Agenda Item No: **8**

Cabinet Meeting

25 February 2015

Report title	Better Care Fund Section 75 Agreement (Pooled Budget)	
Decision designation	AMBER	
Cabinet member with lead responsibility	Councillor Samuels, Health and Wellbeing	Councillor Evans Adults Services
Key decision	Yes	
In forward plan	Yes	
Wards affected	All	
Accountable director	Linda Sanders, People	
Originating service	Disabilities and Mental Health	
Accountable employee(s)	Viv Griffin Tel Email	Service Director, Disabilities and Mental Health 01902 555370 Vivienne.griffin@wolverhampton.gov.uk
Report to be/has been considered by	Strategic Executive Board	10 February 2015

Recommendation(s) for action or decision:

The Cabinet is recommended to:

1. Agree to enter into a Section 75 Agreement (Pooled Fund) with NHS Wolverhampton Clinical Commissioning Group, on the terms and conditions outlined in this report along with any other ancillary legal agreements necessary for the joint administration of the Better Care Fund, including setting up a pooled fund to be managed by the Council.

2. Delegate authority to approve the final terms of the proposed section 75 agreement to the Cabinet Members for Adult Services, Health and Well Being and Resources, in consultation with the Strategic Director for People and Director of Finance.

Executive Summary

The Care Act 2014 made a statutory requirement for the Local Authority and the Clinical Commissioning Group to enter into a Better Care Fund (BCF) pooled budget arrangement. This pooled budget arrangement is referred to as a Section 75 (S.75) agreement and is an agreement made under S. 75 of the National Health Services Act 2006 between a local authority and an NHS body in England (in this case Wolverhampton CCG). Section 75 agreements can include arrangements for pooling resources and delegating certain NHS and local authority health-related functions to the other partner(s) if it would lead to an improvement in the way those functions are exercised. The BCF arrangements require a pooled fund, and the Care Act 2014, Section 121 provides for this.

The proposed revenue value of the pooled fund to be managed via the S. 75 agreement is £70.9 million (absolute values to be confirmed) and consists of £48.0 million (68%) of CCG funded services alongside, £22.8 million council funded services (32%). The council contribution includes £6.3 million representing the NHS transfer to social care (‘Section 256 funding). The pooled budget also includes capital grants amounting to £2.1 million which are managed by the council.

This paper explains the basis for the S. 75 agreement, the requirement to set up a pooled fund and to agree hosting, governance and management arrangements with the CCG. It also outlines the risk share arrangements that will operate once the pool is in place. The requirement for a S.75 agreement considered in this paper is for the financial year 2015/2016.

1.0 Purpose

The purpose of the report is:

- To brief Cabinet members on the function of the Section 75 agreement proposal for the management of the Better Care Fund and to obtain Cabinet approval to the establishment of the Section 75 pooled fund for 2015/16;
- To appraise Cabinet members regarding the approach to risk share and performance management within the agreement;
- To appraise Cabinet members of the proposed governance arrangements for the Section 75 Agreement.

2.0 Background

2.1 A Section 75 (S.75) Agreement is an agreement made under section 75 of the National Health Services Act 2006 between a local authority and an NHS body in England (in this case Wolverhampton CCG). S. 75 agreements can include arrangements for pooling resources and delegating certain NHS and local authority health-related functions to the other partner(s) if it would lead to an improvement in the way those functions are exercised.

2.2 The Better Care Fund arrangements require a pooled fund, and the Care Act 2014, Section 121 provides for this.

2.3 The S.75 agreement governing the creation and management of the pooled fund must be in place before the beginning of the 2015/16 financial year (the year to which it applies).

2.4 A template S.75 agreement prepared by Bevan Brittan on behalf of the national BCF programme office contains the following clause:

"When introducing a Pooled Fund in respect of an Individual Scheme, the Partners shall agree:
- which of the Partners shall act as Host Partner for the purposes of NHS Bodies and Local Authorities Partnership Regulations 2000 no 617 (NHSBLAP) 7(4)1 and 7(5)2 and shall provide the financial administrative systems for the Pooled Fund;
- which officer of the Host Partner shall act as the Pooled Fund Manager for the purposes of Regulation 7(4) of the NHSBLAP Regulations."

The pooled funds need to be hosted by one 'accountable' organisation – it is recommended that this is Wolverhampton City Council. This does not affect the current commissioning and contracting arrangements, but will require health and social care commissioning to work more closely together through an integrated commissioning approach to ensure strategic alignment moving forward.

2.5 There are potentially some advantages to hosting the pooled fund via the Council:

- VAT application – Local Authorities and the NHS operate within slightly different VAT regimes and potential impacts are in consideration. This may mean, in order to take advantage of the difference and reduce the overall VAT liability, future contracts may be held or novated to the local authority.

and,

- Use of other contractual mechanisms – i.e. outside of standard NHS contract.

2.6 NHS England announced on 22 December 2014 that Wolverhampton's BCF plan had been 'fully approved ', clearing the way to begin delivery of the proposals contained within the plan and agreeing between the two partners the terms of the S. 75 agreement.

3.0 Progress, options, discussion, etc.

3.1 Wolverhampton City Council and Wolverhampton Clinical Commissioning Group have been working collaboratively to explore the details of a proposed S. 75 agreement in order that Cabinet may be presented with a proposal which is effective, sustainable, and mitigates risk where identified and possible.

3.2 The draft proposal considers the following and in summary below is the recommended approach;

3.2.1 Commissioning

There is not a formal requirement to make commissioning arrangements as part of the S.75 agreement, though in practice, having shared strategic vision and commissioning plan which maximises opportunities for effective commissioning approaches will be advantageous.

The proposal for supporting the management of the S. 75 pooled fund and its planning therefore is the adoption of an integrated commissioning approach which provides the Council and the CCG with the flexibility and focus to continue to take their own decisions with the arrangements supporting effective co-ordination and shared planning and development. This arrangement will ensure that both the Council and CCG board are sighted on the overarching commissioning intentions and the integrated plans to deliver them.

3.2.2 Governance

The governance arrangements for the fund have been designed to be as streamlined as possible, bearing in mind the scale of the financial commitment involved and the scope of the overall project. Day to day operational management and oversight of the fund will be the responsibility of the Adults Transformation Commissioning Board (TCB), whose members will have delegated responsibility from both partner organisations to hold the Executive work stream leads to account and to make necessary decisions from a planning, and performance management perspective. The scope of these powers will be within the existing limits set by both organisations schemes of delegation, particularly from a financial and procurement perspective. Beyond these limits, decision making will remain within the responsible bodies in the individual organisations (Cabinet and the CCG's Governing Body), to whom the members of the TCB will be accountable for the operation of the fund.

Beyond this, the Health and Wellbeing Board will [continue to] oversee both organisations for the performance of the fund against the objectives set out in the BCF plan and the Health and Wellbeing strategy.

The governance arrangements ensure that there is sufficient authority to take appropriate decisions and scrutiny of those decisions and the operation of the arrangements generally. The Governance arrangements have been developed over the last 12 months, and clearly articulate the reporting requirements. They will be set out in full in Schedule 2 of the S.75 agreement.

3.2.3 Contracting arrangements

Existing contracts between the CCG and providers and the Council and providers will not be affected by the creation of a single host for the pooled fund. Future contracts are linked to the discussion about commissioning options, above.

3.2.4 Financial Contributions

The proposed value of the pooled fund consists of services totalling £70.7 million revenue; of which £22.8 million are council funded services and £47.9 million are CCG funded services. The fund also includes £2.1 million capital grant which is managed by the council.

The services are broken down into four work stream:

	CCG Funded services (£000)	Council Funded services (£000)	Total Services (£000)
Community and Primary Care	14,856	3,639	18,495
Intermediate Care	23,124	15,933	39,057
Mental Health	5,437	2,821	8,258
Dementia	4,617	445	5,062
Total Contribution to Pooled Fund	**48,034**	**22,838**	**70,872**
(Ring Fenced Capital Grants)		2,085	2,085

