

Title of meeting: Cabinet

Date of meeting: 5th November 2015

Subject: A Blueprint for Health and Social Care in Portsmouth

Report by: Matthew Gummerson, Principal Strategy Adviser

Wards affected: All

Key decision: No

Full Council decision: No

1. Purpose of report

- 1.1 Portsmouth City Council (PCC) and NHS Portsmouth Clinical Commissioning Group (CCG) have been leading discussions about the future of health and care with partners over the summer of 2015 with the aim of aligning the city's response to the challenges facing us over the coming years.
- 1.2 These discussions have resulted in a Blueprint for Portsmouth that sets out some principles that will shape our direction of travel and describes a possible model for prevention, wellbeing and care services.
- 1.3 The Blueprint was agreed in principle at the Health and Wellbeing Board (HWB) on 16th September 2016. This paper:
- Sets out the proposed direction of travel and model of care (The Blueprint)
 - Highlights the central role of the council in taking this forward, as well as some of the particular issues that need to be addressed as the Blueprint is further developed
 - Is intended to generate debate and discussion among Cabinet Members and wider audiences to inform the next steps in the development of the Blueprint at the HWB on 2 December 2015.
 - Seeks Cabinet's endorsement of the Portsmouth Blueprint and direction of travel

2. Recommendations

2. Cabinet is asked to:

- Endorse the Portsmouth Blueprint for health and care
- Require a more detailed report on the development of these proposals in early 2016

3. Background

3.1 Senior officers from health and care partners across Portsmouth held a series of meetings over the summer 2015 to discuss a collective response to the challenges facing health and care in the city over the coming years. This group, known as the Portsmouth Health and Care Executive (PHCE), consisted of representatives from the following partners:

- Portsmouth City Council (CX, Deputy CX and Directors from Public Health, Adult Social Care, Regulatory Services, Community Safety and Troubled Families, Children's Services and Education, and Integrated Commissioning)
- NHS Portsmouth Clinical Commissioning Group (Chief Clinical Officer and Chief Operating Officer)
- Solent NHS Trust (CEO and Chief Operating Officer)
- Portsmouth Hospitals NHS Trust (Executive Director for Strategy)
- Portsmouth GP Alliance (Executive Directors)

3.2 Based on these discussions, the PHCE developed the first iteration of a strategic blueprint for how health and care services could look in the city by the end of the next five years - '*A proposal for Portsmouth: A Blueprint for Health and Care in Portsmouth*'. This was presented for endorsement to the public meeting of the HWB on 16th September 2015.

3.3 The HWB agreed the statements in the Blueprint in principle and required that a more detailed report on the development of these proposals be brought back the HWB on 2nd December 2015. The Blueprint is included in full, as presented to the HWB, as Appendix A to this report.

3.4 The PHCE recognise that the model of care proposed is just one potential way of taking forward the principles that underpin their shared view of the direction of travel. Due to the short timescales between the most recent PHCE and the HWB, detailed comments on the proposal, for example from the Director of Adult Services (DAS), have not yet been incorporated / addressed. However for clarity, the version that is included for Cabinet, and that is being taken through internal leadership and governance structures by the health partners, is the one presented to the HWB.

- 3.5 The Children's Trust Board is discussing the implications of the Blueprint for children and young people in October. In particular they are keen to explore the impact of the 'single provider' model on the council's child protection responsibilities.
- 3.6 The issues raised by the DAS that will need to be built into future versions focus in particular on ensuring the models (current and future) and the language properly reflects the centrality of 'care' services as well as 'health'. Further clarity is needed on some of the detailed proposals around community hubs and locality teams, which will be addressed through the PHCE.
- 3.7 Changes will be incorporated where required when the next iteration goes to the HWB in December 2015.
- 3.8 The outline proposals and direction of travel are in line with, and informing, the development of the devolution discussions taking place across Hampshire and the Isle of Wight and with central government.

4. Reasons for recommendations

- 4.1 The scope and significance of the changes implied by the Portsmouth Blueprint will require a number of partners to reshape current resources, responsibilities and functions. The PHCE are now considering how best to use its collective existing expertise and capacity to consult on and deliver the Portsmouth Blueprint.
- 4.2 PCC needs to play a pivotal role in shaping and implementing these plans. Some of the key issues the council needs to lead on over the coming months will include:
- Leading the further development of the Blueprint within the leadership and governance framework provided by the Health and Wellbeing Board (HWB), recognising that the changes proposed are wider than just the city council so active engagement with partners through the HWB (and PHCE) will be essential.
 - Arranging and facilitating meetings of the PHCE, and contributing to the development of the Blueprint through that group.
 - Ensuring that the priorities and concerns of individual directorates are properly addressed as the Blueprint develops, while not allowing this to divert from the collective effort towards an agreed set of principles.
 - Reviewing PCC's commissioning arrangements to ensure they are fit for purpose for the more integrated future envisaged in the Blueprint.
 - Leading the interface between the future model described in the Blueprint and the council's ongoing transformative activity such as the Multi-Agency Teams for children and families (MATs) and the systems development reviews

- Acting as the strategic link between these Portsmouth-focussed proposals and the wider Hampshire devolution agenda including the Combined Authority.

4.3 Cabinet are therefore asked to endorse these plans and require more detailed reports as the plans develop further.

5. Equality impact assessment

5.1 No EIA is required at this stage as the Blueprint is only setting a direction of travel rather than proposing specific changes.

6. Legal implications

6.1 Under the Health and Social Care Act 2012, HWBs have duties to encourage integrated working, among those arranging for the provision of health or social care, and a duty to provide advice, and assistance, in order to promote joint working. Further duties include the power to issue its opinion on whether its parent local authority is complying with its duty to have regard to the Joint Strategic Needs Assessment and health and wellbeing strategy. Local authorities can, in addition, delegate the health and social care aspects of their scrutiny function to a HWB.

6.2 There is considerable flexibility in what functions a HWB may take on: a local authority may delegate *any* of its functions to a HWB, and wide scope exists in relation to the appointees of the board.

6.3 As with any local authority arrangements, an array of configurations exist to deliver any operational aspects of the HWB, reporting in to the committee of the HWB.

7. Director of Finance's comments

7.1 The potential benefit of a single health and social care service to take a whole of the system view and make the best use of the limited resources within it are clear. However in order to realise these potential benefits there will need to be sustained investment from all stakeholders

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Signed by:

Appendices:

Appendix A - paper presented to HWB on 16th September 2015 '*A proposal for Portsmouth: A Blueprint for Health and Care in Portsmouth*

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

The recommendation(s) set out above were approved/ approved as amended/ deferred/ rejected by on

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Signed by: