

INTEGRATED COMMISSIONING BOARD PRIORITIES UPDATE

To: Cambridgeshire & Peterborough Health & Wellbeing Board
Core Joint Sub-Committee

Meeting Date: 11 September 2020

From: Val Moore, Chair of Integrated Commissioning Board

Purpose: The purpose of this report is to provide an update on the work of the Integrated Commissioning Board and outline the current identified priorities.

Recommendation: The Cambridgeshire and Peterborough Health and Wellbeing Board Core Joint Sub-Committee is recommended to note and comment on the contents of this report.

Officer contact:

Name: Caroline Townsend
Post: Head of Commissioning Partnerships and Programmes
Email: caroline.townsend@peterborough.gov.uk
Tel: 07976 832188

Member contacts:

Names: Councillor Roger Hickford
Post: Chair of the Cambridgeshire and Peterborough Health and Wellbeing Board Core Joint Sub-Committee
Email: Roger.Hickford@cambridgeshire.gov.uk
Tel: 01223 706398

1. Background

- 1.1 The Cambridgeshire and Peterborough Health and Wellbeing Board Core Joint Sub-Committee requested an update on priorities and progress of the Integrated Commissioning Board to inform the joint commissioning and integration workstream
- 1.2 This report is for the Cambridgeshire and Peterborough Health and Wellbeing Board Core Joint Sub-Committee to consider under its Terms of Reference.

2. Main Issues

- 2.1 During the initial period of the COVID pandemic, the Integrated Commissioning Board suspending meetings to enable system capacity to focus on the immediate priorities of responding to the pandemic. However, as the system has turned its attention to future recovery and resilience planning, this has presented a real opportunity for the Integrated Commissioning Board to review joint commissioning priorities.
- 2.2 The Integrated Commissioning Board resumed meetings on the 14th May 2020 and has continued to meet monthly since that date. The meeting in May was focused on reviewing the impact of COVID and understanding the role and priorities of the Integrated Commissioning Board to support and inform the joint commissioning opportunities to support ongoing recovery and resilience.
- 2.3 It was recognised that the impact of COVID has been significant on the joint commissioning landscape. Whilst some of the pre-COVID work had been placed on hold, as the health and care system was now considering recovery plans there was an opportunity to shape and contribute to this via the work of the Integrated Commissioning Board.
- 2.4 Some of the key changes highlighted were:
 - The response to COVID involved rapid implementation of capacity and provision across the system. There was a strong joint commissioning response and this provides us with the opportunity to build on learning to date.
 - Brought additional capacity for residential and nursing home provision and Learning Disability (LD) accommodation jointly with Clinical Commissioning Group (CCG), with local authority taken lead commissioner role and this has been positive.
 - Instigated a joint approach to brokerage and particularly hospital discharge which aligns discharge to assess (D2A) with the new model.
 - National requirements from Government have changed and a pooled budget has been established to facilitate an appropriate response to COVID.
- 2.5 It was agreed that the Integrated Commissioning Board could best support the system in joint commissioning over the coming months as summarised below.

ICB recommend continue:

- Focus on alliances with Local Authority, Health, Housing and Voluntary sector partners
- Maintain commissioned capacity at right level in the market and respond to local data as we see a larger percentage of deaths in care homes and less in acute settings. Here and now is a priority.

- Message what jointly commissioned services remain, and where crisis priorities will change things
- Ensure community care offer is resilient and strong in infection control and support for workforce. Involve all sectors including healthcare providers and housing providers.

ICB to do now:

- Shared understanding of business intelligence and modelling
- Commissioners be assured of sharing information of people we are worried about, who info is shared with and how (some of this being done through Community Resilience Hubs)
- ICB to review/ approve the relaxation of obligations/work to be left on side-lines
- Promote virtual multidisciplinary team (MDT) capability through integrated digital strategy
- Prioritise prevention and admission avoidance in the community.

ICB Agenda phase 2-3:

- Review previous priorities for joint commissioning against current needs e.g. Technology Enabled Care (TEC)
- Assure needs of rough sleepers followed through
- New look at commissioning of day centres learning disability support
- Support understanding and change in the commissioning architecture, to increase effectiveness to support place based integration.

2.6 In order to support this agenda, deep dive sessions have been held on the following topics and example opportunities that have emerged:

- Technology enabled care: there was a strong opportunity identified to develop and strengthen the TEC offer on the back of digital resilience work that has developed at pace over the last few months. Specifically identified an opportunity to link with the south alliance work to strengthen the embedding of 'TEC first' within primary care and medicines management services.
- An update on the re-commencing of the Alliances and Integrated Neighbourhoods work. The opportunity is to strengthen joint commissioning at a local level and embed the local authority Think Communities approach.
- Homelessness support and exploring opportunities through new models of working, to strengthen links with health provision. This is particularly in light of learning and building on the successful homelessness work in response to COVID.

