

Division(s):

CABINET – 26 MAY 2015

SECTION 75 AGREEMENT WITH OXFORDSHIRE CLINICAL COMMISSIONING GROUP FOR 2015 – 2016

Report by Director of Adult Social Services

Introduction

1. The purpose of this report is to seek approval for 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 2015 onwards.
2. This is a standard annual process that updates the agreement between Oxfordshire Clinical Commissioning Group and Oxfordshire County Council in respect of the pooled budgets.
3. The report sets out
 - (a) How the variations to the pooled budget agreement would better support the delivery of Health & Wellbeing Board targets, and support the joint response to national and local strategic challenges.
 - (b) How the pooled budget agreement will monitor and assure the impact of the Better Care Fund and outcomes based contracting for mental health and older people and ensure compliance with the requirements of the Care Act 2014.
 - (c) How the pooled budget agreement would support the development of effective integrated commissioning in Oxfordshire

Background

4. 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.
5. Oxfordshire County Council has an existing agreement under Section 75 with Oxfordshire Clinical Commissioning Group 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, 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. 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 its key performance indicators
7. Internal audits carried out within both the County Council and Oxfordshire Clinical Commissioning Group have also identified a number of areas in relation to delegation of decision-making and clarity of administrative arrangements that require a number of detailed changes to improve governance
8. The parties are also proposing variations to the existing joint working arrangements, to ensure even greater integration of health and social care, best use of resources, and improved outcomes for the people of Oxfordshire.

Delivery of key strategic objectives

Health & Wellbeing Board Objectives

9. The Joint Health and Wellbeing strategy 2012/2016¹ has identified three key priorities for adult health and social care
- Priority 5:** 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 6:** Support older people to live independently with dignity whilst reducing the need for care and support
- Priority 7:** Working together to improve quality and value for money in the Health and Social Care System
10. Although predominantly these pools cover adult services the mental health pooled budget supports the delivery of the four key priorities for children and young people through children and adolescent mental health services
- Priority 1:** Giving all children a healthy start and enabling them to stay healthy into adulthood
- Priority 2:** Narrowing the gap for the most disadvantaged and vulnerable groups
- Priority 3:** Keeping all children and young people safe
- Priority 4:** Raising achievement for all children and young people
11. The pooled budgets are required to support the delivery of these local priorities as well as ensuring that Oxfordshire delivers its national targets. The rewritten 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.

¹ Oxfordshire's Joint Health & Wellbeing Strategy 2012 – 2016 (Final Version July 2012, Amended July 2013)

12. Delivery of the Health & Wellbeing Board priorities is supported by a number of joint commissioning strategies that are either already under review or are due for review in the coming year.
 - (a) Learning Disabilities: A jointly developed strategic plan is under consultation and a new strategic approach to commissioning will be in place from March, with reshaped services due to start in January 2016.
 - (b) Child and Adolescent Mental Health: The current commissioning strategy ends in 2016 and a review and redesign process is already underway and due for completion by the end of 2015.
 - (c) Mental Health: The current strategy expires in March 2015. A review and redesign process is underway.
 - (d) Physical Disability: The current strategy expires in March 2016
 - (e) Carers: The current strategy expires in 2015 and a refresh is in progress
 - (f) Older People: The current strategy expires in March 2016
 - (g) Autism: The current strategy expires in 2017
 - (h) Information and Advice: The current strategy is under review and a new strategy is due by July 2015.

13. The Health and Wellbeing Board priorities are also due to be refreshed during 2015/2016.

14. It is Oxfordshire County Council and Oxfordshire Clinical Commissioning Group 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*
15. It is a national requirement that a mechanism is developed to host, monitor and assure delivery of schemes within the Better Care Fund.

16. It is proposed that the Better Care Fund is hosted within the Older Peoples Pooled Budget as a separate line within the budget. The Older Peoples' Joint Management Group will receive regular reports against
 - (a) Spend against the Better Care Fund
 - (b) Implementation of the 11 schemes within the Better Care Fund
 - (c) Performance of those schemes

17. The management of the Better Care Fund will be overseen by the newly established System Resilience Group which comprises the Chief Officers and Medical Directors of OCC, OCCG, Oxford University Hospitals Trust, Oxford Health NHS Foundation Trust, primary care and key partners in the independent sector.

