

DECISION-MAKER:	Joint Commissioning Board		
SUBJECT:	Residential and Nursing Homes – Market Management update and commissioning strategy		
DATE OF DECISION:	Thursday, 20 th February 2020		
REPORT OF:	Stephanie Ramsey		
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STATEMENT OF CONFIDENTIALITY

BRIEF SUMMARY

The Integrated Commissioning Unit (ICU) works on behalf of the council and CCG to meet the Care Act duties of facilitating a diverse market of personalised care and support services, to enable people with care needs to access the right care services they need. This includes:

- Gathering market intelligence to identify the strengths of the market and where changed resources may be required in the future.
- Detailing requirements for services, to enable providers to respond to needs.
- Specific activities, including commissioning and procurement, and also responding to cost and other pressures the market is facing.

In these ways the ICU ensures the following: sufficiency of supply to meet needs; diversity promoting choice for individuals; the risk of market failure is managed; quality is promoted; and best value can be achieved.

This paper provides the Joint Commissioning Board with information on the approach being taken to the residential and nursing home market relating to the following key areas:

- Cost pressures within the residential and nursing home sectors for older people in particular and the approach for future pricing and published rate levels.
- Current work providing for a more formal approach to commissioning. This includes the development of a procurement strategy, working with the CCG and neighbours and identifying opportunities to increase capacity in the nursing home availability in the future.

RECOMMENDATIONS:

The Joint Commissioning Board's authority is sought to implement the proposals in this paper including:

(i)	The increase in the current published rate levels of care homes costs from April 2020 based on the likely impacts of the National Minimum Wage increases and the current inflation rate. The recommended increases are Residential care – 5% increase; Nursing homes – 6% increase.
(ii)	The strategy for responding to uplift requests from homes providing care at

		costs above the published rate levels.
	(iii)	The further reviews of the published rates to stratify these based on complexity of care.

REASONS FOR REPORT RECOMMENDATIONS

1.	<p>Failure to provide a clear approach to managing the local care and support market would produce significant risk in relation to:</p> <ul style="list-style-type: none"> • Fulfilment of the Council's duties under the Care Act to shape and manage the local care market maintaining sustainability. • The frequency of care packages and contracts being 'handed back' to the Council, and provider failure or exits from the local care market. • The ability to routinely facilitate timely movement of patients through the local system of health and social care services (i.e. impacting on Delayed Transfers of Care).
2.	<p>The proposals are designed to bring a level of stability to the residential and nursing home markets accessible to the council, and to maintain the council's market position in 2020/21. This will enable a more comprehensive review for 2020/21. This will be informed both by market insight and our strategic intentions particularly in relation to an increased focus on community led support and embedding prevention within the Adults' commissioning intentions and the operational delivery model within Adults Social Care.</p>

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

3	<p>To not increase the published rate levels – this will place the authority at risk of failing to meet its duties under the Care Act, by failing to adequately meet the needs of providers to ensure financial stability.</p>
4	<p>A number of options for fee increases have been considered including increases based on Retail Price Index and Consumer Price Index. In addition, we considered modelling different rises on different breakdowns of estimated staff costs and other costs. Although this means that an alternative set of proposals could be justified, this would do no more than transfer funding between providers on a zero-sum basis. The challenge would be whether this would make better use of the funding that is available. Since the assessment in this report has taken market-related considerations into account, the alternatives would not lead to better outcomes than the recommendations in this report will produce. For example, there are options to consider lower increases to the published rate levels but these would fail to adequately address concerns within the market and would risk Southampton finding it more difficult to access much needed care home places.</p>

DETAIL (Including consultation carried out)

5	<p>Residential care homes and nursing homes both provide 24-hour care in an accommodation setting. Nursing homes also provide nursing staff, enabling them to provide a higher level of care to those individuals with the most complex needs.</p>
6	<p>The market is not always well balanced. One such area is the over-supply of residential care for older people. Often this accommodation is small, within refurbished standard housing available on the open market, and is unsuitable to meet all needs. Elements of this market may therefore be at risk if CQC require considerable investment, as has been the case in a very small number of homes to date.</p>

7	Conversely, there is an under-supply in adult nursing care provision, despite the city having developed two long term contracts to guarantee supply. Although the numbers of council placements into nursing care have not changed significantly in recent years, the need levels have increased significantly, and too much of the provision in the city remains at too low a level to meet the more complex need requirements. As a result, around 40% of all placements in nursing homes are made outside of the city, even if the majority of these are made in homes within just five miles of the city boundary.
8	The residential care home market in Southampton There are 29 private residential care homes in the city providing accommodation and support for people aged 60 and above. A number of these support people aged 16-64 as well. This number does not include residential settings for people with Learning Disabilities nor those specifically aimed at people with mental health, substance misuse and other issues.
9	These 29 homes provide a total of 690 bed spaces. Of these, Southampton uses a total of approximately 270 at any one time (40% of the total). The rest of the placements are secured from the council's in-house provision and from outside of the city.
10	The sector is made up largely of small providers – mainly owning only one or two properties. There are few larger units, specifically built, and where available these are owned and managed by regional and national organisations. In this, Southampton is not an outlier in relation to other unitary authorities, nor in relation to the residential home market more generally.
11	There is an over-supply of this accommodation, with vacancy levels averaging 10%. This is of concern as it suggests a loss of potential revenue for those homes carrying vacancies. Two care homes in the city have closed in the past three years – one in 2017 and one in 2018. Both followed CQC inspections and requirements to invest in the homes to meet standards
12	The nursing care home market in Southampton There are eight nursing homes operating in Southampton, plus one rehabilitation centre. All are privately owned, and all bar two are owned and run by regional and national organisations. The nursing homes provide 566 places in total. All nursing homes in the city are purpose built, although the rehabilitation centre has been built as part of a large existing building. All properties meet CQC standards and expectations.
13	At any one time, the council commissions around one-third of these bed spaces. The CCG commissions further places, which means the public sector commissions up to 40% of the total nursing home places in the city. This includes 100 places within two nursing homes where the council has long-standing contracts.
14	Quality Quality within homes is improving, as shown by CQC ratings, with 95% of providers rated as Good or Outstanding. These ratings show the market locally has been well supported and is continuing to improve. This will make it easier to deliver the continuity of care required and puts providers in a good place to retain staff in the future. This provides a stable base for continuing discussions and moves to manage changes in care delivery to support increased complexity of care needs.
15	Driving up quality standards has limited the need for lengthy cautions or suspensions, and so significant placement capacity has been released following the improvements.

	For example, Southampton has seen 130% improvement in CQC ratings, and 95% of care home beds in Southampton are now rated Good by the Care Quality Commission following significant input from the ICU Quality team.
16	<p>Managing access to and the costs of residential and nursing care</p> <p>Care home placements are increasingly required only for those with the most complex needs and challenging behaviour. Demand for nursing care that is suitable for those with cognitive impairments and complex needs in particular, is increasingly outstripping local supply and as a result, 40% of the Council's nursing home placements for this group are now made outside the city boundary.</p>
17	The ICU Placement Service is successful in managing costs for spot purchase placements as effectively as possible. However, the demand for care exposes the city to competition for a limited supply with neighbouring authorities and self-funders whose usual rate of pay for such placements is significantly higher. This is affecting placements within the city and on its boundaries.
18	Increasing the supply of nursing home capacity accessible to the council and health is a priority. Work undertaken with the market suggests that the current nursing home market in the city is responding only slowly to the future demands and requirements of the city council and CCG. Even where placements are being made costs are rising. The reluctance to invest also reflects changes to the bank lending practices and the low returns this sector is providing.
19	In 2018 the council signed the Residential Care Charter, committing itself to work towards enabling the market to pay staff at Real Living Wage levels – a level the council pays its staff in its own homes. These rates are currently 12% higher than the National Minimum Wage level. There is a need to help the market to attain this level.
20	<p>Financial and demand pressures</p> <p>The overriding priority when commissioning care is to ensure sufficiency of supply of quality care. Under the Care Act 2014 a local authority has a duty to ensure sustainability of the care market and to ensure that there is diversity and quality in supply. Providers are autonomous businesses responsible for employing, training and setting pay and terms and conditions for their own workforces. The council has to set fees that cover the legitimate costs of delivering the service and make a fair return to support the business to be sustainable.</p>
21	Although the Council remains the single biggest purchaser of available beds in the market, self-funders purchase the majority of places - over 55% of available beds, with the balance bought by the CCG and a very small number bought by other local authorities (mainly within the rehabilitation centre). This puts additional pressure on the council when setting fees as, in essence, it is competing with self-funders who generally providers favour as they often have lower support needs and are in a position to pay fees at a higher rate.
22	In addition, the publication of the Competition and Markets Authority (CMA) report in 2017 showed that the market is able to cover its costs, but is finding it increasingly difficult to cover future capital requirements.
23	The ICU recently updated its financial analysis of the 10 homes in the city with the highest number of council placed residents. This showed that these providers were covering their operating costs but that the rate of return did not allow for any significant investment decisions to be made from capital. This is added to by the rate of returns being low, meaning that securing funding from the banking sector may also be difficult. This information matched the circumstances faced by the two homes to

