

HAMPSHIRE COUNTY COUNCIL**Decision Report**

Decision Maker:	Executive member for Adult Social Care and Public Health
Date:	24 January 2014
Title:	Support to Stay at Home – Category Management Strategy
Reference:	5468
Report From:	Director of Adult Services

Contact name: Sara O'Rourke/Mark Allen

Tel: 01962 832164

01962 845056

Email: sara.orourke@hants.gov.uk

mark.allen@hants.gov.uk

1. Executive Summary

- 1.1. The purpose of this paper is to seek permission from the Executive Member for Adult Social Care and Public Health to go out to tender for two frameworks; older person's Care at Home and Shared Living and Support (predominantly learning disability), which together with the now 'in tender' REACT service will form the core of a modernised approach to Support to Stay at Home. REACT is a short term reablement service. In order to manage this transition, permission is sought to extend the period of the existing Domiciliary Care Panel of Preferred Providers (PPP) to end July 2015 to bring it in line with the proposals within the Support to Stay at Home Commissioning Strategy as in Appendix A and exempt Item 9.
- 1.2 Category Management is an approach adopted by the County Council to review and manage how services are commissioned and delivered into the future. The Strategy represents the second stage in the Category Management process and sets out the future direction for Support to Stay at Home from April 2015.
- 1.3 This strategy represents the first step in modernising our approach to Support to Stay at Home. The strategy details how we will ensure services are delivered with greater focus on an individual's outcomes, with a significant emphasis on re-ablement and continued enablement, maximising people's independence at the same time as delivering more stable and sustainable market opportunities for those providers of services with which the Council works. Our aim is to foster a supplier base that is able to deliver cost effective services at the same time as offering significantly improved benefits to employees, such as improved rates of pay and careers paths. All of these objectives will improve the care and support that Adult Services service users receive.

- 1.4 The second step of the strategy will be the Learning Disability (LD) Accommodation Project and the LD Reablement and Demand Management Service. These services have not yet been timetabled for tender and a further paper will be brought for approval at a later date.
- 1.5 The principal recommendation within the strategy is that the Council changes the way it commissions and delivers Care and Support to stay at Home services. This report summarises this approach and details specific actions that would be taken forward alongside those already in progress.
- 1.6 Earlier work comprised analysis of existing usage, demand and need data and review of current provision in order to inform the development of the strategy and shape intended outcomes. The Category Management process represents an opportunity to take forward strategic planning of a significant proportion of the Adult Services Department's external spend. The aims within the Support to Stay at Home strategy are to achieve long term quality outcomes, manage demand, reduce costs and manage transition from current contractual arrangements. This is supported by outcome based commissioning and the initiatives detailed within the strategy mirror this approach, being outcome focused and person centred.
- 1.7 It is proposed the frameworks detailed within the strategy would run for four years from October 2014 with the first contract expected to start from April 2015. Contracts issued under the frameworks are expected to be on a 3+2+2 year basis. It is anticipated that Clinical Commissioning Groups (CCGs) and Children's Services may take advantage of the frameworks. Therefore the values reflect the agreed maximum funding from the CCGs (see section 3 Finance below). Hampshire County Council Adult Services commitment would be in line with that detailed in exempt Item 9. The existing PPP arrangements would need to be extended to 31 July 2015 to facilitate a smooth transition to these new arrangements.
- 1.8 The proposed 3+2+2 basis is to take account of the need to promote stability in the market and investment by providers in staff, training and new technologies as well as support stable provision for individual service users. This basis would also provide flexibility for the Council in terms of contract management. The option to extend the contracts after the initial 3 years is at the Council's discretion.
- 1.9 This paper seeks to
 - Set out the background to and rationale underpinning the Support to Stay at Home Category management project.
 - Provide an overview of the financial elements detailed in exempt Item 9.
 - Provide an overview of the key issues detailed in section 10 and Appendix A
 - Briefly consider the future direction of the project.
 - Set out the proposed procurement activity

