Appendix 2

Service and Community Impact Assessment (SCIA)

Front Sheet:

Directorate and Service Area:
Joint Commissioning, Social and Community Services

What is being assessed (eg name of policy, procedure, project, service or proposed service change):
Older People's Pooled Budget

Responsible owner / senior officer:
Sara Livadeas

Date of assessment:
22 May 2013

Summary of judgement:

There are not considered to be any direct implications of the changes to the pooled budget for older people on individuals, communities, staff or providers of services. This is because the pooled budget is essentially a mechanism for the delivery of the Older People's Joint Commissioning Strategies.

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.

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. This will include any decisions to move significant amounts of money between pools. Where appropriate, the outcomes of these assessments will continue to be reported to Cabinet to inform decision-making on new policies, contracts and service changes.

However, there may be impacts for the Council and Clinical Commissioning Group arising from changes to risk sharing arrangements, and to other organisations as a result of changes in governance arrangements.

Detail of Assessment:

Purpose of assessment:

This assessment considers the impact of increasing the contributions from the County Council and the Clinical Commissioning Group to the older people's pooled budget, and changing the risk sharing and governance arrangement associated with its operation.

Section 149 of the Equalities Act 2010 ("the 2010 Act") imposes a duty on the Council to give due regard to three needs in exercising its functions. This proposal is such a function. The three needs are:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic, and those who do not.

Complying with section 149 may involve treating some people more favourably than others, but only to the extent that that does not amount to conduct which is otherwise unlawful under the new Act.

The need to advance equality of opportunity involves having due regard to the need to:

- remove or minimise disadvantages which are connected to a relevant protected characteristic and which are suffered by persons who share that characteristic,
- take steps to meet the needs of persons who share a relevant protected characteristic and which are different from the needs other people, and
- encourage those who share a relevant characteristic to take part in public life or in any other activity in which participation by such people is disproportionately low.
- take steps to meet the needs of disabled people which are different from the needs of people who are not disabled and include steps to take account of a person's disabilities.

The need to foster good relations between different groups involves having due regard to the need to tackle prejudice and promote understanding.

These protected characteristics are:

- age
- disability
- gender reassignment
- pregnancy and maternity
- race – this includes ethnic or national origins, colour or nationality
- religion or belief – this includes lack of belief

- sex
- sexual orientation
- marriage and civil partnership

Context / Background:

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.

The County Council has an existing agreement under Section 75 with Oxfordshire Clinical Commissioning Group to pool resources and deliver shared objectives. This agreements cover services for Older People and people with Physical Disabilities, people with Learning Disabilities and for people with Mental Health needs.

Both the County Council and the new Oxfordshire Clinical Commissioning Group (which formally comes into being from 1 April 2013) 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.

These joint working arrangements include a new Older People's Joint Commissioning Strategy 2013-2017, which has been the subject of public consultation. The Older People's pooled budget is a key mechanism for implementing the detailed action plan that forms part of the new strategy, and programme management arrangements to ensure its successful delivery are also being finalised

Proposals:

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, an additional £58m from CCG and £3m from the Council (if considered net of a £21 million increase and £18 million income target also being transferred into the pool).

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
d) Income from service user contributions towards the cost of their care under Fairer Charging legislation

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 (in the south and west of the county), podiatry, emergency multidisciplinary unit and single point of access for rehabilitation and care
b) Mental Health Services Contract with Oxford Health – Older People's mental health services including community, acute inpatient and outpatient services as well as day services for older people
c) End of Life care, palliative care, heart failure, pulmonary and respiratory care and rehabilitation, night services, supported hospital discharge service and hospital at home (in the north of the county)

It is also proposed that in future the risk sharing between organisations reflect a truly pooled budget arrangement, working to a joint strategy with joint decision making. This would mean the risk of any overspend would be shared between both parties irrespective of which service it happened against. This arrangement has operated effectively in the Learning Disability pooled budget arrangements for a number of years, and that risks are jointly owned and managed rather than seen as the responsibility of one partner or the other.

It is proposed that the risk sharing between the Clinical Commissioning Group and County Council would be directly proportional to the contributions of both parties. For 2013/14 this would be 53% County Council and 47% Clinical Commissioning Group

It is proposed to have more senior representation at the Older People Joint Management Group from both organisations, including Cabinet Member for Adult Social Care and the Chief Executive Officer of the Clinical Commissioning Group, to reflect the significance of the pool. As now, the Older People Joint Management Group will be supported by a Commissioning and Finance Officer Group meeting monthly, to manage performance, activity and budget. There will also be a monthly Programme Board to manage the implementation of the Older People's Commissioning Strategy and detailed action plan, and a bi-monthly Older People's Partnership Board will also be established, to ensure the voice of service users and carers is fed into the structure appropriately.

