

## **SPECIAL CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD: MINUTES**

**Date:** 10<sup>th</sup> December 2014

**Time:** 1.p.m. -2.05 p.m.

**Place:** KV Room, Shire Hall, Cambridge

**Present:** Cambridgeshire County Council (CCC)

Councillors, L Nethsingha, T Orgee (Chairman), J Whitehead and F Yeulett (substitute for Cllr Bailey)

Dr Liz Robin, Director of Public Health (PH)

Charlotte Black (substituting for Adrian Loades, Executive Director: Children, Families and Adults Services (CFAS))

Sarah Heywood (Substituting for Chris Malyon, Section 151 officer)

District Councils

S Ellington (South Cambridgeshire), J Schumann (East Cambridgeshire) and R West (Huntingdonshire)

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)

Dr John Jones)

Healthwatch

Ruth Rogers

NHS Commissioning Board

Margaret Berry OBE

**Present by** Geoff Hinkins (CFAS) [item 2, minute 94]

Gill Kelly, Integration Lead Cambridgeshire and Peterborough CCG [item 2, minute 94]

**invitation:** Iain Green [District Council officer adviser substitute for Mike Hill]

Rob Sanderson (CCC) [Democratic Services Officer]

**Apologies:** Councillor A Bailey and P Clapp, Dr N Modha and M Hill.

### **93. DECLARATIONS OF INTEREST**

Councillor Sue Ellington declared an interest as a trustee of the Care Network.

Ruth Rogers declared an interest as Chief Executive of Red2Green.

### **94. BETTER CARE FUND**

The Board received a report updating it on arrangements for the Better Care Fund (BCF) in Cambridgeshire following the Government's Nationally Consistent Assurance Review (NCAR) of BCF plans. It sought approval of the sign-off process for the amended BCF plans, while clarifying that no revised draft BCF templates were available for the current meeting. To help aid clarification there was also a power-point presentation, which has been included as Appendix 1 to these minutes.

The report indicated that following the Government's NCAR of all Better Care Fund applications, Cambridgeshire's Plan had been rated as 'approved subject to conditions' and that they were happy with the general direction of the Plan. Most of the

conditions related to elements of detail that were not available at the time of submission and was primarily due to the timescales of the Older People and Adult Community Services procurement by the Clinical Commissioning Group (CCG) (the Preferred Bidder was not appointed until 30 September, which had been after the submission deadline).

The feedback received had also suggested that a 1% reduction in emergency admissions, the subject of much discussion at previous Health and Wellbeing Board meetings, would be acceptable, given the increasing trend and low base in Cambridgeshire. The specific conditions requiring to be addressed for the Plan to be fully assured related to twenty outstanding 'risks' with the conditions set out below (in bold) with officer commentary also included:

- **Condition 1f: The plan must further demonstrate how it will meet the national condition of having an accountable professional who can join up services around individuals and prevent them from falling through gaps**

This relates to the 'Joint Assessment' project – reviewers felt that more information was needed to show that the approach to joint assessment would include having an accountable professional for each individual that received a joint assessment.

- **Condition 4a: The plan must address the outstanding narrative risks identified in the NCAR report**

This related to a range of elements in Part 1 of the report (the narrative); and were mainly areas where additional detail was requested, particularly in relation to services falling within scope of the Older People and Adult Community Services procurement.

- **Condition 4b: The plan must address the outstanding financial risks identified in the NCAR report**

This related primarily to a request to provide more information on how the 2014/15 funding linked to the section 256 agreement is being used.

- **Condition 4c: The plan must address the outstanding analytical risks identified in the NCAR report**

This related to some specific issues in the Excel spreadsheet where our answers were unclear.

The Board noted that:

- The Government had allocated a 'Better Care Adviser', David White, to work with Cambridgeshire in addressing the conditions, with the report detailing progress that had resulted in an action plan which was attached as Appendix 1 to the report. It was indicated that he was positive about the resubmission. For ease of reading, a larger format version was tabled at the meeting.
- To address the conditions, Cambridgeshire was required to resubmit its new BCF plan by no later than 9 January 2015.
- Officers have begun the process of developing the next iteration of the Plan, in

consultation with the Better Care Adviser. The majority of changes were questions of detail with a great deal of work to be undertaken between the Council the CCG and UnitingCare Partnership (UCP) to help slim down the Plan.

- Significantly more information was now available to inform the revised Plan and address the level of detail required following the conclusion of the CCG's Older People and Adult Community Services (OPACS) procurement and the appointment of UCP as the Lead Provider.
- David White, who was also the Advisor in Peterborough, had given a clear steer that Cambridgeshire and Peterborough would both benefit from a closer alignment of their respective BCF Plans and officers from both authorities were already working together and were keen to undertake collaborative working in areas where joint governance was practicable. A joint workshop that Thursday was to look at the financial risk issues involved.
- Discussions had also begun relating to the establishment of formal partnership mechanisms required for a pooled budget. It was highlighted that advice received from NHS England suggested that contractual obligations or section 75 partnership agreements should not be entered into until conditions on Plans had been addressed. Therefore, officers did not intend to seek formal agreement to budgetary arrangements before late January 2015 at the earliest, and it was proposed that further discussion on the arrangements should be presented in a report to the Board's 15<sup>th</sup> January meeting.
- The intention was to share with the Board via email a draft of the revised Plan by 19<sup>th</sup> December for comments in the week beginning the 5<sup>th</sup> January and (subject to the delegation being approved) for officers to meet with Dr Robin and the Chairman and Vice Chairman on 9<sup>th</sup> January to go through responses, in order to provide a response that day to meet the Government deadline of 2.00 p.m.

Issues raised by Members included:

- Whether aligning plans with Peterborough would cause delay. In reply it was indicated that this would not be the case, as there would still be two separate plans and joint project work was only to be pursued where feasible.
- As it was known that no new money was involved a question was raised on whether officers were satisfied on the viability of the income streams identified including those from the CCG. In response it was indicated that the September submission had been agreed in consultation with the CCG.
- A query was raised regarding the size of the potential pooled budget and officers were asked to ensure as much detail was provided in the forthcoming report.
- A query was raised that now that there was an Cambridgeshire Executive Partnership Board whether there was also still the need for the Transformation Board for Cambridgeshire and Peterborough.
- With respect to the Appendix one member making specific reference to A8 suggested that the wording required to be clearer in relation to issues and problems identified and how to solve them. In response it was indicated that the

form layout had been provided by NHS England and the Council were required to follow it. As a reply to this explanation, the Vice-Chairman suggested that it would still have been useful to have further description detail provided in the cover report.

- Members in discussion supported greater collaborative working with Peterborough.

It was resolved unanimously:

- a) To note the report.
- b) To agree that the process to engage Members comments on the revised Plan Template would be provided electronically via e-mail up to 19<sup>th</sup> December seeking comments by 5<sup>th</sup> January.
- c) To delegate authority for completion and submission of the BCF templates to the Director for Public Health in association with the Chair and Vice-Chair of the Health and Wellbeing Board.
- d) To agree to support pursuing a closer working relationship with Peterborough in relation to aligning Better Care Fund Plans.

## **95. DATE OF NEXT ORDINARY MEETINGS**

It was resolved;

- a) To note that the Board's next ordinary meetings, all at 10am on Thursdays, would be held on:
  - 15th January 2015
  - 30th April 2015,
- b) To agree to asking officers to progress scheduling Health and Wellbeing Boards on a two monthly basis for 2015-16.

Chairman