2. Contextual information

- 2.1 The Council's aims within the Adult Social Support to Stay at Home Strategy are to achieve long term quality outcomes, manage demand, reduce costs and manage transition from current contractual arrangements. Along side this requirement is the need to develop more outcome based approaches to the delivery of services, including the need to make the planning of delivery more co-produced with service users themselves. Service specifications are being developed that include this at the centre of service design.
- 2.2 Current provision of care and support to stay at home across all client groups but particularly within Older Person's services is based on a time and task model of service delivery.
- 2.3 The Support to Stay at Home Strategy includes consideration of a range of activities, as part of the overall commissioning plan and as such these have been factored in to the strategic framework. These include Extra Care Housing, Telecare services, REACT, learning disability shared living, Supporting People (SP) Accommodation based services, SP Floating Support, Home Improvement Services and Community Meals. However, a number of these are already underway as specific initiatives with clear objectives and intended outcomes that complement the overall direction the Strategy outlines for services.
- 2.4 A framework agreement is a legal agreement between one or more contracting authorities and one or more suppliers of services which sets out terms under which the supplier will enter in to contacts with a contracting authority in the period during which the framework agreement applies. When the Council wishes to contract for a specific activity it can "call off" from the framework via, for example, a mini competition for a specific contract for those services. The framework will define the boundaries of those contracts.
- 2.5 Three exciting initiatives have been prioritised to be taken forward within the Strategy which together provide a cohesive journey to further develop the outcome based delivery model within the Support to Stay at Home market. In order to enhance the potential impact of services provided to individual service users future arrangements will require providers to show a commitment to maximising the social value, in line with the requirements of the Social Value Act 2012.
- 2.6 The three initiatives detailed within the strategy are:
 - Reablement – REACT
 - Care at Home, the generic framework replacing domiciliary care
 - Shared Living and Support for people with Learning Disabilities

- 2.7 The REACT reablement service is currently out to tender, following approval from the Executive Member for Adult Social Care on 20 September 2013. The new service will extend the current in-house provision with externally commissioned support.

3 Care at Home

- 3.1 The Care at Home framework would replace the current arrangements for commissioning domiciliary care. The change of name is intended to reflect the significance of the change in approach. An intensive review of current arrangements was carried out in the summer which looked at four key issues: the sustainability of the current arrangements, the characteristics of the care market, the link to re-ablement and future working with health organisations.
- 3.2 The current domiciliary care market in Hampshire is characterised by a large number of agencies, more than 140, of which Hampshire County Council routinely uses 77 under the PPP. Although the spread of work varies enormously, on average agencies are getting relatively few care hours from Hampshire County Council. The market is also characterised by significant variations in price (£14.10 - £17.60 per hour) and the capacity of the agencies to recruit, train, manage and retain care workers. There are underlying challenges in recruitment and retention and high turnover. The sector is dominated by zero hour contracts and variable rates of pay. Some agencies pay significantly above the minimum wage, but others do not.
- 3.3 The Council currently purchases most domiciliary care from the providers on the PPP. Inclusion on the PPP does not guarantee agencies any minimum number of hours. Agencies depend on Hampshire County Council business to varying degrees, although the self funder market appears to have grown significantly. That said, there is no reliable estimate of that private market, let alone potential demand.
- 3.4 In order to achieve a balanced and sustainable market share for future suppliers of Care at Home services, work will be undertaken to ensure designated geographical zones are developed that best meet this need. This will be balanced against current need data and projections of demand across the life of any potential contracts. For example, a geographical area may contain both urban and rural locations with differing commercial pressures and opportunities. Zones will need to reflect these challenges and opportunities. Work will also be undertaken to evaluate the need of any NHS or other partner's needs/ demands should they choose to take advantage of these framework and subsequent contractual arrangements.
- 3.5 The market has to be considered in the context of the wider environment. The resources for local authority funded care are shrinking at the same time as demand is increasing. Meanwhile people's expectations of care are rightly increasing. There is a need to work more closely with health organisations as promoted by central Government. Many service users

have health and care needs so future arrangements need to be designed to facilitate joint working between health and social care.

