



## Report of the Cabinet Member for Health & Wellbeing

Cabinet – 19 April 2018

### Western Bay Pooled Fund for Care Homes Options Paper

<b>Purpose:</b>	To highlight legal duty to achieve pooled fund arrangements for care homes and make recommendations for implementation.
<b>Policy Framework:</b>	Part 9 Social Services and Wellbeing Act
<b>Consultation:</b>	Access to Services, Finance, Legal, Regional Pooled Fund Task and Finish Group, Regional Community Services Board. Regional Legal and Finance Officers Group.
<b>Recommendation(s):</b>	It is recommended that: - 1) Option 1 as outlined in the report be implemented.
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#### 1. Introduction

1.1 This report explains the context for Regional Pooled Funds for Care Homes. It highlights the legal duty to achieve pooled fund arrangements; proposes options for implementing pooled funds, highlights risks and benefits associated with each option and makes a recommendation for implementation

#### 2. Legal context

2.1 The legal duty to develop pooled fund arrangements arises under Part 9 of the Social Services and Well-being (Wales) Act. The Partnership Arrangements (Wales) Regulations 2015 require “partnership bodies for

each of the partnership arrangements to establish and maintain pooled funds” including in relation to “the exercise of their care home accommodation functions.”

2.2 Section 9 of the Part 9 statutory guidance (Partnership Arrangements) states that these duties will take effect from **6<sup>th</sup> April 2018**. Section 9 states that Local Health Boards and local authorities will be expected to:

- Undertake a population needs assessment and market analysis to include the needs of self-funders.
- Agree an appropriate integrated market position statement and commissioning strategy which specifies the outcomes required of care homes; range of services required and methods of commissioning.
- Agree a common contract and specification.
- Develop an integrated approach to quality assurance.
- Adopt transparent use of resources, with aligned budgets, identifiable expenditure and shared financial commitments.

2.3 Paragraph 62 of the statutory guidance makes it clear that these arrangements will need to be subject to a formal written agreement.

2.4 Rebecca Evans AM, in her ministerial statement of the 10.10.17 has acknowledged the difficulties of achieving full implementation by April '18 and has confirmed she will allow commissioning bodies until the end of the forthcoming financial year (April '19) to deliver pooled fund requirements before considering intervention. In a meeting with representatives of the 7 Regional Partnership Boards across Wales, including Western Bay, the Minister for Children and Social Care Huw Irranca-Davies, AM indicated that pooled fund arrangements are an extension of joint working and noted an expectation that these should be in place by April 2018 (a non risk sharing arrangement initially) and that a full pooled fund arrangement should be in place quickly after that.

### **3. Scope of the pooled fund**

3.1 The pooled fund will include care and accommodation for adults who need long term care in registered residential settings because they have complex health and social care needs that require supported interventions on a 24 hour basis that cannot be delivered in their own home or alternative settings.

3.2 The pooled arrangement will apply to commissioned services i.e. residential, nursing and continuing health care funded beds.

3.3 It will apply regardless of the cost of placement and will therefore include some specialist provision; for example care for people who have acquired brain injury or a degenerative neurological disorder.

3.4 It will apply for those who have physical health and social care needs as well as those who are living with dementia.

- 3.5 Initially the pooled fund will not apply to placements made under s117 or in relation to care home services specialising in functional mental health where older persons may reside. Neither will it apply to Local Authority owned and managed homes.
- 3.6 Welsh Government have indicated that Pooled Fund arrangements should eventually apply to all adult care homes but have not specified timescales for achieving this.

#### 4. Current expenditure

- 4.1 The most up to date figures confirming annual gross expenditure on care home services for older people confirms regional spend of circa £64m. See table below for breakdown:

Regional Partner	Gross Annual Expenditure at YR End 16/17	
NPT		£ 12.7 m
BCBC		£ 8.1 m
CCOS		£ 19.6 m
ABMU HB	FNC	£ 8.3 m
	CHC	£ 15.9 m
<b>Total Regional Spend</b>		<b>£ 64.6 m</b>

#### 5. Purpose of pooled funds

- 5.1 Pooled funds are a mechanism for achieving integrated systems of care that are more person centred and improve outcomes for people. Currently commissioning arrangements across the Western Bay region are divided across three local authorities and one health board and further subdivided into separate narrowly defined service area budgets. This fragmentation can make it more difficult to commission integrated care and may lead to impediments or inefficiencies. Pooling budgets between commissioners is seen by Welsh Government as the most practical and efficient way to overcome fragmentation and jointly commission as a whole system. Examples of intended benefits include:

- Less duplication by eliminating or reducing similar processes undertaken and funded by different commissioners.
- Fewer gaps as more integrated commissioning maximises the opportunity to target resources where they are needed. For example by creating combined integrated services to meet complex needs.
- Reduced silo working where separate budget pressures and processes can lead to different priorities or unilateral decision making which can have destabilising impacts (in relation to fee rates for example).

