

Division(s):

CABINET – 24 MAY 2016

Section 75 Agreement with Oxfordshire Clinical Commissioning Group for 2016-2017 to 2018-2019

Report by Director of Adult Social Services

Introduction

1. The purpose of this report is to seek approval for a continuation of and variations to the legal agreement under Section 75 of the NHS Act 2006 that governs the existing formal joint working arrangements and pooled budgets between Oxfordshire Clinical Commissioning Group and Oxfordshire County Council from April 2016 onwards.
2. This is an annual process that updates the agreement between Oxfordshire Clinical Commissioning Group and Oxfordshire County Council in respect of the pooled budgets. This includes agreeing the respective contributions of both parties, and the governance arrangements by which the pooled budgets are managed.

Background

3. Section 75 of the National Health Services Act 2006 contains powers enabling NHS Bodies to exercise certain local authority functions and for local authorities to exercise various NHS functions. This in turn enables better integration of health and social care, leading to a better experience and outcomes for patients and service users.
4. Oxfordshire County Council has an existing and long-standing agreement under Section 75 with Oxfordshire Clinical Commissioning Group to pool resources and deliver shared objectives, often referred to as “pooled budgets”. Oxfordshire has the largest genuinely pooled budgets in the country that reflects our commitment to joining up our commissioning and using resources flexibly for the benefit of people who need care.
5. This agreement covers services for older people, people with physical disabilities, people with learning disabilities, and people with mental health needs. The appendices to that agreement set out how the pooled budgets operate.
6. The current agreement runs until March 2016 and stipulates that the schedules should be revised and agreed annually. Parties agreed to continue to work under the existing principles and agreement until the revised arrangements are formally agreed.

7. There are a number of areas that should be reviewed as part of the annual review
 - (a) The level of contribution each organisation makes
 - (b) The way that risk is shared
 - (c) The performance of the pooled budgets in terms of meeting key performance indicators
 - (d) Arrangements for the management of pooled budgets.

Delivery of key strategic objectives

Health & Wellbeing Board Objectives

8. The Joint Health and Wellbeing Strategy 2015/2019¹ has identified three key priorities for adult health and social care:

Priority 5: Working together to improve quality and value for money in the Health and Social Care System

Priority 6: Living and working well: Adults with long-term conditions, physical disabilities, learning disabilities or mental health problems living independently and achieving their full potential

Priority 7: Support older people to live independently with dignity whilst reducing the need for care and support

9. The pooled budgets are required to support the delivery of the local priorities identified in the Joint Health and Wellbeing Strategy, as well as ensuring that Oxfordshire delivers its national targets. The schedules of the Section 75 agreement outline how each budget addresses these priorities and outline a series of outcomes that the budget is aiming to deliver.
10. Delivery of the Health & Wellbeing Board priorities is supported by a number of joint commissioning strategies that are reviewed, under review or are due for review in the coming year. These include learning disabilities, Child and Adolescent Mental Health, Mental Health, Physical Disability, Carers, Older people, Autism and Information and Advice strategies. The Health and Wellbeing Board priorities are also due to be refreshed during 2016/2017, alongside the development of a Sustainability and Transformation Plan led by the CCG on behalf of the health and social care system in Oxfordshire.
11. It is Oxfordshire County Council and Oxfordshire Clinical Commissioning Group's intention to review these strategies alongside each other and in the light of any changes to the Health & Wellbeing Board priorities. We will use this review to establish clear outcome measures that assure the delivery of these joint strategies.

Implementation of the Oxfordshire Better Care Fund

12. The Better Care Fund 2016/17 plan was submitted to NHS England on 3rd May for approval, and we await feedback. It is a national requirement that there is a local mechanism to host, monitor and assure delivery of schemes within the Better Care Fund.

¹ Oxfordshire's Joint Health & Wellbeing Strategy 2015 – 2019 (Final Version July 2012, Amended July 2013, June 2014, June 2015)

13. The Oxfordshire system will invest circa £40m in 2016/17 in the Better Care Fund, an increase from £37.5m in 2015/16. This funding includes a specific distribution formula for the Disabled Facilities Grant element of the Better Care Fund.
14. This funding will be invested in schemes to improve health and social care outcomes for local people. Of the £40m in the Better Care fund a total of £21.35m is transferred to adult social care, including a continued investment in maintaining adult social care of £8m, and allocation of £1.35m to support the ongoing implementation of the Care Act 2014.
15. It is proposed that the Better Care Fund will continue to be hosted within the Older Peoples Pooled Budget as a separate line within the budget. The Single Joint Management Group will receive regular reports against
 - (a) Spend against the Better Care Fund
 - (b) Implementation of schemes within the Better Care Fund
 - (c) Performance of those schemes

Supporting the development of integrated commissioning

16. During 2016/17 Oxfordshire County Council and Oxfordshire Clinical Commissioning Group will continue to work together to develop a greater level of integration. Any proposals that impact on the current pooled budget would be subject to formal agreement of variations.
17. This arrangement will be reviewed to consider effectiveness and accommodate further discussions about devolution, and potential to operate a single pooled budget.
18. There is on-going work to have a children's pooled budget for the provision of short break and respite care services for children aged 0-18 years. Upon agreement to create a pooled budget for children's services, this agreement will be amended to include governance arrangements to govern this budget.
19. In the interim there are a number of proposals within the current paper that are designed to support the development of a more integrated approach.

Proposed Changes to the Pooled Budget agreement for 2016/17

20. The existing agreement sets out the mechanisms by which the contributions from the Oxfordshire County Council and Oxfordshire Clinical Commissioning Group are managed and used. It details the aims and objectives of the pooled funds, the services that will be commissioned, the governance arrangements and agreement between the partners for management and contractual arrangements.
21. The schedules to the agreement are in *Annex One*. These provide clarity about eligibility, service scope and nature, and about pool management and governance, including delegation.