- 3.6 The strategy sets out a new approach to care at home, which has some key characteristics, which are described below.
- 3.7 The first principle is to take the learning from the success of the recent reablement pilot, which has been very effective in maximising people's independence, following a short term intervention. The new arrangements will seek through the specification and the reward mechanism to enable and encourage continual re-ablement. This is fundamental to managing future demand. There is evidence emerging from other areas and from leading providers that properly incentivised, care providers can help reduce future demand. The contracts will therefore have a payment by results element, which will be based on the management of demand.
- 3.8 The second principle is that the agencies that the Council works with need to be able to recruit, train and retain care workers of sufficient quality. Analysis shows that this is possible with some providers paying well above the minimum wage and providing excellent training. However, this is by no means universal. The Council's intention is to introduce a County wide hourly rate to support the implementation of the strategy. Under the new arrangements the Council would require agencies to be able to evidence that they are meeting the requirements of minimum wage legislation, including after travel time and costs are taken into account. The Council would offer to accredit provide an accredited training scheme for providers. The Council will seek to encourage an increase in the number of care workers with guaranteed minimum hours.
- 3.9 The third principle is that the arrangements must support personalisation through enabling outcomes that support a client's independence. At present service users have little choice about how and when their care is delivered. There is a notional choice of care agency, but in practice a new client will receive care from the agency that is able to provide a care worker at that time. In future the Council wants service users to have more meaningful control and be allocated a number of hours per week to meet their needs which they can then negotiate with the provider how they are used. There will be a care plan, as now, setting out what they need, but they will have the ability to flex how time is used. In practice this may be on the margins, e.g. an hour a week, but will better reflect how people live than fixed visits timetabled by a care manager. To make this work, the Council envisages that agencies will need to invest in technology to support the care workers, so that they have mobile access to information required and communication with the agency and service users.
- 3.10 The fourth principle is that the arrangements need to allow for future joint working with health organisations. The relative timescale means that full joint commissioning will not be possible, but the proposed framework will name the five CCGs as potential partners, which will allow them to access the framework for the care at home they commission.

- 3.11 To achieve these principles, the analysis showed that Hampshire County Council will need to work with far fewer providers. Aside from the practicalities of having the necessary partnership relationship with so many providers, discussions with providers and evidence from elsewhere showed that to achieve the necessary improvements in quality, care worker conditions and outcomes approach, we need to ensure that each agency we work with receives sufficient hours from the Council to cover their overheads, manage risk and invest in quality. The Council will therefore move to a zoned model with 4 zones with between 2 – 4 providers per zone. This will ensure that the Council is working with a manageable number of providers and that they have sufficient business to be able to meet our needs.
- 3.12 This will obviously impact on the domiciliary care market. The tender process will be open to all registered providers. However, it is acknowledged that a significant reduction in the number of providers contracted with will need to be appropriately managed. Transfer to new providers of current placements will be implemented via a staggered transfer. For individual clients the potential impact may be minimised by the effects of TUPE under which an employee, in this case a person's regular carer would transfer to any new arrangements. To mitigate disruption the Council could after the tender exercise work with the Hampshire Domiciliary Care Partnership to explore steps that could be taken to assist agencies who are not successful to grow their private business. One step could be to accredit their training, which is an important mark of quality. It is understood that the private market is sufficiently large for all current providers to thrive if their offer is of sufficient quality.

4 Shared Living & Support (predominantly learning disability)

- 4.1 Historically, the residential care market has been dominant in Hampshire leading to a reliance on this model for the accommodation and support of people with a learning disability not living in the family home. This has led to an over reliance on residential care as an option for young people coming through transition from Children's Services, but has also reduced the ability of people to effectively move through residential care into more independent forms of housing and support.
- 4.2 Over the last 5 years, in line with National and Local strategic drivers around personalisation of services, the Council have sought to influence an increase in the range of alternatives, specifically the range of housing and support options that promote individual choice and control. In order to ensure equity of access to these housing and support options, there is a need to ensure that the domiciliary and support work market is of a suitable quality and has capacity to respond to growth in this area.
- 4.3 The proposed new Shared Living and Support framework would replace the current set of commissioning arrangements, some of which were inherited from Hampshire Primary Care Trust. A significant proportion of the current domiciliary care and support provision is being delivered by three providers. These arrangements are predominantly based on shared accommodation

projects. The remaining business is split between a large number of smaller providers. Many of these have evolved in response to specific conditions in localised geographical areas.

