



PEOPLE OVERVIEW AND SCRUTINY COMMITTEE

Subject Heading:

**ASC outturn projections at period 9
2022/23 and main cost drivers of spend**

SLT Lead:

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Policy context:

The report provides an update on the key cost drivers in Adult Social Care linked to the financial monitoring position at the end of period 9

SUMMARY

An update on the Adult Social Care (ASC) budget projections for outturn as at period 9 2022/23 and a review of the key cost drivers impacting the budget across the service.

RECOMMENDATIONS

To note the contents of the report.

REPORT DETAIL

This report gives some national context of the main cost drivers related to Adult Social Care (ASC), the budget pressures and outturn position as at period 9 and explores the cost drivers that are pertinent to Havering.

1. National Context

1.1 In November 2022, the *Association of Directors of Adult Social Care* published their Autumn survey that concluded that adult social care is in a significantly worse position to cope than in the same period in 2021. Nationally nearly half a million people are waiting for a care act assessment or review. Adult social care, both councils and providers (such as care homes and care agencies) is increasingly struggling to recruit and retain staff, with the highest vacancy rate of 165,000 reported for 2021/22.

1.2 Even though many more home care hours are reported as being provided than for a similar period last year, the number of hours that cannot be delivered due to staffing capacity is rising at an even faster rate. This means that more people are not getting the essential

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care and support that they need, which will consequently restrict their ability to live full lives. The majority of councils have reported prioritising responses in relation to hospital discharge or where abuse or neglect has been reported.

1.3 The State of the Adult Social Care Sector and Workforce in England 2022, published by *Skills for Care*, gives the following statistics:

- The number of vacant posts in adult social care have increased by 52% in one year and it is now the highest rate since records began in 2012/13. This means on any given day there are around 165,000 vacancies.
- We may need an extra 480,000 people working in social care by 2035 to keep pace with demand. In addition, we may lose a further 430,000 people in the next 10-years if those aged 55 and over decide to retire.
- Turnover rates remain high at 29% meaning that 400,000 people left their jobs last year, but 63% are recruited from elsewhere within the sector. This represents significant costs to employers.

1.4 Spiralling levels of inflation have impacted hugely on ASC providers, the workforce and people who access care and support. Councils and care providers both face increased costs due to inflation, meaning that care providers in nearly every part of England have sought emergency or in-year increases to their fee rates.

1.5 The level of resources available to ASC is not sufficient to address the issues in any meaningful way. In fact, the situation is getting worse, with councils having to make more savings to 'live within their means'. This will have far reaching consequences if the long term funding situation is not addressed. These are unwelcome trends and behind every statistic are people's lives.

2. National Funding

2.1 In October 2020 *The Health and Social Care Committee* outlined that £7bn per year additional funding would be required by 2023/24 and commented that this would be a "starting point". *The Health Foundation* has suggested an additional £14.4 billion a year by 2030/31. In its August 2022 report on the long-term funding of adult social care, the *Levelling Up, Housing and Communities Committee* described these estimates as "credible" and recommended the Government "urgently needs to allocate more funding in the order of several billions each year, at least £7 billion."

2.2 Social care is increasingly financed through local government revenue. There are a number existing funding streams from Government included in the Better Care Fund (BCF) and more recently Discharge Funds to improve patient care and system flow to support pressure.

2.3 With regard to future funding, at the Autumn Statement 2022, the Government said it would make available up to £2.8 billion in 2023/24 and £4.7 billion in 2024/25 to help support adult social care and hospital discharge going forward. The Social Care Grant will also be worth £3.85 billion in total in 2023/24 and includes £1.185 billion delaying charging reform, council's core spending power and £161 million due to the rolling in the Independent Living Fund. The Adult Social Care Market Sustainability and Improvement Funding £562m nationally is to be ring-fenced to adult social care to support the Government objectives of "tangible improvements to adult social care and, in particular, to address discharge delays, social care waiting times, low fee rates, workforce pressures, and to promote technological innovation in the sector" - Havering will receive £2.355m. It is this funding in particular that is insufficient for the council to make any meaningful inroads in meeting these objectives.

