

CABINET – 18 JUNE 2013

OLDER PEOPLE'S POOLED BUDGET ARRANGEMENTS (SECTION 75 AGREEMENT)

Report by Director for Social and Community Services

Introduction

1. The purpose of this report is to seek Cabinet approval to increase the services and budgets that form the Older Person's Pooled Budget arrangements between Oxfordshire County Council and the Oxfordshire Clinical Commissioning Group, and to ensure the risk sharing and governance arrangements are appropriate for a truly pooled budget.
2. A similar report was discussed by the Oxfordshire Clinical Commissioning Group Governing Body on 30 May 2013, and was agreed subject to further clarification of the financial risks. This was then discussed further by the Governing Body on 11 June 2013, the outcomes of which will be reported to the meeting.

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. The County Council and the Oxfordshire Clinical Commissioning Group have a single agreement under Section 75 to pool resources and deliver shared objectives, often referred to as 'pooled budgets'. This agreement covers services for Older People, people with Physical Disabilities, people with Learning Disabilities (for which the County Council has lead commissioning responsibilities) and for people with Mental Health needs (for which the Clinical Commissioning Group has lead commissioning responsibilities).
5. Both the County Council and the Oxfordshire Clinical Commissioning Group are committed to continuing the existing joint working arrangements, and building on them to ensure even greater integration of health and social care, best use of resources, and improved outcomes for the people of Oxfordshire.
6. These joint working arrangements include a new Older People's Joint Commissioning Strategy 2013-2017 (reported elsewhere on the agenda), which has been the subject of public consultation. The Older People's pooled

budget is a key mechanism for implementing the detailed action plan that forms part of the new strategy, and programme management arrangements to ensure its successful delivery are also being finalised.

7. It is therefore timely to review the existing pooled budget for Older People to ensure it supports the effective implementation of the priorities in the strategy, and has risk sharing and governance arrangements that provide appropriate reassurance, transparency and oversight.

Services and Budgets

8. It is proposed to include significantly higher contributions from both the County Council and the Clinical Commissioning Group in the Older People's Pooled Budget. These figures may change slightly as financial contributions from both parties are finalised, but will broadly be as follows:

	Existing Contribution	Additional Contribution	Total Contribution
County Council	£78m	£21m*	£99m*
Clinical Commissioning Group	£30m	£59m	£89m
Total	£108m	£61m	£188m

* The Council will transfer an additional £21m into the pool, bringing the total contribution to £99m. However the Council will also transfer an income target of £18 million into the pool, meaning the net Additional Contribution is £3 million and the net Total Contribution is £81 million. Apportionment of risk for 2013/14 will be based on the gross figure of £99m.

9. The increased contributions from the County Council relate to a number of services that can broadly be categorised as follows:
- Prevention and early intervention – including the Alert service, dementia and stroke services, equipment and services for carers;
 - Social Work and Commissioning – including locality and hospital teams, support for sensory impairment and other central costs;
 - Day Services and Transport;
 - Income from service user contributions towards the cost of their care under Fairer Charging legislation.
10. The increased contributions from the Clinical Commissioning Group relate to a number of services that can broadly be categorised as follows:
- Community Services Contract with Oxford Health – including community hospitals, community nursing, hospital at home (in the south and west of the County), podiatry, emergency multidisciplinary unit and single point of access for rehabilitation and care.
 - Mental Health Services Contract with Oxford Health – Older People' mental health services including community, acute inpatient and outpatient services as well as day services.

- (c) End of Life care, palliative care, heart failure, pulmonary and respiratory care and rehabilitation, night services, supported hospital discharge service and hospital at home in the north and north east of the County.
11. The full list of services and budgets that will form the Older People's Pooled Budget if this increased contribution is approved is attached in a revised draft of Schedules 2 and 3 of the Section 75 agreement (see Appendix A).
 12. In future years, the contributions of each party to the Older People's Pooled Budget will continue to be discussed and agreed through the respective business planning processes in each organisation and through the Older People's Joint Management Group. If both parties are unable to reach agreement, or circumstances significantly change the rationale of the pool, then both parties will have the option to either renegotiate the Section 75 agreement or choose to withdraw from it.