- 4.4 There are a number of key principles to the Shared Living and Support Framework. These are intended to reflect Hampshire's strategic priorities, as detailed in the proposed LD Plan. It is designed to create a robust and sustainable procurement framework to enhance contract monitoring and subsequent delivery of services..
- The Framework through the contract specification will support the commissioning of innovative models of support, which will offer a range of potential alternatives to residential care.
 - The Framework will be accessible by other client groups, e.g. people with physical disabilities or people with mental health problems, in particular circumstances, specifically shared support or night support.
 - The Framework will name the five CCGs to facilitate jointly funded packages with care, in line with promotion of integrated care provision.
 - The use of the Framework service specification, call off contracts, performance indicators and quality monitoring systems will provide robust contractual management, to the benefit of all stakeholders.
 - All arrangements must support the increased independence of service users and this is explicitly referenced within the specification for the Framework. The specifications for the framework and the called off contracts are designed to ensure that individuals can maintain control over the support they receive and the agreed outcomes they wish to achieve.
- 4.5 The Shared Living and Support Framework will have County wide coverage (i.e. will not be divided into geographic zones). Access to the framework will be available to all providers that meet the necessary access requirements This will enable providers to consider call off contracts in geographic areas where they may not currently be present and will ameliorate the supply problems currently experienced in some rural areas. Where there is a named shared living arrangement or a group of shared living arrangements in a specific locality, call off contracts will clearly specify the service required. The Framework will also facilitate differentiation of providers by skill set and expertise where appropriate.
- 4.6 Once established, the Shared Living and Support Framework will be used to call off all current and future business that is covered within the specification. A detailed transition plan will be developed to ensure a smooth transition to new contracts. Work will be on-going to support Providers with the transition

to the new arrangements and to assist with managing the impact where appropriate.

- 4.7 It is intended that a comprehensive communication plan will be implemented to ensure all stakeholders are fully informed and involved in this transition.

5 Financial Implications

- 5.1 Detailed financial information is contained in exempt Item 9.

- 5.2 The figures for the frameworks are based upon financial year 2012/13 adjusted by inflation for 2013/14 and projected in-year efficiencies.

- 5.3 The figures for the strategy have been based on financial year 2012/13 and the in-scope spend is £81.4m.

- 5.4 Projected 7 year costs include an assumed 1.8% inflationary pressure.

- 5.5 Costs projections shown in exempt Item 9 are at this stage gross of any efficiencies required by Adult Services based on current spend and risk will be managed with these parameters.

- 5.6 Call offs may be made by other named parties within the framework and they will require authority to spend within their own processes.

- 5.7 The total contract value that can be called off the frameworks will be up to the following levels over 7 years:

- Care at Home

£410m – Adult Services funding

£175m – CCG funding

Total £585m

- Shared Living and Support

£320m – Adult Services funding (It is to be noted that £20m of this will only be available if there is a like for like reduction in the cost of residential care for learning disabilities)

£35m – CCG funding

Total £355m

- 5.8 The full year value of the PPP is currently £47.23m so the projected cost of extending the existing arrangement for the year to 31 July 2015 would be up to £47.23m.

- 5.9 The approach to the new frameworks is aimed at helping meet Adult Service's efficiency targets. The Care at Home framework will do this in a number of ways, including by moving to a single county rate and by managing down demand through continual enablement. The Shared Living and Support framework will achieve efficiencies by a number of means including a rationalisation of hourly rates, and a robust contract management process and a reduction in the reliance on residential care.
- 5.10 Both frameworks will need to support closer working with health, and in particular the use of the Better Care Fund, which would be predominantly working with clients who have continuing health needs. In Hampshire this may be c £74.5m. Accessing this fund will require the joint commissioning of services with CCGs, including care at home and supported living. The ability of CCGs to access the frameworks supports the closer working of health and social care.

6 Legal Implications

- 6.1 The initiatives detailed in the Support to Stay at Home Strategy require a change in our current contractual arrangements. Whilst the REACT service is currently out to tender with a contract start date of June 2014 it is proposed that both the Care at Home and Shared Living and Support initiatives are let via framework agreements.
- 6.2 Putting in place a framework agreement under the Public Contracts Regulations 2006 (as amended) results in available providers being restricted to those selected under the framework procurement process. The list of selected providers cannot be amended during the period of the framework. The Council's spend under each framework is limited to the amount authorised by the Executive Member prior to going out to tender.
- 6.3 The present PPP for Domiciliary Care will, if approval is granted, be extended until 31 July 2015. During this extended period providers' performance and quality will be managed to ensure high standards are maintained. Those providers failing to meet the standards required within the contract will be subject to the remediation process.
- 6.4 In exercising its functions an authority must have due regard to the need to eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equalities Act and advance equality of opportunity and foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

7 HR/Training Implications

- 7.1 Culture change and workforce development internally and by providers will be needed to build sustainable partnerships, including those with CCGs and Health that achieve quality outcomes for service users and optimise the management of demand. Fundamental to this and along side change that

manages demand, improves quality and maximises efficiency is the expectation that suppliers will be able to develop more effectively than currently, a well trained, motivated and professional workforce. The market approach, as outlined above, will facilitate this and as such, requirements within future specifications will include minimum training standards and pay levels.