2.7 In addition, the following sessions are planned for the coming months:

- Mobilisation and reshaping of Day Opportunities
- Research on Digital Access Review
- Better Care Fund update and evaluation
- North and South Alliances – deep dive on priorities, to focus on crosscutting commissioning opportunities relevant to Cambridgeshire and Peterborough.

Better Care Fund

2.8 Better Care Fund reporting has been suspended since March 2020 due to COVID. We received confirmation on 19 August 2020 from our NHS England that Quarter 4 reporting for last financial year (2019/20) has been reinstated and is due for submission on the 4 September 2020. Due to the suspension of reporting and the changing environment due to COVID, only the following sections of the report are mandatory.

1. Tab3: National Conditions
2. Tab6: Integration Highlights
3. Tab8: Income and Expenditure
4. Tab9: Year End Feedback, Part 1

2.9 The full reports are contained in Appendices 1 and 2. However a summary of performance against national metrics is outlined below.

	Peterborough City Council	Cambridgeshire County Council
Metric	Performance against target	Performance against target
Total number of specific acute (replaces General & Acute) non-elective spells (NEA) per 100,000 population	<p>Actual Quarter 4 non-elective admissions were at 4,910 (well under the target of 5,224).</p> <p>During the latter part of Quarter 4, the whole Health and Care system has been significantly affected by the COVID-19 pandemic. This has had a significant effect on non elective admissions.</p>	<p>During the latter part of Quarter 4, the whole Health and Care system was significantly affected by the COVID-19 pandemic. This has had a significant effect on non-elective admissions.</p> <p>Actual Quarter 4 non-elective admissions were at 15,195 (well under the target of 16,278).</p>
Rate of permanent admissions to residential care per 100,000 population (65+)	<p>Residential admissions have remained low. The 2019/20 rate of permanent admissions was 403 per 100,000. Therefore we successfully delivered our target of 424 per 100,000.</p>	<p>The rate of permanent residential admissions for 2019/20 was 519.9 per 100,000 against a target of 473 per 100,000.</p>
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	<p>80.24% against a target of 82.9%</p> <p>Generally good performance although we did see a reduction in referrals in the latter part of Quarter 4 due to COVID and the implementation of new discharge to assess pathways in line with national guidance.</p>	<p>In 2019/20 77.5% (317 of 409 discharges) remained at home after 91 days. This was against a target of 82%.</p> <p>COVID impacted in the latter part of quarter 4 in terms of a reduction of referrals being received into the reablement service. This was partially due to changes in the discharge to assess pathway which was implemented in line with the March national guidance.</p>
Average Number of People	<p>Data unavailable for March 2020 but significantly lower than was average prior to March 2020</p>	<p>Data unavailable for March 2020 due to national suspension of DTOC reporting.</p>

	Peterborough City Council	Cambridgeshire County Council
Delayed in a Transfer of Care (DTOC) per Day (daily delays)	<p>DTOCs due to Covid19 measures to empty hospital wards.</p> <p>Total actual year to date figure at end Feb 2020 was 3674 against year to date target of 5360. The figure was also 41% lower than last year's year to date figure of 6394.</p>	<p>Total actual year to date figure at end Feb 2020 was 25,854 against year to date target of 14,405. Despite at the end of Feb 2020, not being forecast to deliver in line with targets, year to date performance showed a 13% reduction on the same period in 2018/19.</p>

- 2.10 As yet, there is no national planning guidance for Better Care Fund planning for 2020-21 and there is no indication currently on timelines for this. Due to the impact of COVID and response priorities, the work to evaluate the Better Care Fund investment areas and inform recommendations was paused and commissioned Better Care Fund spend has continued to support the continuation of existing service provision of the past few months.
- 2.11 Despite the absence of national planning guidance, the Integrated Commissioning Board has agreed the resuming of the evaluation as a priority, with a view to review initial progress and findings at the October 2020 Integrated Commissioning Board meeting.

3. Anticipated Outcomes or Impact

- 3.1 The report provides an overview of the current priorities of the Integrated Commissioning Board. The outcomes associated with this:
- Maximising opportunities for joint commissioning, reducing inefficiencies, duplication and ensuring best value
 - Delivering joined up and consistent provision of person centred services

4. Appendices

- 4.1 Appendix 1 – DRAFT Cambridgeshire Better Care Fund Quarter 4 2019/20 NHS England Return
Appendix 2- DRAFT Peterborough Better Care Fund Quarter 4 2019/20 NHS England Return

5. Source documents

- 5.1 No source documents.