewer people dying from respiratory disease
  - 270 more babies being over 2,500g which makes a significant difference to their long term health
  - More children reaching a good level of social and emotional development with 3,250 more children ready for the start of school aged 5
  - Supporting people to stay well and live at home for as long as possible, with 2,750 fewer people suffering serious falls

- We will engage with GM people, health and social care staff, employers and communities in the coming months to talk about how we work together to make these changes happen

Trafford Position

- Financial modelling indicates **a gap in funding** in Trafford by 2020-21 of approximately **£174m**
    - Social Care £44.3m, CCG £26.6m and NHS Acute Providers £40m
- **Across GM it will be c.£2bn if nothing changes** from the current position
- Multiple challenges of **austerity, rising population demands and public expectation**
- **Radical reform the health and social care system** up to 2021 is required via:
    - A **new relationship** between Trafford Council and the Trafford Clinical Commissioning Group (CCG)
    - A **truly place based, partnership approach** to health and social care in Trafford.
- The changes will be driven through the revolutionary development which is the **Trafford Care Coordination Centre**, complemented by a range of other **transformational developments**:
    - Changes in the **primary care** system;
    - An **all age integrated health and social care** service delivery model for community based services;
    - **Greater levels of independence** for residents through a new model of social care;
    - Improved quality, access and range of support services for people with **learning disabilities, autism and mental health** needs, to support personal resilience;
    - More **effective use of resources** available to support health and social care in Trafford.

Trafford Care Coordination Centre (TCCC)



What differences will I see in Trafford?

7 day access to treatment and care

Ability to access *the right information* at *the right time*

Enabling people to retain their independence

Promotion & encouragement of self-reliance

Delivery of a financially sustainable and clinically safe health and social care economy

Deflection of activity from inappropriate sources to manage and reduce dependency

By 2020, you will be able to:

- Get to see a GP when clinically appropriate and be able to get support from adults or children's social care outside of core working hours
- Be able to find out what is going on in your community that you can join in with and the opportunity to buy services for yourself like equipment and support, through recommended suppliers
- Be able to access to services that keep you well at home, making sure you can still do the things you enjoy doing, with same day access to equipment and adaptations to help you at home and out and about
- Talk to experts once and through one contact point, with information provided through one website and one phone number and from staff trained to talk to people with a whole range of different issues
- See that community services will care for you at home as far as possible
- Be seen and treated in a modern purpose built premises which are welcoming and inviting and provide the opportunity to have all you need in one building
- See that the money available to Trafford is being used well to maintain public services that can last into the future.

Trafford Timeline

- **Trafford's initial consultation with stakeholders closed 18 Dec 2015**

- **GM Strategy published 18th December 2015**

http://www.gmhealthandsocialcaredevo.org.uk/

- **Stage 2 Consultation and revision to Locality Plans: Feb 2016**

- **Locality Plans signed off March 2016.**

Trafford Timeline

traffordlocalityplan2020@trafford.gov.uk

TRAFFORD COUNCIL

Report to: **Health & Wellbeing Board**
Date: **20th January 2016**
Report for: **Health & Wellbeing Board**
Report of: **Better Care Fund Programme**

Report Title

Progress Report of Better Care Fund for Trafford

Purpose

This is to provide the Health and Wellbeing Board an update of the progress of the Better Care Fund for Trafford and the progress of the schemes.

Recommendations

The Health and Wellbeing Board are asked to note the progress outlined in the attached paper

Contact person for access to background papers and further information:

Name: Julie Crossley, Associate Director of Commissioning at Trafford CCG.

Trafford Better Care Fund Programme

1. Introduction

1.1 The Health and Wellbeing Board have received previous reports which set out the schemes which contribute to the Better Care Fund programme for Trafford. This is the latest report which provides update on the individual schemes and areas which have been addressed by the Steering group.

1.2 The Better Care fund is set out in the CCG's strategic plan as this will be a main contributor to reducing unscheduled care activity and shifting activity from the acute sector into the community. As set out in 2015/16, Trafford commissioners are seeking to reduce activity by 3.5%.

1.3 All the schemes are focused on the Frail and Older people, with the schemes supporting this cohort of patients to keep their independence and to support individuals remaining in their own homes with services wrapped around them to support them in the community.

