

Adult Health and Social Care Board – 23rd May 2013

Older People's Pooled Budget

Purpose

1. The purpose of this report is to update the Adult Health and Social Care Board on proposals to increase the services and budgets that form the Older Person's Pooled Budget arrangements between the County Council and the Oxfordshire Clinical Commissioning Group, and to ensure the risk sharing and governance arrangements are appropriate for a truly pooled budget.

Background

2. The County Council and Oxfordshire Clinical Commissioning Group have a single agreement under Section 75 of the National Health Services Act 2006 to pool resources and deliver shared objectives. This agreement covers services for Older People, people with Physical Disabilities, people with Learning Disabilities (for which the County Council has lead commissioning responsibilities) and for people with Mental Health needs (for which the Clinical Commissioning Group has lead commissioning responsibilities).
3. Both the County Council and the Clinical Commissioning Group are committed to continuing the existing joint working arrangements, and building on them to ensure even greater integration of health and social care, best use of resources, and improved outcomes for the people of Oxfordshire.
4. These joint working arrangements include a new Older People's Joint Commissioning Strategy 2013-2017, which has been the subject of public consultation. A detailed action plan and programme management arrangements to ensure its successful delivery are also being finalised, and the Older People's pooled budget is a key mechanism for achieving this.
5. It is therefore timely to review the existing pooled budget for Older People to ensure it supports the effective implementation of the priorities in the strategy, and has risk sharing and governance arrangements that provide appropriate reassurance, transparency and oversight.

Services and Budgets

6. It is proposed to include significantly higher contributions from both the County Council and the Clinical Commissioning Group in the Older People's Pooled Budget:

	Existing Contribution	Additional Contribution	Total Contribution
County Council	£78m	£21m*	£99m*
Clinical Commissioning Group	£30m	£66m	£96m

* The Council has also transferred income of £18 million into the pool, meaning the net Additional Contribution is in fact £3 million and the net Total Contribution is £81 million.

7. The increased contributions from the County Council relate to a number of services that can broadly be categorised as follows:
 - (a) Prevention and early intervention – including the Alert service, dementia and stroke services, equipment and services for carers
 - (b) Social Work and Commissioning – including locality and hospital teams, support for sensory impairment and other central costs
 - (c) Day Services and Transport

8. The increased contributions from the Clinical Commissioning Group relate to a number of services that can broadly be categorised as follows:
 - (a) Community Services Contract with Oxford Health – including community hospitals, community nursing, hospital at home, podiatry, emergency medical unit and single point of access for rehabilitation and care
 - (b) Mental Health Services Contract with Oxford Health – including community, acute inpatient and outpatient services as well as day services for older people
 - (c) End of Life care

Risk sharing

9. Currently, contributions from each partner are ring-fenced within the pooled budget and used to fund certain categories of service, with any overspend the sole responsibility of the respective lead partner unless a result of negligence or breach of the Section 75 agreement.

10. The lead partner must indemnify the other partner and the Older People Pooled Fund against any liabilities that may arise due to an overspend, unless these liabilities arise due to any negligent act or omission of the other partner or any breach by the other partner of its obligations under the Section 75 agreement.

11. It is proposed that in future the risk sharing between organisations reflects a truly pooled budget arrangement, working to a joint strategy with joint decision making. This would mean the risk of any overspend would be shared between both parties irrespective of which service it happened against.

12. It is proposed that the risk sharing between the Clinical Commissioning Group and County Council will be directly proportional to the contributions of both parties. For 2013/14 this would be 51% County Council and 49% Clinical Commissioning Group (based on gross rather than net contributions) but subject to any changes as a result of in year variations

13. The main benefit of this change is that it means both parties have a vested interest in ensuring spend is committed in the most effective way. It is in the interests of both parties to know how actions or savings by one partner can

impact on those of the other to the extent that duplication within services is avoided and to make the most efficient use of resources. Discussions so far have focused on the need for the Older People Joint Management Group to ensure that spending is contained within the resources available. Where financial pressures arise in year, the Older People Joint Management Group must look at options to contain total spending within the resources available.

Governance

14. At present, there is a bi-monthly Older People Joint Management Group at which the Council and CCG are represented by Director / Deputy Director and Finance Business partner level, with other officers, partner organisations including providers, and service user representatives in attendance in a non-voting capacity. There is also a monthly Pre-JMG meeting, at which commissioning, finance and performance officers from the Council and the CCG manage finance, activity and performance in the pooled budget and report up to the Older People Joint Management Group.
15. Although the existing arrangements are considered to be effective in ensuring sound financial and performance management, they do not necessarily reflect the significance of the pool to both organisations or provide transparency about joint decision-making. The current arrangements are not necessarily appropriate to ensure the successful implementation of the Older People's Joint Commissioning Strategy, and there is a lack of clarity about the respective roles of the Older People Joint Management Group and the Adult Health and Social Care Board.
16. Discussions about the proposed governance arrangements and membership are ongoing within the Council and the CCG. However, both parties are keen to include more senior representation at Older People Joint Management Group from both organisations, including Cabinet portfolio holder for Adult Social Care and Chief Executive Officer of the CCG, to reflect the significance of the pool.
17. In clarifying the respective roles of the Adult Health and Social Care Board and the Older People Joint Management Group, one option could be to combine the Older People Joint Management Group with the Adult Health and Social Care Board. This could help to further streamline decision-making and reduce duplication / bureaucracy. The Older People Joint Management Group would therefore meet in public, improving transparency of decision-making, and include wider representation (eg District Councils).
18. However this would require further consideration of where priorities in the Joint Health and Wellbeing Strategy not related to Older People would be discussed (eg long term conditions), and whether there would need to be changes to other Joint Management Groups (Physical Disability, Learning Disability and Mental Health) in terms of representation and meeting in public.