22. It is proposed that the agreement broadly continues in its current form for a period of three years. Any Pooled Fund Arrangement made under the S 75 Agreement will continue until either:
- (i) the Section 75 Agreement as a whole expires or is terminated earlier (on 6 months' notice by either party); or
 - (ii) the particular Pooled Fund Arrangement is terminated (on 6 months' notice by either party, or on 3 months' notice by either party if no agreement on annual contribution or on shorter notice by one party if the other is in default).
23. The key changes are set out below.

Contributions and Risk Share for 2016/17 for adults

24. The County Council agreed the budget on 16 February 2016 and in doing so agreed the County Council contributions to the Pooled Budgets for 2016/17. The Oxfordshire Clinical Commissioning Group agreed its contribution at the Governing Body meeting on 21st April 2016.
25. Contributions from both parties have been amended from 2015/16 to reflect demographic pressures, savings and efficiency targets that have been agreed, and pressures and underspends from the end of year outturn.
26. It is proposed that the risk sharing between organisations in all the pools (except mental health) will continue to reflect a truly pooled budget arrangement, working to a joint strategy with joint decision making. As such, it is proposed that the risk sharing between the Clinical Commissioning Group and County Council is directly proportional to the gross contributions of both parties in each of the pools. However discussions are on-going in relation to the Mental Health pool and should be resolved by the end of quarter 1.

2016/17 Contributions and risk share²

Older People's Pool	OCC	OCCG
	£'000	£'000
Contribution to OP pool	66,923	120,178
Exclude BCF		33,897
Add back income	20,196	
Risk Shared Contributions	87,119	86,281
% risk share	50.24 %	49.76%

Learning Disabilities Pool	OCC	OCCG
	£'000	£'000
Contribution to LD pool	70,616	13,318

² The risk share for each pool is calculated on the basis of gross contributions of each party as set out in Schedule 3.

Add back income	5,427	
Risk Shared Contributions	76,043	13,318
% risk share	85.10%	14.90%

Mental Health Pool	OCC	OCCG
	£'000	£'000
Contribution to MH pool	9,082	44,847
Add back income	53	
Risk Shared Contributions	9,135	44,847
% risk share	16.92%	83.08%

Physical Disabilities Pool	OCC	OCCG
	£'000	£'000
Contribution to PD pool	11,925	7,866
Add back income	820	
Risk Shared Contributions	12,746	7,866
% risk share	61.84%	38.16%

27. The risk share for the Older People's Pool excludes the revenue elements of the BCF of £33.897m which forms part of the CCG's contribution to the pool. Of this, £21.352m contributes to Adult Social Care services. The risk shares for all pools are based on gross contributions and are adjusted for the budgeted value of client contributions.
28. Through the additional 2% precept for adult social care the Council has £5.8m in 2016/17 to address the impact of the national living wage. The additional funding allows councils to increase the prices they pay for care, including to cover the costs of the National Living Wage. The use of this additional funding, which is currently held outside the pools, is subject to consultation with providers, and the intention is that this will be drawn into the relevant pools to cover price increases as these are agreed.
29. It will continue to be the responsibility of the Single Joint Management Group for adults to ensure that spending is contained within the resources available. Where financial pressures arise in year, the Joint Management Group must look at options to contain total spending within the resources available.
30. Where either party has allocated specific savings to the pooled budget, the expectation is that a clear and robust strategy will be in place to ensure its delivery. Where commissioners do not agree an appropriate strategy is in place, the party moving the risk into the pool may still choose to do so but will be wholly responsible for funding any non-delivery of the saving.
31. Plans considered to be at risk will be agreed by the end of Quarter 1 each year, and will be monitored closely by the Joint Management Group throughout the year to ensure appropriate action is being taken.

Additional risk share under Better Care Fund

32. The Council and the Clinical Commissioning Group are both committed to increasing the hours of home care purchased each week to meet increasing demand, reduce the number of people permanently placed in care homes, and to help avoid hospital admissions and support people to return home as soon as they are fit to do so.
33. The Council has committed £2.1m of new funding to the Home Support budget within the Older People's pool to purchase additional capacity in the Home Support market. It is calculated that the Council will need to purchase 270 new hours of home care per week over the course of 2016/17. After taking into account the impact of attrition the Council expects to deliver growth of 10% in the number of home support hours commissioned per week from a baseline of 20,400 hours per week.
34. It is proposed that if the Council does not fully meet this commitment and there is an underspend against the Home Support expenditure budget, the Clinical Commissioning Group will recoup in full any underspend up to the value of £2.1m. This will help to offset additional costs in the NHS arising from people admitted to and/or delayed in hospital as a result (eg the additional CCG investment in intermediate care beds).
35. However, subject to evidence provided by the Council that the inability to source home care was due to capacity in the market rather than sufficient funding, and if there are demonstrable costs to the pool arising from increased admissions to care homes as an alternative to home care, the Clinical Commissioning Group may agree to the reallocation of this funding within the pooled budget.
36. Progress in sourcing the additional hours of home care will be jointly tracked weekly and formally monitored on a quarterly basis by the Joint Management Group. This will be measured by the average numbers of new hours commissioned per week in the quarter, cumulative progress towards the 10% increase in total weekly hours per week, and the total spend against the budget.