- 7.2 Implementation plans for the three initiatives outlined above will need to consider the implications for Hampshire County Council workforce development, in line with the re-ablement and enablement models.

8 Risks

- 8.1 Any change as outlined in this report will inevitably present a series of potential risks to the council, service users and providers. Below are the principal risks identified within the strategy and considered through the development of it.

Risk	Mitigating Action
Transfer of service providers may lead to poor transitions leading to quality and safeguarding concerns.	Detailed service user transition planning and communications to all stakeholders, quality monitoring by care managers
Reputational risk e.g. risk of complaint from service users and stakeholders	Member briefings, communications strategy, high quality implementation plan, Adult Services Department Management Team (DMT) briefings. Extra resources to manage change management
Reputational risk e.g. risk of complaint from providers	Member briefings, communications strategy, high quality implementation plan, DMT briefings. Extra resources to manage change management
Risk of challenge as to potential length of the issued contracts relative to the period of the framework	To be mitigated by the tender documentation in particular the Notice and advertisement will ensure the arrangements are clear and transparent. Extending the contracts beyond the initial 3 year term is at the Council's discretion.
Failure to meet required efficiencies or authorised spender under a framework is	Implementation plan with benefits checks that are monitored regularly.

<p>reached before end of the 4 year framework period</p>	<p>Spend under each framework will be monitored and a further report brought to Executive Member with proposals if required. Change management initiative which focuses on enablement and prevention and robust re-assessment.</p> <p>Provider market will be actively engaged and new providers encouraged</p>
<p>Workforce planning and cultural change does not support person centred outcomes, and partnerships relationships management</p>	<p>Investment in staff development and supplier relationship management</p>

9 EIA and Engagement

- 9.1 The Strategy to develop Support to Stay at Home in Hampshire is one that seeks to expand and improve the delivery of outcome focused care and support service to all eligible service users. It will seek to replace the PPP and other arrangements with more appropriately managed arrangements that will bring significant benefits to both the individual service user and the County Council.
- 9.2 Appendix A of this report outlines expected benefits to individual services users and exempt Item 9 sets out the expected efficiencies to the Adult Services Department. An Equalities Impact Assessment has been carried out that considers the high level impact of the principles contained within the strategy. Whilst it is recognised that the future direction detailed in the strategy will mean some change for individual service users, any impacts will be mitigated by planned transitions and supported by significant improvements in service delivery with, for example, a greater emphasis on personalised service delivery, outcomes focused care and support and a more sustainable, stable and motivated workforce.
- 9.3 Each element of the Category plan would require more detailed consideration of impacts at implementation stage. As the services to be developed into the future would be undertaken via a framework agreement each “call off” would require the appropriate approval (relating to the level of spend) which would need a full consideration of impact on each of the protected characteristics groups.
- 9.4 As part of the strategy development a dedicated Engagement Working Group has been established. This group will be undertaking an engagement programme to scrutinise and support both the strategy and the following

implementation phases. Work is currently underway to timetable this. The Adult Services Department and the Personalisation Expert Panel (PEP) have agreed how and when users & carers will be involved in the category planning process, and identified actions that need to be taken in order to enable this involvement to happen. The Category Engagement Working Group is also developing a communication strategy.

- 9.5 This proposal is likely to have an impact on service users because of their age or because they are disabled. In working out the mitigation to minimise adverse impact, greater attention will be given to the personalisation agenda principle, and effective monitoring will be developed to ensure that standards are maintained.