- More efficient process with fewer coordination problems which can occur when separate organisations have differing processes, timescales for delivery and capacity levels for different roles and functions.
  - Reduced delays which occur when decision-making involves more than one commissioner, requiring multiple agreements.
- 5.2 Integration through pooled funds is intended to create better quality and more efficient services, and encourage partners to collaborate in a way that maximises their capacity to shape the market.
- 5.3 The private sector care homes market is perceived to be in a weak position. Citizens' right to choose care home accommodation has led to systems for purchasing placements which lean more towards passive procurement than active commissioning. Like other social care markets, the care homes sector is under considerable pressure and is characterised by certain features. Workforce pressures, recruitment and retention of staff, financial difficulties, regulatory change, population change and increasing needs are combining to impact service delivery and sector stability.
- 5.4 Pooled funds are an opportunity for partners to work together to understand issues affecting quality and stability of services. Shared understanding and common goals can help to develop more strategic, collaborative solutions for improving care and providing more relevant, sustainable services. This does not mean homogenising all services and practices. Rather it means creating opportunities for mutual gain. Local differences in contracting and commissioning arrangements which are necessary to maintain effective services should be accommodated where appropriate.

## **6. Progress to date**

- 6.1 Much of the work needed to establish pooled fund arrangements has already commenced:
- 6.2 Western Bay region has undertaken a population needs assessment with input from the 3 LAs, ABMU HB and the third sector with engagement and consultation from service users/ citizens.
- 6.3 A regional care homes commissioning strategy has been created and endorsed by each of the LAs and the Health Board.
- 6.4 Each local authority has created a Market Position Statement (MPS) which has enabled the development of a regional integrated MPS document.
- 6.5 An integrated approach to quality assurance has been developed via the Regional Quality Framework (RQF)

- 6.6 Template s33 agreements for legally binding partnership agreements have been created.
- 6.7 Work to create a common contract across the region commenced on 11.10.17. This will standardise contract terms and conditions across the four organisations and is scheduled for completion by April 2018.
- 6.8 A common process for setting fee rates is being explored. It is intended that this will lead to a shared methodology but not a shared rate.
- 6.9 Work to develop a common data set and information management system is also being developed with support from the National Commissioning Board using the soon to be implemented shared WCCIS health and social services database. This will enhance market understanding. A shorter term solution may be needed to share information between the partners in the interim.

## **7. Support from an independent organisation**

- 7.1 Support from an independent organisation may be required to support partners to overcome barriers to implementation. The nature of pooled fund arrangements is complex. Achieving full implementation may require independent support to facilitate a detailed evaluation of problems and solutions in relation to the following factors:
- Financial risks
  - Commissioning process compatibility
  - Organisational and workforce capacity
  - Political and organisational acceptability
  - Impact on market stability
- 7.2 Risks associated with each of these issues is described further at 9. Independent support to assess the magnitude of change required and the responses needed to achieve acceptable change may be essential given the degree of work involved, capacity of commissioning teams to take on additional workloads, and need for bipartisan solutions.
- 7.3 The role of the independent organisation is to act as “honest broker.” This may involve:
- 7.4 Review and make recommendations regarding the operational model, including the workforce components, that are required for effective fund management in the context of the Western Bay Care Homes Commissioning Strategy
- 7.5 Make recommendations regarding the processes that will be needed to ensure that eligibility decisions are made appropriately

- 7.6 Ensure there is a comprehensive engagement process to ensure ownership across all partner organisations including developing a common language and common objectives and outcomes for the use of the pooled fund
- 7.7 Use local data including the population assessments to inform the creation of the fund and make recommendations for a Resource Contribution Model that considers the current levels of expenditure.
- 7.8 Recommend a process for ongoing future review and alignment of Partner Contributions.
- 7.9 Make recommendations concerning the opportunities to develop a fair and consistent approach to fee setting
- 7.10 Develop a communications plan for informing and engaging all relevant staff, stakeholders in particular independent sector providers, care home residents and their carers.

## **8. Outcomes to be achieved via pooled funds**

- 8.1 Pooled funds are merely a means to an end. Ultimately pooled funds must be used to create commissioning models which will:
  - a. Improve the experience of residents and their families;
  - b. Address local and regional commissioning priorities;
  - c. Create positive financial impacts or improved efficiency for each partner;
  - d. Deliver more sustainable and resilient services;
  - e. Be manageable and deliverable.
- 8.2 Achieving these changes will mean doing things differently. It may mean commissioning different models of care, improving pathways into care, reducing process problems that impede timely and flexible solutions for residents, improving information sharing between partners and creating more congruent and more efficient commissioning processes.
- 8.3 The suggested options available for implementation have been considered against the high level criteria at 11.1

## **9. Perceived risks which may impact deliverability**

- 9.1 Pooled funds on such a large scale are new territory for all partners. Understandably there is some degree of nervousness about the complexity and level of risk that these arrangements will present. Examples of risk issues raised by partners include:
- 9.2 Financial Risks. Underestimating the contribution of partners. Managing resource shortages where contributions of partners are insufficient perhaps due to unforeseen levels of demand or problems controlling

types of placement. The potential for cross subsidisation. The loss of control over treasury management rights. Difficulty committing future resources without knowing settlement figures and in the context of reduced budgets. VAT complications which could arise when purchasing services from a pooled fund (given different rules which apply for LA's and Health Boards).

- 9.3 Deliverability due to complexity. Establishing a regional pooled fund may have implications for all processes which operate to enable care home placements. This could include "pathway" processes from initial assessment, authorisation, placement options, contracting, performance management, payment of providers and termination. It could also include planning and commissioning functions such as demand analysis, service model development, strategy design, contract development and fee rate negotiations. Assessing the implication of regional pooled funds on these functions may require a whole systems review.
- 9.4 Organisational and workforce capacity. Reengineering processes may have big implications. If a one partner is asked to take a host or lead role this could significantly impact workloads. For example, if one finance team were to make payments to all Providers across the region on behalf of all partners, this could triple the current workload. This is just one of the functions that may need to be redesigned.
- 9.5 Political and organisational acceptability. Underpinning part 9 is the principle that doing things 22 different ways is not sustainable. This position, though not explicit, is one which encourages greater centralisation or standardisation as a way to achieve improved efficiency. This has obvious workforce connotations that carry legal and political acceptability risks and may pose democratic accountability problems where one authority commissions on behalf of another.
- 9.6 The Welsh Government led consultation regarding the Bridgend CBC separation from Western Bay and alignment with the Cwm Taf region will have political and practical implications. Bridgend CBC and the Western Bay Programme Office officers have been working closely with Cwm Taff region to ensure minimum duplication of approach. Welsh Government senior officials have indicated that Bridgend's participation in the pooled fund arrangement may be delayed until April 2019. The section 33 agreement binding the partners to the pooled fund arrangement has been drafted to allow one party to the agreement to terminate without impacting on arrangements for the remaining partners. This is possible on the basis that preferred options favour a phased approach to achieving pooled funds which starts with aligning activity and spend in the first year. No actual financial risk sharing is intended until 19/20. By this time the position regarding Bridgend CBC's future will be known.
- 9.7 Impact on market stability. Systems changes may need to be carefully planned to avoid negative market impacts. Any proposed changes to systems which affect ability to make placements, ensure quality or pay

providers should be assessed carefully. Changes to commissioning processes or structures must be capable of responding to market volatility. Process for achieving political approval across several organisations may well lead to a delay in decision making and responsiveness. Pooled fund arrangements will need to ensure that commissioners (or the lead commissioner if appropriate) can respond quickly to sudden market changes such as closure or crisis affecting continuity of services.

9.8 Risks to Service Users. Rushing to achieve change could lead to problems described and may negatively affect services and people who use them.

9.9 At this stage, the extent to which these issues are a genuine threat is not clear. Further work is needed to explore the impacts of options for delivering pooled arrangements.