Risk Sharing Arrangements

13. Presently, contributions from each partner are ring-fenced within the Older People's pooled budget and used to fund certain categories of service - defined as either "OCCG Funded" for OCCG contributions or "Council Funded" for Council contributions.
14. Any overspend or underspend in relation to "OCCG Funded" or "Council Funded" categories of service are the sole responsibility of the respective lead partner. Any underspend on such categories of service is returned to the lead partner at the end of the relevant Financial Year unless the Partners agree otherwise.
15. The lead partner must indemnify the other partner and the Older People Pooled Fund against any liabilities that may arise due to an overspend, unless these liabilities arise due to any negligent act or omission of the other partner or any breach by the other partner of its obligations under the Section 75 agreement.
16. It is proposed that in future the risk sharing between organisations reflect a truly pooled budget arrangement, working to a joint strategy with joint decision making. This would mean the risk of any overspend would be shared between both parties irrespective of which service it happened against. This arrangement has operated effectively in the Learning Disability pooled budget arrangements for a number of years, and that risks are jointly owned and managed rather than seen as the responsibility of one partner or the other.
17. It is proposed that the risk sharing between the Clinical Commissioning Group and County Council would be directly proportional to the gross contributions of both parties. For 2013/14 this would be 53% County Council and 47% Clinical Commissioning Group.

18. The main benefit of this change is that it means both parties have a vested interest in ensuring spend is committed in the most effective way. It is in the interests of both parties to know how actions or savings by one partner can impact on those of the other to the extent that duplication within services is avoided and to make the most efficient use of resources. It will be the responsibility of the Older People Joint Management Group to ensure that spending is contained within the resources available. Where financial pressures arise in year, the Older People Joint Management Group must look at options to contain total spending within the resources available.

Governance Arrangements

19. The current governance arrangements for the Older People's Pooled Budget have been in place for a number of years, and so a review is timely.
20. The current governance arrangements include a bi-monthly Older People Joint Management Group at which the Council and Clinical Commissioning Group are represented by Director / Deputy Director and Finance Business partner level, with other officers, partner organisations including providers and service user representatives in attendance in a non-voting capacity. There is also a monthly pre-meeting, at which commissioning, finance and performance officers from the Council and the Clinical Commissioning Group manage finance, activity and performance in the pooled budget and report up to the Joint Management Group.
21. Although the existing arrangements are considered to be effective in ensuring sound financial and performance management, they do not necessarily reflect the significance of the pool to both organisations or provide transparency about joint decision-making. The current arrangements are not necessarily appropriate to ensure the successful implementation of the Older People's Joint Commissioning Strategy, and there is a lack of clarity about the respective roles of the Joint Management Group and the Adult Health and Social Care Board (that sits under the Health and Wellbeing Board).
22. It is therefore proposed to have more senior representation at the Older People Joint Management Group from both organisations, including the Cabinet Member for Adult Social Care and the Chief Executive Officer of the Clinical Commissioning Group, to reflect the significance of the pool. As now, the Older People Joint Management Group will be supported by a Commissioning and Finance Officer Group meeting monthly, to manage performance, activity and budget. There will also be a monthly Programme Board to manage the implementation of the Older People's Commissioning Strategy and detailed action plan, and a bi-monthly Older People's Partnership Board will also be established, to ensure the voice of service users and carers is fed into the structure appropriately.
23. The Older People's Joint Management Group will continue to feed into the Adult Health & Social Care Board and will contribute to the implementation of the priorities and targets in the Joint Health & Wellbeing Strategy that is relevant to older people.

24. The proposed governance structure, membership and Terms of Reference of the Older People Joint Management Group is attached in a revised Schedule 4 of Section 75 Agreement for all client groups (see Appendix A).