It is also proposed that, subject to agreement by the Health and Wellbeing Board in July, the Older People Joint Management Group is combined with the Adult Health and Social Care Board, to further streamline decision-making and reduce duplication / bureaucracy. The Older People Joint Management Group will therefore meet in public, improving transparency of decision-making, and include wider representation (eg District Councils). The Older People Joint Management Group will therefore assume responsibility for managing the implementation of the priorities in the Joint Health and Wellbeing Strategy related to older people, and will be accountable to the Health and Wellbeing Board.

Responsibilities of the Adult Health and Social Care Board relevant to manage the implementation of targets in the Joint Health and Wellbeing Strategy for younger adults with long term conditions will become the responsibility of the relevant Joint

Management Group (physical disability, learning disability and mental health), reporting to the Health and Wellbeing Board

Evidence / Intelligence:

The proposal to increase the contributions to the pooled budget, and make alterations to the risk sharing and governance arrangements within the section 75 agreement has been discussed in detail with senior officers and elected members / Board members from the County Council and the Clinical Commissioning Group (CCG), as well as the lead commissioners from both organisations. It has also been discussed with service users through the existing Joint Management Group and Older People's Partnership Board arrangements.

They believe these changes will improve joint decision making over investments and disinvestments by moving more money and services into the pool under the legal framework provided by the Section 75 agreement. They will allow greater integration of services and commissioning activity, leading to higher quality and less waste or duplication, and greater alignment in how both organisations measure and report success. They also enable actions in one party that lead to savings in another to be managed jointly, which benefits the whole pool and ensures best use of available resources

The changes will also improve transparency and visibility of decision-making about funding and expenditure, by making the governance of the pooled budget more streamlined and holding the Joint Management Group meetings in public

This is turn will increase the accountability of both partners for the successful implementation of the Older People's Joint Commissioning Strategy, by ensuring that funding is allocated and managed across both the Council and the Clinical Commissioning Group in line with the priorities of the strategy. It will also help to ensure that funding follows decision-making, within and across parties, and that risks are jointly owned and managed rather than seen as the responsibility of one partner or the other

This 'whole system' approach is particularly beneficial in tackling complex and intractable issues (such as delayed transfers of care, care home placements and emergency admissions) where action is required from both parties, and is supportive of the ambitions for greater integration between health and social care

Alternatives considered / rejected:

Continuing with the existing level of contributions was rejected as failing to fully realise the opportunity to improve joint decision making over investments and disinvestments by moving more money and services into the pool under the legal framework provided by the Section 75 agreement. The changes will allow greater

integration of services and commissioning activity, leading to higher quality and less waste or duplication, and greater alignment in how both organisations measure and report success. They also enable actions in one party that lead to savings in another to be managed jointly, which benefits the whole pool and ensures best use of available resources

The possibility to continue with the current risk sharing arrangements was rejected as not reflecting a truly pooled budget arrangement, working to a joint strategy with joint decision making. Sharing the risk of any overspend proportional to contributions has operated effectively in the Learning Disability pooled budget arrangements for a number of years, and 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.

Continuing with the existing governance arrangements, or variations that included keeping the Adult Health and Social Care Board as well as an extended Older People's Joint Management Group, were rejected as failing to streamline or improve transparency and visibility of decision-making about funding and expenditure, or bringing sufficient clarity to the roles of the various groups and boards.

The proposed changes will increase the accountability of both partners for the successful implementation of the Older People's Joint Commissioning Strategy, by ensuring that funding is allocated and managed across both the Council and the Clinical Commissioning Group in line with the priorities of the strategy. It will also help to ensure that funding follows decision-making, within and across parties, and that risks are jointly owned and managed rather than seen as the responsibility of one partner or the other.

This 'whole system' approach is particularly beneficial in tackling complex and intractable issues (such as delayed transfers of care, care home placements and emergency admissions) where action is required from both parties, and is supportive of the ambitions for greater integration between health and social care.

Impact Assessment:

Identify any potential impacts of the policy or proposed service change on the population as a whole, or on particular groups. It might be helpful to think about the largest impacts or the key parts of the policy or proposed service change first, identifying any risks and actions, before thinking in more detail about particular groups, staff, other Council services, providers etc.

It is worth remembering that 'impact' can mean many things, and can be positive as well as negative. It could for example relate to access to services, the health and wellbeing of individuals or communities, the sustainability of supplier business models, or the training needs of staff.

We assess the impact of decisions on any relevant community, but with particular emphasis on:

- Groups that share the nine protected characteristics
  - age
  - disability
  - gender reassignment
  - pregnancy and maternity
  - race – this includes ethnic or national origins, colour or nationality
  - religion or belief – this includes lack of belief
  - sex
  - sexual orientation
  - marriage and civil partnership
- Rural communities
- Areas of deprivation

We also assess the impact on:

- Staff
- Other council services
- Other providers of council services
- Any other element which is relevant to the policy or proposed service change

For every community or group that you identify a potential impact you should discuss this in detail, using evidence (from data, consultation etc) where possible to support your judgements. You should then highlight specific risks and any mitigating actions you will take to either lessen the impact, or to address any gaps in understanding you have identified.

If you have not identified an impact on particular groups, staff, other Council services, providers etc you should indicate this to demonstrate you have considered it.

Impact on Individuals and Communities:

All Communities / Groups

There is not considered to be any direct impact on individuals or communities from expanding the Older People's Pooled Budget and changing the governance and risk sharing arrangements. The pooled budget is a mechanism to enable the effective use of resources in commissioning services, and the implementation of the joint commissioning strategy for Older People that is intended to have a positive impact on outcomes for individuals and communities and is itself subject to consultation and a separate impact assessment.

There is a risk that the agreement does not align closely to the joint commissioning strategy and therefore client need. This is mitigated by the section 75 agreement referring to the aims and targets in the Joint Commissioning Strategy rather than having separate / different ones. It is also mitigated by the involvement of services users, carers and providers in the Joint Management Group responsible for the implementation of the strategy and section 75 agreement. There is also an Older

People's Partnership Board supporting the Joint Management Group that further ensures alignment of delivery with the strategy. New policies, services and contracts will also be subject to separate impact assessments and consultation as appropriate to ensure alignment to client need.

The Joint Management Group for Older People is responsible for and implementation of the agreement and the management / use of pooled funds. The Joint Management Group is responsible for ensuring alignment with the joint commissioning strategies, and that the impact of any decisions on new policies or contracts, or to move money between pools, is fully considered. The Joint Management Group includes elected members and senior officers from the Clinical Commissioning Group and County Council, as well as representatives from key partners / providers and service users. This ensures the impacts can be fully appreciated and considered as part of decision making.

Risks	**Mitigations**
Implementation of section 75 agreement does not fully align to client need.	The section 75 agreement refers to the Older People's Joint Commissioning Strategy for aims and targets rather than having separate ones. The involvement of services users, carers and providers in the Joint Management Group and Older People's Partnership Board responsible for the implementation of the strategies and section 75 agreement. New policies, services and contracts will also be subject to separate impact assessments and consultation as appropriate to ensure alignment to client need.

Impact on Staff:

Although the proposed governance arrangements will slightly reduce the number of meetings that need to be supported, there is not considered to be any significant direct impact on staff as a result of extending the pooled budget for older people.

Impact on other Council services:

Extending the pooled budget for Older People will not impact significantly on other services, as colleagues from Legal Services and Finance are involved in drawing up and monitoring existing agreements.

Risks	**Mitigations**
Section 75 agreement for Older People is	Older People's Joint Management Group

not appropriately governed, monitored or implemented leading to significant work to resolve disputes or redefine agreement.	will meet at least 6 times a year will have responsibility for oversight and implementation, and include senior representation from both organisations. Governance and monitoring requirements are specified within agreement, including roles and responsibilities for pooled budget manager and Joint Management Group Legal and Finance colleagues from both partners are involved in drawing up the agreement, and monitoring implementation Significant issues and proposals are escalated within County Council and Clinical Commissioning Group governance arrangements as appropriate

Impact on providers:

There is not considered to be any direct impact on providers of extending the Older People's Pooled Budget. There may be impacts as a result of the commissioning activity, contracts and services that happen as a result, but these will be linked to commissioning strategies that providers are consulted on, and will have separate impact assessments. Providers are also invited to attend the Older People's Joint Management Group, Older People's Joint Commissioning Strategy Programme Board and Older People's Partnership Board.

Action plan:

Action	By When	Person responsible
Ensure all projects, policies, contracts, services and significant changes to pooled budgets have separate impact assessments	As each is developed	Lead Commissioner for Older People / pooled budget manager
Review the effectiveness of the new governance arrangements around the Older People's Pooled Budget	March 2014	Deputy Director for Joint Commissioning
Review this SCIA to ensure no unanticipated impacts emerge	March 2014	Lead Commissioner for Older People / pooled budget

		manager

Monitoring and review: See actions above

Person responsible for assessment: Ben Threadgold

Version	Date	Notes (eg Initial draft, amended following consultation)
1	22 May 2013	Initial draft
2	7 June 2013	Updated to reflect amended proposals