	have closed in the city in recent years.
24	The cost of care and support services have been rising significantly due to year on year increases in the National Minimum Wage rates. As these have risen, the main pressures have been on the lowest cost placements and, within the residential sector, on those placements made at the council's published or expected rates. Initially, the highest cost placements have been largely kept stable. However, in the last two years even these placements costs have begun to rise as providers determine that cost differentials between staff have been denuded to a level below which they cannot drop further.
25	For the council to ensure both sufficiency and quality of supply it accepts that the rates at which it purchases care will need to rise. The core of its approach takes into account market insight about the relative proportions of provider spending which are accounted for by staffing costs and other types of expenditure. Since care is a relatively low-paid sector, the increase in the National Minimum Wage from 1st April (6.2% for over 25s and 6.5% for under 25s) is the largest individual impact. A further general inflationary increase is allowed for other costs, affecting homes. Other factors such as future commissioning intentions, market sustainability, training to meet current and future needs, and recruitment and retention, are the basis for the proposals that are the subject of this report.
26	The ICU is therefore responding on several fronts: <ul style="list-style-type: none"> • Agreeing increases to the published rate levels above the minimum level, including a higher increase for the nursing home rate. • Developing its understanding of a fair price for care in homes. • Developing specifications for care homes, reflective of needs. • Developing its third party workforce strategy to ensure the skills in the workforce to meet complex needs in the future. • Working with Southampton and West Hampshire CCGs, and Hampshire County Council, to determine a commissioning approach, particularly focused on the highest cost placements. • Considering procurement options for residential settings, to guarantee access and prices for specific care needs. • Continue to work with the sector to identify opportunities for new nursing homes, including on the RSH site.
27	These areas will be included within the ICU Business Plan for 2020/21. Reports on progress will be made to the Joint Commissioning Board as each element progresses.
28	Published rate levels for 2020/21 The council's published rates reflect the price the council has determined it wishes to pay for care home placements. A review of published rates in the South East shows that Southampton's published rate levels are in the lowest quartile. They are low in relation to the neighbouring authority of Hampshire, whose published rates are between £60 and £100 per week higher.

