SPECIAL MEETING OF THE CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD: MINUTES

Date: 11th September 2014

Time: 11.00am – 12.00pm

Place: Kreis Viersen Room, Shire Hall, Cambridge

Present:

Cambridgeshire County Council (CCC)
Councillors A Bailey, P Clapp, L Nethsingha and T Orgee (Chairman)
Dr Liz Robin, Director of Public Health (PH)
Adrian Loades, Executive Director: Children, Families and Adults Services (CFAS)
Chris Malyon, Section 151 officer

District Councils
Councillors M Cornwell (Fenland), S Ellington (South Cambridgeshire), P Roberts (Cambridge) and J Schumann (East Cambridgeshire)

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)
Dr John Jones

Healthwatch
Ruth Rogers

Present by invitation: Rebecca Hudson (CFAS) and Nigel Smith (CCG)
Iain Green [District Council officer adviser]

Apologies: Mike Hill [District Council officer adviser]

73. DECLARATIONS OF INTEREST

Councillor Sue Ellington (as a trustee of the Care Network) and Ruth Rogers (as Chief Executive of Red2Green) declared an interest in the Better Care Fund (agenda item 2, minute 74) because the Care Network and Red2Green had made a joint submission to the Better Care Fund.

74. BETTER CARE FUND

The Chairman of the Board, Councillor Orgee, agreed to exercise his discretion under Section 100B (4) of the Local Government Act 1972 to allow this report to be considered, even though it had not been dispatched to members five clear days before the meeting, for the following reasons:

- Reason for lateness: Further discussions on the Cambridgeshire approach to the Better Care Fund (BCF) had been required given the short timescales given for redevelopment of the county's BCF proposals; the complexity of the issues; and the number of partners to be consulted on development of the plan.
- Reason for urgency: Submission of Cambridgeshire's BCF plan was required by 19 September in order to meet the updated timescales set by NHS England.

The Board received a report updating it on progress with planning for use of the Better Care Fund in the light of recently-issued government guidance, and seeking approval of the process for sign-off of the updated plans by the submission deadline of 19 September 2014.

Members noted that

- the new factor in the guidance was the inclusion of a minimum target reduction in total emergency admissions of 3.5% across the entire population of each Health and Wellbeing Board (HWB) area (not the adult population, as in previous guidance); this target should be viewed in the light of the CCG's status as one of eleven financially-challenged health economies in England
- the Local Government Association had indicated there would be some flexibility around the minimum target if areas could provide a strong justification for setting a different target
- existing CCG plans were based on a 1% reduction in admissions, which were increasing nationally at around 2% each year; Cambridgeshire was experiencing higher than average demographic growth, including an increase in the number of older people
- to achieve a reduction of 3.5% in the HWB area would require a 6% shift in activity to both reverse the trend and meet the 3.5% reduction
- a more realistic though still challenging target would be a reduction of 1%, which would require a 3.5% shift in activity by the end of 2015/16
- the penalty for failing to meet the target was that the BCF funding would revert to the acute sector.

In the course of discussion, members

- queried the possible consequences of setting a lower target. Officers advised that the target might well be challenged in the course of the rigorous assessment period that would follow the submission stage; it would be important to be able to justify the choice of target. As a challenged health economy, the CCG was likely to be subject to close scrutiny
- noted the importance of working together with the acute sector on how collectively to reduce demand
- enquired whether partial failure to meet the agreed target would result in partial, rather than full, loss of funding. It was explained that compensation would go to the acute sector for the amount of the failure, but it was not an absolute pass/fail threshold
- suggested that it would be appropriate to write to the county's MPs at the time of submission to explain the reasoning behind the submission; it was important that MPs understood how very demanding the 1% target would be
- commented that a higher target would be accompanied by higher risk of failure and penalty; a more ambitious target might well be appropriate in future years
- suggested that it could be helpful to have disaggregated figures to show age groups and trends in numbers of emergency admissions to hospital. Nigel Smith said that this breakdown could be provided
- pointed out that the admissions in question were not simply accident and emergency (A&E) admissions, but all non-elective admissions; the breakdown of admission figures should include the route by which people came to be admitted
- expressed appreciation for the hard work being undertaken by officers to meet unrealistic demands

- raised the possibility of setting an initial target of a 0.5% reduction, but noted that the CCG already had a current target of a 1% reduction, so it would be difficult to justify setting a less ambitious target
- commented that it was important to develop effective alternatives to hospital admission, alternatives which would help to maintain and build people's health
- drew attention to the need to look at the high-level target in terms of how it translated to individual staff and teams, and consider, for example, how an A&E nurse could be incentivised not to admit a patient who was about to breach the four-hour waiting time target; it was important to have alternative pathways in place to avoid putting front-line staff under pressure to make a decision that they believed to be clinically inappropriate
- noted that a pilot Acute Geriatric Intervention Service (AGIS) had been started, under which a geriatrician would go out to assess an elderly patient to see what intervention was required; in each of the AGIS cases, it was possible to quantify avoided admissions
- recalled that community and voluntary sector (CVS) organisations had earlier been invited to submit bids to support the BCF work, and noted that officers were looking at all such proposals, and would be responding to the bidders
- suggested that consideration should be given to using unsuccessful CVS bids as pilot projects, or pointing bidders to alternative sources of funding
- commented that the assurance process appeared to be rather onerous and noted that the Local Government Association (LGA) had already identified this as an issue and would be taking it up
- asked the CCG to produce a report on the breakdown of A&E admissions for the HWB's next meeting, including admissions that took place in the last 10-15 minutes before the four-hour deadline **Action: N Smith**
- expressed support for completing the BCF template on the basis of a target reduction in total emergency admissions of 1%.

The Board resolved to

- note the report and BCF templates
- 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.

75. DATE OF NEXT ORDINARY MEETINGS

Members noted that the Board's next ordinary meetings, all at 10am on Thursdays, would be held on

- 2nd October 2014 at Pathfinder House, Huntingdon
- 15th January 2015 at Shire Hall, Cambridge
- 30th April 2015, venue to be confirmed.

Chairman