



Adults with Care and Supports Needs Joint Management Group

Date and time: Thursday, 26 November 2020 at 3.30 pm

Venue: Virtual Meeting

Please note that due to guidelines imposed on social distancing by the Government the meeting will be held virtually.

If you wish to view proceedings, please click on this [Live Stream Link](https://oxon.cc/ACSN26112020)
<https://oxon.cc/ACSN26112020>

However, that will not allow you to participate in the meeting.

Contact Officer: **Julieta Estremadoyro**
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Membership

Chairman – Dr David Chapman

Group Members:

Lorna Baxter	<i>Director of Finance, Oxfordshire County Council (OCC)</i>
Gareth Kenworthy	<i>Director of Finance, Oxfordshire Clinical Commissioning Group (OCCG)</i>
Stephen Chandler	<i>Corporate Director of Adult Services, OCC</i>

In Attendance:

Julia Boyce	<i>Assistant Chief Finance Officer, OCCG</i>
Eleanor Crichton	<i>Commissioning and Marketing Lead for Adults, OCC</i>
Karen Fuller	<i>Deputy Director for Adult Social Care, OCC</i>
Juliet Long	<i>Senior Commissioning Manager, OCCG</i>
Robyn Noonan	<i>Service Manager (North), OCC</i>
Stephen Rowles	<i>Senior Financial Adviser, OCC</i>
Steve Thomas	<i>Performance Information Manager (Social Care), OCC</i>
Chris Walking	<i>Senior Commissioning Manager, OCC & OCCG</i>
Kathy Wilcox	<i>Finance Business Partner (Adult Social Care), OCC</i>

A G E N D A

1. Welcomes and introductions

15:30 to 15:33
3 minutes

Welcomes and introductions by the Chair Dr David Chapman

2. Apologies for absence and temporary appointments

15:33 to 15:35
2 minutes

3. Minutes, matters arising and action log (Pages 1 - 6)

15:35 to 15:40
5 minutes

To approve the minutes of the previous meeting on 29th September and receive updates to the action log

4. Performance, activity and finance report (Pages 7 - 40)

15:40 to 16:00
20 minutes

Presented by Kathy Wilcox, Finance Business Partner and Steve Thomas, Performance & Information Manager (Social Care), Oxfordshire County Council

5. Schedule 3 to Section 75 - Contributions and Risk Share arrangements for 2020/21 (Pages 41 - 44)

16:00 to 16:10
10 minutes

Presented by Kathy Wilcox, Finance Business Partner, Oxfordshire County Council

6. Proposed changes to Section 75 agreement - Update (Pages 45 - 54)

16:10 to 16:25
15 minutes

Presented by Ian Bottomley, Head of Mental Health & Joint Commissioning, Oxfordshire Clinical Commissioning Group

7. Forward Plan

16:25 to 16:30

5 minutes

Suggestions to be included in the Forward Plan

8. Any other business

16:30 to 16:40

10 minutes

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Adults with Care and Support Needs JOINT MANAGEMENT GROUP

Notes of meeting held on 29th September– Virtual Meeting

Present Stephen Chandler, Corporate Director for Adult Services, OCC (acting Chair)
 Julia Boyce, Assistant Director of Finance, OCCG
 Chris Walkling, Strategic Commissioning Manager, LD, OCC/OCCG
 Steve Thomas, Performance & Information Manager, OCC
 Karen Fuller, Deputy Director for Adult Social Care, OCC
 Kirsten Prance, Associate Clinical Director of Learning Disability Services, Oxford Health
 Kathy Wilcox, Finance Business Partner, OCC
 Diane Hedges, Chief Operating Officer and Deputy Chief Executive, OCCG

Julieta Estremadoyro, Partnership Board Officer, OCC

Apologies Lorna Baxter, Director of Finance, OCC (Kathy Wilcox deputising)
 Debbie Richards, Managing Director, Mental Health, Oxford Health
 David Chapman, Locality Clinical Director OCCG (Diane Hedge deputising)
 Ele Crichton, Lead for Adults, Commissioning & Markets, OCC
 Robyn Noonan, Service Manager, OCC
 Gareth Kenworthy, Director of Finance, OCCG (Julia Boyce deputising)
 Juliet Long, Lead Commissioning Manager – Mental Health, OCCG

1.	Welcome and Introductions	Lead
2.	Apologies for Absence and Temporary Appointments <i>As per above</i>	
3.	Minutes, Matters Arising and Action Log The minutes of the meeting on 21 st July were approved. Actions update: <u>Item 4 - Performance, Activity and Finance report</u> 4.1 Steve to bring a breakdown of the higher cost people into the slide. It is in the presentation. Complete	

	<p>4.2 Juliet Long to incorporate more information that is already prepared/available regarding Oxford Health. Pending</p> <p>Diane Hedge offered Steve to provide the name of the person responsible for the OH Contract.</p> <p><u>Item 8 - Adults' strategic approach & governance structure</u> Juliet Long and Ele Crichton to bring together a sub-group to discuss refreshing the strategy. Pending</p>	<p>JL</p> <p>JL/ EC</p>
<p>4.</p>	<p>Performance, Activity and Finance report</p> <p>Steve Thomas and Kathy Wilcox referred to the document <i>Outcomes, Outputs and Cost Report Period 5 2020/21</i> in the agenda pack.</p> <p>Slide 3 – Delivering our priorities – Three were assessed to be on target subject to the following comments:</p> <p><i>Increase the number of people supported at home.</i> It is in green but in the light of <i>LD residential care project update</i> later in the agenda, this should be changed to amber as there has been an increase in adults with LD in care homes due to a delay in that project. There are also two new people with LD and autism admitted to specialist in-patient beds this year.</p> <p><i>Improve the quality and sustainability of care providers in Oxfordshire,</i> also green. This is based on CQC routine inspections and these have been suspended this year. However, the standard has always been good.</p> <p><i>Involve more local people and organisation in the development of services.</i> Green reflecting service user engagement with the re-tendering of supported living and this why is on green</p> <p>Measures rated as amber: <i>Identifying key group and design integrated services to meet their needs.</i> Oxfordshire Strategy needs to be developed.</p> <p><i>Improving the satisfaction of services users</i> – This is based on a national survey. LD services have seen an improvement, but they are still below the national target.</p> <p><i>Improve access to mental health support.</i> There is concern with the COVID 19 situation that there will be an increase pressure in mental health services.</p> <p>Stephen noted that because of the impact of COVID-19,, and the move to virtual assessment and support this should be assessed as red. . Diane Hedges confirmed that the target to access services is 12%.</p> <p>Steve pointed out that the report is based on the Integrated Performance Report which is data published elsewhere. He will liaise with Juliet to explore</p>	

more and check if the interpretation is correct, though it is consistent with the national figure of access to MH services.

Action: Steve Thomas to liaise with Juliet Long to get further information on the 12% figure on access to mental health services.

ST/
JL

Increase the number of people taking part in meaningful activity is rated as amber but probably should be green. Target of 10% of people with a learning disability in paid employment. Oxfordshire rate is 9.3% but the national average is 5%.

Improve access to health screening programmes to reduce health inequalities. The screening programmes are paused so no rating available.

Slide 4 – Stephen asked why the two measures regarding *Improve access to health screening programmes to reduce health inequalities* are not rated as there has been some activity continuing.

Chris Walkling commented that the impact of COVID-19 should not be underestimated as it has disproportionality affected screenings that are mainly done in Quarter 4.

Action: Juliet Long to clarify the data regarding these measures.

Slide 8 – LD Activity Summary shows how many people are supported in the pool based on snapshots of activity over the last 3 months. Through the year the number of people with Learning Disabilities supported by the pool has been broadly constant. Small reduction in the number in residential care.

Slide 11 – People and cost by age – noted 11 people aged under 25 with high cost packages.

Stephen asked about the cost comparison vs age. He would have expected the cost to reduce as people become older.

Action: Steve to bring more information. Ele and Robyn to share some case studies looking at service users over their lifetimes

ST/
EC/
RN

Slide 12 – Benchmarking – Finance & Performance data has been submitted to ADASS in October. Outputs from south east dashboard will be shared when they are available.

Slide 17 – Mental Health: number of people and cost by age
Diane would like to know the comparison between the OCC residential cost is vs the OBC contracts.

Karen clarified that not everybody in these figures referred to abated people (people supported outside the OBC contract). Some of these are paid by OCC but recharge to OH.

	<p>Action: Steve Thomas and Stephen Rowles to clarify the coding of abated people/OBC contract cases. Steve to liaise with Juliet Long for further clarification.</p> <p>Finance slides: Slide 24 – Summary – Forecast across pool has increased by £0.3m since P4. Forecast close to break even.</p> <p>Slide 25 – Risk Share reflects roll forward of 2019/20 arrangements. Update for 2020/21 will be shared at the next meeting.</p> <p>Slide 26 – LD. Care Homes - small increase in out of county care package costs due to inflationary uplifts. Supported living - activity stable but reduction in forecast reflects lower than anticipated costs to mitigate nighttime fire risk</p> <p>Slide 28 – MH Finance Detail –one service user moved in the into the abated cohort with 5 months of retrospective costs.</p> <p>Action: Julia Boyce to find out how it was decided to include this client with retrospective cost (Stephen’s request)</p>	<p>ST/ SR/ JL</p> <p>JB</p>
5.	<p>Risk Share arrangement 2020/21</p> <p>Julia Boyce provided a verbal update</p> <p>Because of the COVID-19 pandemic OCCG has been operating under a temporary financial regime during the first half of 2020/21 but has now been notified of funding for the rest of the financial year.</p> <p>The health contribution to the pool will be confirmed and the associated risk share for 2020/21 brought to the next JMG for agreement.</p> <p>Action: Julia to share the health contribution for 2020/21.</p> <p>Action: Stephen, Gareth, Kathy and Julia to discuss and agree the proposed risk share arrangements.</p>	<p>JB</p> <p>SC/ GK/ KW/ JB</p>
6.	<p>Extension/new Section 75 agreement</p> <p>Ele Crichton could not attend to present this item.</p> <p>Kathy Wilcox clarified that the existing Section 75 agreement runs until the end of March 2021. Need to align the Section 75 agreement for 2021/22 onwards with forward thinking on the wider health and wellbeing outcomes and changes to governance structures arising from the BOB ICS.</p>	
7.	<p>LD residential care project update</p> <p>Ele Crichton could not attend to present this item.</p>	