## **10. The options**

10.1 Having regard to the risks and benefits referred to, the following options are suggested. These options are presented as examples of possible solutions. There are elements of each which in a sense are transferrable and this allows for other permutations:

### **Option 1 – Aligning Expenditure to avoid financial risk sharing with a phased approach to pooled fund**

10.2 Creation of a S33 agreement between all of the parties to define the scope and high level aims and objectives of pooled fund arrangements. Allow for a termination clause which enables one party to exit without impacting on the validity of the agreement for the remaining parties.

10.3 Creation of a mechanism for capturing a detailed understanding of each partners expenditure on care home placements for 2018/19.

10.4 Generate a regional view of all activity and placement data, including CHC spend, 1:1 expenditure and other high cost placements and areas of unmet need.

10.5 Generate a plan during 18/19 to undertake small scale targeted pooled fund commissioning to address to common areas of unmet need for 19/20. This could include:

- Development of additional dementia nursing services, perhaps with more detailed service specifications that are clearer about service level requirements such as staffing levels, training expectations, environmental standards and outcomes requirements, as examples.



- Development of Bariatric services to provide specialist care for people with severe obesity. This could involve developing a single unit within an existing service or encouraging development of a small number of specialist beds across a number of settings.
- Development of assessment and reablement services which enable temporary step up to care home accommodation in response to illness or crisis and prevent avoidable hospital admissions; or which enable more timely transfer of care from hospital, followed by a period of care that enables a return home and prevents an avoidable long term care home placement.
- Development of dedicated respite beds to provide greater support for carers which enhances potential for people to remain living independently and potentially delays or avoids long term care home admission. This could include developing respite services for people with more complex dementia and nursing needs.
- Development of enhanced residential personal care services which offer some level of nursing provision, or access to additional community nursing and associated wrap around services. This has potential to enable people to remain in their preferred care home for longer, and is consistent with regulatory changes which encourage more flexible services. It could prevent escalation of need and avoid the need to transfer residents to more intensive and costly services, and could contribute to more effective use of nursing resources across the sector.

(These options are offered as examples only. A more detailed evaluation of options and objectives will be agreed by the pooled fund task and finish group).

- 10.6 Use learning from targeted pooled fund arrangements to develop detailed full pooled proposals with shared responsibility for agreeing liability for costs for 20/21.
- 10.7 Create a mechanism for aligning expenditure which will enable each party to contribute revenue at quarterly or monthly intervals based on planned expenditure for 2018/19, and receive an equivalent sum back from the pooled fund prior to the start of each period; or each partner to invoice the pool fund for expenditure incurred against their contribution at the end of the period, (an in and out arrangement). This method would prevent any financial risk sharing for the first year and would avoid the possibility of any cross subsidisation.

## **Option 2 – Pooled Fund with limited hosting responsibilities**

- 10.8 Creation of s33 as per option 1.
- 10.9 Create hosting and governance arrangements to allow 1 party to receive and manage funds at fixed intervals (monthly or quarterly).
- 10.10 Introduce contract variations to allow Providers from across the region to receive monthly payment from the host organisation.
- 10.11 Create mechanisms to reconcile monthly over / underspend for each partner and minimise financial risks.
- 10.12 Except for payment arrangements, maintain all other functions, processes and workforce arrangements at a local level (e.g. separate contracts, commissioning teams, social work, access to care and quality assurance arrangements etc).
- 10.13 Develop arrangements as per 10.4 to assess opportunities for further developing pooled fund arrangements from 19/20 (targeted joint commissioning to address gaps in services or reshaping commissioning process / structures to achieve efficiencies, as examples).

## **Option 3 – full pooled fund for 2018/19**

- 10.14 A whole systems regional approach to commissioning care home placements from point of assessment of need to payment of Providers and termination of contracts.
- 10.15 Requires full financial risk sharing with systems for calculating contributions, reconciling over and underspends at frequent intervals and timely adjustments to maintain manageable cash flow for host partner.
- 10.16 This option suggests either standardisation of commissioning processes to ensure compatibility, or centralisation to achieve efficiencies and avoid duplication (otherwise why create pooled resources?).
- 10.17 A pooled fund may involve developing lead commissioning arrangements so that one party can coordinate the development of overarching strategies and processes for making placements, or, shared arrangements whereby partners accept responsibility for leading on certain aspects.
- 10.18 Ultimately this option must lead to better outcomes for people and achieve efficiencies. It should lead to doing things differently so that commissioning strengthens the resilience of the market; achieves a level of equilibrium between demand and supply; improves access, promotes choice and reduces delayed transfers of care; optimises value for money

by improving understanding of provider costs and combining resources to add value and achieve savings. This option will need to be evaluated carefully to determine how processes and services can be changed to achieve these objectives.