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2.4 The Government is also allowing local authorities to increase the adult social care precept by up to 2% per year in 2023/24 and 2024/25. The Government therefore forecasts a 9.2 per cent increase in local government core spending power; however, this is based on the assumption that councils will raise their council tax by the maximum permitted by 5 per cent next year, including a 2 per cent adult social care precept. Council tax is increasingly seen by central government as a solution for meeting long-term pressures facing high-demand national services such as ASC.

3. The Havering ASC Budget Position

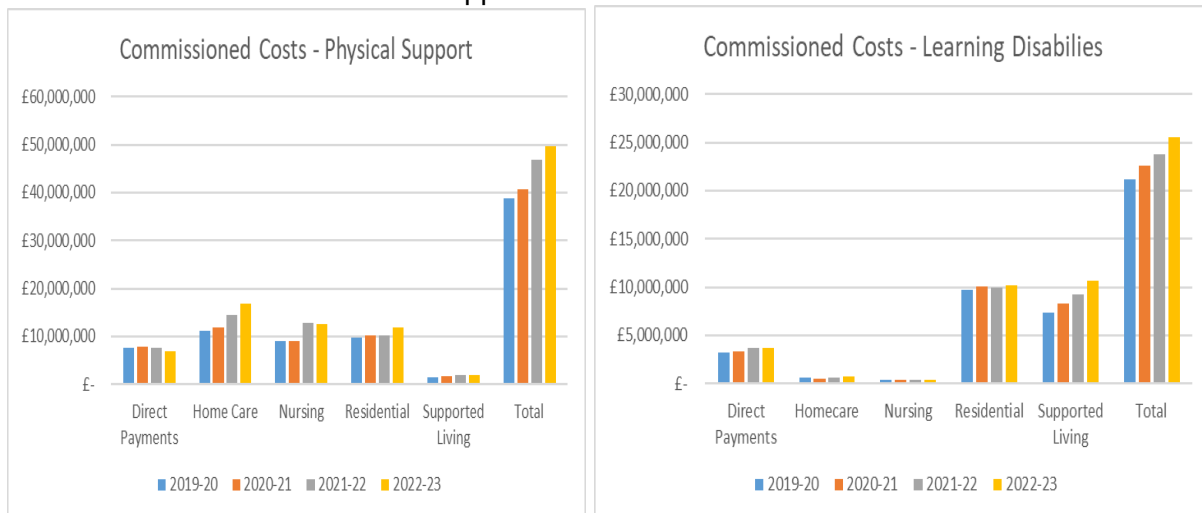
3.1 The period 9 position as reported for ASC was:

Service	Original Budget £'m	Revised Budget £'m	Forecast £'m	Current Forecast Variance to Budget £'m
A4600C-Adult Services Total	6.97	7.983	8.035	0.052
A4610C-ASC Business Management Total	12.479	3.941	3.866	-0.075
A4620C-ASC Integrated Services Total	53.075	61.479	63.783	2.304
A4600B-Adults Total	72.524	73.403	75.684	2.281

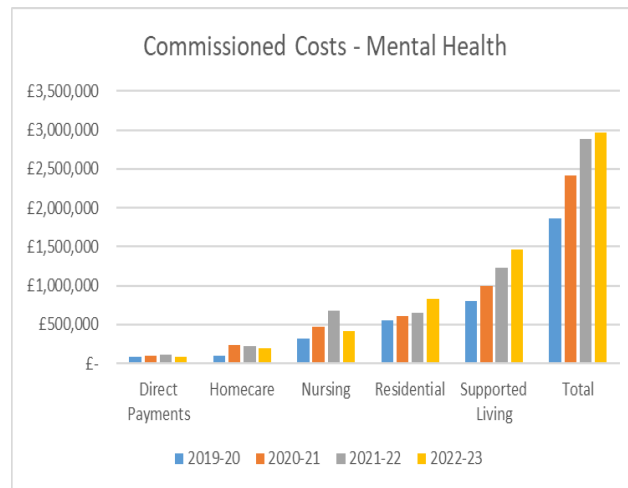
3.2 As at period 9 ASC is currently expected to have an overspend position of £2.281 mil at the end of March 23 – although the service continues to work to mitigate this as far as possible.