1.4 This report provides an overall summary of the actual programme and details of the latest highlight report.

2. The Better Care Steering group

2.1 The Steering group responsibility is to monitor progress, address any risks/barriers to improvement. Progress has been made in terms of collecting and analysing risks at both an individual scheme level and overall. Any significant risks (in terms of likelihood and impact) will be reported to the HWB.

An updated version of the original risk register compiled during the formation of the Business Care can be found at the end of this report. The majority of these risks will now be closed and transferred to a new template that will better track how risk is managed at an individual scheme level. This work is underway, and an overview shared at next HWB board. Risk will also be reported in section 3 below.

2.2 National Support - Trafford have taken up the offer of some nationally commissioned support in relation to evaluation and planning for the Better Care Fund. The offer is to facilitate a process called Logic Modelling. This will help in terms of the evaluation of the programme to date, and also for planning for 16/17. One of the outputs of this process is a plan on a page, which is jointly owned by stakeholders.

2.3 Trafford has shared the dashboard with NHSE which contains the metrics for the programme together with KPI's for each of the programmes

- Non-elective activity 2015/16
- Delayed transfer of care
- Residential admissions for older people into residential and nursing homes
- Proportion of Older People (65+) who were still at home 91 days after
- discharge from hospital into reablement / rehabilitation services
- Do care and support services help you have a better quality of life? (Adult
- Social Care User Experience Survey)
- Deaths at usual place of residence (End of life care intelligence network)

2.4 The Better Care Fund programme continues to report the progress of each area against the agreed metrics to NHS England on a quarterly basis. The last report to NHS England was submitted at the beginning of December.

2.5 Trafford took the opportunity to apply for funding for the Local Integration Support Fund before Christmas. Whilst the regional BCF coordinator supported the bid, it was a competitive process with only 8 submissions out of 23 securing funding at this time.

2.6 At the next BCF meeting (25th Jan 2016) a National Team from NHS England will be observing the meeting, and partaking in a programme of activities including a visit to Ascott house. Trafford are one of three areas in the NW that will be visited.

2.7 BCF for 16/17: On Friday 8 January, the Department of Health and Department for Communities and Local Government published the **Better Care Fund Policy Framework**. This document sets out the agreed way in which the Better Care Fund will run in financial year 2016 to 2017. We are waiting for the **Better Care Fund planning guidance** as an annex to the NHS technical planning guidance; this guidance will provide further detail on how local areas should plan to meet the policy framework, as well as a template for local areas to complete with information on their plans.

2.8 Finance Report

To date the Pooled budget is heading for a small over-spend, largely as a result of the non-delivery of the performance element of the pooled funding.

Specifically this area relates to the target to reduce non-elective admissions by 3.5% equating to a performance pooled payment of c£1.3.

Following a review of the latest trajectories and actual activity to date, the non-elective figures show an increase against planned target.

Whilst most economies nationally and especially those with Greater Manchester have sustained increases in non-elective activity; it is recognised that without the pooled funding investment; activity would have been greater.

The CCG and Council are collectively reviewing areas of investment with a view to prioritising plans for 16/17 to gain maximum benefit against the challenging target.

It should be noted that the Council and CCG have a signed S75 agreement in place that has a risk share arrangement of 30% and 70% respectively against the £1.3m performance element and both parties have agreed this likely contribution will be required in 2015/16 to prevent the fund from being over-spent.

3.0 Summary Highlight Reports

3.1 The following details a summary position from each of the schemes as at 8th January 2016. This report will be discussed at the next BCF Steering group on 25th January.

1 Integration of Community-based Adult Health & Social Care
Report 8th January 2016
The final restructuring proposals were presented to Staff Side for approval on 15 December. Final changes to job descriptions have been agreed following further meetings with staff. All posts have now been AfC job-matched. Heads of Services have embedded governance and core business functions within neighbourhood roles and responsibilities and identified the administrative and business support requirements for their neighbourhoods. Post consultation meetings were held with affected staff from 18 December to 4th January to finalise job descriptions. New working model developed for Community Nursing service. Service mangers and staff participated in Trafford CCG's End of Life event on 9th December to review pathways and processes. Two pre-engagement events have been held for affected staff on 17 and 22 December to identify options for redesigning integrated working practices and realising the required cost savings. An integrated BCP template has been produced and highlighted to managers via the annual Business Continuity exercise event that was held on 6th January 2016.
Project Risk/Issues: • **Risk**: Failure to fully realise the benefits and financial efficiencies associated with a fully integrated community health and social care service provision (Addressed on Risk Register)
Project Status