Single Joint Management Group for Adults

37. It is proposed that Oxfordshire has a Single Joint Management Group with senior representatives from Oxfordshire County Council and Oxfordshire Clinical Commissioning Group to manage four pooled budgets for adults for effective delivery of health and social care in Oxfordshire. This would replace the four existing Joint Management Groups that currently meet to look at individual pooled budgets for older people, people with learning disabilities, people with mental health conditions and people with physical disabilities.
38. A single joint management group for adults will provide an opportunity to
 - have commissioning discussions across all client groups, rather than separately;

- have an oversight of the issues specific to each client group and common challenges for all;
 - have an overall consideration of issues across the pools or flexibility to match funding to areas of pressure and need irrespective of client group;
 - streamline decision making and enable partners to monitor the impact of decisions on adult social care providers across different client groups.
39. The Single Joint Management Group will meet quarterly, and will be supported by a Pooled Budget Officers Group that will meet on a monthly basis. Commissioners, finance leads and others will meet outside these meetings as appropriate or required. Decision making in relation to the pooled budgets will rest with the Single Joint Management Group unless delegated appropriately. Details of the membership and operation of the Single Joint Management Group is in schedule four to the Section 75 agreement (see attached Annex One).
40. The Single Joint Management Group will be responsible for managing and overseeing progress against key outcomes for adults within the Oxfordshire Health and Wellbeing Strategy, including reporting to each meeting of the Health and Wellbeing Board. Although the meetings of the Single Joint Management Group will not be in public, reporting to the Health and Wellbeing Board will encourage transparency of decision-making.
41. The Council will be responsible for arranging and coordinating the Single Joint Management Group and Pooled Budget Officer Group meetings.
42. The Single Joint Management Group will be responsible for the allocation of budget to cost centres. Budget holders are responsible for delivering the agreed strategy within their allocated budget.
43. The pooled budget manager for each pool will continue to retain oversight of the pool as a whole and retain responsibility for the submission of finance and performance reports to Single Joint Management Group meetings.
44. The Pooled Budget Officers Group will be responsible for reporting to the Single Joint Management Group on activity, spending and performance that standardises the approach across the pooled budgets. This will be used to assure the Single Joint Management Group regarding the level of activity, management of financial risk and the delivery of our strategic objectives.
45. During 2016-17 this Group will continue to develop this framework to improve integrated reporting that maps the outcomes and costs for people across those services commissioned from pooled budgets.

Risks

46. Risk share arrangements for the pools are set out in paragraphs 24-31 above.

47. Failure to agree new arrangements would significantly impact on both partners ability to ensure appropriate services are commissioned to meet people's needs across all client groups.
48. Failure to work together to develop and deliver coherent joint commissioning strategies will result in the failure to achieve financial efficiencies and better performance across the whole system.

Financial and Staff Implications

49. The full financial implications to the Council are set out in paragraphs 24-31 above and the draft agreement, in particular Schedule 3. The Council's financial contribution reflects that set out in the budget agreed by Council on 16 February 2016.
50. It is proposed that all pooled budgets will continue to include the County Council client contribution budgets. There is no additional risk to the County Council from this proposal.
51. In line with the Section 75 Agreement dated 23rd April 2013 as amended by a deed of variation dated 21st March 2014 between Oxfordshire Clinical Commissioning Group and Oxfordshire County Council, the partners agreed to extend the agreement for three years (until 31st March 2019). The agreement or a pooled fund arrangement can be terminated on 6 months' notice by either party.

Equalities Implications

52. In line with the Council's Equality Policy 2012-2016, a Service and Community Impact Assessment has been completed to consider the implications of the Section 75 Agreement for all client groups.
53. There are not considered to be any direct implications of this agreement on individuals, communities, staff or providers of services as the agreement does not vary significantly from previous agreements and is essentially a mechanism for the delivery of joint commissioning strategies.
54. These joint commissioning strategies are all developed following significant consultation with clients, the public, providers and organisations involved in the commissioning and delivery of services. In most cases they are specifically targeted at improving outcomes for more vulnerable people, and each has its own impact assessment.
55. Similarly, individual impact assessments are completed for all commissioning activity, service changes and contracts awarded linked to the development and delivery of the joint commissioning strategies. Where appropriate, the outcomes of these assessments are reported to Cabinet to inform decision-making on new policies, contracts and service changes.

RECOMMENDATION

56. The Cabinet is **RECOMMENDED** to
- (a) approve the proposed pooled budget arrangements with Oxfordshire Clinical Commissioning Group, including a revised Section 75 Agreement for All Client Groups (as set out in Annex 1) to reflect this, subject to the inclusion of any necessary changes in the text as agreed by the Director of Adult Social Services after consultation with the Cabinet Member for Adult Social Care;
 - (b) approve the contributions and risk share arrangements as set out in paragraphs 24-31;
 - (c) approve the proposal to move to a single joint management group in adults, replacing the existing four separate groups; and
 - (d) approve an extension of the Section 75 Agreement for three years until 31st March 2019.

JOHN JACKSON
Director of Adult Social Services

Contact Officer: Ben Threadgold, Policy and Performance Service Manager

Annex One: Revised Section 75 Schedules

Schedule 1

The Pooled Funds

1. The four pooled budgets are set out below and are intended to deliver the Oxfordshire Health and Wellbeing Board Priorities for specific care groups. The Health and Wellbeing Board has developed and published a Joint Health and Wellbeing strategy covering 2016/2017 which guides the joint commissioning work of Oxfordshire County Council and Oxfordshire Clinical Commissioning Group.
2. This has identified three key priorities for adult health and social care:

Priority 5: Working together to improve quality and value for money in the Health and Social Care System

Priority 6: Living and working well: Adults with long-term conditions, physical disabilities, learning disabilities or mental health problems living independently and achieving their full potential

Priority 7: Support older people to live independently with dignity whilst reducing the need for care and support

A OLDER PEOPLE POOLED FUND

1. The Older People Pooled Fund shall consist of contributions from Oxfordshire County Council and Oxfordshire Clinical Commissioning Group to commission services for older people.
2. Oxfordshire County Council shall be the Host Partner for the Older People Pooled Fund. The Services delivered shall be the social care services and specialist health services for older people as more particularly described in Schedule 2.
3. Oxfordshire County Council shall be the Lead Commissioner for some elements of these Services and the Oxfordshire Clinical Commissioning Group shall be the Lead Commissioner for other elements of these Services. The division of responsibility for the commissioning of these Services is set out in Schedule 2.
4. The aim of the Older People Pooled Fund is to use resources efficiently to commission a range of health and social care services which enable older people to live independent and successful lives that are healthy and personally and socially fulfilling.
5. The Older People Pooled Fund will be used for commissioning a range of services for all client groups where the majority of users are older people (for

example support for carers, equipment, reablement). See Schedule 2 for more detail.