18. Reports to the Older Peoples' JMG received in relation to the Better Care Fund as set out in paragraph 18 will be copied to and form the basis of the reports to the System Resilience Group. Those voting members from the JMG who sit on the System Resilience Group will be mandated to

- (a)** Represent the JMG in the monthly System Resilience Group and ensure that the objectives of the pooled budget are enabled in the wider health and social care system
- (b)** Ensure that the requirements of the wider System Resilience Group are represented in the JMG discussions and that the pooled budget supports wider system transformation through the delivery of the Better Care Fund
- (c)** Make appropriate interim decisions to support the delivery of the BCF as approved by JMG and in line with the delegation protocols set out at Appendix One

Implementation of outcomes based contracting for Mental Health

19. The development of outcomes based contracting for mental health is wholly within scope of the Mental Health Pooled Budget. The outcomes based contract is planned to commence in April 2015 and will be managed by Oxfordshire Clinical Commissioning Group on behalf of the parties. Oxfordshire County Council may be a signatory to the contract.
20. The outcomes based contract performance will be reported into the mental health JMG which will have oversight of the impact and quality performance of this innovative contracting approach.

Development of outcomes based contracting for Older People

21. The development of outcomes based contracting for older people is partly within scope of the Older Peoples Pooled Budget. The outcomes based contract is under development and will be managed by Oxfordshire Clinical Commissioning Group on behalf of the parties. Oxfordshire County Council may be a signatory to the contract.
22. The outcomes based contract performance will be reported into older people JMG which will have oversight of the impact and quality performance of this innovative contracting approach.

Supporting the development of integrated commissioning

23. There have been several benefits derived from the joint commissioning arrangements that have been facilitated by the s75 pooled budget agreement:
- (a)** The development of the single integrated outcomes based contract for mental health services
 - (b)** The response to the Transforming Care programme and local concerns that is in development in the Learning Disability Big Plan
 - (c)** The decision to move to joint purchasing arrangements and integrated care teams within the Older People's pooled budget
24. However, there remain some blocks to the potential of the pooled budget approach:
- (a)** The focus on risk share management as opposed to the development of a single commissioning fund for older people
 - (b)** The impact of services that are commissioned outside of the pooled budgets, but which impact upon them, or to which the pooled budget need to have a more defined relationship

25. There are a number of these key external dependencies:
- (a) Acute health care commissioned by OCCG. Services commissioned from the Older People's pooled budget in particular are both impacted by issues in the urgent care system and need to support the performance of that system.
 - (b) Services commissioned by OCC (Public Health), especially in relation to health promotion, drug and alcohol services which impacts especially on mental health pooled budget commissioned services
 - (c) Services for children and young people with disabilities and/or special educational needs (including up to 25 years old).
 - (d) Services for Looked After Children and those on the edge of care.
 - (e) General needs housing provision and services for homeless people commissioned by both Oxfordshire Clinical Commissioning Group, Oxfordshire County Council, and District Councils
 - (f) Primary care services commissioned by NHS England, and services co-commissioned between NHS England and Oxfordshire Clinical Commissioning Group
 - (g) Specialist health services commissioned by NHS England that impact on the performance of services commissioned from the pooled budgets: e.g. impact of forensic services on Learning Disability or Mental Health
26. This model of commissioning fragments care pathways. The principle of integrating commissioning would be to ensure that the system can collectively commission for better outcomes for Oxfordshire residents and deliver better value for the public purse."This fragmentation also puts additional administrative costs (particularly back-office costs) into the system.
27. During 2015/16 Oxfordshire County Council and Oxfordshire Clinical Commissioning Group will be looking to develop a greater level of integration. Any proposals that impact on the current pooled budget would be subject to formal agreement re variations.
28. 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 2015/16

29. 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.
30. The schedules to the agreement are in *Appendix One*. These have been rewritten to provide greater clarity about pool eligibility, about service scope

and nature, and about pool management and governance, including delegation. The key changes are set out below

31. 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.