3.3 The key pressure areas across the ASC budget is in provisions across all main service areas: Physical Support; Mental Health; and Learning Disabilities. In particular, the following provisions are showing the most significant budget pressures:

- **Physical Support & Memory and Cognition A4630E** – Homecare, Residential and Nursing.
- **Learning Disabilities A4650E** – Supported Accommodation, Residential Care and Direct Payments.
- **Mental Health A4622E** – Supported Accommodation and Residential Care.



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3.4 ASC Savings 22/23

3.5 In 22/23 the service has worked hard to achieve savings in year to mitigate the cost pressures as far as possible. Targeted reviews have been a focused programme of work and frontline workers have worked on reducing costly 121s and have maximised Continuing Health Care funding for clients with complex health needs. As at Feb 22 £1.41mil has been achieved – this has been a huge achievement, but a significant challenge. Many of the existing high cost packages and CHC cases have now been reviewed making the further savings in year increasingly challenging to achieve.

3.6 The service also works to a ‘strength based’ approach to all cases (Better Living) and when assessing and reviewing clients needs explore all family and community resources to support with meeting that need. Better Living has achieved considerable saving across the ASC budget over the last few years, and in 22/23 has achieved £1.21mil.

4. Cost Drivers of the ASC Budget

4.1 This report will focus on the key drivers of costs to give more detail on the budget pressures that ASC is facing including:

- Increases to complexity – illustrating how people need more hours of care per week, and implications of complex
- Hospital discharge – the shifting profile of activity via the hospital, and how this creates ASC pressures
- Provider cost increases – including rate challenges and inflation pressures
- Growing waiting lists – including staffing pressures and risks to delays in assessment and review
- Transitions – the risks and pressure of individuals moving from Children’s Social Care (CSC) to ASC.

5. Increases to Complexity

5.1 In recent years ASC has seen increases to complexity of client needs. Many clients have more than one main care need and in fact have multiple needs with additional complications and requirements. Complexity is seen across a multifaceted combination of different health, behavioural, societal, and demographic factors that make the assessment and delivery of care more complex. The principles of prevention embedded throughout ASC nationally several years ago have worked well keeping individuals safe and well in their own homes for as long as possible, but as demographic age increases ASC invariably

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see the subsequent amount of care that needs to be provided and complexities also taking an upward trajectory albeit at a later date.