10 Key issues

- 10.1 The following represents key issues identified within the Support to Stay at Home strategy. Managing the transition from the current arrangements requires development and management through the following Commitment Plan and implementation phase. These are detailed in Appendix A and are outlined below.
- 10.2 Future workforce planning by the County Council and providers of services needs to ensure that a cultural change programme is implemented that impacts on existing working practices supporting the development of person centred services which are focussed on outcomes and an enablement model of care and support and that these are embedded in working practice in the future.
- 10.3 Managing the change from time and task to personalised and outcome focussed solutions.
- 10.4 Developmental contract specifications allowing integration with Health organisations and Children's Services and joint or separate service development.
- 10.5 Scale of contracts that offer sustainable business with providers to support quality in service delivery and workforce.

11 Future direction

- 11.1 Should approval of the recommendations in this report be granted, a detailed implementation plan will be developed which will include quarterly update reports to Adult Services Departmental Management Team.
- 11.2 An overall programme over 16 months has begun, which subject to approval, will be progressed further into detailed implementation planning and for transition (For example service specifications are at draft stage). Roll out and management of initiatives will transition into business as usual

activities within the department in order to be successfully fully embedded within Hampshire County Council.

12 Recommendations

- 12.1 That the Executive Member for Adult Social Care and Public Health gives approval to go out to tender for the Care at Home Framework at a total value of £585m with authority to spend up to maximum of £410m under the four year Framework as detailed in this report and approval to the award of contracts under the Framework for a maximum duration of 7 years .
- 12.2 That the Executive Member for Adult Social Care and Public Health gives approval to go out to tender for the Shared Living and Support Framework at a total value of £355m with authority to spend up to maximum of £320m under the four year Framework as detailed in this report and approval to the award of contracts under the Framework for a maximum duration of 7 years
- 12.3 That the Executive Member for Adult Social Care and Public Health gives approval to extend the current service provision for domiciliary care for one year from July 2014 to July 2015 at a cost of up to £47.23m
- 12.4 That the Executive Member for Adult Social Care and Public Health gives approval to the development of Phase 2 of the Support to Stay at Home Category, namely, the development:
- LD Accommodation Based Project
 - LD Reablement and Demand Management Service

A report on Phase 2 will be brought to the Executive Member for approval at a later date

CORPORATE OR LEGAL INFORMATION:**Links to the Corporate Strategy**

Hampshire safer and more secure for all:	Yes
Corporate Improvement plan link number (if appropriate):	
Maximising well-being:	Yes
Corporate Improvement plan link number (if appropriate):	
Enhancing our quality of place:	yes/no
Corporate Improvement plan link number (if appropriate):	

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

DocumentLocation

None

IMPACT ASSESSMENTS:

1. Equalities Impact Assessment:

- 1.1. The Care and Support to Stay at Home Category Management Strategy details how the Adult Services Department will work with provider organisations to deliver more outcomes based, enabling services to meet the agreed needs of individual service users. In doing this we will move from the more restrictive 'time and task' based models of delivery of care and support to people in their own homes to one that is person centred and takes into account the broader protected characteristics that people identify for themselves. Whilst most impact will be on age and disability, as services are to be delivered for these groups, other positive impacts will accrue, for example outcomes may include consideration of sexuality or religion on the delivery of care and support.
- 1.2. In addition to this, the proposed contracting arrangement and following business terms are intended to provide more sustainable opportunities for care and support agencies, including the terms and conditions of care and support staff. It is intended that through more stable business organisation will be able to provide better training, rates of pay, career progression and other benefits to staff as well as providing greater care and support continuity for service users. It is also the case that by zoning delivery and providing viable business opportunities the County Council will be able to address long standing issues around the provision of care and support in rural areas.
- 1.3. As part of the strategy development a dedicated Engagement Working Group has been established. This group will be undertaking an engagement programme to scrutinise and support both the strategy and the following implementation phases. Work is currently underway to timetable this. The Adult Services Department and the Personalisation Expert Panel (PEP) have agreed how and when users & carers will be involved in the category planning process, and identified actions that need to be taken in order to enable this involvement to happen. The Category Engagement Working Group is also working on a communication strategy.

2. Impact on Crime and Disorder:

- 2.1 The County Council has a legal obligation under Section 7 of the Crime and Disorder Act 1998 to consider the impact of all decisions it makes on the prevention of crime. The proposal in this report aims to improve the safety of vulnerable Hampshire residents and reduce the risk of crime occurring.

3. Climate Change:

How does what is being proposed impact on our carbon footprint/energy consumption?

How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?