

# Peterborough City Council & Cambridgeshire County Council Commissioning Intentions November 2019



# System Pressures

## Financial Challenges

CCC is facing a £12.6m gap for 2020/21

PCC is facing a £10m gap for 2019/20 and 2020/21

CCG needs to deliver £33m QIPP savings in 2019/20

## Increased Demand

Increasing costs of care

DTOCs are a continuing challenge for the system

A&E attendances and Non-elective admissions are growing faster than the England average.

## Growing Population

65-84 year olds forecast to increase by 44% by 2036.

85+ year olds forecast to increase by 130% by 2036.

By 2025, falls will increase by 37%, Dementia by 29% and Limiting long term illness by 26%.



# Local Authority – Financial Position

## Increasing Pressures:

- Increasing demand for services, due to a growing ageing population and greater complexity of needs
- Rising costs of care
- Significant decreases in the Revenue Support Grant
- Below average funding for Adult and Children services
- We are operating in one of the most challenged health economies in the country
- Financial sustainability is uncertain for many of our providers

## Budget Gap:

### Peterborough City Council (PCC)

- Savings target is **£21m for 2019/20** and **£15m for 2020/21**
- **Budget gap** is still **£10m for 2020/21**
- **£27m budget gap for 2020/21**, £17m of potential savings have been identified, leaving a £10m gap

### Cambridgeshire County Council (CCC)

- **Savings** target for **2019/20** is **£16m**
- **£12.6m budget gap** for **2020/21**
- By 2023/24 the budget gap is predicted to increase to £61m if we do nothing



# Future Approach

The current approach to delivering savings and managing demand is providing diminishing returns. There is a need to move to an **asset based approach** to manage demand, which promotes **independence and choice**, whilst **maximising place based community assets**.

## The Vision:

- **People:** Resilient communities across Cambridgeshire where people can feel safe, connected and able to help themselves and each other.
- **Places:** New and established communities that are integrated, possess a sense of place, and which support the resilience of their residents.
- **Systems:** A system wide approach in which partners listen, engage and align with communities and with each other, to deliver public service and support community-led activity.

Delivery is supported by the following programmes of work:

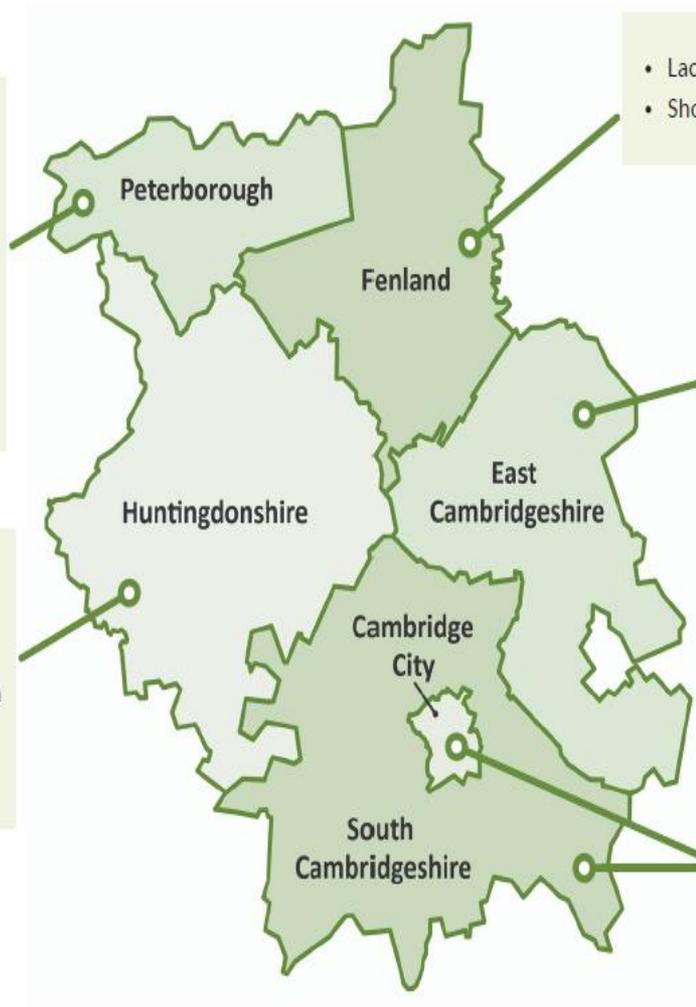
- **Think Communities:** This approach is leading systems-change work to change the conversation with communities in order to prevent or delay demand whilst improving outcomes, to build a public sector workforce approach which focusses on place.
- **Integrated Neighbourhoods:** Integrated Neighbourhoods will develop local models of integrated care with primary care networks as their cornerstone, bringing together community, social, secondary care, mental health and voluntary services.
- **Adults Positive Challenge Programme:** a programme of transformation to transition to a demand management focus, based on promoting independence and putting choice directly into the hands of individuals and communities.



# Context: Market Pressures

- Lack of homecare provision in rural areas
- Lack of appropriate care facilities for younger adults with complex care needs
- Difficulty recruiting good quality nursing staff
- Shortage of Personal Assistants

- Homecare capacity
- Nursing and Nursing Dementia placements.
- Current and future supply of extra care accommodation
- Shortage of Personal Assistants



- Lack of home care provision in rural areas
- Shortage of Personal Assistants

- Significant shortage of Nursing and Nursing Dementia placements.
- Homecare capacity
- Shortage of Personal Assistants

- Homecare capacity
- Shortage of Residential Dementia, Nursing and Nursing Dementia provision.
- Care workforce recruitment - high cost of living
- Shortage of Personal Assistants



# Intentions and Priorities

**Both within the community and to facilitate timely hospital discharge, the Council are aiming to work towards:**

1. Increased choice and control
2. Partnership working
3. Building community capacity and micro-enterprises, supporting the development of local place based delivery
4. Progressing models of outcomes based commissioning
5. Underpinning this is the development of a more consistent approach, supported by a joint commissioning team across Cambridgeshire and Peterborough



# Commissioning Approach

*We cannot successfully commission services which meet outcomes and achieve value for money in isolation. This can only be achieved through:*

1. Co-production with people, their carers and their communities
2. Positive and meaningful engagement with providers
3. Use of a whole system/partnership approach wherever possible

**This should also be underpinned by a clear:**

- **Strategy** which defines the vision and objects for commissioning across the voluntary sector
- **Assessment of need** and therefore the 'ask' from the market
- **Set of outcomes** from which to measure impact
- **Contractual standards** and Key Performance Indicators against which performance is monitored