Financial decision making

32. The respective Joint Management Groups are responsible for the allocation of budget to cost centres. Budget holders are responsible for delivering the agreed strategy within their allocated budget.
33. The pooled budget manager retains an overview of the combined budget and performance situation and this will be reviewed in detail at a Pooled Budget Officers Group on a monthly basis.
34. The move to full risk share arrangements mean that decisions to spend beyond budget have implications for both organisations. This means that exceptional decisions for expenditure which contribute to strategic direction but have not been budgeted for will be taken jointly.
35. Any decisions which will cause expenditure to exceed budget should be agreed by both Oxfordshire County Council and Oxfordshire Clinical Commissioning Group through Joint Management Group meetings on the advice of the Pooled Budget Officers Group, and will need to be within the Oxfordshire County Council and Oxfordshire Clinical Commissioning Group Financial Procedure Rules.
36. Urgent decisions which need to be taken outside Joint Management Group meetings (e.g. to support the management of urgent issues across the wider health and social care system) will be confirmed by email from the voting members in each organisation to the pooled budget manager.
37. The requirement to meet statutory duties and keep people safe means that overspends on care packages (in either health and/or Adult Social Care) can arise due to demand above forecast levels.
38. Such decisions cannot wait until Joint Management Group meetings to be determined, so it is anticipated that Joint Management Groups will give advance approval to a level of commitment of spend above budget in these areas. A decision on virement of budget or remedial action will then be taken at the following Joint Management Group meeting.
39. Any overspends will need to be offset by underspends elsewhere, and Joint Management Groups will consider and approve virements to move the funding between budgets to reflect this within Oxfordshire County Council and Oxfordshire Clinical Commissioning Group Financial Procedure Rules. The finance report to Joint Management Group meetings will include recommendations on virements.

40. The Council has delegated greater responsibility for managing expenditure on individual purchasing to staff who are taking the day to day operational decisions. The Council's commissioning budgets will continue to be held by staff in the Joint Commissioning Team. The Clinical Commissioning Group will have arrangements in place to oversee the management of the budgets they are responsible for. The combined position for operations, social care commissioning and health commissioning will be brought together at the monthly Pooled Budget Officers Group
41. The Pools will now be operated through the budget holders (whether Commissioning or Operations staff) with responsibility sitting at that Service Manager level. There will be an expectation that all budget holders manage within the budget allocated to them, including the health budgets, in line with the strategy agreed by the respective Joint Management Group.
42. The pooled budget manager for each pool will retain oversight of the pool as a whole and retain responsibility for the submission of finance and performance reports to Joint Management Group meetings. They will be responsible for chairing the Pooled Budget Officers Group and ensuring there is a clear understanding of finance, performance and risk across health and social care.
43. In exceptional circumstances one party may choose to agree expenditure at its own risk, without seeking prior agreement of the other party. In these circumstances the decision to commit this money with one partner taking 100% of the financial risk will be made clear in writing to the pool manager. A decision on risk-sharing may then be taken at a subsequent Joint Management Group meeting

Performance

44. The Pooled Budget Officers Group has developed a framework for reporting on activity and performance that standardises the approach across the pooled budgets which will be used to assure JMG regarding the management of financial risk and the delivery of our strategic objectives.
45. During 2015-16 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.

Contract management and quality

46. The internal audit carried out for OCCG has identified a number of issues relating to the governance around delegated authority arising from the lead commissioner arrangements.
47. The main principle is that the lead commissioner holds the pooled budget and will commission and contract for the necessary health or social care services on behalf of the other party.
48. This leads to a number of changes and clarifications as follows:

- (a) The delivery of social care functions for adults with mental health needs will be incorporated in the single outcomes based contract for mental health. The actual functions will be carried out in accordance with the s75 NHS Act Provider agreement between OCC and Oxford Health NHS Foundation Trust which will be aligned to the contract and form part of it as a document relied upon. OCC will be a signatory to the outcomes based contract and will support OCCG with the assurance re the delivery of social care functions.
- (b) Placements of people funded by Continuing Healthcare and via the budget to support the rehabilitation of people living with acquired brain injury are contracted through OCC. OCCG will support OCC in the delivery of these contracts by commissioning case management for people supported by these budgets, and by supporting the quality monitoring function in relation to healthcare needs.
- (c) The present consultation on the Learning Disability Big Plan proposes that people living with learning disability might receive their health care within mainstream services. If this is borne out then arrangements may have to be developed for OCCG to contract for those services on behalf of the pooled budget
- (d) In the interim, OCC continues to commission specialist health services for people living with learning disability. OCCG will support OCC in the quality monitoring function in relation to those services.

Supporting more integrated approaches to commissioning

- 49. Oxfordshire County Council has produced three market position statements (care homes, home support services, and extra care housing)². These set out current purchasing practices, the understanding of demand, and how that demand may change in the short to medium term. We also outline current trends and our plans for commissioning across all service user groups.
- 50. It is the intention of Oxfordshire County Council and Oxfordshire Clinical Commissioning Group to produce joint market position statements for care homes and home support in 2015 / 2016 and to adopt a joint purchasing approach. This approach should both support greater efficiency particularly in relation to Continuing Healthcare expenditure, and begin to address the challenge of developing and retaining a local carer workforce with the skills and flexibility that enables more people to live successfully in the wider community.
- 51. The parties will explore further opportunities for the delivery of more integrated approaches to commissioning during 2015/16.