2 End of Life & Palliative Care
Report 8th January 2016
Following the recommendations from SMT, an action plan has been produced to identify opportunities to maximise existing contracts. This was presented to SMT on 3rd December. A Task and Finish Group was established as a result of SMT and were tasked with reviewing the action plan and presented them to Review Panel on 5th January. Review Panel supported the recommendations of the Task and Finish Group and advised that this would not need further approval from the CC&FC. Following a further recommendation from SMT, a stakeholder mapping day was held on 9th December to aid the engagement of stakeholders and partners in the design of a 'Support Service Model' and enable service specification development.
Project Risk/Issues: • None reported
Project Status

3 Community Nursing & Ambulatory Care

Report 8th January 2016

Following the Exec to Exec meeting of the CCG and Pennine Care on 24th November, a Community Nursing Strategy Group was identified to revise and agree the Community Nursing service specification. Their role was to also consider and agree the new investment for Pharmacy Technicians to work in each of the neighbourhood teams.

The service specification revision is made only to the Community Nursing service. The Nurse Led Ambulatory Care service specification remains unchanged.
The main change has been to the concept of the service delivery model, from a holistic approach to continuing to deliver the new service specification on a case load basis. This would be the service delivery model in the short term only.
There is an expectation, following the full implementation of the Trafford Care Co-ordination Centre, for Pennine Care to work with all GPs across Trafford to deliver the holistic service delivery model, which will provide a service to those individuals who are identified to be most at risk, as well as those already known to the service.

Pennine Care, in the resubmission, will set out timescales for the following:

- Implementation of the revised community nursing service specification and nurse led ambulatory care service specification
- Go live of the service specifications
- Timescales associated for achieving the holistic service delivery model in advance of the contract end date of March 2018

Project Risk/Issues:

- **Risk:** Timeline - Delay to evaluation may impact on the timeline to implement any service changes
- **Risk:** Financial - The current proposal is not financially viable as each option seeks considerable financial recurrent investment

Project Status	

4 Falls Service

Report 8th January 2016

The Falls Business Case is reliant on the roll out of TCCC for data collection which will identify demand and capacity required across the Trafford locality.

The implementation date is awaiting confirmation from CSC for the Falls Service.

A workshop is planned for 14/01/16 to consider the needs of Trafford patients and design of service to respond. It will also provide clarity and agreement from the various partners about the next steps required. This will then continue as a Steering Group. They will review and analyse the data: demand activity, capacity patient locality intelligence in order to undertake design of new service.

Following discussions with CSC, the revised timescales will be shared.

A new Commissioning Project Manager has now been appointed within the Unscheduled Care Team.

Project Risk/Issues:

- **Risk:** Falls service evaluation data-Project Delay (Addressed through Risk Register)

Project Status

5 Intermediate Care – Phase 1 Ascot House

Report 8th January 2016

The interim approach (Current Therapy Model) to the development of the service at Ascot House has continued to be taken forward and the phased increase from 5 to 18 beds was completed on 30th November.

There are existing recruitment issues for Pennine Care and the provider. The CCG are working together with other provider organisations to resolve.
The existing 5 IMC beds at Ascot House have increased to 18. These continue to follow the therapy model as an interim until the provider has recruited a full complement of staff to deliver the nurse lead model and the GP provider has recruited to the GP medical cover for the service.

The 2 Senior Nurse positions will start at the beginning of January providing clinical leadership to the service model. Further interviews for other posts will take place in mid-January 16.

Project Risk/Issues:

- **Risk:** Non-delivery of the nurse led model (Risk Register)
- **Risk:** Non-delivery of the interim model (Risk Register)
- **Risk:** Long-term availability of Ascot House (Risk Register)

Project Status

6 ATT+

Report 8th January 2016

Meeting with Local Authority and ATT+ provider to establish an effective approach to engagement. Nursing home activity analysed and weighted against number of beds compared to non-elective admissions.

The CCG previously attended the Nursing and Residential Homes SIP to share non-elective admission data for each nursing home. The homes support expansion across the Trafford locality.