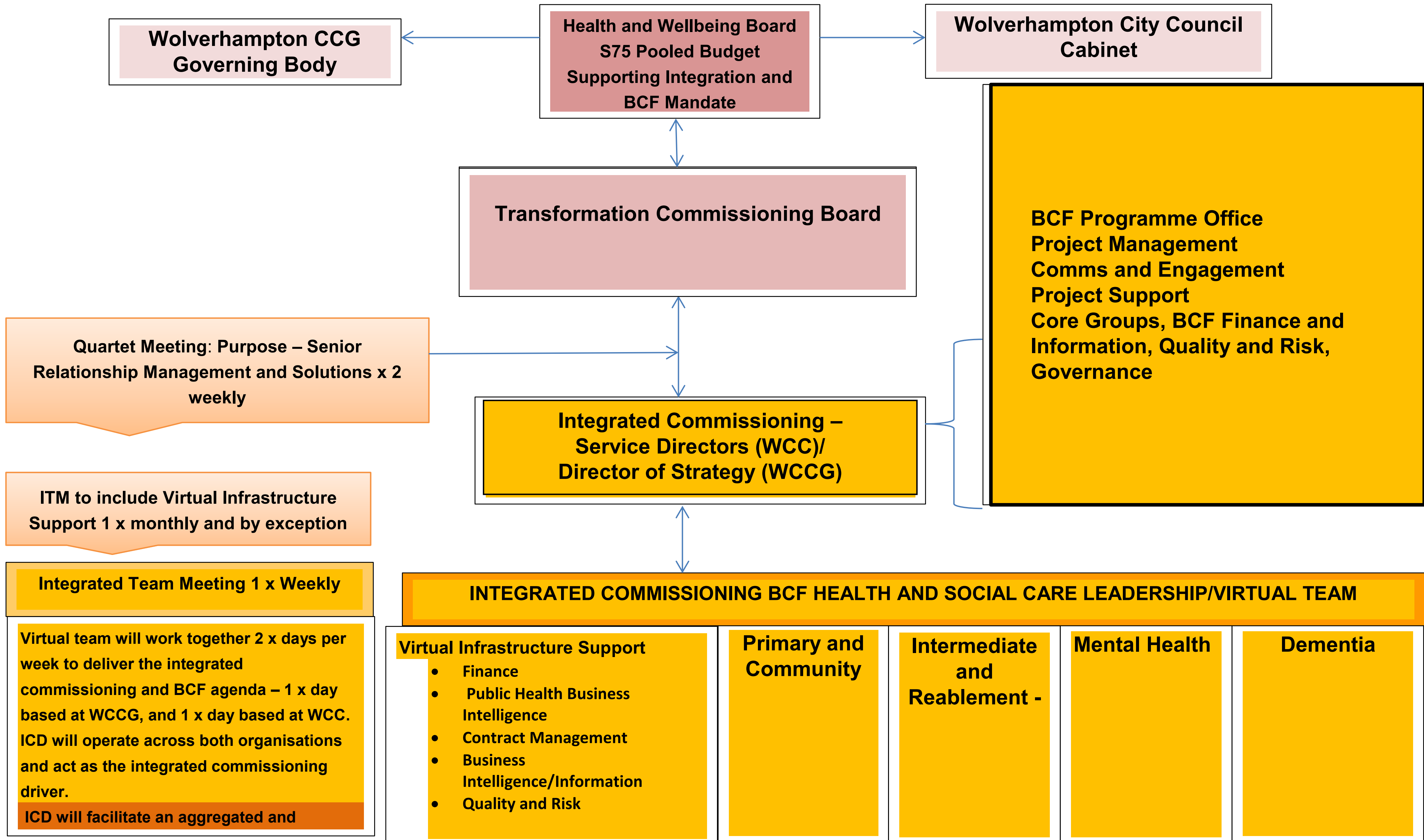
3.2.5 Pooled fund management

Each individual work stream where there is a pooled fund, has designated pooled fund management from both a health and social care perspective (commissioner). This role is undertaken by existing commissioners within each of the statutory partners, with the following duties and responsibilities:

- The day to day operation and management of the pooled fund;
- Ensuring that all expenditure from the pooled fund is in accordance with the provisions of the S.75 agreement and the relevant scheme specification;
- Maintaining an overview of all joint financial issues affecting the Council and the CCG in relation to the services and the pooled fund;
- Ensuring that full and proper records for accounting purposes are kept in respect of the pooled fund;
- Reporting to the Transformation Commissioning Board (TCB) as required (this would be through Executive work stream lead);
- Ensuring action is taken to manage any projected under or overspends relating to the pooled fund in accordance with the S.75 agreement;

- In conjunction with the overall pooled fund manager preparing and submitting to the TCB quarterly reports (or more frequent reports if required) and an annual return about the income and expenditure from the pooled fund together with such other information as may be required by the TCB to monitor the effectiveness of the BCF and to enable the CCG and the Council to complete their own financial accounts and returns;
- In conjunction with the overall pooled fund manager, preparing and submitting performance reports to the Health and Wellbeing Board on a quarterly basis.

Below is an overview of proposed pooled fund management, and integrated governance arrangements.


Wolverhampton CCG Governing Body
Health and Wellbeing Board S75 Pooled Budget Supporting Integration and BCF Mandate
Wolverhampton City Council Cabinet
Transformation Commissioning Board
BCF Programme Office
Project Management
Comms and Engagement
Project Support
Core Groups, BCF Finance and Information, Quality and Risk, Governance
Quartet Meeting: Purpose – Senior Relationship Management and Solutions x 2 weekly
Integrated Commissioning – Service Directors (WCC)/ Director of Strategy (WCCG)
ITM to include Virtual Infrastructure Support 1 x monthly and by exception
Integrated Team Meeting 1 x Weekly
INTEGRATED COMMISSIONING BCF HEALTH AND SOCIAL CARE LEADERSHIP/VIRTUAL TEAM
Virtual team will work together 2 x days per week to deliver the integrated commissioning and BCF agenda – 1 x day based at WCCG, and 1 x day based at WCC. ICD will operate across both organisations and act as the integrated commissioning driver.
ICD will facilitate an aggregated and
Virtual Infrastructure Support
Finance
Public Health Business Intelligence
Contract Management
Business Intelligence/Information
Quality and Risk
Primary and Community
Intermediate and Reablement -
Mental Health
Dementia

3.3 Risks, Risk Share Arrangements and Management of Risk

The proposed risk share arrangements are as follows:

3.3.1 Risk Share – Underperformance

The Better Care Fund allocation from the CCG includes £1.6 million designated as a fund for payment of performance on total emergency admissions. In line with national guidance the CCG is required to withhold these monies from the pool until delivery against the target (a reduction of 3.5%) is demonstrated. If the target is met, the monies will be released into the pool. If the targets are not met, the CCG will use the funds to pay for the additional emergency activity that has occurred. The agreement sets out that, should these monies not be released, the resulting cost pressure across the pool will be absorbed 100% by the CCG on behalf of the Pool.

In addition, the council's contribution to the pool includes £3.0 million that must be abated in order to retain funds for the burden of demographic growth and the new costs associated with the implementation of the Care Bill. This also creates a cost pressure within the pool and this risk is being shared across each workstream according to its size. Each workstream will be responsible for delivering efficiencies to meet this cost pressure and failure to do so will be dealt with in line for the arrangements for overspends below. The risk share associated with this element of the pooled fund is apportioned based upon percentage contribution to the pool per organisation.

3.3.2 Risk Share – Overspend

The host organisation shall produce monthly financial reports and share these with the other party. The first reconciliation to recoup any overspend shall take place at quarter two (month six), and quarter three (month nine). Month 11 reporting will incorporate year end estimates on the pool fund.

The Transformation Commissioning Board shall consider what action to take in respect of any actual or potential overspends. The Board will take into consideration all relevant factors including, where appropriate the Better Care Fund Plan and any agreed outcomes and any other budgetary constraints and agree appropriate action in relation to overspends which may include the following:

- Whether there is any action that can be taken in order to contain expenditure;
- Whether there are any underspends that can be vired from any other fund maintained under this Agreement;
- How any overspend shall be apportioned between the Partners, such apportionment to be determined on the basis of the individual partner's contribution to the individual work stream as detailed in the section 4 of this report.

3.3.3 Approach to Risk Management

The two main bodies at the heart of the risk management process, and oversight of the S.75 agreement are;

The Transformation Commissioning Board (TCB):
The Transformation Commissioning Board will be the governing body for integrated commissioning and also the pooled fund arrangements for the S.75 agreement. The TCB operates at a strategic planning and approval level for all commissioning plans and associated delivery plans which form the body of the partnership. The TCB membership includes executive level, senior managerial decision makers from the Council (Strategic Director-People, Service Director Older People and Service Director Disabilities and Mental Health) and CCG Executive Commissioning Leads. It aims to develop stronger and deeper integration of health and social care and enhance joint working, including the pooling of budgets where appropriate. The TCB will hold the system to account and performance manage against key performance indicators on a monthly basis. They will include mandated reporting against a dashboard for:

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Metrics
- Non-elective admissions (NEL)
- Nursing and Residential Home Admissions
- Effective Reablement (% people still at home after 90 days from discharge)
- Patient and Service User Experience
- Local Metric – still to be defined
Finance
- Budget allocation
- Actual spend
- Other finance metrics
Issues & Risks
- BCF programme-wide
- Individual schemes

This forum is not a statutory body and therefore needs to work in accordance with its delegated responsibility and also the accountability arrangements of the Council and CCG when it comes to, for example, considering the allocation of resources, undertaking mitigating actions or making policy commitments. It is the TCB that will monitor the implementation of the integrated commissioning plans, the BCF work programme, and undertake a performance management role. It will report its findings to:

The Health and Wellbeing Board:
The Health and Wellbeing Board will operate as the governing body for natural oversight and facilitated discussions between NHS England, Wolverhampton CCG and Wolverhampton City Councils on how the funding should be spent, as part of their wider discussions on the use of their total health and care resource. The HWB provides the following in support of the S. 75 agreement -

- Leadership – providing strategic support to the developing relationship between the CCG and council, developing a shared vision of future services, holding a helicopter view of resources across the whole system, oversight of the impact of transformational change and risk management;
- Public, patient/user and community engagement;
- Professional and administrative support – engagement of public health in assessing need, deriving evidence, and harnessing opportunities for fuller approaches to integrated commissioning, support to the integrated commissioning process and its fit with existing programmes of integrated care, agreement and use of performance metrics for BCF, oversight of organisational capacity;
- Plan delivery – oversight and exception reporting via the Transformation Commissioning Board.

In addition individual organisational systems of governance will remain intact, and the approach to delivering the ongoing programme of work for the Better Care Fund will continue to deliver in accordance with the governance requirements of both Governing Body (CCG), and City Council Cabinet requirements, as per the current Better Care Fund approach.

3.3.4 **What are the risks to the effective management of the proposed section 75 agreement?**

These are identified as follows:

Financial Risk	Mitigation	Maximum Negative Pooled Financial Impact Value
Underperformance against BCF Metrics including the payment for performance element (reduction of emergency admissions by 1049) creating a cost pressure on the pooled fund	Work stream Plans are in place and implementation plans are in development. Aggregated plans over deliver and therefore there is some sensitivity mitigation should delays be incurred. Timetable for full implementation has been modelled to October 2015 rather than April 2015, to reflect a realistic approach Benchmarking data has been analysed, and targeted interventions have commenced alongside regarding planned mental health, UTIs and LTCs (older adults) which are being modelled Robust performance dashboard in development with established performance management process through TCB	£1.6 million total (risk absorbed by the CCG for 15/16)

Overspends across work streams within the pool fund. Budgets are net of efficiencies required by both organisations (savings programmes).	CCG set budgets based on previous years out-turn so mitigate against carry forward of any overspend. Monthly financial monitoring reports Development of a Transformation Programme Board and PMO approach within the City Council Existing performance management systems	Unable to quantify
The proposed 2015/16 BCF allocation includes funding of £2.0 million for the forecast financial impact of demographic growth on social care, and £964,000 for Care Act implementation costs. Efficiencies will need to be realised within the pooled budget to fund these costs. The ongoing demographic growth pressure for 2016/17 and beyond is forecast to increase by £2.0 million per year: it is essential that the pooled fund is of sufficient scale to enable these efficiencies to be realised. The council's medium-term financial strategy (MTFS) currently assumes that these pressures will be funded in full from the BCF.	Ongoing financial and redesign modelling in progress Care Act costs are incremental Redesign and development enables further efficiencies to be achieved NHS England has not yet identified how non recurrent contingency funds will fit in with the broader requirements for contingency and transformational funding.	£0 - £3.0 million (Withheld from the pool by the Local Authority at pooled budget commencement to cover local authority risk. Pooled budget risk apportioned based on the total revenue contribution of both parties to the pool (68:32)

Operational Risk	Mitigation
Better Care Fund schemes will not succeed in reducing A&E attendances and as a result the 4-hour target will be missed.	Provider engagement with planning and development has been significant and plans were agreed across the commissioning and provider landscape. A dedicated resource (senior nurse) is now in place within the acute provider specifically working on implementation plan development and support, in order to build capacity into the system

	Monitoring monthly against identified HRG codes Performance reporting via TCB and HWB Ongoing leadership from the local acute and community providers Further urgent development of primary care models (completion 13.03.2015) to harness this resource in delivering alternatives to A&E attendance through design
Better Care Fund schemes will increase demand for community services, resulting in higher waiting times for community care assessment.	Plans for redesign to minimise this impact are in place. Fully integrated health and social care teams are planned to reduce duplication (identified through mapping), and increase capacity Further urgent development of primary care models (completion 13.03.2015) in place to harness this resource in delivering alternatives to A&E Capacity demand modelling in progress
Better Care Fund schemes shift staff to community services, resulting in deteriorating performance against the 18-week referral-to-treatment target.	No immediate plans to shift staff into community but through redesign, capacity is being developed, and through capacity modelling, capacity in current structure has been identified

Quality Risks.	
The disruption associated with Better Care Fund schemes reduces social care related quality of life for service users.	All plans are designed to improve social care related quality of life for service users Quality and Risk group established
The disruption associated with Better Care Fund schemes impacts on patient experience of NHS services as measured through the Friends and Family Test.	Implementation plans in development will take the potential for disruption into account and mitigation plans Communication and engagement with the public regarding the plans, rationale, and impact – plan in development Establishment of a communication group has commenced linked to the national communication network

4.0 Financial implications

4.1 The current proposed BCF revenue pooled fund for 2015/16 is £70.9 million, of which, £22.8 million is made up of services that are managed by the council. This includes £6.3 million representing the NHS transfer to social care (‘Section 256 funding). In addition to the revenue services the bid includes capital grants amounting to £2.1 million (Dedicated Facilities Grant and Social Care Capital Grant).

4.2 The pooled fund requires efficiencies to be realised to fund the council’s demographic growth of £2.0 million and care act implementation funding of £964,000. The council’s medium-term financial strategy (MTFS) currently assumes that these pressures will be funded in full from the BCF. The risk sharing agreement sets out how these costs will be shared between the partners if the efficiencies are not found (see section 4.7 below).

4.3 The receipt of a proportion of the BCF funding in 2015/16 (£1.6 million) will depend on meeting agreed performance targets, specifically the reduction in the number of non-elective emergency admissions by 3.5%. The CCG are required to withhold these monies from the Pool until such time as delivery has been demonstrated. In the event that admissions are not achieved, the CCG will bear 100% of this risk for 2015/16.

4.4 Each organisation will make equal monthly payments to the pooled budget. The actual contributions paid into the pooled by each party will be net of demographic growth, care act monies for the council and net of the performance payment for the CCG.

4.5 The current proposed financial contribution to the pool is broken down as follows:

	WCC contribution (£000)	CCG Contribution (£000)	Total Contribution (£000)
Community and Primary Care	3,639	14,856	18,495
Intermediate Care	15,933	23,124	39,057
Mental Health	2,821	5,437	8,258
Dementia	445	4,617	5,062
Total Contribution to Pooled Fund	**22,838**	**48,034**	**70,872**
Less Demographic Growth	(2,000)	-	(2,000)
Less Care Act	(964)	-	(964)
Less Performance payment	-	(1,561)	(1,561)

	WCC contribution (£000)	CCG Contribution (£000)	Total Contribution (£000)
Total cash contribution to the pool	**19,874**	**46,473**	**66,347**
(Ring Fenced Capital Grants)	2,085		2,085

4.6 The method of management of the agreed pooled budget and the management of financial risk and benefit will be detailed in the S. 75 agreement as detailed in section 3.3.