- 5.2 The complexities seen daily by frontline practitioners are more intricate than single conditions that have a significant impact on daily life, but increasingly range from clients with multiple additional issues such as cognitive impairment; clients lacking mental capacity to make decisions; clients with substance abuse issues; clients that wander or pose a risk to themselves; clients with psychological impairments; clients with challenging behaviour where they can be a risk to others. There are also complexities around caring and/or family arrangements and situations that lead to safeguarding complexities that frontline practitioners are increasingly supporting such as domestic violence and coercion and control and/or court of protection cases or inherent jurisdiction cases to protect individuals who have capacity but are considered 'vulnerable' because their decision-making is compromised.
- 5.3 COVID and the associated social isolation through the various lockdowns has also led to an increase in complexity impacting, not just the more obvious health factors of clients leading to more complex physical needs, but also an increase in issues such as hoarding and self neglect. This is a very challenging area of social care and there are no quick fixes to supporting clients. Frontline practitioners have to explore a client's history; life, difficulties and strategies for self-protection to even begin to be able to assess why the person self-neglects and offer subsequent support in replacing attachment to objects with interaction and relationships with people and the community. Locally, these issues are being addressed with partners such as the London Fire Brigade, via the Safeguarding Adults Board, and the ASC has recently recruited to a specialist Hoarding Pathway Coordinator role to connect with residents to build long term relationships in the community.
- 5.4 There are also increasing pressures from unpaid carers who are struggling to maintain their caring role post pandemic and are seeking increased support (for example respite) and long term placements for the people they previously cared for, due to no longer being able to cope. A number of clients (such as people with learning disabilities) are living with their parents who may now be in their 70's and 80's and older. Particularly since the pandemic, some parents have found they are no longer able to cope. This is an area of concern, as those engaged with to date are a small proportion of the total number of carers and families with caring responsibilities in Havering, some of which will be unknown to us.
- 5.5 Complexity matters not just because of the costs of the provision of care to meet complex needs, but also the in time taken to manage these cases by frontline practitioners – complex cases can need a significant number of visits and increase significantly the contact with clients, families and providers. In ASC 154 current cases are recorded on the LAS client database as significantly complex by managers.
- 5.6 Over the last four years, ASC has applied a 'Better Living' approach to all assessments and reviews of need to ensure that all local family and community resources are considered to meet needs. This has helped balance some of the cost impacts associated complexity; however, when the assessed need is evident and there are no other ways to meet the need ASC must provide the right level of care accordingly.
- 5.7 ASC has seen home care and direct payment costs increasing to support people living in the community. Whilst these are often small increases per individual, the volume of increased is significant and impacts on the budget. Although new starters and those leaving the service mainly offset each other in terms of overall client numbers, the increases in cost continue to be more than the packages ASC are able to reduce. This has been a continuing trend with new clients costing more than leavers, due to complexity.

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5.8 The table below shows the number of homecare service users and the average number of hours over the last 4 years. Over last 3 years number of hours per homecare client has increased by approx. 3 hrs per client per week.

Year	Clients	Hours	Average Hours Per Client
19/20	893	11726	13.13
20/21	928	13026	14.03
21/22	985	16286	16.53
22/23	1039	17807	17.14

6. Hospital Discharge

6.1 During the pandemic, there was national mandate to move to a Trusted Assessor Discharge to Assess (D2A) model of discharge planning. Individuals deemed 'clinically optimised' and not requiring an acute hospital bed, but that may still require care services are provided with short term, funded support to be discharged to their own home (where appropriate) or another community setting such as a residential or nursing home. Rather than the assessment for longer-term care and support needs being undertaken on the hospital ward (as was the case pre-pandemic), it is undertaken in the individuals home or in the care home setting. This sought to minimise delayed discharges and free up more hospital beds as a quicker form of discharge.

6.2 The following tables shows the increase in individuals discharged from hospital into ASC services who were not receiving a service prior to hospital admission and average costs over the last four years.

New Discharges into a ASC Service	2019/20	2020/21	2021/22	2022/23 (as at Dec 22)
Block Reablement	831	639	827	679
Emergency Reablement	154	208	656	321
Homecare	303	349	235	226
Nursing Placements	44	64	173	61
Residential Placements	20	47	58	41
Total Discharges	1,352	1,307	1,949	1,328

Average Weekly Cost	2019/20	2020/21	2021/22	2022/23 (as at Dec 22)
Emergency Reablement	£ 201.36	£ 258.64	£ 261.90	£ 259.42
Homecare	£ 265.67	£ 326.78	£ 375.88	£ 398.19
Nursing Placements	£ 740.45	£1,656.48	£1,605.65	£1,221.26
Residential Placements	£ 606.85	£ 801.86	£ 695.65	£ 862.00