**11. Assessment of each option (Against high level outcome criteria)**

11.1 The table below offers an initial assessment of each of the proposed options against the suggested outcomes criteria (including risk factors) and assumes that each outcome is weighted equally.

<b>Outcomes</b>		<b>Option 1</b> Phased approach Align budgets yr 1 Targeted pf yr 2 Full PF yr 3-5	<b>Option 2</b> Phased approach Align budgets yr 1 PF with limited hosting responsibilities Yr 2	<b>Option 3</b> Full PF year 1
Improve outcomes for residents and families	A	4	3	1
Address local and regional commissioning priorities	B	4	3	1
Create positive financial impacts or improved efficiency for each partner	C	4	4	1
Deliver more sustainable and resilient services	D	4	2	1
Be manageable and deliverable (having regard to the risks)	E	3	3	1
<b>Total Scores</b>		19	15	5

<b>Score</b>	<b>Description</b>
4 or 5	Meets criteria. Major improvement likely. Potential for substantial advantages. Best Outcome
2 or 3	Partially meets the criteria. Some improvements. Potential advantages outweigh potential disadvantages. Acceptable Outcome.
0 or 1	Does not meet the criteria. No improvement is likely or could be worse off. Potential disadvantages outweigh any potential advantages. Worst Outcome.

**12. Preferred options with rationale**

12.1 The table at 11.1 suggests that option 1 scores highest against the proposed criteria for evaluation and is therefore the preferred option. This

conclusion has been presented to partners as the basis for further discussion. All stakeholders have been asked to fully consider the options and evaluation criteria before assessing the implications and deciding whether one of the proposed options or some other variation is preferred. A completed template for evaluating the options against the proposed outcomes criteria has been provided (Appendix A).

### **13. Further considerations**

13.1 A Pooled Fund meeting with Welsh Government officials and representatives from the 7 health and social care regions occurred on 20<sup>th</sup> November. The following position emerged;

- Welsh Government assumption and expectation that a pooled fund arrangement will be in place by 1 April 2018 in each region, or significant progress towards it.
- WG wishes to provide a coherent package of support to achieve this (discussed what this might look like in terms of back fill capacity but nothing specific beyond that but we were invited to consider what it could look like)
- Policy officials have made the case to Ministers that the deadline will be challenging and the position ultimately is that we need to show progress towards a pooled fund arrangement.
- Several regions are progressing a 'non risk sharing pooled budget' arrangement.
- Strong representations have been made concerning the potential boundary change of Bridgend / part ABMU HB to Cwm Taff region but nothing confirmed by WG to date in terms of timings (consultation may close in February 2018), except acknowledgement that any work undertaken should allow for the simple disaggregation of Bridgend from Western Bay to Cwm Taff. There is an expectation that Bridgend will have a pooled fund in place.
- Some regions have agreed the host for the pooled fund, some have not.
- Expectation that the pooled fund would be progressed for care home accommodation for older people by April 2018 and potentially for Learning Disability and Mental Health by April 2019 but further advice was sought on this and in a timely way.
- Emphasis from several regions that the requirement for the pooled fund as a tool to evidence a commitment to joint working was distracting from the progress being made in integrated working between health and social care.
- Discussion about cross subsidisation and clarity on legality sought by some regions.
- WG have sought a high level description of progress to date and what the commitment looks like to the pooled fund arrangements. It was noted that until decisions are taken through Cabinets and HBs, that level of commitment cannot be confirmed. WG keen to support the regions achieve the requirement.

- Discussion about either, the National Commissioning Board, ADSS and WLG looking to call people together to discuss the issues, or seeking assurance from leads regionally of the position by April 2018.
- 13.2 WG have acknowledged the challenges associated with establishing pooled fund arrangements and during the initial implementation phase are content with non-risk sharing arrangements. However WG have created a clear expectation that proper full pooled fund arrangements are implemented for 2019/20.