4.7 The risk sharing in terms of any over spend across the four work streams will be apportioned on the proportion of budgeted revenue contributions by each party to that work stream as at the 1 April 2015. The percentage split of risk sharing for each partner for the individual work streams are:

Work stream	WCC % of Risk Share	CCG % of Risk Share
Community and Primary Care	20	80
Intermediate Care	41	59
Mental Health	35	65
Dementia	9	91
Capital	100	-

4.8 If the programme does not identify the efficiencies required to fund the demographic growth and care act funding the risk will be shared in proportion with the total revenue contribution to the pool fund as at 1 April 2015. If the reduction in admissions is not achieved either part or full, the CCG will bear 100% of the risk. The risk of this will be shared as follows:

Maximum Risk	WCC £000	CCG £000	TOTAL £000
Demographic Growth	646	1,354	2,000
Care Act	311	653	964
Performance Payment	-	1,561	1,561
TOTAL	**957**	**3,568**	**4,525**

4.9 The MTFS assumes that the council's demographic growth will be delivered by the programme. If this was not included in the BCF, the council would be required to fund this in full. [AS/16022015/D]

5.0 Legal implications

5.1 The section 75 agreement must be in place for the start of the 2015/16 financial year.

5.2 Section 75 of the NHS Act 2006 (the "Act") allows local authorities and NHS bodies to enter into partnership arrangements to provide a more streamlined service and to pool resources, if such arrangements are likely to lead to an improvement in the way their functions are exercised. Section 75 of the Act permits the formation of a pooled budget made up of contributions by both the Council and the CCG out of which payments may be made towards expenditure incurred in the exercise of both prescribed functions of the NHS body and prescribed health-related functions of the local authority. The Act precludes CCGs from delegating any functions relating to family health services, the commissioning of surgery, radiotherapy, termination of pregnancies, endoscopy, the use of certain laser treatments and other invasive treatments and emergency ambulance services.

For local authorities, the services that can be included within section 75 arrangements are broad in scope and a detailed exclusions list is contained within Regulations of the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000.

5.3 The agreement has been drawn up using a template produced for the programme based on pilot projects and has been developed following advice from the Clinical Commissioning Group and Council's Legal Services and external solicitors. It will contain detailed provisions concerning a number of key issues, including performance, governance, fund management and risk sharing as outlined above.

5.4 The agreement describes the detailed arrangements that will be covered by the individual BCF projects and work streams, outlines the financial commitment of both organisations and outlines the governance structures and hosting arrangements for the pooled fund.

5.5 The governance arrangements will ensure that there is sufficient authority to take appropriate decisions and scrutiny of those decisions and the operation of the arrangements generally. This is outlined in Section 3 above, and will be included in detail within Schedule 2 of the agreement.

5.6 A Section 75 agreement with the CCG in relation to the BCF is required to be in place before the beginning of the financial year 2015/16

5.7 Work is underway to ensure that the S.75 schedules, which form a critical part of the agreement, are completed and agreed. The Council's legal department has been leading on the provision of legal advice to the process alongside the CCGs legal representation in support of the partners through the development stage.

5.8 Prior to signing both partners will secure independent legal review of the final agreement.

5.9 The S.75 agreement is an vehicle for the delivery of the BCF plan, which was approved in December 2014. This plan was developed jointly across the CCG, City Council and

involving other lay partners and providers and aims to support the delivery of the Councils and CCGs strategic vision, supporting the achievement of effective, efficient and integrated community and neighbourhood facing services.

5.10 The notice period for ending the Section 75 agreement, by negotiation, is 3 months.

[RB/06022015/Q]

6.0 Equalities implications

6.1 Individual schemes and initiatives funded by the Better Care Fund will be subject to robust Equality Impact Assessments. This is to ensure compliance with the Equality Act 2010 and to pay due regard to the Public Sector Equality Duty.

6.2 All identified opportunities for integrated delivery of care and effective integrated commissioning in Wolverhampton will be informed by the local population needs identified in the Joint Strategic Needs Assessment, in detailed analysis of local neighbourhoods, and set out in the City Council's Corporate Plan and CCG's Strategic Vision.

7.0 Environmental implications

7.1 No apparent environmental impact.

8.0 Human resources implications

8.1 No apparent HR impact.

9.0 Corporate landlord implications

9.1 None identified

10.0 Schedule of background papers

10.1 Draft Section 75 Agreement Final