Title of meeting:	Health and Wellbeing Board
Date of meeting:	21st September 2016
Subject:	A Blueprint for Health and Care in Portsmouth - progress so far and planned developments
Report From:	Portsmouth Health and Care Executive
Wards affected:	All
Key decision:	Yes
Full Council decision:	No

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1. Purpose

1.1 To set out progress so far with the Blueprint for Health and Care in Portsmouth and to identify the next actions to be undertaken.

2. Recommendations

2.1 The Health and Wellbeing Board is recommended to:

i) note the progress so far in progressing the Blueprint for Health and Care in Portsmouth;

ii) comment on the proposed next steps for the programme.

3. Background

3.1 The Blueprint for Health and Care in Portsmouth has now been adopted for a year, and has guided a number of developments around joint working over this period. It is therefore timely to consider the progress made so far, and identify the next actions that will be undertaken.

3.2 The Blueprint set out some of the drivers for change that require a combined strategic response amongst health partners, specifically:

3.3 Population Need: Before taking into account any other factors, the city population is expected to grow by 9000 (around 4%) between 2011 and 2030, with a 19.5% increase expected in the number of people over 85 by 2021.

This is a significant demographic shift which will place pressure on services. In this context there are further need factors that will have a major impact, including poverty levels and entrenched health inequalities (and the nature of fluid populations make these harder to overcome). Key points of note are that:

- 30% of the population have a long term condition; most of these have more than one
- People with long-term conditions use 50% of GP appointments and 70% of hospital beds
- Almost half of all the deaths in Portsmouth are caused by heart disease, stroke cancers and respiratory conditions
- Dementia is expected to have increased in prevalence by 31% by 2020
- Over 17,000 residents are unpaid carers.

3.4 **Fragmented quality of care:** Against this background of substantial need, we know that the existing system does not fully address the requirements of the population. There is consistent feedback from patients about the need to join up care. We have multiple systems for recording care across different services, distribution of services across the city, and overly hospital-centric care. We have poor outcomes in key groups, and evidence points to fragmented care as a cause of this.

3.5 **Workforce:** In trying to address need, it is important to note that there are shortfalls in the number of GPs, community nurses, social workers and carers in the city. The capacity of the current workforce is stretched, and technology is not always used to support work.

3.6 **Value for money:** There are significant pressures on budgets year on year, which means that it is vital to find opportunities for taking costs out of the system, and ensuring that maximum value is derived from all the available resources.

3.7 To respond to these challenges, a number of core changes were identified:

- Greater need for multi-disciplinary skills within roles
- Strengthen primary, community and voluntary sector care
- Improve use of the city's estate
- Develop a single care record and reduce IT systems
- Move towards outcomes-based commissioning and contracting

4. The Blueprint Commitments

4.1 The case for change in the Blueprint, which all partners in the Portsmouth Health and Care Executive signed up to, translated the identified needs and responses into seven commitments, a blend of principles and actions that

would be undertaken in partnership to shape the local health system to be the system that Portsmouth needs. The commitments are that we:

1. will build our health and care service on the foundation of primary and community care, recognising that people have consistently told us they value primary care as generalists and preferred point of care co-ordination; **we will improve access to primary care services when people require it on an urgent basis.**
2. underpin this with a **programme of work that aims to empower the individual to maintain good health and prevent ill-health**, strengthening assets in the community, building resilience and social capital.
3. **bring together important functions that allow our organisations to deliver more effective community based frontline services and preventative strategies:** this includes functions such as HR, Estates, IT and other technical support services.
4. **establish a new constitutional way of working to enable statutory functions of public bodies in the city to act as one.** This would include establishing the single commissioning function at the level of the current Health and Wellbeing Board with delegated authority for the totality of health (NHS) and social care budgets
5. **establish a single or lead provider for the delivery of health and social care services for the city.** This would involve looking at organisational options for bringing together health and social care services into a single organisation, under the single leadership with staff co-located. The scope of this would include mental health, wellbeing and community teams, children's teams, substance misuse services and learning disabilities. In time, it could also include other services currently residing in the acute health sector or in primary care.
6. **simplify the current configuration of urgent and emergency and out of hours services,** making what is offered out of hours and weekends consistent with the service offered in hours on weekdays so that people have clear choices regardless of the day or time.
7. **focus on building capacity and resources within defined localities within the city** to enable them to commission and deliver services at a locality level within a framework set by the city-wide Health and Wellbeing Board.