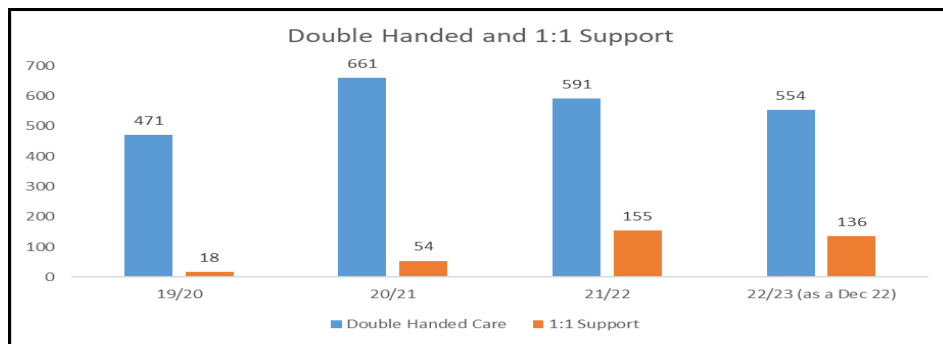
6.3 The number of people coming out of hospital with a long term care and support needs has also continued to increase as seen in the table below.

Year	Number to Long Term Support after Hospital
19/20	447
20/21	444

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21/22	585
22/23 (as at Dec 22)	519

6.4 The impact of the pandemic meant that a higher number of people were admitted to hospital who have had significant longer term needs following discharge than seen previously. In addition individuals were leaving the hospital at an earlier stage with higher care needs. As shown in the graph below ASC saw a significant increase in nursing care discharges that included costly 121 and double handed care support. Many of the 121s put in place since the pandemic and D2A have since been reviewed by the service and mitigated as far as possible and Continuing Health Care funding has been explored as appropriate to minimise the budget pressure. These actions have minimised the numbers entering nursing care and emergency reablement which has minimised pressure on the ASC budget.



6.5 There was also an exponential increase in the need for reablement services for clients to regain their independence at home. Reablement episodes and the number of people using reablement has also increased significantly between 2019 and 2022. In 22/23 the indication is that this trend is beginning to plateau following partnership focus with BHRUT around the D2A pathway.

Year	Number of Reablement Episodes	Number of People
19/20	1075	981
20/21	1103	1030
21/22	1736	1474
22/23 (as at Dec 22)	1211	1056

6.6 During the pandemic to ensure urgent support for the entire system, ASC brokered all D2A nursing placements for clients (including Health placements). Health rates for care are generally higher than ASC rates. The council was reimbursed for the majority of these placement costs via the Government Hospital Discharge Pathway funding managed by the ICB. When this funding stopped at end March 2022 ASC returned the D2A brokerage for nursing care to the ICB to arrange and fund directly to ensure that the council did not take on unnecessary placement costs. The council continues to broker community based services and residential care to support hospital discharge.

6.7 It should be noted that hospital discharge is a key priority for government and there is expectation that councils will do everything possible to support discharge for people who no longer have any acute need to remain in hospital.

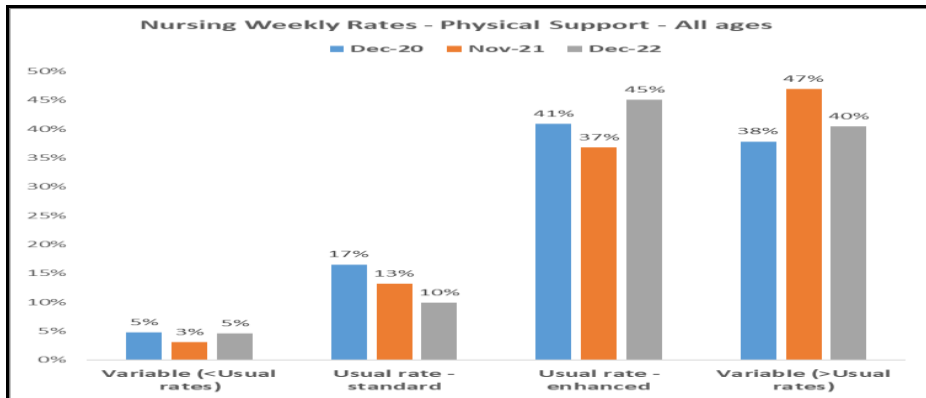
7. Provider cost increases

7.1 Over the last few years there has been increasing pressure on ASC budgets due to increasing provider costs for care, including the increasing cost of staff wages, the knock on impact of high inflation, and more recently rising utility costs. A small number of