B LEARNING DISABILITY POOLED FUND

1. The Learning Disability Pooled Fund shall consist of contributions from Oxfordshire County Council and Oxfordshire Clinical Commissioning Group to commission services for adults with learning disabilities.
2. Oxfordshire County Council shall be the Host Partner for the Learning Disability Pooled Fund and shall act as Lead Commissioner for social care services and specialist health services for adults with a learning disability as more particularly described in Schedule 2.
3. The aim of the Learning Disability Pooled Fund is to use resources efficiently to commission a range of health and social care services which enable adults with learning disabilities to live healthy, active lives in their local communities.

C MENTAL HEALTH POOLED FUND

1. The Mental Health Pooled Fund shall consist of contributions from Oxfordshire County Council and Oxfordshire Clinical Commissioning Group to commission specialist and targeted mental health services for children and young people, and mental health and well-being services for adults aged 16 and above with functional mental health problems.
2. Oxfordshire Clinical Commissioning Group shall be the Host Partner for the Mental Health Pooled Fund and shall act as Lead Commissioner for social care services and specialist health services for children, young people and adults over the age of 16 with mental health needs as more particularly described in Schedule 2.
3. From time to time the mental health pool commissions individual social care packages of care including placement in residential accommodation. These interventions are commissioned by the Oxfordshire Clinical Commissioning Group as lead commissioner on behalf of Oxfordshire County Council. Oxfordshire Clinical Commissioning Group shall conduct the procurement process for such care packages in consultation with Oxfordshire County Council but the contracts associated with such care packages shall be held and managed by the Oxfordshire County Council in line with the Care Act charging regulations.
4. The aim of the Mental Health Pooled Fund is to use resources efficiently to commission a range of health and social care services which achieve better outcomes for people of all ages living with mental health problems.

D PHYSICAL DISABILITY POOLED FUND

1. The Physical Disability Pooled Fund shall consist of contributions from Oxfordshire County Council and Oxfordshire Clinical Commissioning Group to commission services for adults with physical disabilities.
2. Oxfordshire County Council shall be the Host Partner for the Physical Disability Pooled Fund and shall act as Lead Commissioner for social care services and some health services for adults with a physical disability as more particularly described in Schedule 2.
3. The aim of the Physical Disability Pooled Fund is to use resources efficiently to commission a range of health and social care services which enable adults with physical disabilities to live healthy, active lives in their local communities.

Schedule 2

The Services

All Services may be purchased through individual spot contracts, block contracts, framework contracts, personal budgets or Direct Payments.

1. Area Covered

- 1.1 People may be referred if they are the responsibility of Oxfordshire Clinical Commissioning Group or Oxfordshire County Council's Social & Community Services, being people ordinarily resident in the County of Oxfordshire and/or registered with a general practice that is part of Oxfordshire Clinical Commissioning Group.
- 1.2 From time to time, there may be prospective Clients who seek referral or are referred by other professionals who are not resident within the area of Oxfordshire County Council as not all of the Oxfordshire Clinical Commissioning Group boundaries are within the Oxfordshire County Council boundary. In those cases, they will be dealt with on a case by case basis through negotiation with the neighbouring Local Authority and Clinical Commissioning Group and according to existing national guidelines on district of residency and delegation of NHS functions.
- 1.3 It should be noted that while some patients in Thame and Shrivenham fall outside the boundaries of Oxfordshire Clinical Commissioning Group, they are within the Oxfordshire County Council administrative boundary and Social & Community Services funding for these areas is provided within the current Pool.

2. Eligibility

- 2.1 All prospective Clients shall be assessed under the Integrated/Joint Assessments Process. Without prejudice to the Integrated/Joint Assessments Process, the following individuals will be eligible for services purchased by the Council:
 - 2.1.1 Any adult who meets the National Framework for Continuing Health Funding Criteria for adults/older people (introduced on 1 October 2007)
 - 2.1.2 Any adult who meets the Funded Nursing Care ('FNC') criteria as laid down by the Department of Health from time to time
 - 2.1.3 Any adult who does not need to be in an acute NHS and community beds but cannot return home for any reason and requires a temporary stay in a residential or nursing home
 - 2.1.4 Any adult who meets the criteria for intermediate care as agreed from time to time
 - 2.1.5 Any person who has identified health care tasks undertaken by care workers as part of their care package as set out in the shared care protocol
 - 2.1.6 Persons assessed as having eligible needs under the Care Act criteria as agreed from time to time

- 2.2 Each pool is predominantly for people for a specific care group (as set out below).
- 2.3 In addition, there are small but significant numbers of people who do not fully meet the eligibility definition for each pool but who are eligible for an assessment from Oxfordshire County Council because of a combination of factors which render them vulnerable. There are also people with multiple issues that may render them eligible for support from more than one pool.
- 2.4 In the case of both these groups where it is deemed by Oxfordshire County Council and Oxfordshire Clinical Commissioning Group that a particular service is best placed to meet the needs of this group, assessment and social care services may be provided and purchased by the pool.
- 2.5 The best fit decision will take into account the needs of the individual, and the services best placed to meet those needs.
- 2.6 The decision about which pool is the best fit for any individual shall be taken by the Pool Manager, in consultation with either Strategic Commissioner Adults, Oxfordshire County Council (in the case of the Mental Health Pool) or Programme Manager Mental Health and Joint Commissioning, Oxfordshire Clinical Commissioning Group (in the case of Older People, Learning Disability, and Physical Disability Pools).
- 2.7 Older people*
- 2.7.1 This pool is predominantly for the provision of services to adults over the age of 65.
- 2.7.2 Many of the services commissioned from this pool are for all adult age clients but the majority of people benefiting from the services thus commissioned will be over the age of 65, including prevention and early support, information and advice, reablement, equipment and assistive technology.
- 2.7.3 Support for carers is commissioned from this pool for adults of all ages and children and young people.
- 2.8 Learning Disability*
- 2.8.1 This pool is predominantly for the provision of services to adults who have learning disabilities. People receiving services under this pool will usually present with
- A significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with
 - A reduced ability to cope independently (impaired social functioning), which started before adulthood, with a lasting effect on development.
- 2.9 Mental Health*
- 2.9.1 This pool is predominantly for the provision of services to adults aged 18-65 (but see 2.9.5 below) who meet the thresholds for care as defined in the mental health care clusters, whether mild to moderate anxiety and depression (clusters 1-3), moderate to severe anxiety and depression (clusters 4-7), personality disorders (cluster 8) and psychoses (clusters

10-17). This will include those people who have a mental health problem in a co-morbid presentation with other conditions (such as autism, drugs or alcohol problems, physical health problems).

- 2.9.2 In addition people receiving services under section 117 of the Mental Health Act (1983) will also be funded from this pool. Where individuals falling under the remit of section 117 are the responsibility of Oxfordshire Clinical Commissioning Group but not of Oxfordshire County Council then only identifiable health needs will be funded from the pool.
- 2.9.3 The responsibility for social care needs will sit with the appropriate local authority. It will be the responsibility of the lead commissioner to negotiate this.
- 2.9.4 The mental health pool also commissions services for adults living with autism and leads on the delivery of the Autism Strategy.
- 2.9.5 In addition the pool also funds targeted and specialist child and adolescent mental health services. These services
- target particular groups at risk of experiencing mental health problems
 - and provide specialist services to children and young people with complex, severe and / or persistent needs.

2.10 Physical Disability

- 2.10.1 This pool is predominantly for the provision of services for adults between the ages of 18 and 64 who have a physical disability in line with the definition set out in the Equality Act 2010.
- 2.10.2 A person has a disability if:
- they have a physical or mental impairment
 - the impairment has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities
- 2.10.3 For the purposes of the Act, these words have the following meanings:
- 'substantial' means more than minor or trivial
 - 'long-term' means that the effect of the impairment has lasted or is likely to last for at least twelve months (there are special rules covering recurring or fluctuating conditions)
 - 'normal day-to-day activities' include everyday things like eating, washing, walking and going shopping
- 2.10.4 This pool hosts the rehabilitation budget that is designed to support people recover when they have received an acquired brain injury. This health budget is deployed where there is a prospect of rehabilitation. Support from this budget continues until the service user achieves a level of independence or until there is no further prospect of improvement in their rehabilitation. In the latter case the service user may be supported from social care and/or alternative health commissioned services. Decisions under this heading are made by a dedicated panel jointly chaired by the partners.

3. Financial Assessment of Clients

- 3.1 People receiving social care services through Pooled Funds for adults will receive a financial assessment and be charged in line with the Care Act 2014 and council's charging policy. There is no charge for NHS funded health provision.
- 3.2 The Single Joint Management Group for adults will be consulted about any changes to the charging policy.

4. Carers

- 4.1 Carers and young carers who are likely to have care and support needs when they become an adult are entitled to a carers' assessment in line with the Care Act 2014 and the council's assessment policy.

5. Market development and purchasing approach

- 5.1 Market Position Statements, developed by the council in consultation with service users, carers and other significant stakeholders, set out the current market and future needs of the population of Oxfordshire, and inform the development and maintenance of a range of services to deliver the aims and objectives of the Joint Commissioning Strategies. This will help to maximise independence as far as possible, and assist people to lead independent lives with the minimum support necessary to maintain a reasonable quality of life.
- 5.2 An integrated purchasing approach will be developed by the Partners. This will focus on care homes, and home support services. All purchasing of these services will be carried out by a single purchasing team, using County Council procedures and financial assurance.

6. Contracts and quality

- 6.1 The details of the Service will be specified in Service Contracts entered into by Oxfordshire County Council or where relevant the Oxfordshire Clinical Commissioning Group. These will include contracts to purchase 100% NHS health care.
- 6.2 Where health services are commissioned through the pools then the clinical quality of the service remains the responsibility of Oxfordshire Clinical Commissioning Group. Oxfordshire County Council will provide such information as is requested to support the assurance of clinical quality carried out by Oxfordshire Clinical Commissioning Group.
- 6.3 Where social care services are commissioned through the pool then the quality of the service will be the responsibility of the partner contracting for the service. This responsibility can be delegated to either partner through formal agreement at the appropriate Joint Management Group.

6.4 The parties will agree the performance and quality management and reporting processes for those contracts commissioned across the pooled budgets and ensure that this information is made available via the single joint management group.

A OLDER PEOPLE POOLED FUND

This Schedule describes the Services to be provided to people eligible for support from the fund (as defined above).