Benefits of these changes

25. These changes will improve joint decision making over investments and disinvestments by moving more money and services into the pool under the legal framework provided by the Section 75 agreement. They will allow greater integration of services and commissioning activity, leading to higher quality and less waste or duplication, and greater alignment in how both organisations measure and report success. They also enable actions in one party that lead to savings in another to be managed jointly, which benefits the whole pool and ensures best use of available resources.
26. The changes will also improve transparency and visibility of decision-making about funding and expenditure, by making the governance of the pooled budget more streamlined and holding the Joint Management Group meetings in public.
27. This in turn will increase the accountability of both partners for the successful implementation of the Older People's Joint Commissioning Strategy, by ensuring that funding is allocated and managed across both the Council and the Clinical Commissioning Group in line with the priorities of the Strategy. It will also help to ensure that funding follows decision-making, within and across parties, and that risks are jointly owned and managed rather than seen as the responsibility of one partner or the other.
28. This 'whole system' approach is particularly beneficial in tackling complex and intractable issues (such as delayed transfers of care, care home placements and emergency admissions) where action is required from both parties, and is supportive of the ambitions for greater integration between health and social care.

Risks associated with these changes

29. There are a number of risks for both the Council and the Clinical Commissioning Group from extending the pooled budget arrangements. Many of these are the same as exist under the current arrangements, such as demographic pressures and increased demand, performance and quality controls, possible implications of changes to funding for Adult Social Care from 2015, and ensuring appropriately skilled and trained staff are available. Although these are amplified due to the larger sums involved and changes to risk sharing arrangements as set out above, a more integrated approach as a result of the proposed changes to the pooled budget arrangements also gives a greater chance of addressing these challenges and jointly mitigating the risks.

Pressures on the Pooled Budget

30. A significant proportion of the services transferring into the Older People's Pool from the Clinical Commissioning Group are commissioned under block contracts and will not represent a pressure in 2013/14. The biggest pressure within the Older People's Pool for Clinical Commissioning Group services will continue to be Continuing Healthcare and Funded Nursing Care. This pressure will continue to grow as long as demand within the older population grows.
31. Applying a demographic increase to the figures of 3.1% in line with OCC predictions, together with an increase in nursing home costs of around 2.5%, gives a potential cost pressure of almost £1.5m.
32. For 2014/15 and onwards growth in demand will continue to be the primary factor affecting costs although the Oxford Health contract may also represent a risk and work is on-going to quantify this risk. Increased demand could lead to cost pressures in 2014/15 of around £1.6m rising to £1.65m thereafter.
33. The key risk from the County Council is the demand for services. In 2013-14, demand is currently exceeding budgeted resource by around £2,600 per week. If this continues all year, there will be additional expenditure of £3.5m. The Council recognised this as a key risk in the budget setting process and set aside a sum of money as corporate cover.
34. In addition, the County Council has a savings target of £5.2m to deliver in 2013-14; it is unlikely that all these savings will be delivered in-year, and the Council can manage this through one-off resources.
35. For 2014-15, there is a real risk that demand will continue at the higher level resulting in additional expenditure of £3.5m. However this will be considered and addressed through the Service Resource & Planning process in the Autumn.
36. It is important to recognise that the County Council corporate cover is for County Council risk only. If the County Council underspends within the pool (meaning the corporate cover is not required), this underspend will be available to meet any overspend on the Clinical Commissioning Group side on risk share basis (53% County Council and 47% Clinical Commissioning Group for 2013/14).
37. If the Clinical Commissioning Group underspend, this will not be used to fund County council overspend as that overspend will be funded from the County Council's corporate cover.
38. This situation will need to be reviewed each year to reflect any changes in predicted overspend and availability (or otherwise) of corporate cover within each organisation.

Income

39. The County Council is transferring £18m of income into the pooled budget. There is a risk that if this is not achieved in the year it will create an additional pressure on the pooled budget that will need to be met by reducing activity in other areas. However, this is recognised in apportioning risk between both parties based on gross contributions rather than net, meaning the County Council carries the greater proportion of risk based on current contributions.
40. The County Council is bound by national charging regimes for residential and non-residential care, and has limited discretion around local policy. All clients receiving a service are financially assessed to contribute, and income varies according to the type of service provided and the client's personal wealth and income. The Council is consulting on a revised Contributions Policy over the summer, and are forecasting a break even position for 2013/14 based on current activity and the financial implications of the draft policy.

Other Risks

41. The implementation of payment by results for mental health services within the Oxford Health Mental Health Contract in 2014/15 could lead to overpayment if performance exceeds expectation, with limited ability to control demand or choose not to admit patients. At this stage it is unclear how likely this risk is to occur, so the model is being run in shadow throughout 2013/14 to help assess this.
42. There is also a risk that the relationships between organisations become strained in the face of significant financial pressure, and that the opportunities of taking a single, integrated approach are lost or the pooled budget is dissolved. However, embedding an integrated approach to commissioning and the associated relationships and behaviours is a key component of the programme to deliver the Older People's Joint Commissioning Strategy. This will be regularly reviewed and emerging issues escalated through the governance arrangements of the pooled budget.

Changes to the Section 75 Agreement

43. There is an existing Section 75 Agreement covering all client groups, including older people. A copy of the current Section 75 Agreement for All Client Groups has been placed in the Member's Resource Room.
44. This agreement will be updated by legal variation to reflect the changes to the budgets and services, risk sharing and governance arrangements outlined above. This will involve amendments to the schedules, but will not require changes to the overall agreement. A draft of the relevant sections reflecting the proposed changes is attached at Appendix A.

Financial and Staff Implications

45. The full financial implications to the Council and the Clinical Commissioning Group are set out in the draft Schedules attached at Appendix A, in particular Schedule 3. The total contribution from the County Council to the Older People's pooled Budget for 2013-14 will now be £99 million (including £18 million income target), and the total contribution from the Clinical Commissioning Group will be £88 million.
46. If the income target of £18 million is not achieved in the year, this will create an additional pressure on the pooled budget that will need to be met by reducing activity in other areas.

Equalities Implications

47. In line with the Council's Equality Policy 2012-2016 and the requirements of the Equality Act 2010, a Service and Community Impact Assessment has been completed to consider the implications of the changes to the Older People's Pooled Budget. This is attached at Appendix 2.
48. There are not considered to be any direct implications of this agreement on individuals, communities, staff or providers of services as the agreement is essentially a mechanism for the delivery of joint commissioning strategies, including the new Older People's Joint Commissioning Strategy 2013-2017.
49. The new joint commissioning strategy has been developed following significant consultation with clients, the public, providers and organisations involved in the commissioning and delivery of services. Many of the priorities and actions in the strategy are specifically targeted at improving outcomes for more vulnerable people, and it has its own impact assessment that has been updated throughout its development.
50. Similarly, individual impact assessments are and will be 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 and will be reported to Cabinet to inform decision-making on new policies, contracts and service changes.

RECOMMENDATIONS

51. **The Cabinet is RECOMMENDED to:**
 - (a) **approve the proposed changes to the older people's pooled budget arrangements for older people, including changes to the Section 75 Agreement for All Client Groups to reflect this, subject to the inclusion of any necessary changes in the text as agreed by the Director for Social & Community Services after consultation with the Cabinet Member for Adult Social Care;**

- (b) RECOMMEND that the County Council approves the virement of £21m into the Older People's Pooled Budget, as well as an income target of £18m.**

JOHN JACKSON

Director for Social & Community Services

Background papers: Section 75 Agreement for All Client Groups

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June 2013

Schedule 1

The Pooled Funds

A. OLDER PEOPLE POOLED FUND

1. The Older People Pooled Fund shall consist of contributions from the OCCG and the Council to commission services for older people.
2. The 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. The Council shall be the Lead Commissioner for some elements of these Services and the OCCG 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.

Schedule 2

The Services

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

Area Covered

Patients and service users may be referred if they are the responsibility of the Clinical Commissioning Group or the 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 the Clinical Commissioning Group..

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 CCG 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.

It should be noted that while some patients in Thame and Shrivenham fall outside the boundaries of the 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.

Financial Assessment of Clients

People receiving social care services through the Pooled Fund will receive a financial assessment and be charged in line with the Council's Social and Community Services Fairer Charging guidance or the Charging for Residential Accommodation guidance issued by the Department of Health. There is currently no charge for specialist health provision. The JMGs will be consulted about any changes to the charging policy.

Carers

Carers are entitled to an independent carers' assessment in line with the Carers' Act 1995.

Market Position Statement

A Market Position Statement will be developed by the Partners in consultation with service users, carers and other significant stakeholders. The Market Position Statement will set out the current market and future needs of the population of Oxfordshire, and will 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.

A. OLDER PEOPLE POOLED FUND

Scope of Service

The 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
- 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

The OCCG will be the Lead Commissioner for the following services:

- Community Rehabilitation
- Falls Service
- Aphasia (communication service)
- Community Hospitals
- Community 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
- Hospital at Home
- 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.

Purchase Contracts

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

Criteria for Eligibility

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:

- Any Person who meets the National Framework for Continuing Health Funding Criteria for adults/older people (introduced on 1 October 2007)
- Any person who meets the Funded Nursing Care ('FNC') criteria as laid down by the Department of Health from time to time
- Any person 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
- Any person who meets the criteria for intermediate care as agreed from time to time
- 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
- Persons assessed as having eligible needs under the Fair Access to Care criteria as agreed from time to time

Care Pathway

Entry to the Service will be through one of two pathways which are:-

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A: any person who is not eligible under the National Framework for Continuing Health Criteria but is eligible under Fair Access to Care criteria (see below)

OR

B: any person who may meet the National Framework for Continuing Health Criteria

OR

C: Any person at home who has health tasks delegated to a care worker (as per Shared Care Protocol November 2005)

The care pathway for group A will be via referral to the agreed local authority contact and assessment process. Funding will be allocated through the current devolved budget arrangement.

The care pathway for Group B or C will be via applications to the Continuing Care Team; an assessment will be made against the National Framework for Continuing Health Criteria and funding will be allocated by the Continuing Care Services Manager.

Service options to meet need will be determined in accordance with Access to Service Policies which will be agreed by both partners each year.

Schedule 3**Financial Resources****A. OLDER PEOPLE POOLED FUND****1. Older Peoples Pooled Budget Contributions 2013-14**

All figs in £

	Oxfordshire Clinical Commissioning Group	Oxfordshire County Council	Total
2013-14 Older People	87,899,000	98,282,965	186,181,965
Equipment	761,000	1,136,688	1,897,688
Total	88,660,000	99,419,653	188,079,653

- * The Council will transfer an additional £21m into the pool, bringing the total contribution to £99m. However the Council will also transfer an income target of £18 million into the pool, meaning the net Additional Contribution is £3 million and the net Total Contribution is £81 million. Apportionment of risk for 2013/14 will be based on the gross figure of £99m.

2. Timing of Payments

- The Council and the CCG will make payments to the pooled fund and to each other for services commissioned on their behalf quarterly in advance, subject to receipt of an invoice, unless agreed otherwise.

Schedule 4

Governance and Joint Management Group

Section 1 – Provisions common to all Joint Management Groups

1. Deputies and Quorums

- 1.1 Each member of the Joint Management Group will have a deputy nominated by the relevant Partner who may attend meetings on behalf of that Joint Management Group member. Such deputies will have authorisation from the respective Partners to take any actions that the 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 member for whom they are deputising. In exceptional circumstances an alternative deputy will be allowed subject to this being confirmed in writing from the member to the Pool Manager prior to 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 member is authorised to take.
- 1.2 Meetings will only be considered quorate if there are 2 members/deputies attending from each of the Partners.