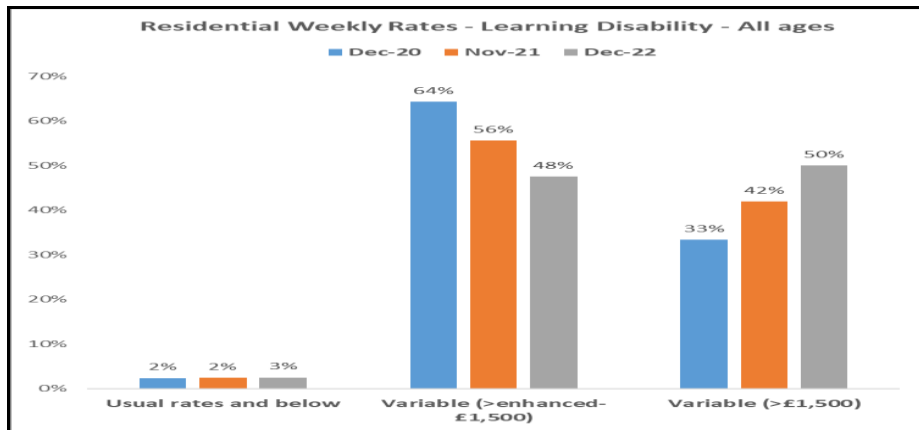
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providers are leaving the market meaning that clients are needing to be rehomed, often at a higher cost.

7.2 As part of D2A many providers were getting higher Health rates for care for a period rather than council rates. During the pandemic, neighbouring boroughs across north east London, as well as Essex also increased the number of beds they were using in Havering, driving up demand for care home placements. This in addition to the complexities in client needs as part of the COVID ‘hangover’ and the longer term impact of this has meant that many providers are not accepting ASC rates. The table below shows that the vast majority of providers will only accept clients at our enhanced rates around above with around 85% only taking clients if we pay above our agreed rates.



7.3 The issues around client complexities is also impacting other areas of care provision, in Learning Disabilities, for example, some of the most complex clients may only be accepted by one provider willing to take on the ‘risks’ associated with the client. This means that these providers will often request higher rates. The graph below shows clearly the trend over the last couple of years of a movement towards the variable rate above the usual rates.



7.4 Care providers are also being significantly impacted by increases in the National Living Wage which is impacting on the rates and inflationary uplifts that the ASC has to make in order to ensure sustainable services. For the past 6 months, providers are building in increased inflationary pressures into what they are charging. The Association of Directors of Adult Social Services has estimated the increase in the national Living Wage from April 2022 has cost councils around £977 million.

Financial year	National Minimum Wage	increase	%increase
2016/17	£7.20		
2017/18	£7.50	£0.30	4.17%

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2018/19	£7.83	£0.33	4.40%
2019/20	£8.21	£0.38	4.85%
2020/21	£8.72	£0.51	6.21%
2021/22	£8.91	£0.19	2.18%
2022/23	£9.50	£0.59	6.62%
2023/24	£10.42	£0.92	9.68%
from 2016/17 - April 2023		£3.22	44.72%

7.5 Inflationary pressures due to the cost of living crisis have also impacted significantly on providers, particularly buildings based services such as care homes. The cost of electricity and gas has increased significantly, as well as food and supplies. For home care agencies, the cost of petrol has impacted, in terms of travel between visits. The cost of living crisis has impacted on provider staff financial circumstances, with some drift reported to companies paying more that social care providers are able to.

7.6 Councils were required to undertake a 'Fair Cost of Care' exercise between May and October 2022 to improve understanding of how much it costs to provide care, including assessing the various costs care providers face. This was part of the preparation for further funding reform in 2023, including the introduction of the 'cap care' – the maximum that any resident would have to pay in their life-time for their care cost. This was to redress the imbalance between what many providers charge self funders vs councils. A median cost of care was calculated for care homes for older people and home care for those 18 +.