29	<p>Southampton is able to commission care from the residential and nursing home sector at a cost that is below the south east average, although significantly higher than its published rate levels:</p> <table border="1" data-bbox="357 371 1262 577"> <thead> <tr> <th data-bbox="357 371 655 472"></th> <th data-bbox="655 371 959 472">Residential care (average cost)</th> <th data-bbox="959 371 1262 472">Nursing Care (average cost)</th> </tr> </thead> <tbody> <tr> <td data-bbox="357 472 655 524">Southampton</td> <td data-bbox="655 472 959 524">£738.27</td> <td data-bbox="959 472 1262 524">£730.37</td> </tr> <tr> <td data-bbox="357 524 655 577">South East</td> <td data-bbox="655 524 959 577">£767.93</td> <td data-bbox="959 524 1262 577">£741.77</td> </tr> </tbody> </table>		Residential care (average cost)	Nursing Care (average cost)	Southampton	£738.27	£730.37	South East	£767.93	£741.77
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Southampton	£738.27	£730.37								
South East	£767.93	£741.77								
30	<p>Annually, commissioners undertake a review of the rates, fees and charges it pays to independent providers of care homes in Southampton. In addition to statutory and market considerations, commissioners have also considered other factors that include:</p> <ul style="list-style-type: none"> • Contract clauses on price revision and annual inflation. • Pressures on providers including (but not limited to) statutory obligations, paying the National Minimum Wage. • Auto enrolment of pensions and increased regulatory costs, with CQC costs rising by 60% over three years (CQC). • Intelligence from the market gained through provider forums, meetings with individual providers, representations from providers and market reports that inform the commissioning at current rates and the impact of uplifts on the market. • Private rates paid and what is a fair 'public' rate/fee to pay, taking account of guides (for example) on minimum rates. • Representations from providers on pressures and expectations of the market, difficulties in recruiting and increasingly the difficulty in retaining staff against a backdrop of increased regulation and complexity of need. 									
31	<p>This report excludes the two contracts with BUPA, since changes in their costs are governed by the indexation provisions specified in those agreements.</p>									
32	<p>The formula used to calculate the appropriate uplift to the published rates uses a split of 50% wages and 50% other costs. For this year the impacts are:</p> <ul style="list-style-type: none"> ○ $NMW (6.3\%) + Inflation (1.9\%) = 8.2\% / 2 = 4.1\%$ 									
33	<p>There is a need to ensure council rates are reflective of the current market, to sustain that market for the longer term. It is also continuing to be difficult to secure care at the council's published rate levels. This is particularly the case within the nursing home sector, even allowing for the two BUPA contracts. As complexity rises, so the gap between the published rate levels and the costs to meet needs is growing. Indeed, despite the best efforts of the Placement Service, once the council has to negotiate prices above the published rate levels it is subject to the market setting those rates, making increases in costs more likely.</p>									
34	<p>Proposed action – Published rate uplifts 2020/21</p> <p>While the published rates need to increase by 4.1% just to keep pace with costs, the need to secure access for more complex needs is continuing to grow. There is the particular need to address the pressures within the nursing home market. The fact that Hampshire's rates are so significantly higher than Southampton's is not lost on the market further increasing pressures. Indeed, residential care secured outside of the city in Hampshire now commences from the Hampshire published rate level as a minimum. The current rates for comparison:</p>									

	Code	Client Groups	Southampton Published Rate	Hampshire Published Rate																														
		RESIDENTIAL CARE HOMES																																
	2	Very Dependent Social Care Rate	£417.76	£516																														
	2A	Very Dependent Social Care with Dementia	£493.15	£616																														
		NURSING CARE HOMES																																
	4	Social Care Rate (includes very dependent nursing for people with dementia)	£551.11	£684																														
35	<p>In order to show the market that Southampton is responding to concerns about sustainability, to promote access to spaces, and to encourage higher increases in wages for staff on the National Minimum Wage, it is recommended the council pays a higher increase than the minimum identified above of 4.1%. Indeed, a 5% increase to residential care and a 6% increase for nursing care minimum rates will give clearer indications to the market of the council's intentions to begin to address their concerns, and to recognise the greater difficulty in securing access particularly to nursing home places.</p>																																	
36	<p>Uplifts to the published rate levels at 5% for residential care placements and 6% for nursing care placements would see the following changes in rates:</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Client Groups</th> <th>2019/20</th> <th>2020/21 – Per week and (daily rate)</th> <th>Total cost</th> </tr> </thead> <tbody> <tr> <td></td> <td>RESIDENTIAL CARE HOMES</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td>Very Dependent Social Care Rate</td> <td>£417.76</td> <td>£438.69 (£62.57)</td> <td>£19,569</td> </tr> <tr> <td>2A</td> <td>Very Dependent Social Care with Dementia</td> <td>£493.15</td> <td>£517.86 (£73.98)</td> <td>£147,411</td> </tr> <tr> <td></td> <td>NURSING CARE HOMES</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4</td> <td>Social Care Rate (includes very dependent nursing for people with dementia)</td> <td>£551.11</td> <td>£584.22 (£83.46)</td> <td>£125,519</td> </tr> </tbody> </table> <p>Total cost of proposals - £292,499 above current council spend</p>				Code	Client Groups	2019/20	2020/21 – Per week and (daily rate)	Total cost		RESIDENTIAL CARE HOMES				2	Very Dependent Social Care Rate	£417.76	£438.69 (£62.57)	£19,569	2A	Very Dependent Social Care with Dementia	£493.15	£517.86 (£73.98)	£147,411		NURSING CARE HOMES				4	Social Care Rate (includes very dependent nursing for people with dementia)	£551.11	£584.22 (£83.46)	£125,519
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37	<p>The ICU will manage the communication with the sector to explain the differentials in increases.</p>																																	
38	<p>This will impact on the council budget. The budget for adult social care has increased for 2020/21 to take account of what was the expected National Minimum Wage increase. The actual increase is however higher than originally expected by 0.6% (with a 0.3% impact on the market itself). This issue has already been raised by the Finance Team.</p>																																	
39	<p>Despite this, we propose to manage the budget by limiting increases for care at above the published rate levels, as providers approach the council.</p>																																	
40	<p>Proposed action - Responding to other uplift requests For care home placements purchased at above the published rates, it is proposed</p>																																	