	<p>Chris Walkling noted that this project has been underway for some time.</p> <p>Initially carried out a desktop reviews of all LD service users in out of county residential care. From that cohort, a smaller group of people have been excluded from the on-going review either because of their needs or because they or do not to want to move back to Oxfordshire because they have links to the areas, they are living in.</p> <p>A small cohort of people who would like to move back to Oxfordshire has been identified. This group has relatively high needs. Commissioning of their care is in the scope of the current activity and it is in procurement at the moment.</p> <p>This workstream has been affected by COVID 19. Among these: finding appropriate housing has been delayed as providers have failed to bring forward that accommodation.</p> <p>Additional social care resources have been committed to mitigate some of the risk associated with the project to 2.5fte agency social workers to assess people in scope. More recently the LD capacity has been increased by bringing a qualified social worker to not just lead in this project and managed the agency social workers, but also work in a number of other areas.</p> <p>The project is expecting to generate an estimated saving of £1,060,00 to be delivered by 2022.</p> <p>Action: Ele Crichton to come back and provide a further update on this paper.</p>	EC
8.	<p>AOB and Forward Plan</p> <p>Diane Hedges raised a couple of questions around value for money:</p> <p>Can we compare the value of direct payments in LD and what those are funding compared to other provision?</p> <p>Prices of the out of county placement, are these cheaper or expensive that the Oxfordshire ones?</p> <p>There is a need for more reflection on the metrics. Diane think that more value would be achieved if more of this information is considered.</p> <p>Action: Steve Thomas will take away the concern on Direct Payments as they do not have the information on what this is paying. He will ask Karen to describe the methodology on how to compare the value of a direct payment in relation to an OCC services.</p>	ST/ KF

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Adults with Care and Support Needs Pooled Budget

Outcomes, Outputs and Cost Report Period 7 2020/21

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Outcomes



Oxfordshire

Clinical Commissioning Group



OXFORDSHIRE
COUNTY COUNCIL

Delivering our priorities

Priority	RAG	Comment
Identify key groups and design integrated services to meet their needs	A	Data from the JSNA, current services & brokerage used to assess demand and understand gaps in provision. Work to design and commission services to meet those gaps is underway
Improve the satisfaction of service users	A	Social care satisfaction for adults with a learning disability & mental health problems has increased but for learning disability remains below the national average
Improve access to health screening programmes to reduce health inequalities	NR	Figures reported at end of year
Improve access to mental health support	A	% of people accessing services below target; Dip in timeliness of seeing people in Emergency Department Psychiatric Service; All other measures at or above target
Increase the number of people supported at home	G	More people supported at home than elsewhere. Growing proportion in year of people supported at home
Increase the number of people taking part in meaningful activity	A	LD in employment slightly below target but considerably higher than the national figures
Improve the quality and sustainability of care providers in Oxfordshire	G	CQC ratings in Oxfordshire higher than elsewhere
Involve more local people and organisations in the development of services	G	Co-production on wellbeing & employment support continues; development of new transition supported living will involve young people and their families

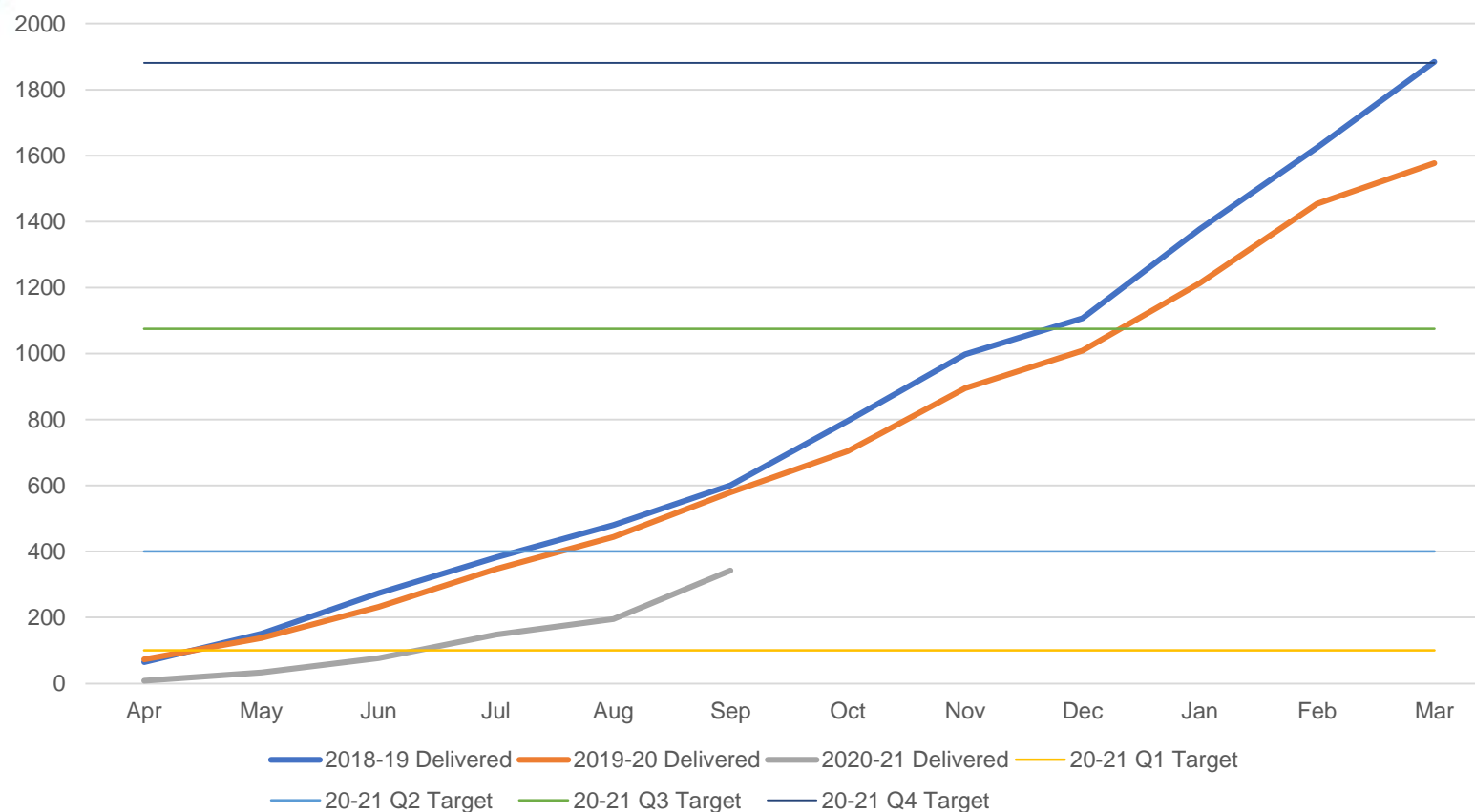
Key Measures

Improve the satisfaction of service users					
% of people who use LD services who are very happy	Above national average (74%)	Feb-19	70%	A	Annual survey run Feb. Reported in May. Fig for 2019 for Oxfordshire was 64% rose to 70% in Feb 2020
% of people who use MH services who are very happy	Above national average (66%)	Feb-19	69%	G	Annual survey run Feb. Reported in May. Fig for 2019 for Oxfordshire was 66% rose to 69% in Feb 2020 (but only 13 responses)
Improve access to health screening programmes to reduce health inequalities					
% of people on General Practice Seriously Mentally Ill registers who have received a full set of comprehensive physical health checks in a primary care setting in the last 12 months	60%	Jun-20	22%	NR	Serious Mental Illness (SMI) Physical Health checks. Target is for full year and not trajectory-based so in-year performance has not been RAG rated
% of people with a learning disability having annual health checks in a primary care setting in the last 12 months	75%	Jun-20	13%	NR	Learning Disability Health checks: Reported performance can vary significantly between quarters as practices need to enter their LD register values manually as part of a return and this is not always done.
Improve access to mental health support					
% of people who have depression and/or anxiety disorders who receive psychological therapies	25%	Sept-20	17.3%	R	21.7% for Sept; 17.3% for year to date
% of people who received their first IAPT treatment appointment within 6 weeks of referral	75%	Jun-19	98%	G	
% of people referred to Emergency Department Psychiatric Service seen within agreed timeframe: JR (1 hour); HGH (1.5 hours)	95%	Jul-20	85% (JR) 88% (HGH)	R	Figure for July - fall in month
% of people on CPA followed up within 7 days of mental health in patient discharge	95%	Dec-19	96%	G	Figure is year to date. In December, monthly figure fell to 94.5%
% of people experiencing first episode psychosis that wait 2 weeks or less to start a NICE recommended package of care	60%	Dec-19	83%	G	Reporting on hold
Number of people who are in homelessness supported housing who access mental health services	Set Baseline	Oct-20			5 people currently receiving support; 3 people declined because their needs are too complex 3 because their needs are too low. 11 people who have identified a need for further mental health support but have not been referred yet
% of adults with a LD supported at home	Above national average (81%)	Oct	91%	G	

Measures	Target	Reporting period	Number	RAG	Comment
Increase the number of people supported at home					
Number of people with learning disabilities and/or autism admitted to specialist in-patient beds	6	Oct-20	8	A	5 people with a Learning Disability; 3 people with autism spectrum. 3 people in placements out of county
Number of people with learning disability and/or autism living in residential care	200	Oct-20	226	A	Moves have started with people moving from one home to supported living but the next move is delayed until April so significant risk to 200 target.
Number of people with a serious mental illness living in residential care	50	Oct-20	35	G	
Number of new permanent care home admissions for people aged 18-64	<39	Oct-20	12	G	12 people so far in the year therefore pro rata 21 in year
% of people with severe mental illness in employment	18%	Oct-20	18%	G	
Increase the number of people taking part in meaningful activity					
% of people with a learning disability in employment	10%	Mar-20	9.3%	A	Although below target figures is considerably above the national average 5.6%
Identify and set a benchmark for people with autism in employment	n/a	Oct-20	26	G	Oxfordshire Employment Service. There have been 26 people been on the programme; 17 people live; 11 gained employment; 1 person referred to internship and 1 left through choice.
Improve the quality and sustainability of care providers in Oxfordshire					
% of all providers described as outstanding or good by CQC remains above the national average	92%	Oct-20	96%	G	Compared to 90% nationally