The Unscheduled Care Team are now working with the Providers of ATT+ (Mastercall & NWAS) to deliver an engagement plan that will ensure full roll out of the service across all nursing homes in Trafford.

A Nursing and Residential Home monthly forum has been established, with the majority of homes agreeing to participate. An engagement workshop is to be included in the next meeting to raise awareness and encourage utilisation of the service. Homes that are unable to attend the forum will be provided with the opportunity of one to one visits to support utilisation and raise awareness of the service.
Project Risk/Issues: • None Reported
Project Status

7 Care Homes - Enhanced Primary Medical Services **(**previously named PC Model for Nursing and Residential Homes)
Report 8th January 2016
Further discussions regarding the recruitment of project manager are ongoing in January 16. Given that this was a 12 month post aimed at delivering the interim solution, whilst developing the final solution, consideration is now being given to alternative resource options with the aim of avoiding further delays in the delivery of this scheme and reduce the extending pressures to the Primary Care Team. The interim scheme has been introduced and the service is being monitored by the Primary Care Team.
Project Risk/Issues: • **Risk:** Resource capacity is currently a risk to the timescales of this project and delivery of the business case for the long term solution. This remains a risk and the Primary Care Interface team will continue to work with practices on the implementation of the interim scheme and the monitoring of this service.
Project Status

4. Recommendations

4.1 The Health & Wellbeing Board are asked to note the contents of the Better Care Fund progress report.

Appendix 1: Risk Register for Trafford Better Care Fund – Updated January 2016

Risk ID	Risk Description	Date Raised	Probability	Impact	Overall Rating	Risk Owner / Escalation	Mitigation / Response	Date Closed
001	Operational risks which result in milestones not being achieved within the project plan. This has been compounded by the lengthy assurance process, delaying the start of critical projects.	01/04/2015	4	2	8	Julie Crossley / Joanne Gibson	Identified risk should be dealt with at a project level if not escalated to Transformation Group for remedial action. Schemes which will impact on reduced A & E activity are also reported at Trafford's System Operational Resilience Group. All individual projects now have their own risk associated with the delivery of each scheme. This is what a recommendation from the Audit report. the new operational risks will now be presented to the Steering group on a monthly basis.	advise to close 17/12/2015
002	The reduction is emergency admissions is not achieved and BCF initiatives dependent on the P4P payment cannot be supported. The financial risk to Trafford is £1,319.	01/04/2015	2	4	8	Gina Lawrence / John Pearce	The Steering group will be responsible for monitoring the overall progress of BCF against the trajectories. Each of the work schemes will be providing highlight reports on a monthly basis. This risk is linked to risk 5- see commentary. Dashboard to monitor reductions in activity. Each scheme should also be aware how their activity relates to the overall indicators, and this risk recorded at an individual scheme level.	advise to close 17/12/2015
003	Lack of engagement from stakeholders at an early stage across the health and social care economy	01/04/2015	3	3	9	Gina Lawrence & John Pearce	Provider organisations and the third sector to be involved and engaged throughout the process. They are also members of the HWB Board, which oversees the programme. Regular reports and issues will also be flagged to the Integrated Care Redesign Board (ICRB), which has representation from all providers operating in Trafford. Stakeholders part of the individual project groups.	JC advised to close 14/12/2015

004	Provider organisations not understanding the impact of service changes on their own organisation		3	3	9	Julie Crossley / Jill Colbert	Provider organisations are involved in the redesign of services from an early stage through to the monitoring and review of service changes. There have been a number of dedicated sessions with Providers to ensure full engagement. This includes a dedicated Integrated care redesign workshop with all provider Health organisations. Separate sessions with CMFT, Pennine Care and the Resilience group with representatives including all acute Trusts, Primary care and NWAS. This remains a risk because whilst the BCF schemes / activity can provide information on service changes, individual organisations will have to gauge the impact of these changes on their particular organisation or service.	Transfer to new Risk Register
005	The financial plans and joint risk sharing plans are still being developed		3	3	9	Ian Duncan & Joe Mcguigan	The discussions are being driven and overseen by the BCF Steering Group. This group will monitor the use of these funds and take recommendations regarding the shared financial resource through the Council and CCG governance structures. Ultimately this will be agreed by the HWB Board, who have final approval. The Pooled Fund shall be managed with the intention of producing a balanced budget at the end of each Financial Year. In the event that the CCG or the Council identify at any period during a financial year that there will be insufficient budgetary provision to meet the likely expenditure for the current financial year then expenditure shall be managed in accordance with an agreed joint plan to bring where necessary the spending back in line with the funding. There may be circumstances where the above is not possible and there is a financial risk as a result of non-elective savings plans not deliver at the agreed target level. Under these circumstances and line with the guidance, monies will be withheld by the CCG from the pool in line with the under-performance against this performance target. In order to protect the schemes being delivered, it has been agreed that the CCG and Local Authority shall enter into a risk share agreement up to the maximum on the non-elective performance payment for a particular year.	Closed by JM via email 28/11/15