Risks

- 52. 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.

² www.oxfordshire.gov.uk/cms/public-site/information-providers

53. 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.
54. The Learning Disability pooled budget shows a significant overspend and detailed operational plans have been developed to address this and manage overall reduction in spend in this pool over the next three years. This process is governed by a Joint Oxfordshire County Council and Oxfordshire Clinical Commissioning Group Commissioning/Savings Board that reports to the JMG and is chaired by the Cabinet Member for Adult Social Care.

Financial and Staff Implications

55. The full financial implications to the Council are set out in the draft agreement, in particular Schedule 3. The Councils financial contribution will be amended from that set out in the budget agreed by Council on 17th February 2015.
56. It is proposed that the Physical Disability Pool and Learning Disability Pool will now include the County Council client contribution budgets. This mirrors the current agreement within the Older People Pool and Mental Health pool. There is no additional risk to the County Council from this proposal. Cabinet is asked to approve the permanent virement of the Client Contribution budget for Physical Disability of £0.657m into the Physical Disability Pool. Cabinet is asked to recommend to Council to approve the permanent virement of the Client Contribution budget for Learning Disability of £5.481m into the Learning Disability Pool.
57. The Older People Pool contributions have moved considerably from the previous year due to the inclusion of the Better Care Fund and Funding in relation to the Care Act. The Clinical Commissioning Group and the County Council have agreed to reduce the risk each party is exposed to by excluding the expenditure associated with these changes from the risk share. This means that the County Council is responsible for expenditure on the Care Act and the Clinical Commissioning Group is responsible for the Better Care fund expenditure.
58. Accounting for the Better Care Fund is complicated and not fully resolved. It is proposed that technical changes to budgets arising from changes in accounting should be delegated to the Chief Finance Officers for Oxfordshire County Council and Oxfordshire Clinical Commissioning Group.
59. Although the County Council agreed their contributions in February, the Clinical Commissioning Group agree contributions to a later timescale. This means that more recent information can now be used in setting the contributions. The Outturn on the Older People pool is an underspend of £0.8m. Based on this, there has been agreement to jointly reduce the contribution to the Older People pool by £1m. This reduces the County Council contribution by £0.53m. The reduction will be held in the Council's contingency budget which is to cover possible rising demand in Social Care as outlined in the Chief Finance Officer's report to Council on February 17th.

Cabinet is asked to approve a reduction in the contribution to the Older people's pool by £0.53m and a temporary virement of this amount to the Strategic Measures.

Equalities Implications

60. 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.
61. 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.
62. 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.
63. 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

64. **The Cabinet is RECOMMENDED to**
 - (a) **approve the proposed changes to the pooled budget arrangements with Oxfordshire Clinical Commissioning Group, including changes to the 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 permanent virement of £0.657m into the Physical Disability Pool in respect of physical disability client contribution budgets as discussed by the physical disability JMG**
 - (c) **RECOMMEND to County Council the permanent virement of £5.481m into the Learning Disability Pool in respect of learning disability client contribution budgets as discussed by the learning disability JMG**
 - (d) **Delegate authority to the Chief Finance Officers of Oxfordshire County Council and Oxfordshire Clinical Commissioning Group to**

agree and implement technical changes in the accounting treatment for the Better Care Fund

- (e) Cabinet is asked to approve a reduction in the contribution to the Older people's pool by £0.53m and a temporary virement of this amount to the Council's Strategic Measures budget.**

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February 2015

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 2015/2016 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:** 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 6:** Support older people to live independently with dignity whilst reducing the need for care and support
 - **Priority 7:** Working together to improve quality and value for money in the Health and Social Care System

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 Fair Access to Care 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 Patients and service users 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 Person who meets the National Framework for Continuing Health Funding Criteria for adults/older people (introduced on 1 October 2007)
 - 2.1.2 Any person who meets the Funded Nursing Care ('FNC') criteria as laid down by the Department of Health from time to time
 - 2.1.3 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
 - 2.1.4 Any person 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 2.9.3 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 any of the Pooled Funds will receive a financial assessment and be charged in line with the Care Act 2013. There is no charge for NHS funded health provision.
- 3.2 The Joint Management Groups will be consulted about any changes to the charging policy.