	that the ICU follow the usual process of confirming the legitimacy of uplift requests on a case by case basis through analysis of financial checks, accounting processes and provider negotiations, including individual cost checks. However, a maximum increase of 2% is to be set. Any requests resulting in a higher increase will need to follow agreement with the Executive Director for Health and Wellbeing (Health & Adults).
41	It is further recommended that this 2% level becomes the aim for Southampton CCG for Continuing Healthcare increases. It is expected that some increases above this level may be required, depending upon the individual circumstances of each case.
42	Proposed action - Fair price for care in the residential sector In 2015/16, Southampton joined with Hampshire and Portsmouth councils in commissioning Laing and Buisson to undertake a cost of care exercise with the sector. This failed however, to provide adequate data for any of the areas (too few responses within the timescale allowed) upon which to base recommendations.
43	In 2016, the ICU undertook a simplified cost of care exercise, considering care levels required in homes to meet needs and adding hotel costs. We updated this recently, and the results are similar in that the actual cost for a care home placement is at a minimum 10% higher than the published rates set for 2020/21. The ICU will now test this with the market itself. The intention is to focus both on the basic costs of providing care in residential settings, and to develop a pricing model for more complex care packages. This will include the care home sector and Hampshire Care Association. It is expected this modelling will help in updating the published rates.
44	Developing specifications for care homes, reflective of needs The work on the cost model will lead to the development of new specifications and expectations for care delivery. In this way, placements can be matched with expectations of delivery standards and prices rather than being an open negotiation for each placement. These specifications and prices would be suitable to share with the CCG and will promote joint commissioning.
45	Developing the third party workforce strategy The ICU is working with the sector to understand the workforce requirements for the longer term. Currently, a mapping exercise is being undertaken and this will lead to training and recruitment practices for the future. The sector is helping to produce this work.
46	Working with Southampton and West Hampshire CCGs, and Hampshire County Council The ICU has been meeting with Hampshire County Council commissioners during the last year. This mapped out some opportunities for joint working. The main area for continued discussions is on the highest cost placements the agencies make. These are almost exclusively in homes outside the city boundaries in Hampshire. It is clear that Southampton, Hampshire, and the two CCGs are attempting to access the same homes, often to the detriment of each other as the limited number of bedspaces available allow homes to have greater power over both access and price. The next stage of the discussions is to share information on placements and costs.
47	This could involve a commissioning approach specifically around these homes and placements. The current work is focused on defining the homes and understanding the competition elements. Consideration will then be given to defining the most appropriate approach.
48	Considering procurement options for residential settings