Oxfordshire County Council will be the Lead Commissioner for the following Services:

- Prevention and early support services
- Information and advice services
- Support to carers
- Intermediate care
- Reablement
- Residential Care
- Nursing Care (Nursing Homes)
- Respite care
- Long-stay care in a registered or non-registered setting
- Other services designed to substitute for, or reduce the need for admission to, acute or long-stay care
- Support at home
- Personal Budgets, direct payments and brokerage
- Day Opportunities and transport
- Equipment and assistive technology
- Dementia support
- Support to people following a stroke
- Support to people with a sensory impairment
- Locality teams
- Hospital teams
- Sensory impairment

Oxfordshire Clinical Commissioning Group will be the Lead Commissioner for the following services:

- Community Rehabilitation
- Falls Service
- Aphasia (communication service)
- Community Hospitals
- Community and District Nursing
- Hospital at Home
- Care Homes Support Service
- Podiatry
- Home Oxygen Assessment Service
- Emergency Multidisciplinary I Units

- Single Point of Access for Rehabilitation and Care (SPARC)
- Healthier at Home (Interface Medicine)
- Acute inpatient beds for older adults
- Support for older people with mental health needs in hospitals and their community including day services
- End of life care
- Support for people following a stroke
- Night services
- Supported Hospital Discharge Service
- Heart failure
- Respiratory Pulmonary rehabilitation
- Palliative Care (Hospices & Bereavement services and community matrons)
- Non-Emergency Patient Transport

Many of the services commissioned from this pool are for all adult age clients, including prevention and early support, information and advice, reablement, equipment and assistive technology. Support for carers is commissioned from this pool for adults of all ages and children and young people.

B LEARNING DISABILITY POOLED FUND

This Schedule describes the Services to be provided to people eligible for support from the fund (as defined above).

- All those community-based assessment and health and social care services that aim to meet the needs of people with a learning disability
- Those physical and mental health services based in hospital that are designed to help people living with a learning disability return to the community with the maximum level of independence
- Personal budgets in social care and health
- Housing and housing support services for people with a learning disability
- Employment services
- Other services as may be necessary to meet eligible needs

These services and the outcomes they should meet are described in more detail in *The Big Plan; A Joint Commissioning Strategy for Adults with Learning Disabilities 2015-18* produced by Oxfordshire County Council and Oxfordshire Clinical Commissioning Group.

C MENTAL HEALTH POOLED FUND

This Schedule describes the Services to be provided to people eligible for support from the fund (as defined above).

- All those community-based assessment and health and social care services that aim to meet the needs of people with mental health problems
- Those physical and mental health services based in hospital that are designed to help people living with a mental health problem return to the community with the maximum level of independence
- Personal budgets in social care and health
- Housing and housing support services for people with mental health problems

- Employment services
- Other services as may be necessary to meet eligible needs

Diagnostic and other services for people living with autism

These services and the outcomes they should meet are described in more detail in the commissioning strategy *Better Mental Health in Oxfordshire 2012-2015* produced by Oxfordshire County Council and Oxfordshire Clinical Commissioning Group.

D PHYSICAL DISABILITY POOLED FUND

This Schedule describes the Services to be provided to people eligible for support from the fund (as defined above).

- All those community-based assessment and health and social care services that aim to meet the needs of people with physical disability
- Those physical and mental health services based in hospital that are designed to help people living with a physical disability return to the community with the maximum level of independence
- Personal budgets in social care and health
- Housing and housing support services for people with physical disability
- Employment services
- Rehabilitation services for people living with Acquired Brain Injury
- Other services as may be necessary to meet eligible needs

These services and the outcomes they should meet are described in more detail in *A Joint Physical Disability Commissioning Strategy for Oxfordshire 2012-15* produced by Oxfordshire County Council and Oxfordshire Clinical Commissioning Group.

Schedule 3

Financial Resources

Purchase Contracts

The details of the Service will be specified in Service Contracts entered into by Oxfordshire County Council or where relevant Oxfordshire Clinical Commissioning Group. These will include contracts to purchase 100% NHS health care.

A OLDER PEOPLE POOLED FUND

1 Older People's Pooled Budget Contributions 2016-17

Older People	Oxfordshire County Council	Oxfordshire Clinical Commissioning Group	Total
	£	£	£
Older People	65,797,711	119,103,000	184,900,711
Equipment	1,124,851	1,075,000	2,199,851
Total	66,922,562	120,178,000	187,100,562

The risk share is calculated at gross expenditure rather than the net contribution shown in the table above. The Council's income target for Contribution Income ("Income Target") is therefore added to the net contribution to arrive at the Gross contribution for Risk Share purposes.

In addition the risk share is adjusted such that the County Council manages the risk of the Care Act funding and Oxfordshire Clinical Commissioning Group manage the risk for the Better Care Fund. The risk share is therefore as per the table below:

2 Older People's Pooled Budget Risk Share 2016-17

Risk Share	OCC	OCCG
	£	£
Contribution to OP pool excluding BCF	66,922,562	86,281,000
Add back income	20,196,547	
Risk Shared Contributions	87,119,109	86,281,000
% risk share (incl equipment)	50.24 %	49.76%

3 Timing of Payments

Oxfordshire County Council and Oxfordshire Clinical Commissioning Group will make monthly payments to the pooled fund and to each other for services commissioned on their behalf, subject to receipt of an invoice, unless agreed otherwise. Contributions from Oxfordshire Clinical Commissioning Group to the County Council will be paid monthly, one month in advance at the request of the Clinical Commissioning Group for all Pools.