Annual Health Checks for adults with a Learning Disability

Performance 2018-21

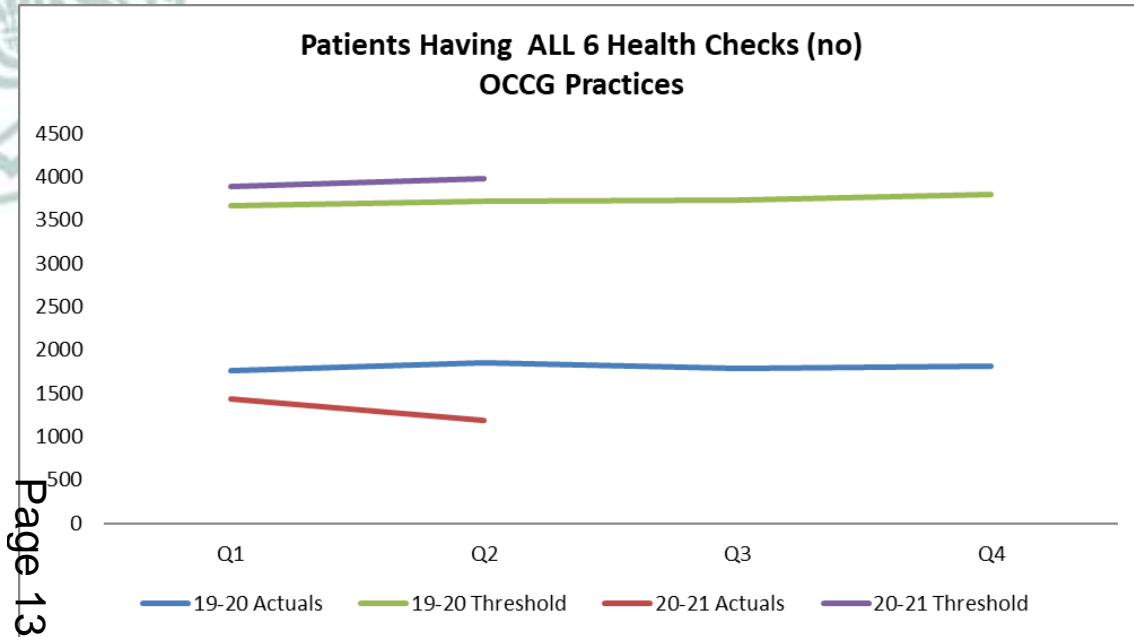


Target Health Checks	Forecast	Actual
Quarter 1	100	75
Quarter 2	400	342
Quarter 3	1,075	
Quarter 4	1,881*	

*2020-21 target: 68% of people with an LD aged 14+

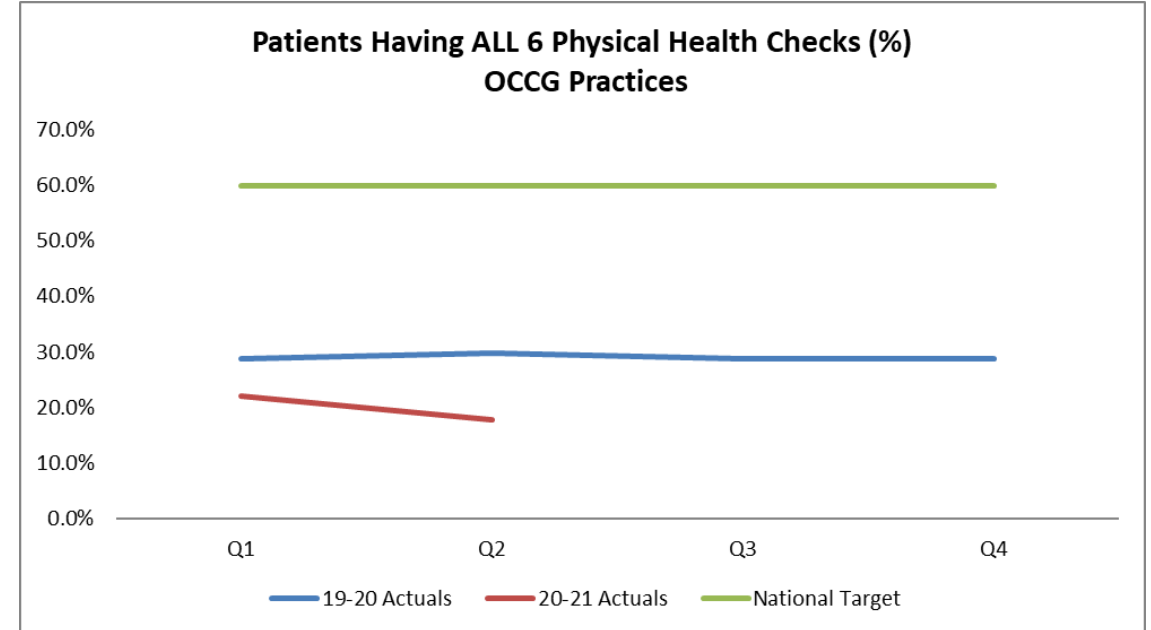
In 2019-20 57% of the eligible population received a healthcheck against the England average of 55%

Seriously Mentally Ill Health Checks



COVID19 & lockdown impacting Q1&2 delivery with low demand into GPs & fewer face to face/clinic appointments needed for some tests.

National target is 60%, local target is 35% by Q4.



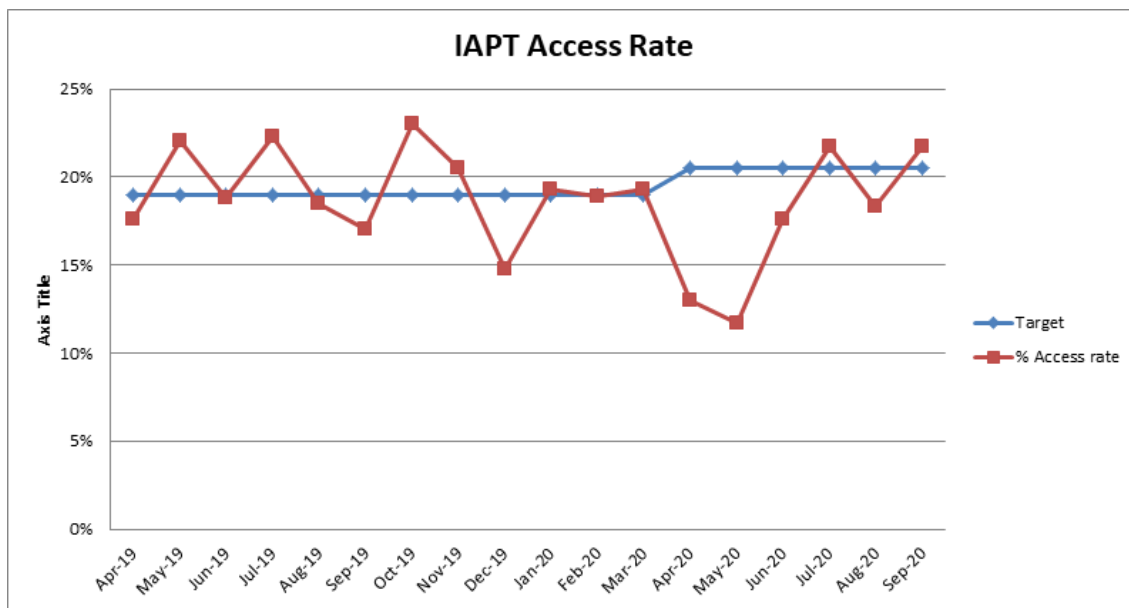
Joint OHFT and CCG action plan, includes:

- Regular communications in GP newsletter – flagging importance of doing checks and data completeness.
- Learning from other areas re delivering a mix of virtual and face to face appointments
- OHFT recruiting physical health leads to work with PCNs and plan to use third sector staff for outreach
- BOB forum established - sharing best practice and developing solutions where primary and secondary care can work more collaboratively



TalkingSpace (TSP) IAPT update

Access rate against target

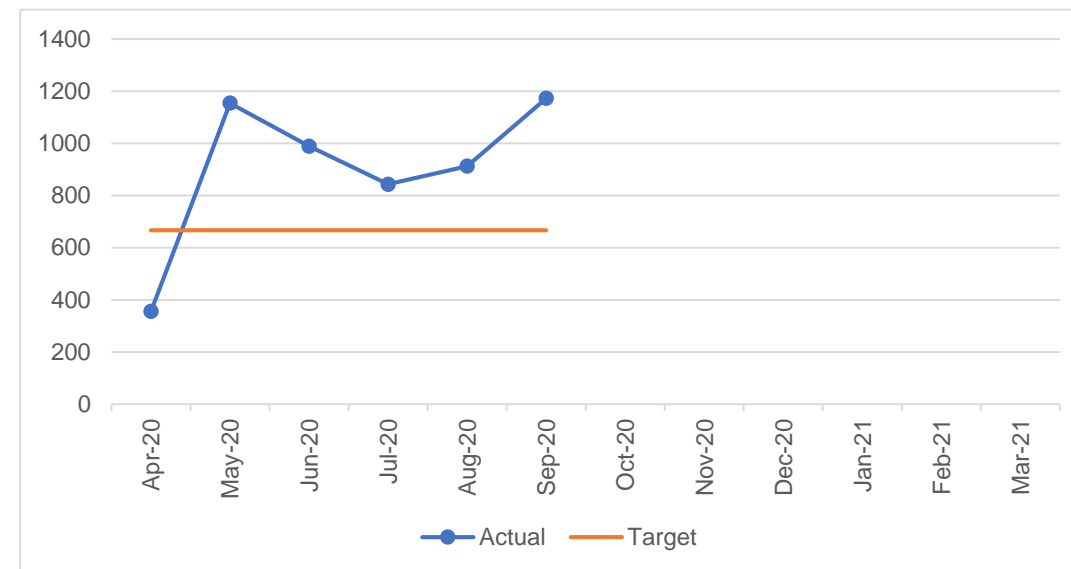


Numbers entering treatment

Number	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
No. entering treatment	656	591	892	1101	928	1098
No. from morbidity survey	5059	5059	5059	5059	5059	5059

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Wellbeing Service - Ox Mind





TalkingSpace (TSP) IAPT update

TSP access now back to normal and exceeding current local target of 20.5% , rate for Sept was 21.7%.
Wellbeing service - Mind MH information line – marked increase in enquiries

Current work streams:

Covid :

- TSP working with OHFT community directorate re Getting Oxfordshire Back on it's Feet now accepting referrals.
- Long Covid service development plan – TSP part of working group, first meeting 18/11/20
- Covid training under taken by all TSP staff so they can adapt operational protocols.
- TSP staff attending the national webinars and also contributing to some sessions
- Data now recorded (via PCMIS) re Covid related cases.

Staff wellbeing

- Working across BOB to establish staff resilience hubs this will include triage and assessment – then staff will be directed for interventions to IAPT
- TSP continue to prioritise NHS and Care home staff.

Publicity:

- National campaign promoting mental health launched 16/11 /20
- Advertising Also continue to be public facing via our websites.