4. Carers

- 4.1 Carers are entitled to a carers' assessment in line with the Care Act 2013.

5. Market development and purchasing approach

- 5.1 Market Position Statements will be developed by the Partners in consultation with service users, carers and other significant stakeholders. Market Position Statements 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.
- 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

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ensure that this information is made available via the respective joint management groups

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 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* 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 2015-16

Older People	Oxfordshire County Council	Oxfordshire Clinical Commissioning Group	Total
	£'000	£'000	£'000
Older People	69,600	112,247	181,847
Equipment	1,125	2,711	3,836
Total	70,725	114,958	185,683

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 2015-16

Risk Share	OCC	OCCG
	£'000	£'000
Contribution to OP Pool excluding. Care Act & Better Care Fund	68,462	90,285
add back income	- 18,956	
Risk shared contributions	87,418	90,285
% risk share (incl equipment)	49	51

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 2015/16**

Learning Disability	Oxfordshire County Council	Oxfordshire Clinical Commissioning Group	Total
	£'000	£'000	£'000
Learning Disability	68,472	13,083	81,555
Total	68,472	13,083	81,555

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 2015-16

	Risk Share	
Risk Share	OCC	OCCG
	£'000	£'000
Contribution to LD Pool	68,472	13,083
add back income	- 5,481	
Risk shared contributions	73,953	13,083
% risk share	85	15

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 2015/16**

Mental Health	Oxfordshire County Council	Oxfordshire Clinical Commissioning Group	Total
	£'000	£'000	£'000
Mental Health*	8,812	39,845	48,657
Total	8,812	39,845	48,657

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 OBC contract, the risk share remains as per 2014-15. 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 2015-16

Risk Share	OCC	OCCG
	£'000	£'000
Contribution to MH Pool	8,812	39,845
add back income	- 54	
less Social Care spend	- 1,545	
Risk shared contributions	7,321	39,845
% risk share	16	84

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 2015/16

Physical Disability	Oxfordshire County Council	Oxfordshire Clinical Commissioning Group	Total
	£'000	£'000	£'000
Physical Disability	11,370	7,345	18,715
Total	11,370	7,345	18,715

Pending the agreement of the OBC contract, the risk share remains as per 2014-15. 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 2015-16

Risk Share	OCC	OCCG
	£'000	£'000
Contribution to PD Pool	11,370	7,345
add back income	- 657	
Risk shared contributions	12,027	7,345
% risk share	62	38

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

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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 Joint Management Group

Section 1 – Provisions common to all Joint Management Groups

1. Deputies and Quorums

- 1.1 The 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 2 Voting Members/deputies attending from each of the Partners SAVE for the Older People Pooled Fund where such number shall be 3.
- 1.4 Each named representative assigned to a role specified in paragraphs A2.1, A2.2, B1.1, B1.2, C1.1, C1.2, D1.1 and D1.2 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 Joint Management Group

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 Adults Health and Social Care Board and the Health and Wellbeing Board.
- c. work with 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.
- m. 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.
- n. 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

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

Risk

- s. 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.
- t. review risks quarterly in relation to delivery of objectives, performance of commissioned services, and reputation of the Partners in relation to the Pooled Budget
- u. review any other risks quarterly relating to the performance of this agreement
- v. 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 Joint Management Group;

- 3.2 submit monthly, quarterly and annual reports on finance and performance to the Joint Management Group for approval and submission to the Partners;
- 3.3 prepare an 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. 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 at least once a year.
- 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.

6. Decision Making

- 6.1 All decisions of the Joint Management Group:
 - a. shall be made at quorate meetings of the Joint Management Group;
 - b. shall be made by those Voting Members present (or their deputies if appointed pursuant to paragraph 1 above); and
 - c. 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.

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

A OLDER PEOPLE POOLED FUND

A1 Meetings and reporting

A1.1 At least one meeting of the Joint Management Group shall be held in public.

A1.2 The Joint Management Group shall provide regular reports on progress to the Council Cabinet and Clinical Commissioning Group Governing Body.