B LEARNING DISABILITY POOLED FUND

1 Learning Disability Pooled Budget Contributions 2016/17

Learning Disability	Oxfordshire County Council	Oxfordshire Clinical Commissioning Group	Total
	£	£	£
Learning Disability	70,616,006	13,318,000	83,934,006
Total	70,616,006	13,318,000	83,934,006

The risk share is calculated at Gross expenditure rather than the net contribution shown in the table above. The Council's income target for Contribution Income ("Income Target") is therefore added to the net contribution to arrive at the Gross contribution for Risk Share purposes. The risk share is therefore as per the table below:

2 Learning Disability Pooled Budget Risk Share 2016-17

Risk Share	OCC	OCCG
	£	£
Contribution to LD pool	70,616,006	13,318,000
Add back income	5,427,396	
Risk Shared Contributions	76,043,402	13,318,000
% risk share	85.10%	14.90%

3 Timing of Payments

Oxfordshire County Council and Oxfordshire Clinical Commissioning Group will make monthly payments to the pooled fund and to each other for services commissioned on their behalf, subject to receipt of an invoice, unless agreed otherwise. Contributions from Oxfordshire Clinical Commissioning Group to the County council will be paid monthly, one month in advance at the request of the Clinical Commissioning Group for all Pools.

C MENTAL HEALTH POOLED FUND

1 Mental Health Pooled Budget Contributions 2016/17

Mental Health	Oxfordshire County Council	Oxfordshire Clinical Commissioning Group	Total
	£	£	£
Mental Health	9,081,891	44,847,000	53,928,891
Total	9,081,891	44,847,000	53,928,891

The risk share is calculated at Gross expenditure rather than the net contribution shown in the table above. The Council's income target for Contribution Income ("Income Target") is therefore added to the net contribution to arrive at the Gross contribution for Risk Share purposes. Pending the agreement of the Outcomes

Based Contract, the risk share remains as per 2015-16. This means that the risk on the County Council Social Care support packages is borne by OCC only.

2 Mental Health Pooled Budget Risk Share 2016-17

Risk Share	OCC	OCCG
	£	£
Contribution to MH pool	9,081,891	44,847,000
Add back income	53,230	
Risk Shared Contributions	9,135,121	44,847,000
% risk share	16.92%	83.08%

3 Timing of Payments

Oxfordshire County Council and Oxfordshire Clinical Commissioning Group will make monthly payments to the pooled fund and to each other for services commissioned on their behalf, subject to receipt of an invoice, unless agreed otherwise.

D PHYSICAL DISABILITY POOLED FUND

1 Physical Disability Pooled Budget Contributions 2016/17

Physical Disability	Oxfordshire County Council	Oxfordshire Clinical Commissioning Group	Total
	£	£	£
Physical Disability	11,925,465	7,866,000	19,791,465
Total	11,925,465	7,866,000	19,791,465

Pending the agreement of the Outcomes Based Contract, the risk share remains as per 2015-16. This means that the risk on the County Council Social Care support packages is borne by OCC only. The risk share is therefore as per the table below:

2 Physical Disability Pooled Budget Risk Share 2016-17

Risk Share	OCC	OCCG
	£	£
Contribution to PD pool	11,925,465	7,866,000
Add back income	820,079	
Risk Shared Contributions	12,745,544	7,866,000
% risk share	61.84%	38.16%

3 Timing of Payments

Oxfordshire County Council and Oxfordshire Clinical Commissioning Group will make monthly payments to the pooled fund and to each other for services commissioned on their behalf, subject to receipt of an invoice, unless agreed otherwise. Contributions from Oxfordshire Clinical commissioning Group to the County council will be paid monthly, one month in advance at the request of the Clinical Commissioning Group for all Pools.

Schedule 4

Governance and Single Joint Management Group

1. Deputies and Quorums

- 1.1 The Single Joint Management Group shall comprise members who can vote and make decisions (“Voting Members”) and members who may attend meetings but who have no decision-making power and may not vote (“Non-voting Members”).
- 1.2 Each Voting Member of the Joint Management Group will have a deputy nominated in writing by the relevant Partner who may attend meetings on behalf of that Voting Member. Such deputies will have authorisation from the respective Partners to take any actions that the Voting Member is authorised to take. Such deputies should be appropriately briefed and with sufficient authority to fulfil the same role and be able to make similarly informed decisions on behalf of the organisation they represent as the Voting Member for whom they are deputising. In exceptional circumstances an alternative deputy will be allowed subject to this being confirmed in writing by one of the Voting Members of the Partner for whom the deputy will act to the Pool Manager prior to or at the start of the meeting and being agreed by the other Partner. Such alternative deputies will have authorisation from the respective Partners to take any actions that the Voting Member is authorised to take.
- 1.3 Meetings will only be considered quorate if there are 3 Voting Members/deputies attending from each of the Partners.
- 1.4 Each named representative assigned to a role specified in paragraphs 8.2 and 8.3 and/or the role itself may be changed by the body which is being represented by written notification to the other Partners.

2. Role of Single Joint Management Group for Adults

The role of the Joint Management Group shall be:

Strategy and Governance

- a. deliver the commissioning strategies through the Commissioning Intentions agreed annually by the Partners;
- b. report progress against key outcomes within the Oxfordshire Health and Wellbeing Strategy to the Health and Wellbeing Board;
- c. review the operation of this Agreement and consider its renewal subject to the terms of any existing contractual commitments under the management of the Council or CCG in its role as Lead Commissioner on behalf of the Partners;
- d. review and consult on commissioning strategies and intentions, and revise this agreement as appropriate;
- e. annually and formally agree the annual contribution made by each Partner;
- f. annually and formally agree Commissioning Intentions for the Pooled Fund.

Finance

- g. Receive monthly finance reports from the Pool Manager as set out in this Schedule.
- h. Agree such variations to this Agreement from time to time as it sees fit.
- i. Review and agree annually revisions to this agreement as required.
- j. Agree a scheme of financial management with the Pool Manager.
- k. Set such protocols and guidance as it may consider necessary to enable the Pool Manager to approve expenditure from the Pooled Funds.
- l. Agree urgent decisions which will cause expenditure to exceed budget, including to meet statutory duties, outside of meetings where necessary with decisions on virement of budget or remedial action then to be taken at the next Joint Management Group meeting.
- m. Agree a budget for urgent care related services to be held by the pooled budget manager, which will also be used for meeting winter pressures.