7.7 Whilst the government announced the introduction of the care cap would be delayed until October 2025, there remains expectation that councils 'move towards' the median cost of care over the next two years. An external company was commissioned by the council to independently work with providers around their cost base to calculate the median cost of care. The outputs of this work were as follows:

Provider type	Current usual rate	Median cost of care	Percentage change
Home care	£19.68	£23.88	21.35%
Residential care	£695.00	£911.53	31.16%
Nursing care*	£678.00	£952.92	40.55%

* Nursing homes also receive £209.19 per week directly from the NHS, so this amount is the net cost to the council

7.8 In its submission to the DHSC, the council estimated that moving to the assessed median cost care would result in a cost pressure of £9m from April 2023 if we moved to the median cost of care from April 2023 (which we are not).

Fair Cost Of Care *	2023/24	2024/25	2025/26	2026/27
Residential	2,813	2,842	2,877	2,915
Nursing	2,840	2,840	2,840	2,840
Home Care	3,221	3,255	3,295	3,338
Total Fair Cost of Care at 2022/23 prices	8,874	8,936	9,011	9,092

*assumes uplifting to cost of care median from April 2023 for illustrative purposes

8. Growing waiting lists

8.1 As ASC comes under greater and more sustained pressure, staff are going to great efforts to provide care in challenging circumstances. But as pressure on services continues to build, we will undoubtedly see performance impacted.

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- 8.2 Due to the combination of staffing pressures linked to recruitment and retention (seen nationally also) and the aforementioned issues of complexity being held within the service, there are now waiting lists across all of the frontline community teams. Pre-pandemic there were not such persistent or large waiting lists. Scheduled reviews are becoming increasingly challenging to complete and are often being superseded by urgent unscheduled reviews. During the last year on average there were around 900 scheduled reviews that were overdue.
- 8.3 There are currently around 400 cases across the frontline community team's waiting lists with a number of the oldest waiting (non-urgent) case being on the list in excess of 6 months, with a small number at a little over a year. Each member of frontline staff is carrying a caseload of around 30 cases (on some occasions this can be up to 35 cases) an increase of around 20% per worker in the last 4 years. The Team is relying on the daily Duty function to pick up when cases are escalating in priority and urgency, in addition to having to regularly review the list to ensure risks are mitigated.
- 8.4 Due to the staffing pressures workers are also having to take on Duty more regularly which ultimately means less time to manage their caseload. Waiting lists also have unintended consequence of causing a higher volume of calls and complaints coming into the service impacting on staff time. The Senior Leadership Team in ASC is working with team managers to support them with the unprecedented waiting lists and implementing a protocol to ensure a consistent approach across all teams.
- 8.5 Increasing caseloads and staffing turnover mean that staff have to continually work in a risk based way, with those that are most vulnerable and most at risk taking precedence on a daily basis. Waiting lists also have an unwanted impact in the complexity of the day to day workload for the frontline staff. Some assessments and reviews are carried out when clients reach crisis and therefore these lead to more complexity for the teams. The risks to waiting lists are multiple: increased falls, caring arrangements breaking down, and conditions deteriorating. This can also lead to unintended cost pressures as reviews can lead to higher costs, for example managing crisis and if needs have changed.
- 8.6 In terms of recruiting staff over the last 3 years this has been consistently challenging. Many of the vacancies in the service have not been successful in permanent recruitment and ASC has to rely on agency workers. Due to the high number of vacancies nationally the competition for high calibre, experienced workers has increased and we have many successful applicants changing their mind (due to an increased offer from another council) just before taking up the role which dramatically impacts recruitment and management time. There are also cost pressures incurred due to the need to maintain safe staffing levels which results in more costly agency staff to maintain service provision.
- 8.7 The service is currently designing a Complex Care Team with Advanced Social Care Practitioner roles to pilot. The aim would be for this team to tackle some of the most complex cases across the service to ease some of the pressure of the frontline teams.
- 8.8 ASC has also recently taken part in a Local Government Association Workforce Planning Focus Group over the last few months and is currently finalising the resulting Workforce Action Plan to tackle some of the local issues. This includes a reinvigorated focus on the retention of staff as well as attracting staff to work in the Borough. There will be a focus on apprenticeships for occupational therapy and social work to support an internal 'pipeline' of talent; development of the Havering benefits package to support frontline workers; closer working with HR to develop and improve internal processes to support recruitment.