## 14. Recommendations

14.1 The options outlined have been considered at the Community Services Board on the 14<sup>th</sup> December which concluded:

- Western Bay are unable to commit to a completely regional Pooled Fund due to the proposed boundary change of the Health Board that, if agreed, will affect Bridgend.
  - Western Bay will need to manage messages to Welsh Government in a more constructive and positive way to best reflect the progress already made.
  - It would be most realistic to progress the transactional approach with suggested pilots as outlined in Option 1.
  - Action is needed to ensure all Western Bay colleagues across all organisations are invested in developing the Pooled Fund and have the same understanding of what the pooled fund aims to achieve for services.
- 14.2 A task and finish group comprising legal, finance and senior managers from each partner organisation met on the 11<sup>th</sup> of January to decide which option or combination of options is preferred. Having regard to the issues set out in this paper and giving consideration to the strengths, weaknesses, risks and benefits outlined, the following decisions were reached.

**Recommendation 1:** It is recommended that each partner organisation commits to the creation of a pooled fund which involves implementing options with the City and County of Swansea acting as host organisation during 2018 / 19. Under option 1 the costs incurred by each of the four organisations during each quarter will be charged to the pooled budget held by CCOS and offset by the contributions made by each partner. Contributions will be based on the actual costs incurred in that quarter and will be timed to coincide with the charges so that no adverse cash flow implications are incurred by any of the Partners. The mechanism as described would mean there is no financial risk sharing in the first year of this new arrangement and no possibility of cross subsidisation between the parties.

**Recommendation 2:** Option 2 offers little value to citizens and should be disregarded.

**Recommendation 3:** Option 3 is too complex to achieve in the short term. Further work is required to evaluate obstacles and propose solutions.

14.3 The options described have been considered by the Western Bay Leadership Group on 12/01/2018 who supported the decision of the Pooled Fund Task and Finish group to recommend Option 1.

## 15. Next steps

15.1 Further work is required to progress joint commissioning arrangements and fully implement requirements outlined under Part 9 of SSWBA. This work will be coordinated by the Pooled Fund Task and Finish Group and overseen by the Care Homes Sub Group of the Community Services Board. Immediate actions identified by the task and finish group to progress arrangements are as follows:

	<b>Action</b>	<b>Timescale</b>
1.	Finalise amendments to S33 legal agreement and share for comment / sign off	28.02.18
2.	Update IPC on likely future requirements	Completed
3.	Care Home Sub Grp / Pooled Fund Task and Finish group to agree detailed arrangements for progressing option 1	Ongoing
4.	Develop detail of method for capturing spend / aligning expenditure during 2018	Initial draft completed
5.	CCOS to confirm hosting and governance arrangements for 18/19	01.04.18
6.	Pooled Fund Task and Finish Group / Care Homes Sub Grp to agree detailed arrangements/timescales for progressing fee setting process.	01.04.18
7.	Contracts working group to complete regional care homes contract terms and conditions.	01.04.18
8.	Undertake further evaluation of obstacles and risks which prevent full pooled fund implementation.	20.04.18

## 16. Equality and Engagement Implications

16.1 Pooled Fund objectives are intended to create more integrated services which improve services. An EIA screening form has been completed with the agreed outcome that a full EIA report is not required at this stage. Some consultation may occur as more detailed proposals are developed but we are not yet at that stage. Proposals will continue to be screened

for equality impacts as work progresses and full EIA reports will be completed if required.

## **17. Financial Implications**

- 17.1 The recommendations have no financial implications for 18/19. Pursuing Option 1 and jointly commissioning a small number of specialist beds to meet shared areas of unmet need during 19/20 could have cost implications. This would depend on the models commissioned and arrangements for hosting and governing the pooled funds. These details are to be determined. Implementing Option 1 in the way described would mean there is no risk sharing in the first year of this new arrangement and no possibility of cross subsidisation between the parties.

## **18. Legal Implications**

- 18.1 Legal implications have been referred to more broadly in the body of the report. In summary, recommendation 1 will enable the Partners to achieve their statutory duty of establishing pooled fund arrangements for care homes within the required timescales. It would offer a phased approach of meeting the desired outcomes, at a manageable and deliverable pace having regard to the risks involved with such arrangements. The scope, aim and objectives of the pooled fund will be covered within a S33 agreement.

**Background Papers:** None.

### **Appendices:**

Appendix A Evaluation of strengths and weakness of respective options.