	The ICU is currently gathering information on procurement options. This includes a review of how other areas have approached their local markets to see if there are lessons to be learnt in a formal approach to the market. The work on costs, specifications and joint working with others all suggest we will be in able to develop an approach beyond the current 'framework' established by the signing of the current Residential Contract. The risk for Southampton is that with so many placements occurring outside of the city any procurement approach has to be mindful of the needs of other local authorities.
49	Discussions with Hampshire have included the possibility of a Dynamic Purchasing System being adopted. This has not progressed further, but would present one option for consideration.
50	The procurement specialists now based in the ICU will provide appropriate support, skills and knowledge to enable this area to progress.
51	Continue to work with the sector to identify opportunities for new nursing homes The need for more nursing home capacity in the city, particularly for more complex needs has been shared with the market.
52	A Land Options paper was developed in 2019, with limited sites showing availability. The ICU, on behalf of the council and CCG, is involved in discussions with NHS Property Services regarding the future use of approximately half of the RSH hospital site near the city centre. This is entering the stage where NHSPS are to commission a partner to advise on ways to take forward the plans and ideas. These will continue to be taken forward this year.

RESOURCE IMPLICATIONS

Capital/Revenue

53	The costs of the changes to the published rates is of the order of:							
	Code	Impact of 5% and 6% increase						
	Code 2	£19,569						
	Code 2A	£147,411						
	Code 4	£125,519						
	Total cost	£292,499						
54	For cost comparison purposes, the effect of a 4.1% increase on prices is included below:							
		RESIDENTIAL CARE HOMES	2019/20	2020/21 – 5% & 6% increase	4.1% increase	£ increase	Revised cost	£ increase (daily rate)
	2	Very Dependent Social Care Rate	£417.76	£438.69 (£62.57)	0.041	17.1282	434.888	62.1269
	2A	Very Dependent Social Care with Dementia	£493.15	£517.86 (£73.98)	0.041	20.2192	513.369	73.3385
		NURSING CARE HOMES						
	4	Social Care Rate (includes very dependent nursing for people with dementia)	£551.11	£584.22 (£83.46)	0.041	22.5955	573.706	81.9579
55	The council has already transferred £1.6million into the adult social care budget to account for increases to the National Minimum Wage (NMW). A further £172K is to be transferred into the budget to account for the higher than expected increase in the NMW level. Similar increases are already built into the budgets for the following two							

	years. This is equivalent to 4.1% for care home increases and 5.02% for other services (utilising the formula for calculating the impact of NMW and inflation and different settings).
<u>Property/Other</u>	
	There are no property implications from this report.
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
	The Care Act requires local authorities to promote the diversity, quality and sustainability of local adult care services. This duty includes a requirement to promote the efficient and effective operation of local care services and ensure that people wishing to access them have a variety of high quality services to choose from.
<u>Other Legal Implications:</u>	
CONFLICT OF INTEREST IMPLICATIONS	
	None
RISK MANAGEMENT IMPLICATIONS	
	The risk with awarding only a 4.1% increase for the Published Rate levels is that this merely creates a standstill position for homes and fails to begin to address the issues regarding the low published rate levels in the city. It will fail to begin to address the concerns of the market, the low rates of return for homes, and will not address the low level of new placements being made at the council's published rates.
	The 2% limit on other requests for increases is likely to be tested by applications from providers. However, while there will be some cases of higher increases being required, the process of managing the requests, with dedicated resources of the ICU, will limit most requests. The council has made a financial commitment to adult social care for 2020/21 including covering additional costs, and the ICU will work to manage inflationary increases within these budgetary constraints, as has been the case in recent years.
POLICY FRAMEWORK IMPLICATIONS	
	The proposals are in line with the council's policy framework plans and meet the council's financial procedure rules and scheme of officer delegations.

KEY DECISION?	Yes
WARDS/COMMUNITIES AFFECTED:	All
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	

1.	
2.	

Documents In Members' Rooms

1.	
2.	

Equality Impact Assessment

Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	No
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Privacy Impact Assessment

Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.	No
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Other Background Documents

Other Background documents available for inspection at:

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	
2.	