Next steps

19. It is proposed to report the changes to the pooled budget arrangements to Council's Cabinet in June, alongside the new Older People's Joint Commissioning Strategy. They will also be reported to the CCG Executive Board in May / June.
20. If approved, the existing Section 75 agreement will be updated by legal variation to reflect the changes to the budgets and services, risk sharing and governance arrangements outlined above. In effect this will require schedules to be amended, but will not require changes to the overall agreement.

Recommendation

The Adult Health and Social Care Board is asked to note the proposed changes to the Older People's Pooled Budget, and consider the implications of changes to the Older People's Joint Management Group on the role of this Board.

Ben Threadgold
May 2013

Health and Wellbeing Board
 Responsible for:

- Establishing need (JSNA)
- Setting overall priorities / direction (JHWBS)

OCC Cabinet

CCG Exec Board

Childrens Board

Chief Executive's Group

Older People Joint Management Group (meeting bi-monthly)
 Responsible for:

- Overseeing delivery of relevant priorities in JHWBS and joint commissioning strategy
- Oversight across all client groups
- Agreeing and delivering strategy to deliver outcomes
- Allocating resources to commissioners and providers to deliver strategy in line with OCC S&RP / Business Strategy / Budget Book and CCG Operational Plan
- Set performance targets that will deliver JHWBS and Joint Commissioning Strategies
- Manage progress against these targets, holding to account and escalating as appropriate
- Ensure pool does not overspend, and manage additional in-year pressures within existing resources

Other Joint Management Groups:

- Learning Disability
- Physical Disability
- Mental Health

Health Improvement Board

Commissioning and Finance Officers Group (meeting monthly)
 Responsible for:

- Overseeing the delivery of the actions and outcomes of the OP strategy
- Agreeing commissioning intentions that support the delivery of the strategy
- Ensuring good use of available resources to deliver the strategy, including strategic overview of future procurement and contract letting
- Managing performance and activity and signing off monthly report
- Managing budget and forecast expenditure - and signing off monthly report
- Managing risk and issues
- Escalation of issues, concerns, risks to JMG

OP Joint Commissioning Strategy Programme Board (mtg monthly)
 Responsible for:

- Delivery of strategy and blueprint workstreams / action plan within allocated resources
- Reporting on and managing levels of activity, performance and spending
- Holding providers to account for delivery
- Escalation of issues, concerns, risks to Adults Board / JMG

OP Partnership Board (mtg bi-monthly)
 Advisory, not accountable
 Responsible for:

- Overseeing and challenging the implementation of the OP Commissioning Strategy, review its effectiveness and inform its revision/further development
- Helping to establish a joined up approach to commissioning and developing services for older people in Oxfordshire
- Acting as a sounding-board to consider and respond to issues, ideas and developments to improve outcomes for older people
- Helping to hold commissioners to account

Older People's Joint Management Group – Proposed Membership

Voting

- Cabinet Member for ASC (Chair?)
- John Jackson
- Sue Scane / Lorna Baxter
- Stephen Richards (Chair?)
- Gareth Kenworthy
- Lorraine Foley (or GP lead?)

In attendance (non-voting, may speak to papers etc)

- Sara Livadeas
- Lucy Butler
- Alan Sinclair
- Sarah Fogden / Anil Lall
- TBD - ASC Ops rep
- Yvonne Taylor (OHFT)
- District Council representative
- Chair and 1 other from OP Partnership Board (user / carer rep)
- Voluntary Sector representative –from OP Partnership Board
- Care Association / Independent Sector representative
- Programme Manager for OP Joint Commissioning Strategy?
- Local Healthwatch / PIN
- Fenella Trevillion
- Julia Boyce
- Joe McManners (GP Clinical Lead OP)
- TBD - (GP Locality Commissioner)
- TBD – (GP Provider)
- Paul Brennan (OUH FT)

Commissioning and Finance Officers Group – Proposed Membership

- Sara Livadeas
- Alan Sinclair
- Sarah Fogden and/or Anil Lall
- Commissioning Managers from OCC and OCCG
- Stephen McHale to also attend bi-monthly to consider contracts
- Fenella Trevillion
- Julia Boyce
- Locality Commissioners (x1)

OP Joint Commissioning Strategy Programme Board – Proposed Membership

- Sara Livadeas
- Lucy Butler
- Alan Sinclair
- Paul Brennan (OUH FT)
- Programme Manager for OP Joint Commissioning Strategy
- Lorraine Foley
- Fenella Trevillion
- Joe McManners (Clinical GP lead)
- TBD - (GP Locality Commissioner)
- TBD (GP Provider lead)
- TBC – Locality Assistant Director
- Yvonne Taylor (Oxford Health)