A2 Joint Management Group Membership

A2.1 The membership of the Joint Management Group with voting rights will be as follows:-

Oxfordshire County Council:

Cabinet Member for Adult Social Care
Deputy Director for Joint Commissioning
Chief Finance Officer

Oxfordshire Clinical Commissioning Group:

Chief Executive Officer or Clinical Chair
Director of Commissioning and Partnerships
Chief Finance Officer

A2.2 In Attendance: (Non-Voting)

Oxfordshire County Council:

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 Older People
GP Locality Commissioner
GP Provider

Director of Adult Social Services, Oxfordshire County Council and Director of Strategy & Transformation Oxfordshire Clinical Commissioning Group

Provider Representatives:

Oxfordshire Association of Care Providers – Chief Executive
Oxford Health NHS Foundation Trust - Chief Operating Officer
Oxford University Hospitals NHS Trust - Director of Clinical Services

Other representatives:

District Council Representative

Healthwatch Oxfordshire representative
Service user and carer representatives, including Older People Partnership Board representative(s)
Voluntary and independent sector representatives

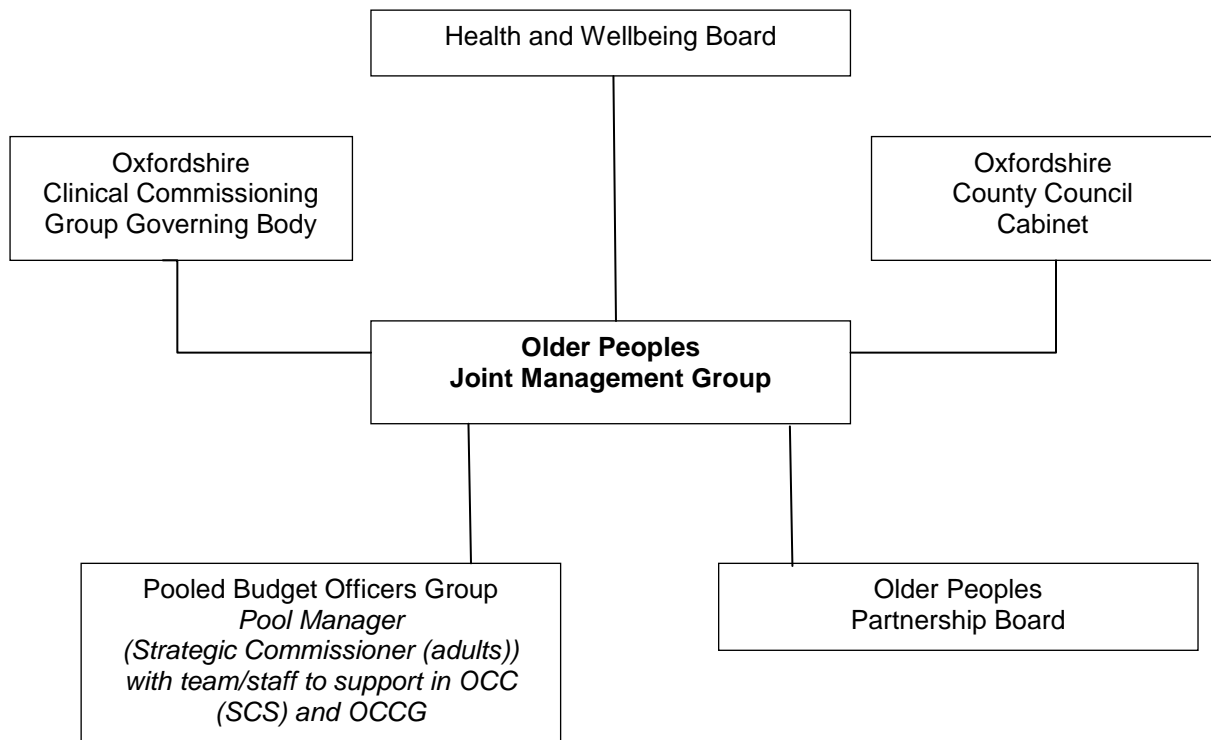
Others may be invited where JMG consider this appropriate.

A3 Chair

The meetings will be chaired by the Cabinet Member for Adult Social Care and by the nominated deputy if absent unless otherwise agreed by the Partners.

A4 JMG Relationship to Other Bodies

Governance framework diagram



B LEARNING DISABILITY POOLED FUND

B1 JMG Membership

B1.1 The membership of the JMG with voting rights will be as follows:-

Oxfordshire County Council:

Deputy Director for Joint Commissioning

Social and Community Services Finance Business Partner

Oxfordshire Clinical Commissioning Group:

Director of Commissioning and Partnerships

Chief Finance Officer

B1.2 In Attendance: (Non-Voting)

Oxfordshire County Council:

Strategic Commissioner for Adults

Oxfordshire Clinical Commissioning Group:

Programme Manager Mental Health and Joint Commissioning

Clinical Lead for Learning Disabilities

Other representatives:

Representative(s) from the Learning Disability Partnership Board

Any change to representatives from the Learning Disability Partnership Board will be confirmed to the Pool Manager by the Partnership Board.

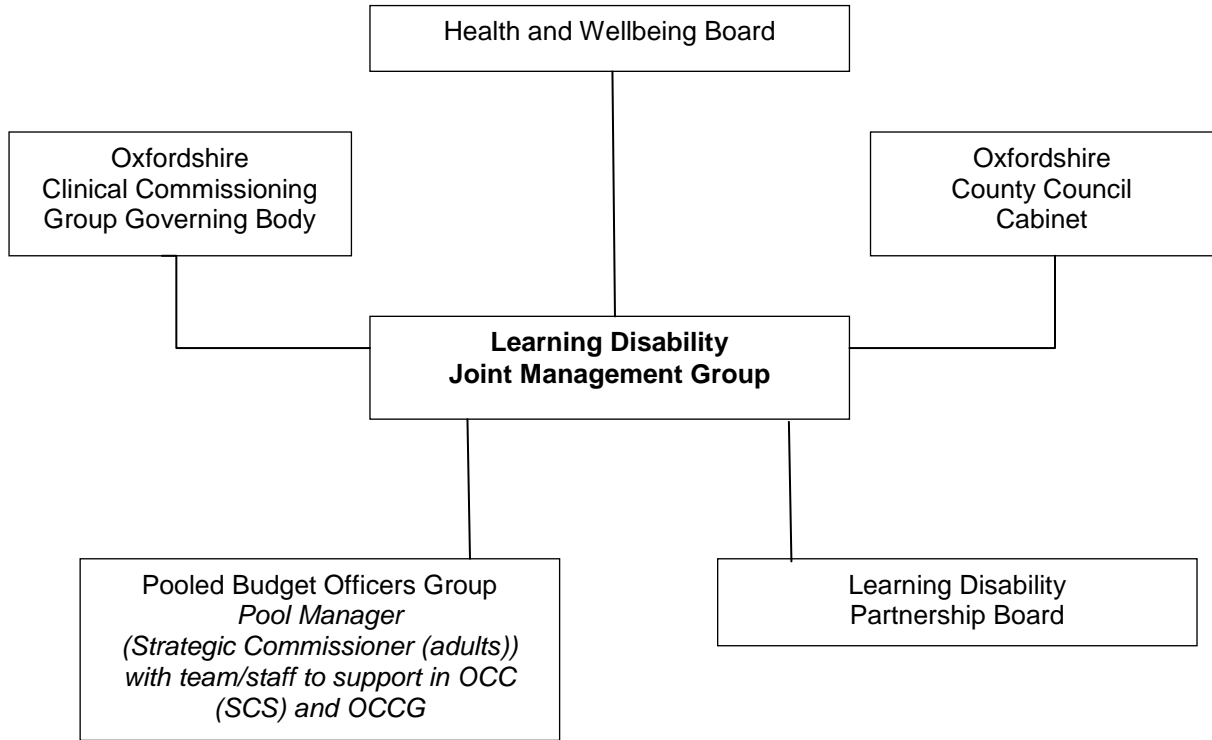
Others may be invited where JMG consider this appropriate.

B2 Chair

The meetings will be chaired by Deputy Director Joint Commissioning (or successor in title) and by their nominated deputy if absent unless otherwise agreed by the Partners.

B3 JMG Relationship to Other Bodies

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C MENTAL HEALTH POOLED FUND

C1 JMG Membership

C1.1 The membership of the JMG with voting rights will be as follows:-

Oxfordshire County Council:

Deputy Director for Joint Commissioning

Social and Community Services Finance Business Partner

Oxfordshire Clinical Commissioning Group:

Director of Commissioning and Partnerships

Chief Finance Officer

C1.2 In Attendance: (Non-Voting)

Oxfordshire County Council:

Strategic Commissioner for Adults

Strategic Commissioner for Children and Young People

Oxfordshire Clinical Commissioning Group:

Programme Manager Mental Health and Joint Commissioning

Clinical Lead for Learning Disabilities

Other representatives:

Carers from the Carers Reference Group

Service user representative

Children and Young People representative

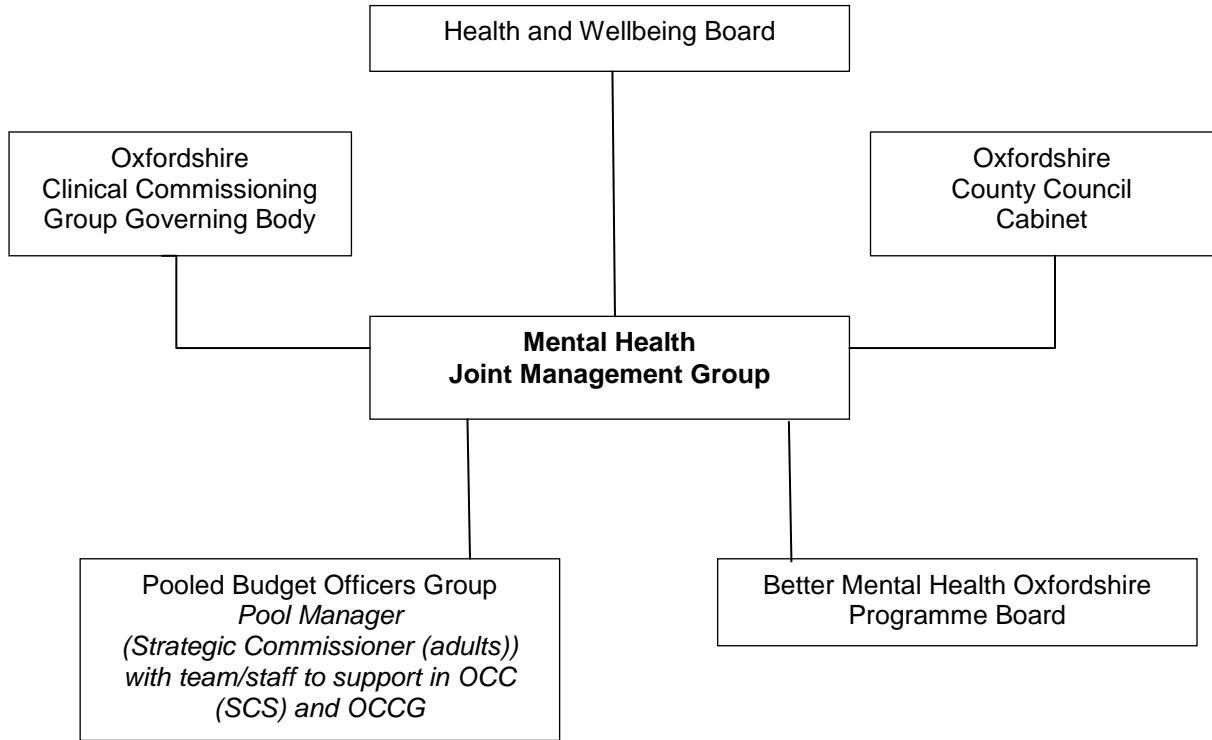
Others may be invited where JMG consider this appropriate.

C2 Chair

The meetings will be chaired by the Director of Commissioning and Partnerships, Oxfordshire Clinical Commissioning Group (or successor in title) and by their nominated deputy if absent unless otherwise agreed by the Partners.

C3 JMG Relationship to Other Bodies

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D PHYSICAL DISABILITY POOLED FUND

D1 JMG Membership

D1.1 The membership of the JMG with voting rights will be as follows: -#

Oxfordshire County Council:

Deputy Director for Joint Commissioning
Social and Community Services Finance Business Partner

Oxfordshire Clinical Commissioning Group:

Director of Commissioning and Partnerships
Chief Finance Officer

D1.2 In Attendance: (Non-Voting)

Oxfordshire County Council:

Strategic Commissioner for Adults

Oxfordshire Clinical Commissioning Group:

Programme Manager Mental Health and Joint Commissioning
Clinical Lead for Physical Disability

Other representatives:

Representative of the Physical Disability Partnership Board

Any change to representatives from the Physical Disability Partnership Board will be confirmed to the Pool Manager by the Partnership Board. Others may be invited where JMG consider this appropriate.

D2 Chair

The meetings will be chaired by Deputy Director Joint Commissioning (or successor in title) and by their nominated deputy if absent unless otherwise agreed by the Partners.

D3 JMG Relationship to Other Bodies