2. Role of Joint Management Group

The role of the Joint Management Group shall be to:

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 Adult Health and Social Care Board and the Health and Wellbeing Board.

- c) work with the Public Involvement Network / Healthwatch Oxfordshire to ensure the involvement of service users and carers in the development and delivery of commissioning strategies and intentions.
- d) 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.
- e) review and consult on commissioning strategies and intentions, and revise this agreement as appropriate
- f) annually and formally agree the annual contribution made by each Partner.
- g) annually and formally agree Commissioning Intentions for the Pooled Fund.

Finance

- h) Receive monthly finance reports from the Pool Manager as set out in this Schedule.
- i) Agree such variations to this Agreement from time to time as it sees fit.
- j) Review and agree annually revisions to this agreement as required.
- k) Agree a scheme of financial management with the Pool Manager.
- l) Set such protocols and guidance as it may consider necessary to enable the Pool Manager to approve expenditure from the Pooled Funds.

Performance

- m) Receive monthly performance reports from the Pool Manager
- n) Consider progress on key objectives as outlined in this agreement and consult further where necessary.
- o) 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.
- p) report on progress to stakeholders through the relevant programme or partnership board

Risk

- q) 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.
- r) review risks quarterly in relation to delivery of objectives, performance of commissioned services, and reputation of the Partners in relation to the Pooled Budget

- s) review any other risks quarterly relating to the performance of this agreement
- t) review annually the overspend and underspend provisions of Clause 8 and Schedule 3 of the Agreement.

2. Role of Pool Manager

The Pool Manager shall:

- 2.1 submit monthly finance and performance reports to the Joint Management Group;
- 2.2 submit monthly, quarterly and annual reports on finance and performance to Joint Management Group for approval and submission to the Partners;
- 2.3 preparation of an annual budget and commissioning intentions for approval by Joint Management Group;
- 2.4 manage the Pooled Fund on a day-to-day basis; and
- 2.5 report to 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 Joint Management Group on actions to achieve balance.

3. Joint Management Group Support

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.

4. Meetings

- 4.1 The Joint Management Group will meet at least 6 times a year.
- 4.2 Joint Management Group members will receive an agenda and accompanying reports and papers at least 5 working days before each meeting.

- 4.3 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.
- 4.4 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. Decision Making

- 5.1 Decisions of the Joint Management Group shall be made by those Joint Management Group voting members present and shall require the unanimous consent of all voting members. 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. 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.
- 5.2 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.

6. Confidentiality

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.

Section 2 – Pool-specific provisions for each Joint Management Group

A OLDER PEOPLE POOLED FUND

A1 Joint Management Group Membership

A1.1 The membership of the Joint Management Group with voting rights will be as follows:-

The Council:

Cabinet Member for Adult Social Care – Cllr Judith Heathcoat

Director of Social and community Services – John Jackson

Assistant Chief Executive and Chief Finance Officer – Sue Scane

The OCCG:

Chief Executive Officer – Dr Stephen Richards

Director of Commissioning and Partnerships– Lorraine Foley

Chief Finance Officer – Gareth Kenworthy

Each named representative assigned to the roles specified above may be changed by the Partner which is being represented by written notification to the other Partner.

A1.2 In Attendance: (Non-Voting)

Deputy Director for Joint Commissioning–Sara Livadeas

Deputy Director for Adult Social Care - Lucy Butler

Adult Social Care Finance Business Partner - Sarah Fogden

Pool Manager - Alan Sinclair, Lead Commissioner Older People

Assistant Director Older People OCCG - Fenella Trevillion

Assistant Chief Finance Officer OCCG – Julia Boyce

OCCG Clinical Lead for Older People – Joe McManners

GP Locality Commissioner – TBD

GP Provider – TBD

District Council Representative - TBD

Service user and carer representatives, including Older People

Partnership Board representative(s) - TBD

Voluntary and independent sector representatives – TBD

Healthwatch Oxfordshire and Public Involvement Network representatives - TBD

Oxford Health NHS Foundation Trust - Yvonne Taylor Chief Operating Officer

Oxford University Hospitals NHS Trust - Paul Brennan Director of Clinical Services