Activity and costs: Adults with Learning Disability



Activity Summary ¹

	Start of year (1/4/2020) snapshot
People supported in the pool ²	1,726

Last 3 months 1/9/2020	Last 3 months 1/10/2020	Last 3 months 1/11/2020
1,720	1,720	1,712

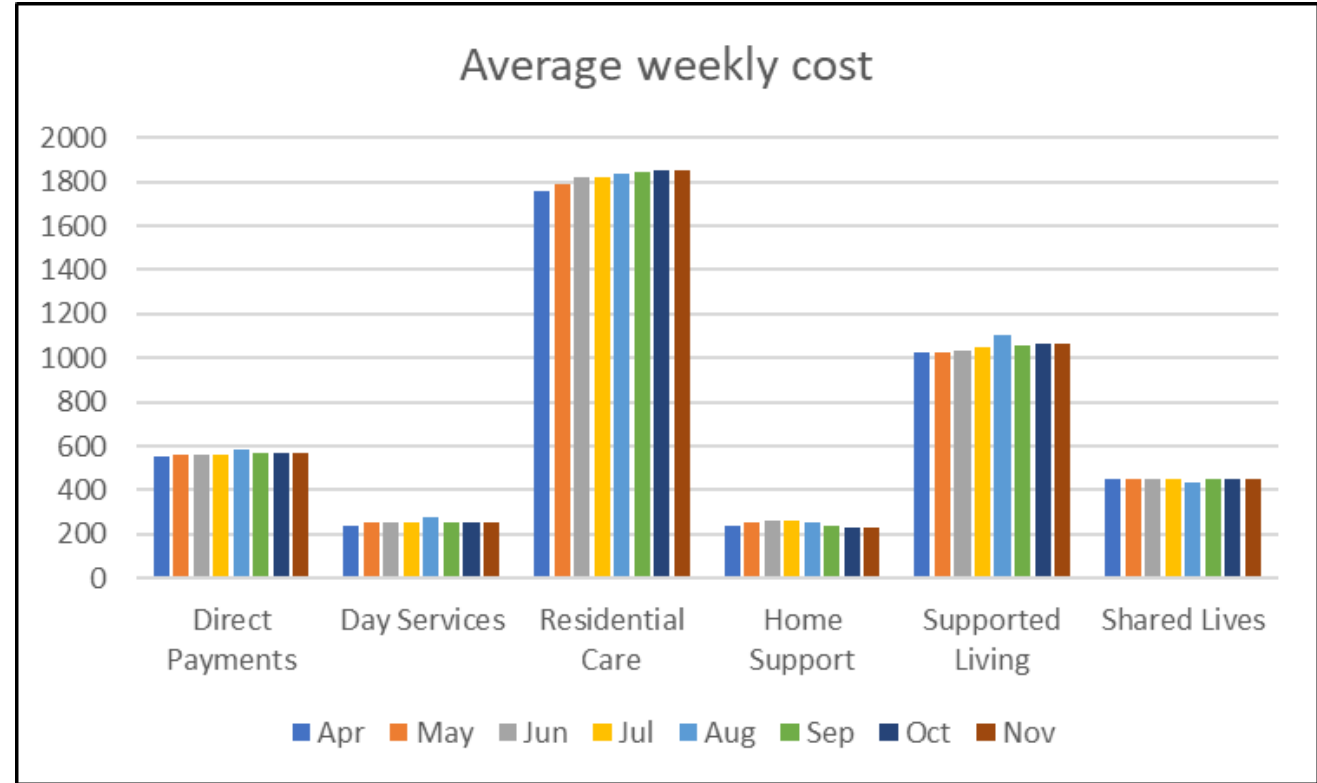
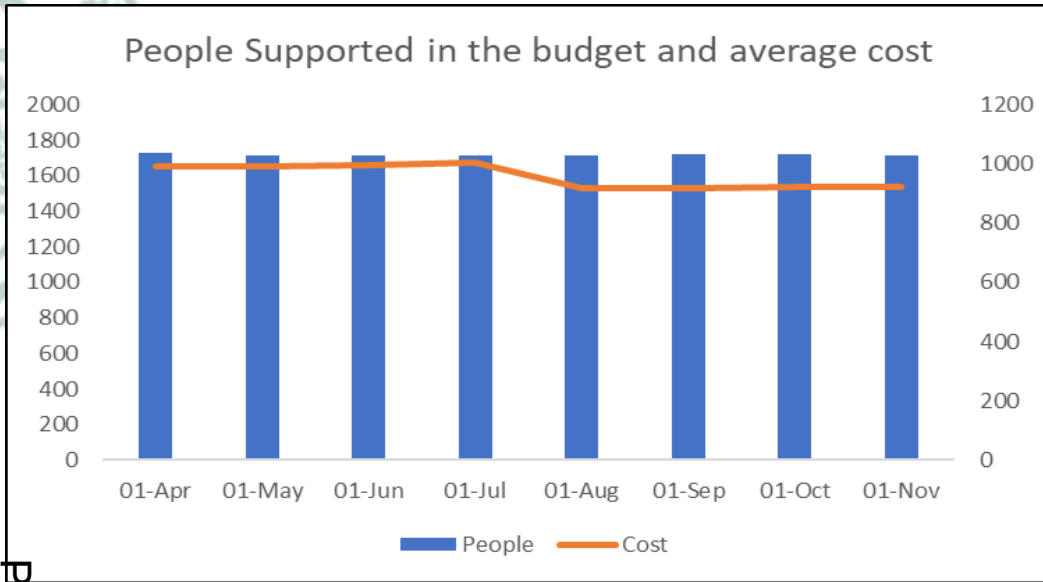
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	People supported at 1/4/2020
At home	1,481
Residential ³	245

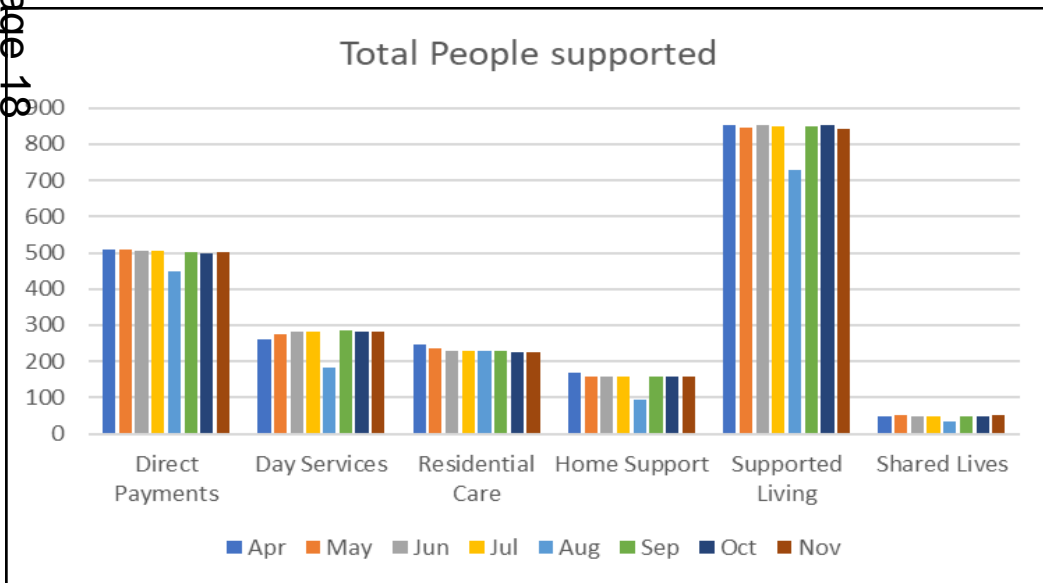
People supported at 1/8/2020	People supported at 1/9/2020	People supported at 1/10/2020
1,492	1,494	1,486
228	226	226

1. Only currently includes packages on LAS and ContrOcc. Excludes people placed against Covid budget. All data is dependent on timely authorisation of packages and figures may change retrospectively
2. On-going weekly costs only for snapshot at the dates
3. 164 people are placed out of county including 1 person also coded to the BCF budget and MH budget.

Costs and activity



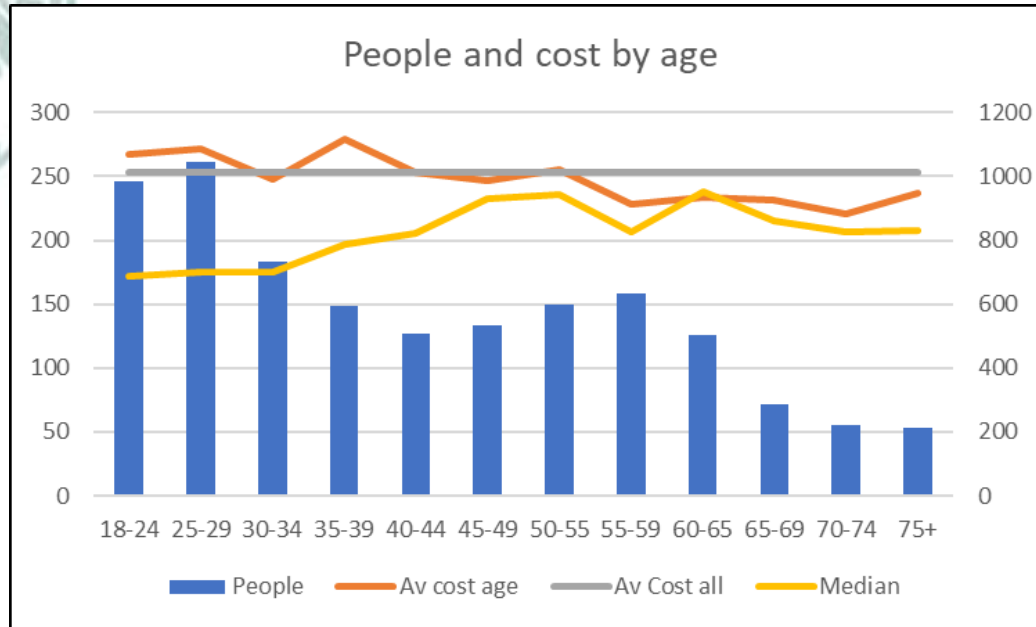
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Costs and activity

		Number of People Supported				Change since April 1st			Weekly Unit Cost				Change since April 1st		
		Apr-20	Sep-20	Oct-20	Nov-20	Sep %	Oct %	Nov %	Apr-20 £	Sep-20 £	Oct-20 £	Nov-20 £	Sep %	Oct %	Nov %
Learning Disabilities	Supported Living	821	818	822	813	-0.4	0.1	-1.0	983	1010	1017	1012	2.7	3.5	3.0
	Direct Payments	509	502	500	501	-1.4	-1.8	-1.6	554	570	572	572	2.9	3.2	3.2
	Day Services	261	285	283	283	9.2	8.4	8.4	238	257	255	255	8.0	7.1	7.1
	Residential Care	241	225	223	223	-6.6	-7.5	-7.5	1749	1836	1842	1842	5.0	5.3	5.3
	Home Support	167	157	158	157	-6.0	-5.4	-6.0	237	234	230	231	-1.3	-3.0	-2.5
	SEN - Residential Care	4	4	4	4	0.0	0.0	0.0	2383	2383	2383	2383	0.0	0.0	0.0
	SEN - Supported Living	33	30	30	30	-9.1	-9.1	-9.1	2131	2410	2410	2410	13.1	13.1	13.1
	Shared Lives	49	48	49	51	-2.0	0.0	4.1	454	453	453	449	-0.2	-0.2	-1.1