Performance

- n. Receive monthly performance reports from the Pool Manager.
- o. Consider progress on key objectives as outlined in this agreement and consult further where necessary.
- p. Approve the monthly, quarterly and annual reports on outcomes as appropriate from the Pool Manager to be submitted by the Joint Management Group to the Partners for information.
- q. report on progress to stakeholders through the relevant programme or partnership board.

Risk

- r. monitor the appropriate reports quarterly to assess any risk that expenditure might exceed the contributions to the Pooled Fund and that where there is such a risk ensure actions are put in place to address the overspend.
- s. review risks quarterly in relation to delivery of objectives, performance of commissioned services, and reputation of the Partners in relation to the Pooled Budget.
- t. review any other risks quarterly relating to the performance of this agreement.
- u. review annually the overspend and underspend provisions of Clause 8 and Schedule 3 of the Agreement.

3. Role of Pool Manager

The Pool Manager shall:

- 3.1 submit monthly finance and performance reports to the Pooled Budget Officers Group;
- 3.2 submit quarterly and annual reports on finance and performance to the Joint Management Group for approval and submission to the Partners;
- 3.3 prepare annual budget and commissioning intentions for approval by the Joint Management Group;

- 3.4 be responsible for the management of the Pooled Fund on a day-to-day basis; and
- 3.5 report to the Joint Management Group immediately any forecast overspend / underspend on Pooled Funds and submit an action plan to bring the budget back into balance or seek guidance from the Joint Management Group on actions to achieve balance.
- 3.6 be responsible for chairing the Pooled Budget Officers' Group meetings, and ensuring there is a clear understanding of risk, performance and finance across health and social care

4. Single Joint Management Group Support

- 4.1 The Joint Management Group will be supported by officers from the Council and the OCCG from time to time and they may be involved in assisting the Joint Management Group in implementation of the aims, objectives and intended outcomes set out at Clause 3 and as specified in Schedule 1 and performance targets as agreed by the Joint Management Group.

5. Meetings

- 5.1 The Joint Management Group will meet quarterly.
- 5.2 Joint Management Group members will receive an agenda and accompanying reports and papers at least 5 working days before each meeting.
- 5.3 However, it is recognised that on occasions and dependent on dates of meetings it may not always be possible to produce financial reports this far in advance, in which case they will be circulated as far in advance of the meeting as possible.
- 5.4 Joint Management Group members will be provided with Finance and Performance Reports on a monthly basis, and these will be circulated to members irrespective of whether a meeting is taking place that month.
- 5.5 Joint Management Group shall provide regular reports on progress to the Council Cabinet and Clinical Commissioning Group Board.

6. Decision Making

- 6.1 All decisions of the Joint Management Group:
 - 6.1.1 shall be made at quorate meetings of the Joint Management Group;
 - 6.1.2 shall be made by those Voting Members present (or their deputies if appointed pursuant to paragraph 1 above); and
 - 6.1.3 shall require their unanimous consent.
- 6.2 Where there is disagreement between the Partners regarding an element of the Services the Lead Commissioner for such element shall have discretion to take

such action or inaction as it decides in accordance with its obligations under this Agreement.

6.3 All decisions shall be recorded in writing. Minutes of the meetings to include all decisions made shall be kept and copied to the Joint Management Group members by the Pool Manager within 14 days of every meeting.

6.4 The views of those in attendance will be taken into account for all of the work of the Joint Management Group including decision making. These views will be recorded in the minutes of the meeting. This will include agreement or disagreement to the decisions made by Voting Members.

7. Confidentiality

7.1 From time to time the Joint Management Group will be discussing both financially and commercially sensitive information and personal client and carer information. It is important that all members of the Joint Management Group and all other attendees are clear that they must treat the information as confidential and that they must discuss and use such information outside the Joint Management Group only where it is appropriate to do so in order for them to fulfil their obligations.

8. Membership

8.1 Chairman

The meetings will be chaired by the Cabinet Member for Adult Social Care.

8.2 Voting Members

The membership of the Single Joint Management Group with voting rights will be as follows:

Oxfordshire County Council:

Cabinet Member for Adult Social Care
Director of Adult Social Services
Chief Finance Officer

Oxfordshire Clinical Commissioning Group:

Deputy Clinical Chair
Director of Delivery and Localities
Chief Finance Officer

8.3 In Attendance: (Non-Voting Members)

The non-voting members will be as follows:

Oxfordshire County Council:

Deputy Director for Joint Commissioning
Deputy Director for Adult Social Care
Adult Social Care Finance Business Partner
The Strategic Commissioner for Adults, as the pool manager

Oxfordshire Clinical Commissioning Group:

Programme Manager Mental Health and Joint Commissioning

Assistant Chief Finance Officer

Clinical Lead for Learning Disabilities

Clinical Lead for Physical Disability

8.4 Other representatives

Following representatives may be invited to meetings where Single JMG considers appropriate

Oxfordshire Association of Care Providers – Chief Executive

Oxford Health NHS Foundation Trust - Chief Operating Officer

Oxford University Hospitals NHS Trust - Director of Clinical Services

District Council Representative

Healthwatch Oxfordshire representative

8.5 Service user and carer representatives

Oxfordshire County Council and Oxfordshire Clinical Commissioning group are committed to work with people with care and support needs, carers, family members, user groups and other support organisations as well as the public to find shared and agreed solutions.

We will develop and maintain appropriate mechanisms to engage with people to design, implement and monitor commissioning strategies and services included in this agreement.

9 Single Joint Management Group's Relationship to Other Bodies

Governance framework diagram