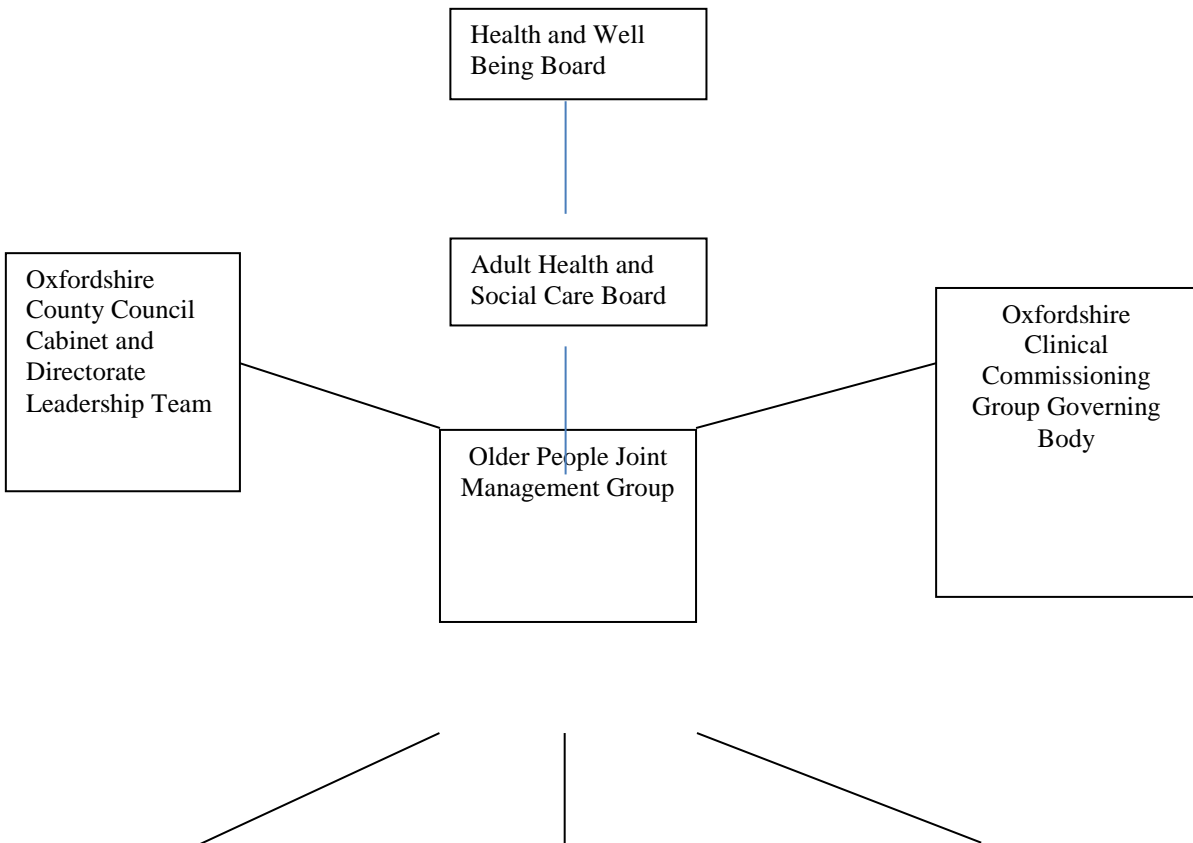
Others may be invited where JMG consider this appropriate.

A2 Chair

The meetings will be chaired by Dr Stephen Richards, Chief Executive Officer OCCG (or successor in title) and by his nominated deputy if absent unless otherwise agreed by the Partners.

A3 JMG Relationship to Other Bodies

Governance framework diagram



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Pre-JMG Pooled
budget manager
with team/staff to
support in S&CS
and OCCG

Older People Joint
Commissioning
Strategy
Programme Board

Older People
Partnership Board