							For the purpose of the initial agreement and first financial year of the pool the contributions to the risk share will be on a 70% (CCG):30% Council basis. The terms of the pool shall determine the process for revising this risk share arrangement. Final plans and S75 will need signing off by H&WB before 1st April. The financial plans are being finalised and will be presented in January	
006	The redesign of services resulting in increased demands being placed on community services may result in a delayed reduction in A and E activity		3	3	9	Julie Crossley	Establish a robust performance management framework, ensuring the BCF Steering Group have rigorous oversight of the performance metrics and can regularly review and monitor performance. Also monitor through the Trafford SROG where all stakeholders are represented. This is also monitored at The Pennine Care Contract Board. Engagement as started with Pennine Care to discuss the workforce issues to look at generic grades and skill mix which will be required. Pennine care to identify any risks around capacity issues	
007	A successful Integrated Care model requires a skilled workforce to respond to new demands and clinical requirements		2	3	6	Julie Crossley & Diane Eaton	For primary care the CCG has a dedicated team to oversee the primary care education development programme. This is also monitored at the Primary Care Strategy Group. Pennine Care are fully engaged with all redesign of services which impact on their staffing and workforce establishment. Intermediate care project is currently at risk due the difficulties with nurse recruitment. This has resulted in the implementation plan being delivered in two phased, increase in capacity in November, new service from January	advise to close - BCF Steering is in place to resolve any escalated issues around this risk.
008	Secondary health services not decommissioned to release funds and shift resources into the community.		2	5	10	Gina Lawrence	BCF Steering Group to oversee and agree the direction of travel. Continue conversations with provider organisations about the strategic direction and ensure appropriate contracts and service specifications. ICRB will be the forum for discussions at a senior level. The secondary care providers are aware of the shifts in activity – risk to be closed down.	14/12/2015

009	Lack of commitment from the voluntary and community sector to support the shift to early intervention and prevention activity.		2	4	8	John Pearce	BCF Steering Group to oversee and agree the direction of travel. Continue conversations with the voluntary and community sector about the strategic direction, utilising the Thought Chamber. Ensure appropriate contracts and service specifications are in place to facilitate this. Jill/john to update	Advise to close - Voluntary Contract now in place.
010	Reducing available spend in the face of increasing demand and uncertainty about the scale of additional burdens monies that will be available in 2015/16, impacting on health and social care provision in Trafford.		4	5	20	Ian Duncan & Joe Mcguigan	Council and CCG finance leads to keep the BCF Steering Group updated on progress with this, including potential projections and any DH allocation decision. This will be via a monthly financial update at BCF steering group.	Closed by JM via email 28/11/15
011	Local authority cannot maintain social care and the voluntary and community sector to the level needed to support effective out of hospital integrated care.		2	5	10	John Pearce	Funds set aside within the BCF to protect social care and integrated community services. Close monitoring and reporting of social care budget and pressures by the council finance lead, reporting into the BCF Steering Group.	Transfer to New Risk Register
012	The baseline for the older people permanent residential admissions measure included as part of the BCF metrics is calculated using the old methodology in the ASCCAR annual return. From 2014/15, this information will be generated from the new SALT return. There is no indication as to what the overall implications of this will be and the impact on the figures reported.		2	2	4	John Pearce	The DH has been made aware of this change; the council's performance lead will keep the BCF Steering Group updated with any progress and monitor the impact once the first calculation has been done using the new methodology.	Advise to close 18/12/15

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