9. Transition

9.1 Transition cases from children’s to adult services occur across all service areas: Physical Support; Mental Health and Learning Disabilities; however, the most significant numbers come to Learning Disabilities. The young people transitioning from the children’s service often have significant needs. In addition young people are living longer with vastly more serious health needs than ever before. ‘Poor transition’ can lead to disastrous outcomes both physically and mentally for these vulnerable young adults, but meeting assessed needs can be exceptionally costly in this client group. The more complex their need, the more challenging transition can be for some young people. Therefore young people transitioning can often have higher level of care than older adults to support their needs and ensure their safety. This is a high risk area both in terms of the outcomes for young people, but also in terms of the cost implications.

9.2 The service has seen a significant increase in the complexity of needs of young people transitioning into the service in recent years, as shown in the table below. Whilst the numbers of transitional cases fluctuate the main driver of costs in this area is the average costs of placements. In 22/23 so far there have been 4 clients that have weekly costs of between £2,500 and £4,000 per week amounting to an impact of £1mil per annum.

Year	Number of Clients	Average Weekly Cost
19/20	18	£797.00
20/21	30	£682.00
21/22	19	£829.00
22/23 (as at Dec 22)	13	£1,215.00

9.3 ASC do work closely with CSC and there are plans to move towards a model that ensures early and comprehensive identification of young people as a younger age that will transition to the service in order to plan for or prevent the development of care and support needs. We also need ensure that young carers and parent carers receive transition assessments, involving them in considering their existing networks and experiences. ASC has also seen an increase in the numbers of young people required an adult service and/or mental health service, including: leaving care; leaving education; looked-after children; young people with specific needs placed in educational establishments out of borough; young people receiving CAMHS; and young people with life-threatening illnesses as they move from child to adult service provision.

9.4 This partnership working is also important to ensure that future needs can be understood across the Borough and planning can be put in place to ensure there is adequate service provision to meet needs.

9.5 This is particularly important focus in relation to the Learning Disabilities service that see the largest number of transitions each year. In LD clients overall are increasing each year as reflected in the table below (22/23 YTD numbers are shown) and this is impacted significantly by transitions. There was a large increase in 2020/21 and this trend is continuing.

	2019-20	2020-21	2021-22	2022-23
Direct Payments	243	261	270	269
Homecare	46	49	54	49
Nursing	8	8	8	7
Residential	138	139	131	126

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Supported Living	138	152	162	164
Total	573	609	625	615

10. Benchmarking

10.1 Some benchmarking as compiled using ASC Financial returns is attached as an appendix to supplement this report.

IMPLICATIONS AND RISKS

Financial implications and risks:

All of the financial implications arising as a result of the cost drivers explored within this report are contributing to the significant overspend that has been reported at period 9.

The financial position of Adult Social Care along with savings delivery is monitored closely on a monthly basis, activity data is thoroughly reviewed and work is undertaken to ensure forecasts are robust.

The ongoing pressure within adults has been reviewed and growth of £9 million has been allocated through the MTFS process for 23/24 to mitigate some of the ongoing pressures.

Legal implications and risks:

There are no direct legal implications arising from this report which is for information purposes only. All social care activity is carried out in line with relevant legislation, notably the Care Act 2014.

Human Resources implications and risks:

There are no direct HR implications arising from this report, which is for information only. The workforce pressures as outlined are managed by Adult Social Care.

Equalities implications and risks:

There are no direct Equalities implications arising from this report, which is for information only.

ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS

There are no environmental or climate change implications or risks arising from this decision.

BACKGROUND PAPERS

Appendix A – Benchmarking data