5. Progressing the programme - what has been achieved so far

5.1 Considerable progress has been made across partners in developing strong joint working across the partnership and examples have included:

- developing locality teams for adult services, bringing together community NHS nursing with adult social care fieldwork teams

- implementation of co-located multi-agency teams for children and young people's services
- implementation of the Living Well Service, a partnership between the NHS, Portsmouth's Adult Services and both the local and national AgeUK service
- development of the 3rd Sector engagement programme, which has included resourcing of schemes in the city supporting the principles of the "Blueprint"
- setting up and delivery of the local 'Acute Visiting Service', a GP visiting service managed and offered across multiple practices in the city
- primary care, community NHS services and core wellbeing services have now transferred to the same IT system software (SystemOne TPP) which will enable improved sharing of records and support integrated working
- integration of the NHS Portsmouth CCG's Chief Operating Officer and Director of Adults' Services functions into a single role
- achieving shared governance and financial arrangements under the Better Care Fund

5.2 This represents a significant level of change activity designed to improve customer outcomes and the efficiency and effectiveness of the wider system.

6. The broader landscape

6.1 Alongside the development of the Blueprint, a centrally-driven planning process for health services, the Sustainability and Transformation planning process, has been attempting to develop a system-wide Hampshire and Isle of Wight plan that is aligned with objectives set out in the NHS 5 year forward view. Nonetheless, within this process there is clear recognition that there are different tiers of planning and delivery to be considered in this, with certain services requiring a local, place-based approach and other services requiring a much larger footprint. To define how care should be delivered across HIOW, the following model has been developed:

Footprint	Population	Example of care delivery planning
Individuals and families	1	Self-care, self-management
Local integrated teams	30-50k	Local integrated teams
Health and wellbeing boards	250k	Place-based models of integrated care in the community
Acute catchment population	500k	Referral systems and operational resilience
HIOW wide	1-2m	Safe and sustainable 24-7 acute services, supporting infrastructure
Beyond HIOW	2m+	Highly specialised services such as tertiary mental health services

6.2 The tiers of planning are flexible and are intended to be compatible with other initiatives and other similar types of collaboration. However, the recognition is helpful as it makes clear that activity is expected to be taking place at a local level that is compatible with the wider STP objectives, and recognises that there is huge complexity.

6.3 Concurrently, discussions have been underway across local authorities with central government about brokering a local devolution deal, and the implications for the governance and scope of local government in the region. This process has the potential to provide a platform for further discussions about public service reform. An example is the plan for a shared Director of Public Health

6.4 Within this context, it is important to identify a clear direction for local working that addresses locally identified concerns. It is inevitable that there will be potential overlaps of work, or tensions between agendas, but these will need to be managed as they arise, rather than waiting for a static environment to be established.

7. How the Blueprint commitments become reality

7.1 Locally, therefore, we need to continue to push forward with implementing the broad vision set out in the Blueprint. This means focusing on a number of core actions to support the commitments:

- as a next step from co-locating our services, put in place an integrated management and delivery structure for children's early help services and also for adults health & care community services; this will initially be between the NHS and City Council but we are also keen to see how the third sector might form a part of this delivery - plans would not affect the individual governance and decision-making arrangements in partner organisations.
- implement proposals for ‘Discharge to Assess’ and ‘Frailty’ services which have been planned with wider system partners and form part of our response to managing urgent care in the City
- finalise first phase plans for the Portsmouth Primary Care Alliance/Solent ‘community hub’ and agree implementation, with our initial aim being to improve in-hours capacity for urgent demand currently experienced in GP practices and also in NHS community services.
- agree and deliver the next stages of our City’s approach to joining up our IT systems - and accelerate work looking at the role wider technologies and social care can play in managing our health and care challenges.

7.2 The Health & Care Portsmouth programme has a much broader set of plans than the focus areas listed above - including further work on estates, Better Care Fund, partnership opportunities with the third sector and bringing together our strategic planning capacity.

7.3 In particular, over the coming months, we will be working on further embedding our local 'Blueprint' plans within the wider Hampshire and Isle of Wight Sustainability & Transformation Plans (STPs). The CCG will be expected to submit a 2 year Operating Plan to NHS England by December, and the aim is to ensure that this not only reflects our Blueprint schemes but also demonstrates how Portsmouth will deliver its share of the wider STP.

7.4 We will also need to develop a coherent approach to communication and workforce engagement, as so much of the achievement of the objectives rely on the workforce changing practices, processes and overcoming differences in professional and organisational bases.

8. Equality impact assessment (EIA)

8.1 A preliminary EIA was completed in developing the Blueprint document and concluded that there will be no negative impact on any of the protected characteristics arising from the strategy. Any individual projects or measures arising from the strategy will be subject to impact assessments in their own right.

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Signed by:

Background list of documents: Section 100D of the Local Government Act 1972

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	**Location**
A Blueprint for Health and Care in Portsmouth	HWB