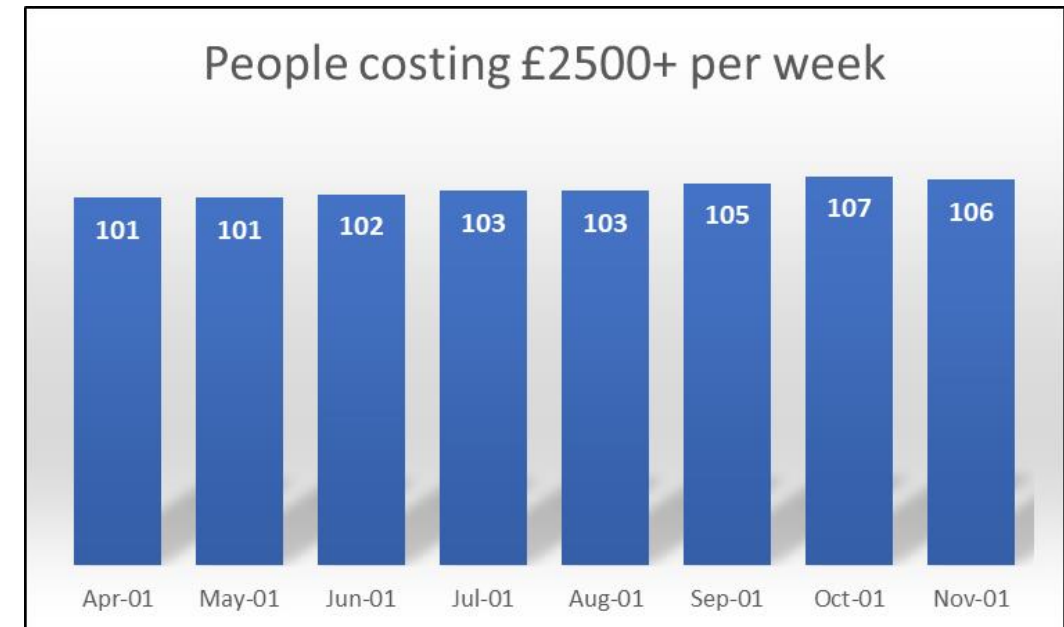
- These figures report people on LAS only. A further 4 are known with SEN not yet on ContrOcc
- 168 people so far this year have had respite care



People in the pool 1/11/2020

Average age = 43

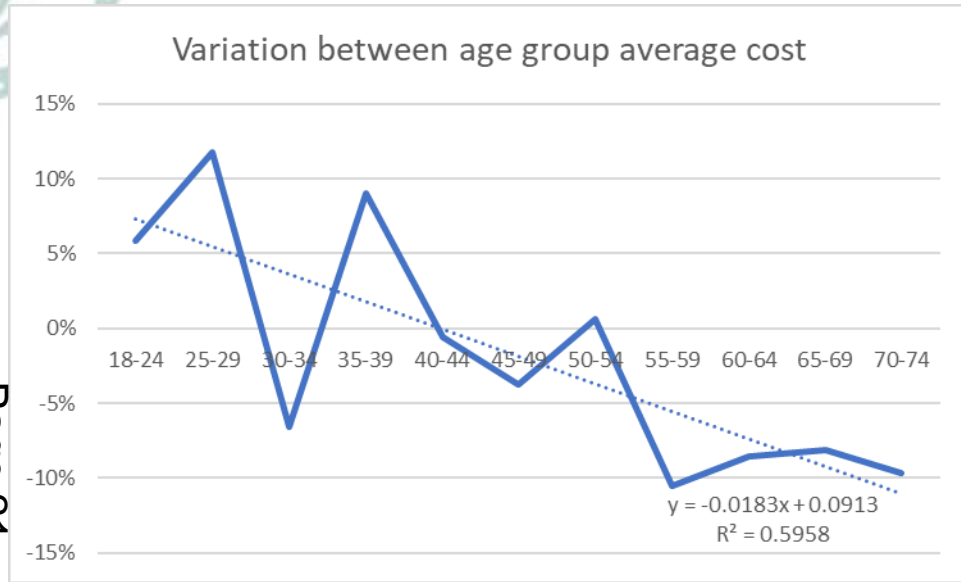
Average cost = £1,015 pw



	Residential	SEN Residential	Direct Payments	SEN Supported Living	Supported Living	Total
Council	37		13	11	30	91
Health	2	2	9		2	15
Total	39	2	22	11	32	106

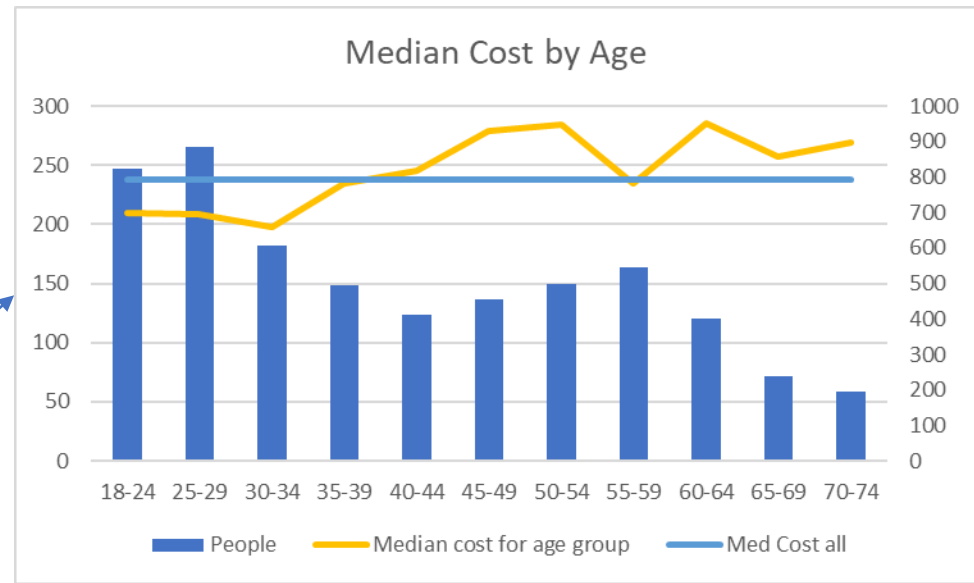
Link between Age Group and cost?

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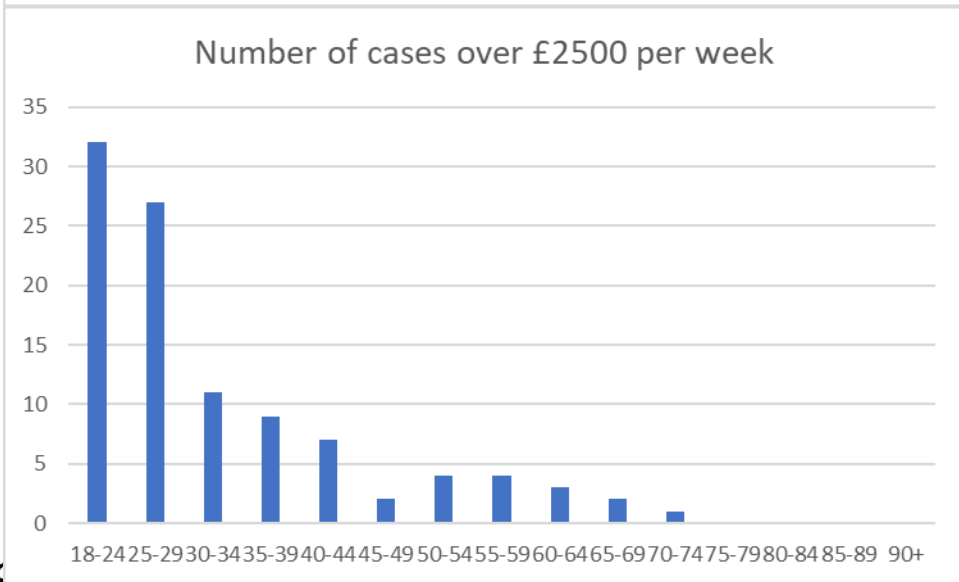
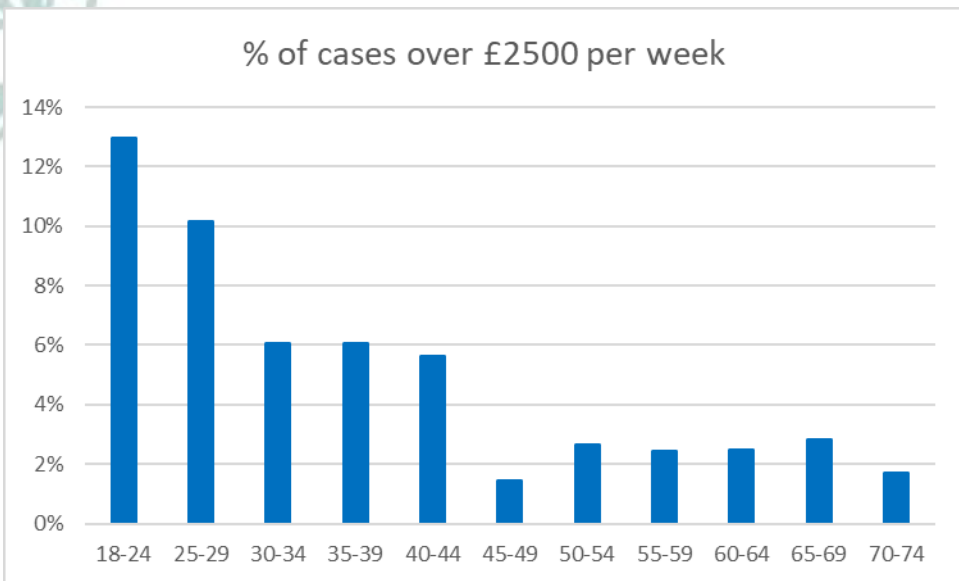
Weak link: $R^2 < 0.6$
 Weak effect: 5 year age band reduces by $< 2\%$

