

CABINET MEMBER FOR COMMUNITY WELLBEING, HEALTH & CARE

RECORD OF DECISIONS of the meeting of the Cabinet Member for Community Wellbeing, Health & Care held on Monday, 18 March 2024 at 5.00 pm at the Guildhall, Portsmouth

Present

Councillor Matthew Winnington (in the Chair)

Councillors Graham Heaney
Brian Madgwick

4. Apologies for absence

There were no apologies for absence. Councillor Winnington welcomed Emma Baxter, Finance Manager, to her first meeting of the portfolio.

5. Declarations of interest

There were no declarations of interest.

6. Integrated working between Portsmouth City Council and Hampshire & Isle of Wight Integrated Care Board

Andy Biddle, Director of Adult Social Care, introduced the report and outlined the current relationship between the council and the Hampshire & Isle of Wight Integrated Care Board (HIOW ICB). Helen Atkinson, Director of Public Health, explained the background to the interim memorandum of understanding (MOU) between the council and the ICB. When Jo York, Managing Director of Health & Care Portsmouth (HCP), who was also the ICB Place Director, left in November 2023 the council was asked if it would support the Portsmouth place based partnership as the ICB had frozen recruitment as part of its restructure. Ms Atkinson became chair of the Portsmouth HCP and a conduit for commissioning to ensure a partnership approach could continue. Under the MOU the Director of Adult Social Care was the financial decision maker and commissioning lead for adult services and likewise Hayden Ginns (Assistant Director, Commissioning & Partnerships, Children, Families & Education) for children's services.

The council agreed the situation could continue until the end of April when the ICB's restructure would have finished. At the same time the NHS nationally was waiting for planning guidance on budgets so there was a state of flux. The aim was to ensure the relationship could continue as it had been since the HCP's inception in 2015. Relevant council Directors and senior officers could feed into what the ICB would be like after the restructure. The Deputy Place Director, Bernie Allen, was an NHS employee.

Councillor Heaney noted the situation had been discussed at the Health Overview & Scrutiny Panel (HOSP) on 14 March. He asked how many

months into the new financial year it would be before the NHS could finalise budgets and how the role of the new board would deal with commissioning and take into account the needs of different places. He was unsure if the city would receive the same level of support as the ICB was looking to a centralised process. A belated update on the Stroke Recovery Service showed how uneven services were across Hampshire which was not good for residents and presented a challenge to the ICB on how to provide equitable services; levelling down would be unfortunate. He would have liked the report before the meeting so he could have asked questions. He had asked about new initiatives but had not had an answer. The council needed to persist with the ICB as it did not want to lose the good relations there were in Portsmouth between the council and health and care services. He requested regular updates and as a HOSP member he was always willing to ask questions and be of assistance.

Councillor Winnington thanked Councillor Heaney and the HOSP for asking probing questions. As part of its terms of reference the HOSP had a statutory scrutiny function and was a designated scrutiny body for the ICB. It was historically quite difficult getting responses. To put the situation in a wider context, the HOSP was one part of a multi-pronged approach to the relationship with the ICB. Ms Atkinson worked in the wider system and gave place based leadership in the interim. Responding to a letter sent to chairs of Health & Wellbeing Boards asking how the ICB was helping them meet their health and wellbeing strategies, Councillor Winnington had emphasised everything was about place and prevention. He saw many warm words but not actions and had said so in uncompromising terms. There was no clarity on funding. Cabinet Members and Chief Executives from all the upper tier local authorities in the HIOW were looking to see how they could help the ICB work better and not just throw money at it. He thanked the other authorities for the way they worked together as one voice to get the best for their residents. The message was starting to be heard at the top level as an ICB non-executive director was at an HCP meeting last Wednesday.

In addition, a motion at Full Council on 19 March would show the matter was about crystallising cross-party and local authority support. The HIOW local authorities were led by different parties but they were coming together as one so it was not just about one party or city. The concerns and difficulties of the last 18 months were not ideal and there were ways it could be done better. The process could not afford to stop nor become bogged down in arguments about money as it would not be good for residents and would cost more. QA were incredibly frustrated by funding going away from prevention as it cost more to treat people in hospital and they would need more care when they left, entailing more cost. A poor or non-existent service in parts of the HIOW could be a race to the bottom. The HOSPs, members and residents had to hold the central government and NHS England to account. The report illustrated the current very difficult situation but there were massive amounts of will amongst partners to make it work as that was best for residents.

Ms Atkinson did not have any more information on what the ICB would be like after the restructure but the 30% reduction in staffing was across the ICB as a whole. It intended to have a matrix model with centralised functions, for

example, primary care contracting. It was good in that places could look different so would be based on level of need and not "one size fits all." The HIOW had different needs as it included cities, an island and deprived coastal areas. There was an opportunity to give feedback when the plans were published on 21 March when the consultation started.

Councillor Winnington noted partners were discussing the differences in the HIOW, for example, the Isle of Wight had rural poverty and the New Forest had an elderly population. There was some really interesting work on how to learn together. Ultimately local authorities should not be forgotten which was most frustrating, for example, the ICB did not or either forgot to speak to Portsmouth or Southampton about the proposed new hospital in Basingstoke. The ICB had to think about the impact on communities. He thanked Mr Biddle and Ms Atkinson for compiling and presenting the report.

In response to questions from Councillor Madgwick, Ms Atkinson explained the departure of the Place Director could be seen as a budgetary decision. Along with the Office for Health Improvement and Disparities and NHS England, the ICB had to lose 30% staff at national, regional and local levels. With that level of reduction all recruitment had to be frozen. Mr Biddle explained that Adult Social Care (ASC) was responsible for people aged over 18 or those turning 18 who needed support. ASC and Children's Services Directorates managed their own budgets. There were two distinct pieces of legislation - the Care Act for adults and the Children's Act - and the provisions in them very much depended on need. He could provide more information if requested.

Councillor Winnington said when Ms York left the structure was agreed with the council's Chief Executive because of the impact on Ms Atkinson. Effectively the council was working for the NHS so the Chief Executive had robustly said from the start that the arrangement was interim a proper hierarchy of responsibility and support in place. The ICB's place-based point of view sounded sensible but the way the restructure was haphazard, for example, Southampton had lost all its finance staff so was in a difficult situation. Hopefully the approach would be much more sensible with the new structure and would facilitate local delivery. The current situation could not go on forever.

The Cabinet Member noted the report which is for information and is not subject to call-in.

The meeting concluded at 5.37 pm.

Councillor Matthew Winnington
Chair