Median costs different pattern; rise from 30 to 50 then plateau



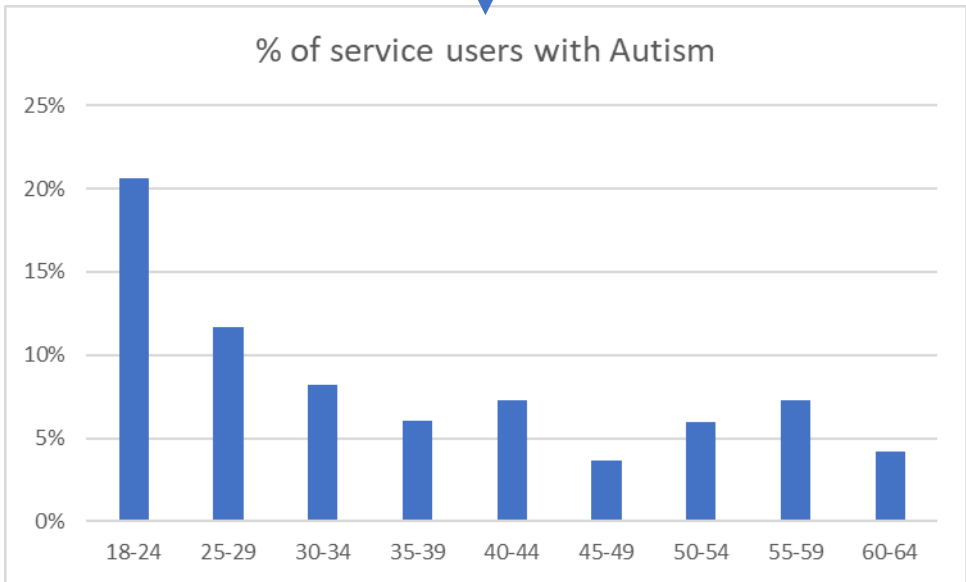
More high cost cases at a younger age

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% of caseload over £2500 pw drops from 13% 18-25 to 3% or less after 50
 Number of cases drops off considerably with age at 30

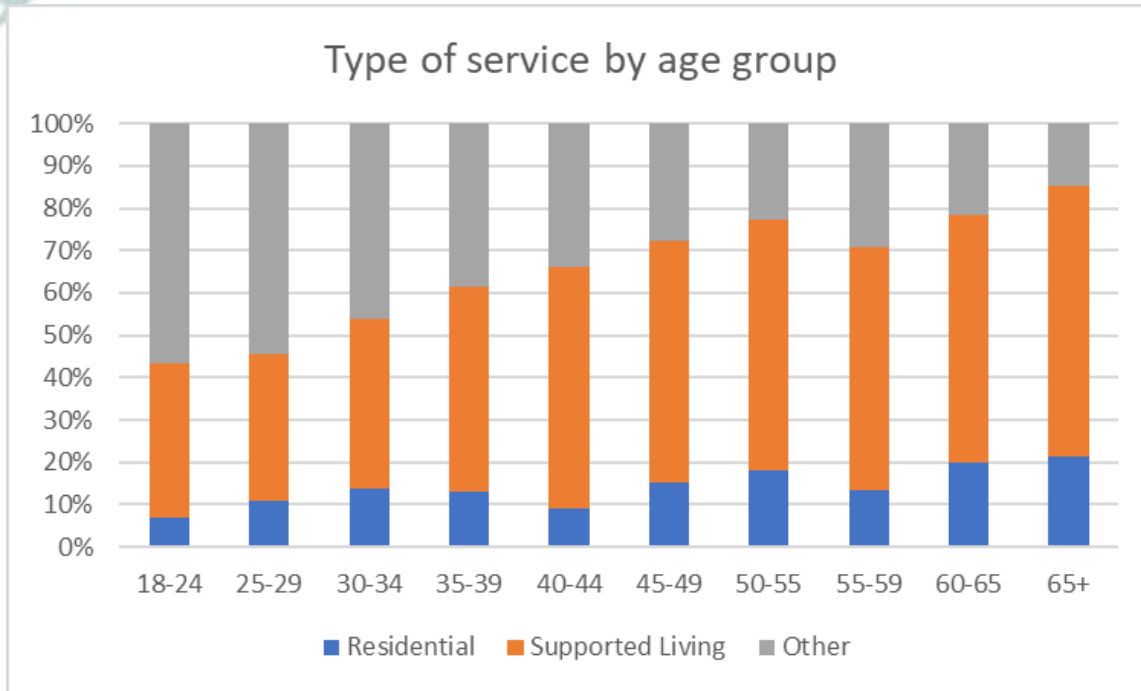
People with autism have costs 29% higher than the total cohort
 9% of service users have autism recorded as a health condition





Service setting by age group

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The older you are the less likely you are to live in a family home.
 Costs for people in family homes is 35% lower than average.

	People		Av Cost	
	No	%	Actual	Variation
Supported Living	846	49%	£1,048	4%
Family home	641	37%	£653	-35%
Residential	234	14%	£1,834	82%
All	1721		£1,010	



Benchmarking data

- Page suspended – awaiting local ADASS benchmarking

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Oxfordshire

Clinical Commissioning Group



OXFORDSHIRE
COUNTY COUNCIL



Activity and costs: Adults with Mental Health

Activity Summary from OBC

Adult MH Outpatients	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
Referrals	552	681	960	1076	935	977	1023
Caseload*	5050	4943	4932	4991	5126	5106	5242
Caseload - includes all teams funded by the OBC contract							
Adult MH Inpatients	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
Admissions	35	41	25	31	30	21	27
discharges	34	36	29	40	30	24	24
% bed occupancy	70.14%	70.92%	79.71%	79.86%	82.12%	85.64%	81.50%

Key outcomes

Adult MH Outpatients/ Inpatients - Performance	Target	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
Waiting times (routine referrals)- median number of days		20	4	4	6	5	5	
Waiting times (routine referrals)- % seen within 56 days								
Carers feel supported in their caring role (carer)	75%	84.6%	100.0%	58.8%	83.3%	33.3%	100.0%	81.8%
Carers feel supported in their caring role (patient)	80%	84.6%	100.0%	100.0%	100.0%	75.0%	100.0%	90.9%
Meaningful Activity	60%	76.1%	73.8%	76.6%	12.9%	67.7%	68.6%	45.5%
Paid Employment	18%	12.4%	12.5%	12.3%	1.9%	18.6%	18.7%	18.0%
Stable Accommodation	80%	94.4%	15.7%	94.0%	15.7%	95.8%	95.5%	95.4%
Physical Health (Smoking)	42%	39.3%	39.1%	6.6%	6.6%	35.0%	34.5%	36.4%
Physical Health (BMI)	n/a	33.2%	33.3%	33.6%	33.1%	24.7%	30.7%	29.9%
discharges - not readmitted within 28 days	93%	92.1%	97.4%	100.0%	95.3%	95.8%	100.0%	92.3%
discharges - not readmitted within 90 days	88%	100.0%	94.9%	90.3%	86.0%	91.7%	100.0%	84.6%



Benchmarking data

- Page suspended – awaiting local ADASS benchmarking

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Activity and costs: Acquired Brain Injury



Oxfordshire

Clinical Commissioning Group



OXFORDSHIRE
COUNTY COUNCIL

Activity Data

Service	April 1 2020		November 1 2020	
	People	Weekly cost	People	Weekly cost
Residential	23	2570	19	2659
Total	23	2570	19	2659

- Small numbers of people.
- High unit cost
- All in residential placements



Benchmarking data

- Page suspended – awaiting local ADASS benchmarking

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Oxfordshire

Clinical Commissioning Group



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Adults with Care and Support Needs Finance slides

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Adults with Care and Support Needs 2020/21 – P7 October 2020

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Outturn 2019/20 £000	Description of Service	Latest Budget 2020/21 £000	Actuals 2020/21 £000	Year End Forecast Expenditure £000	Year End Forecast Variation £000	Year End Forecast Variation % of budget
93,587	Learning Disabilities	99,008	54,785	98,495	-513	-1%
	Higher Functioning Autism	2,570		2,641	71	3%
601	OCC ABI	621	356	590	-31	-5%
2,550	OCCG ABI	2,580	1,735	2,551	-29	-1%
69,007	Mental Health	66,971	39,423	67,582	611	1%
58	Transactional Processing	58	0	58	0	0%
165,802	Total	171,807	96,300	171,917	110	0%

Adults with Care and Support Needs

Detailed Risk Share

	Latest Budget 2020/21 £000		Risk Share %	Year End Forecast Variation £000	Year End Forecast Variation % of budget	Change in Variance from Previous Month £000
Risk Share						
OCC	99,810		100.00%	-475	0%	-245
OCCG	72,074		0.00%	0	0%	0
Total contributions	171,884		100%	-475	0%	-245
SPB4-19 - OCC Income (Budgeted)	-4,277					
Total Income	167,606			-475		-245

Autism within MH pool Risk Share						
OCC	538			422	79%	214
OCCG	462			222	48%	214
	1,000			645	64%	428

ABI						
OCC	621		100.00%	-31	-5%	-2
OCCG	2,580		100.00%	-29	-1%	-36
	3,201			-59	-2%	-38

Net Risk Share						
OCC	100,969		-75.39%	-83	0%	-33
OCCG	75,116		175.39%	194	0%	178
Total contributions	176,084		100.00%	110	0%	145
SPB4-19 - OCC Income (Budgeted)	-4,277					
Total Income	171,807			110		145



Oxfordshire

Clinical Commissioning Group



OXFORDSHIRE
COUNTY COUNCIL

Adults with Care and Support Needs Learning Disabilities Finance Detail

Outturn 2019/20 £000	Description of Service	Latest Budget 2020/21 £000	Actuals 2020/21 £000	Year End Forecast Expenditure £000	Year End Forecast Variation £000	Year End Forecast Variation % of budget	Change in Variance from Previous Month £000
24,388	Care Homes	26,053	14,942	25,784	-269	-1%	↓ -92
39,859	Supported Living	42,055	24,486	41,870	-185	0%	↓ -492
0	Health Payments	0	0	0	0	0%	→ 0
13,805	Direct Payments	13,477	9,008	13,492	14	0%	↓ -76
6,034	Day Services (internal & External)	5,698	3,137	5,651	-48	-1%	↑ 4
963	Shared Lives	1,025	845	901	-124	-12%	↑ 28
1,914	Home Support	2,430	1,520	2,458	28	1%	→ 0
1,034	Transport	1,000	462	932	-68	-7%	→ 0
1,432	Respite	1,468	367	1,432	-36	-2%	→ 0
85	Other Support	0	71	0	0	0%	→ 0
-4,154	Income	-4,277	-2,713	-4,267	10	0%	↓ -110
85,361	Total Personalisation/Ongoing Support	88,929	52,125	88,252	-677	-1%	-738
1,215	Blocks and Contracts	916	374	1,052	136	15%	↑ 227
6,679	Health Contract	6,888	17	6,888	0	0%	→ 0
0	COVID	1,995	2,092	1,995	0	0%	→ 0
156	Invest To Save	131	134	131	0	0%	→ 0
83	Carers Grant	77	44	77	0	0%	→ 0
92	Recharges	72	0	100	28	39%	→ 0
93,586	Total	99,008	54,785	98,495	-513	-1%	-511

Adults with Care and Support Needs Acquired Brain Injury Finance Detail

Outturn 2019/20 £000	Description of Service	Latest Budget 2020/21 £000	Actuals 2020/21 £000	Year End Forecast Expenditure £000	Year End Forecast Variation £000	Year End Forecast Variation % of budget	Change in Variance from Previous Month £000
601	OCC ABI	621	356	590	-31	-5%	↓ -2
2,550	OCCG ABI	2,580	1,735	2,551	-29	-1%	↓ -36
3,151	Total	3,201	2,091	3,141	-59	-2%	-38

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OCCG – £80k increase in budget , 1 extension and 1 new service user.

Mental Health Finance Detail

Outturn 2019-20 £000	Description of Service	Annual Budget 2020-21 £000	Forecast Outturn 2020-21 £000	Forecast Outturn Variance 2020-21 £000	FOT Variance as % of Budget	Previous Month's FOT Variance £000	Change in Variation from previous month £000
42,519	Outcome Based Contract (Appendix 1)	43,714	43,714	0	0%	0	0
	Other Mental Health Services (Appendix 2)						
1,186	Non OBC clients (Adult Social Care) - Autism	1,000	1,645	645	129%	217	428
	Non OBC clients (Adult Social Care) - other conditions						
	Block contracts						
1,952	Provider Pool costs	1,952	1,952	0	0%	0	0
434	Eating Disorders	435	435	0	0%	0	0
8,981	Child & Adolescent Mental Health (CAMHS)	8,469	8,469	0	0%	0	0
2,833	CAMHS outside OH contract	2,016	2,015	-1	-2%	0	-1
940	Perinatal	15	15	0	#DIV/0!	0	0
111	Community Psychological Medicine	114	114	0	0%	0	0
7,179	IAPT	7,105	7,105	0	0%	0	0
206	Mental Health & Homelessness	200	200	0	0%	0	0
144	Advocacy	144	221	77	106%	25	52
125	MH SPA	129	129	0	0%	0	0
805	Crisis Concordat - various	633	633	0	0%	0	0
596	STP, IPS, Community Crisis, Suicide Prevention	99	84	-15	#DIV/0!	49	-64
	Cost and volume services	0	0	0			
253	Carers	236	238	2	2%	-1	3
399	Autism	299	299	0	0%	0	0
310	Mental Health Act Assessments	300	297	-3	-2%	-8	5
17	Commissioning Intentions	17	17	0	0%	0	0
17	Continuing Healthcare (CHC)	94	1	-93	-198%	-46	-47
26,488	Total Other Mental Health Services	23,257	23,868	611	6%	238	373
69,007	Total Mental Health spend within ACSN Pool	66,971	67,582	611	2%	238	373
	Funded						
	OCC	9,432	9,821	389		229	160
	OCCG	57,539	57,761	222		9	213
	Total contributions	66,971	67,582	611		238	373

Adults with Care and Support Needs Autism Finance Detail

Description of Service	Latest Budget 2020/21 £000	Actuals 2020/21 £000	Year End Forecast Expenditure £000	Year End Forecast Variation £000	Year End Forecast Variation % of budget	Change in Variance from Previous Month £000
High Functioning Autism	2,570	0	2,641	71	3%	321
Autism within MH pool	1,000	0	1,645	645	64%	428
Autism diagnosis and support	300	0	300	0	0%	0
Total	3,870	0	4,586	716	19%	749

This is a subset of the previous tables.



Adults with Care and Support Needs Issues and Risks

- Payments continue to be made outside of the council's social care financial payment system; work is ongoing to ensure this is minimised so that the forecast is more automated and in line with activity data.
- Current ways of working during Covid-19 has required changes to the process for funding and assessment decisions in order to deliver support for people and system flow. The scale and duration of this is unknown.
- Initial evidence suggests that there will be an increase in demand for mental health & ABI services as a result of the pandemic. The size of this increase in Oxfordshire is not yet known.
- As part of the Mental Health Transformation project, a group of people has been identified who are funded from the OBC but whose needs may fall outside the clusters. It has not yet been confirmed whether or not this is the case.

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Section 75 Agreement 2020/21

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.

The county council is legally required to set a balanced budget and is working to ensure that requirement is balanced with additional costs incurred as a result of responding to the pandemic.

The budgeted contributions to the pools are set out below but amendments will need to be notified to and agreed by the Joint Management Groups as the year progresses.

A ADULTS WITH CARE & SUPPORT NEEDS POOLED BUDGET

Adults with Care & Support Needs Pooled Budget Contributions 2020/21

	Oxfordshire County Council	Oxfordshire Clinical Commissioning Group	Total
	£	£	£
Learning Disabilities	90,916,000	14,997,000	105,913,000
Mental Health	9,432,000	55,200,000	64,632,000
Acquired Brain Injury	621,000	2,580,000	3,201,000
Total Gross Contributions	100,969,000	72,777,000	173,746,000
Less Service User Income	-4,277,000	0	-4,277,000
Net Contribution	96,692,000	72,777,000	169,469,000

In any year the risk share is used to allocate any variation to budgeted expenditure. The level of risk varies substantially within the pool as some budgets fund block contracts, which are effectively set at a fixed agreed level, while other budgets are demand driven and expenditure can vary significantly as a result.

Packages of care for individual service users are subject to the agreed authorisation process in each organisation.

Learning Disabilities

The county council will manage 100% of the variation on budgets for service users with a learning disability.

Acquired Brain Injury (ABI)

Each partner will retain underspends or manage any overspend against their own contribution on an aligned basis.

Mental Health

£1.0m funding within the pool relates to the cost of service users with assessed Mental Health needs but who fall outside the scope of the Outcome Based Contract with Oxford Health NHS Foundation Trust. The council contribution was reduced by £0.2m

to £0.5m in 2019/20 reflecting anticipated improvements to the pathway for these service users.

To maintain equity between the partners any overspend against the budget of £1.0m up to £1.2m will be wholly owned by the county council (as this would only have arisen as the council has reduced its contribution by £0.2m). Any overspend arising from spend above £1.2m or underspend arising from spend below £1.0m will be shared equally between Oxfordshire Clinical Commissioning Group and Oxfordshire County Council with the intention of working jointly to improve the pathway for these service users and reduce the overall spend in the longer run.

The risk of variations on the rest of the budgeted expenditure for Mental Health is expected to be very low as the majority of the spend is managed through the Outcome Based Contract with Oxford Health NHS Foundation Trust which is a block contract. Where any variations arise against the other budgets relating to mental health these will be met by the County Council.

Changes to the contributions set out above need to be agreed in accordance with the governance arrangements of each organisation and by the Joint Management Group.

B BETTER CARE FUND POOLED BUDGET

Better Care Fund Pooled Budget Contributions and Risk Share 2020/21

	Oxfordshire County Council	Oxfordshire Clinical Commissioning Group	Total
	£	£	£
Older People	84,860,500	69,175,000	154,035,500
Physical Disabilities	17,804,900	10,401,000	28,205,900
Better Care Fund Expenditure	25,012,000	16,895,000	41,907,000
iBCF Grant Funded Expenditure	10,391,000	0	10,391,000
Total Gross Contributions	138,068,400	96,471,000	234,539,400
iBCF Grant Funding	-10,391,000	0	-10,391,000
Less Service User Income	-32,917,600	0	-32,917,600
Net Contribution	94,759,800	96,471,000	191,230,800

iBCF grant funding will be utilised within the pool in line with the agreed plan with separate updates to the Joint Management Group setting out the use of the funding and outcomes achieved.

Expenditure in the pool eligible to be funded through the Hospital Discharge Scheme 1 or 2 will be reported separately and funded by OCCG.

Each partner will retain underspends or manage any overspend on their element of the Pool and, subject to the governance arrangements in the respective organisation, can amend their contribution as they wish in 2020/21.

One off funding

£0.850m held in reserves as agreed at the end of 2019/20 is available to support health pressures in the pools on a one – off basis.

A further £0.502m held in reserves since the end of 2019/20 has been used to support mental health priorities within the pool in 2020/21.

Timing of Payments

Oxfordshire County Council and Oxfordshire Clinical Commissioning Group will make monthly payments to each of the pooled funds and to each other for services commissioned on their behalf, subject to receipt of an invoice, unless agreed otherwise. Regular contributions between the partners will be paid monthly, one month in advance, on receipt of an appropriate invoice.

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S75 NHS Act 2006: proposals for review of current agreement

Purpose of this Paper

1. This paper sets out for the Better Care Fund [BCF] and Adults with Support Needs [ASN] joint management groups [JMG] a proposed route to review the current s75 NHS Act 2006 agreement between OCC and OCCG.
2. The current agreement was signed in 2013 and has been agreed and/or varied annually by agreement since that time. In the light of the development of the new Health, Education and Social Care [HESC] Joint Commissioning model across OCC and OCCG it seems to be an appropriate point for a substantial review of the current arrangements to
 - a. Agree the scope, objectives, and planned outcomes to be delivered by the s75 agreement going forward from April 2021
 - b. Agree the financial contributions and approach to risk share between OCC and OCCG
 - c. Agree the governance structure to manage these arrangements and provide assurance to both organizations
3. There are a number of key dependencies that impact on this proposed process
 - a. The impact of the covid-19 pandemic; specifically the revised financial regimes for both NHS and County Council mean that the contributions and budgets for 2020/21 are only now to be confirmed in the current cycle of JMG meetings
 - b. The HESC Joint Commissioning model is to be delivered by a revised organizational structure. This is currently subject to formal consultation with staff and which will not confirm those arrangements until 30 November 2020.
 - c. As part of the new HESC structure, a new Joint Commissioning Executive will be formed in shadow through until March 2021.
 - d. The Oxfordshire Health & Wellbeing Board in December will be asked to endorse the development and implementation of the HESC Joint Commissioning model and, by implication endorse this review of the current s75 arrangements
4. In view of these dependencies JMG is asked at this point to
 - a. approve a approach to the review of the current s75 agreement
 - b. agree the process to be followed to report back to JMG
 - c. endorse the direction of travel set out in the HESC Joint Commissioning Structure for Oxfordshire Health & Wellbeing Board
 - d. to delegate responsibility to proceed with this review as set out below

Background: current s75 arrangements and HESC Joint Commissioning Proposal

5. The current s75 arrangements date from April 2013 with the establishment of OCCG in succession to the Primary Care Trust. The previous several agreements were consolidated into one s75 agreement with two pooled budgets
 - a. The Better Care Fund designed to support predominantly with older people and people with long-term physical disability
 - b. Adults with Support Needs supporting people with mental health problems (Children and adults up to the age of 65), people with learning disability and/or autism and people living with acquired brain injury

6. The two pools have reported to the Oxfordshire Health & Wellbeing Board on a suite of measures required by the Better Care Fund, the Adult Social Care Framework, the Transforming Care programme for people living with learning disability and/or autism and the Five Year Forward View for Mental Health and other national and local policies.
7. The pooled budget approach has been successful in supporting strong relationships across NHS and social care in Oxfordshire, and during the lifetime of this project there have been a number of key improvements such as
 - a. The expansion of the governance of the pools to include Clinical Leads
 - b. The creation of a number of joint officer posts. These have in turn supported such initiatives as
 - i. Reduction of delayed transfers of care from hospital with the creation of integrated step down beds and the integrated team that oversees them
 - ii. a joint approach to the assessment and support for carers;
 - iii. a jointly funded dementia support service;
 - iv. the development of alternatives to hospital for people with learning disability and/or autism and with severe mental illness;
 - v. increased support to people living with autism in the community.
 - c. Overall these joint approaches have enabled Oxfordshire to address many of the operational and commissioning interface challenges that face other systems (eg around Continuing Healthcare or responsibility for hospital discharge). It is probably true to say that this contributed significantly to our local response to the covid pandemic.
8. That said, there have been a number of challenges that the current pooled budgets have not been able to address fully: for instance
 - a. we still do not always and routinely build care around the individual first and resolve funding afterwards;
 - b. we have not been able fully to integrate spend to mitigate system risks;
 - c. we have not managed to combine commissioning leverage to manage and develop the market to provide what is needed;
 - d. when working in an integrated way with provider partners we have more work to do to integrate the benefits of effective commissioning in provider delivery
 - e. we do not yet achieve a consistently enabling, preventative approach to care delivery through our commissioning.
9. OCC has undertaken a review of its Provisioning Cycle and together with the CCG has developed the new HESC Joint Commissioning model across Public Health, Health, Education and Social Care. This model will deliver
 - a. A more strategic approach to commissioning
 - b. Greater integration of joint commissioning via a life course and tiers of need approach to provide co-produced personalised care
 - c. A more preventative approach
 - d. Greater market shaping
 - e. An end to silos and duplication
10. This model is set out at Appendix 1. This approach offers an opportunity and a context for the review of the current s75 agreement. **It is recommended therefore that the review of the s75 agreement should proceed with a view to supporting the establishment of this new model.**

Review of the s75: scope and process

11. It is proposed that the review of the s75 runs in parallel to the development and implementation of the HESC joint commissioning model to deliver
 - a. An interim report to JMG in January 21 covering scope, delegations, governance and draft plan for 2020/21 for recommendation to OCC Cabinet and OCCG Board
 - b. A final report with draft s75 agreement and schedule of financial contributions and risk management approach in March 21
12. There are a number of key areas that will need to be addressed in the interim report
 - a. The scope of the revised joint arrangements and in particular those national and local strategic priorities that will be delegated to the joint commissioning structure
 - b. The resources that will need either to be pooled and/or otherwise aligned to support delivery of these priorities
 - c. The governance arrangements to assure delivery of the plan and the oversight of the resources
 - d. The opportunities to expand these joint arrangements in the future, and a roadmap that positions the joint commissioning arrangements in terms of the local and regional architecture (eg development of Integrated Care Partnership)
 - e. The relationship of the JCE to the developing Integrated Care Partnership
13. A key deliverable of the joint commissioning plan is the establishment of a *Joint Commissioning Executive* [JCE] to set the strategic approach and provide assurance to OCC and OCCG for the investment and delivery of the plan. The JCE is proposed to include
 - a. the Directors of Adults and Housing Services; Public Health and Wellbeing; Children; Finance from OCC
 - b. the Deputy CEO, Director of Finance and two Clinical Directors from OCCG
 - c. The JCE will be set up in shadow to oversee the new structures and develop the system plan during the period to March 2021. From April 2021 it could become the JMG for the future s75 agreement. This should be evaluated as an option as part of this process.
- 14. It is recommended that an interim report is brought to JMG in Jan 2021**

Oxfordshire Health & Wellbeing Board [HWB]

15. The proposal to proceed with the new HESC joint commissioning structure is to be considered by the Oxfordshire HWB at its meeting in December 2020. **JMG is asked to approve the direction of travel set out in the HESC Joint Commissioning plan and confirm for HWB that the review of the current s75 will be carried out to support the implementation of the new structure.**

Delegated authority

16. As noted above the JCE will be set up in shadow form to oversee the development and implementation of the HESC joint commissioning structure ahead of formal commencement. There is also a HESC steering group that is managing the detail of the development.

17. Both the Director of Housing and Adults (OCC) the Deputy Chief Executive Officer (OCCG) will sit on the shadow JCE and are part of the Steering Group. **It is recommended that JMG delegates authority to these Directors to proceed with the review on behalf of JMG and provide the interim and final reports as indicated at para 11 above.** JMG is asked to confirm any specific parameters to this delegation.

Summary of recommendations for decision

18. It is recommended therefore that the review of the s75 agreement should proceed with a view to supporting the establishment of this new model
19. It is recommended that an interim report is brought to JMG in Jan 2021
20. JMG is asked to approve the direction of travel set out in the HESC joint commissioning plan and confirm for HWB that the review of the current s75 will be carried out with a view to supporting the implementation of the new structure.
21. It is recommended that JMG delegates authority to the DASS OCC and DCEO OCCG to proceed with the review on behalf of JMG and provide the interim and final reports as indicated at para 11 above.

Ian Bottomley

OCCG 13/11/2020

Health, Education and Social Care (HESC)

Transformation of Commissioning Joint Commissioning Executive (JCE)

Oxfordshire Clinical
Commissioning
Group (CCG)

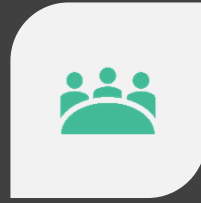
Oxfordshire County
Council (OCC)



OPTION 1 B – COVERS
LIFE STAGES AS
PRIMARY LENS



JOINT POSTS
THROUGHOUT THE
STRUCTURE WITH
MAXIMUM NUMBERS



DEPUTY DIRECTOR –
JOINT POST MANAGED
WITHIN THE COUNCIL



LEAD COMMISSIONERS
FOR START WELL, LIVE
WELL AND AGE WELL
(LIFE STAGES MODEL)



JOINT COMMISSIONING
MANAGERS FOR PROMOTE
& PREVENT, IMPROVE &
ENABLE, AND SUPPORT &
PROTECT (TIERS OF NEED
MODEL)



POOL OF
COMMISSIONING
OFFICERS – ALL JOINT



INCLUSION OF
STRATEGY AND
INNOVATION



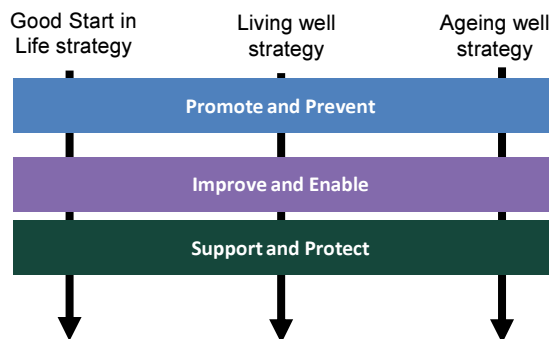
THE “RIGHT SIZING” OF QUALITY
IMPROVEMENT, STRATEGIC
COMMISSIONING AND BROKERAGE
FUNCTIONS

AGREED ORGANISATION DESIGN

Design of the Health, Education and Social Care Commissioning Function

Organisational Model

An organisational model that aligns resources to three tiers of need and life stage approach – start well, live well and age well to support a focus on outcomes.



Organisational Design



Commissioning - Lead commissioners for each tier of need, supported by Commissioning Managers for each life stage. Pool of Commissioning Officers work on commissioning priorities in matrix management arrangement.



Quality & improvement - Each tier of need has a responsible Q&I Manager, who also line manages Q&I Officers for that particular tier. Responsible for contract management, governance, assurance, market risks and resilience.



Brokerage - Brokerage Lead oversees two teams - one Children's, one Adults - for all placements for children and vulnerable adults. Opportunity for SEND placements to be further explored.

Key changes to current ways of working

Places greater focus on strategic commissioning, rather than contract management.

Tiers of need model and life stage approach drives focus on outcomes

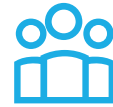
Flexible resource to work on commissioning priorities, with portfolio of specialisms ensuring points of contact for key topics.

Opportunity for more joint commissioning and alignment across local Health and Care services.

THE BENEFITS OF THIS MODEL



The new organisation model will result in **more strategic commissioning across the council and the CCG** and will deliver better outcomes for the people of Oxfordshire



This model design has enhanced the opportunities within the health system to **secure additional joint commissioning arrangements**



This revised model will facilitate **stronger market shaping** and build greater resilience, quality and value in services



This new design will **address silos and avoid duplication** in commissioning and will assist with recruiting the right people to the right places with the right **skills**.

What will we have transformed from this Organisation Design?

We have defined what good looks like and how we will know we have succeeded in transforming commissioning, tailored for Oxfordshire from the LGA framework - 'Integrated Commissioning for Better Outcomes'

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A person-centred, place based and outcomes focused approach



Stronger and connected commissioning across the whole HESC system in Oxfordshire



The right roles and responsibilities to meet needs, and people are supported to deliver their jobs effectively



Services are shaped by working with the market, becoming more resilient, providing better services and improving outcomes for local people



Collaboration within each part of our organisations and wider partners to enable consistent and impactful commissioning across the whole cycle



Makes best use of resources to deliver quality and value of services



Strong relationships between service users, providers, operational services and commissioners delivering person-centred services



Continuously improving so we can be even more ambitious for our organisations, people and place in the future



**DELIVERING
OUR AMBITION
THROUGH
EFFECTIVE
GOVERNANCE**

Page 54

With our revised organisational design and model, what are we trying to deliver for the ICP and whole system?

What are the enablers?

How are we putting people, users, carers and patients at the core of all activities?

How are we measuring our progress? Are we ensuring prevention and tackling inequalities is at the core of our offer?

What are the resources that are needed?

Are we making the best use of all the resources available to us?