

Agenda item: 

**Title of meeting:** Cabinet

**Date of meeting:** 5<sup>th</sup> February

**Subject:** Health and Care Portsmouth Operating Model

**Report From:** Chief Executive

**Report by:** Innes Richens, Chief of Health and Care Portsmouth and Kelly Nash, Corporate Performance Manager

**Wards affected:** All

**Key decision:** No

**Full Council decision:** No

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## **1. Purpose of report**

- 1.1 Portsmouth City Council (PCC) and NHS Portsmouth Clinical Commissioning Group (PCCG) have a long history of successful integrated working across health and care for the City. This is demonstrated through its single vision and blueprint of 'Health and Care Portsmouth' (HCP) and is underpinned by shared teams and posts as well as pooled funds utilising legislative measures such as section 75 and section 113 agreements.
- 1.2 This paper reviews the operating model in place between the two organisations in the context of the broader Hampshire and Isle of Wight Health & Care system reform programme and the desire to have a strong care system for the City and makes recommendations for the next steps for consideration by our Health and Well Being Board and the Governing Board of PCCG.

## **2 Recommendations**

### **2.1 The Cabinet is recommended to:**

- i. Support the establishment of a single operating model for Health & Care Portsmouth between PCC and CCG
- ii. Support the establishment of a sub-board on behalf of PCC and PCCG for its commissioning of adult and children's health, social care and public health

services, with detail of this proposal to be addressed in a separate report to Governance, Audit and Standards Committee in March.

- iii. Support the integration of PCCG and PCC functions into joint roles: Chief of Health & Care Portsmouth, Director of Children’s Services and Director of Public Health; and a review of other enabling functions to assess the benefits of further integration to support delivery of the Health & Care Portsmouth operating model – specifically financial management, business intelligence, communications/engagement, community sector partnership development
- iv. Direct the respective Accountable/Chief Executive Officers, working within their scheme of delegations and constitutional powers, review the management and staffing structures currently in place in order to align this capacity with the new Health & Care Portsmouth operating model and for this to include cost-share arrangement

### 3 Background

3.1 Both PCC and PCCG have a clear focus on improving the health and life experiences of the people of Portsmouth City whilst recognising that in order to do this they will continue to work as part of wider care partnerships and systems. The Hampshire and Isle of Wight Sustainability and Transformation Programme (STP) - a collaboration between health and care partners - envisages providers, commissioners and local authorities working collaboratively with residents and the voluntary and community sector to provide a range of services at various levels best articulated as:

<p><b>Clusters</b> Natural communities of 20-200,000 people</p>	<ul style="list-style-type: none"> <li>• The foundations of the reformed system</li> <li>• Strengthening primary care</li> <li>• Delivering integrated mental and physical health, care and wider services to cluster populations</li> <li>• City wide approach to clusters, aligned to ‘natural communities’ for appropriate services and care</li> <li>• Proactively managing the population health needs</li> </ul>
<p><b>Place based planning</b> Aligned to existing Health and Well-Being (local authority) footprints</p>	<ul style="list-style-type: none"> <li>• Integrate local authority and NHS planning and delivery</li> <li>• Aligned to Health and Well-Being (local authority) footprints</li> <li>• Health &amp; Local Authority aligned commissioning resource &amp; agreed local leadership/management models.</li> <li>• Basis of the Joint Strategic Needs Assessment (JSNA), means through which Health and Well-Being Boards exert tangible influence on the direction of health and care services for the population through health and commissioning and wider determinants of health</li> <li>• Direct and drive Cluster development, ensure consistency of practice, reduce unwarranted variation</li> </ul>
<p><b>Integrated Care Partnership</b> Based on c600k populations served by acute partners</p>	<ul style="list-style-type: none"> <li>• Support the vertical alignment of care enabling the optimisation of acute physical and mental health services</li> <li>• Design and implement optimal care pathways</li> <li>• Support improved operational, quality and financial delivery</li> </ul>

**Hampshire and Isle of Wight System**  
2 million population

- System strategy and planning
- Implementing strategic change across multiple integrated care partnership footprints/places
- Alignment of strategic health and Local Authority commissioning
- Provider alliances (acute physical and mental health)
- Oversight of performance and single system interface with regulators

3.2 There is a strong history of working within Portsmouth at a neighbourhood or 'cluster' level, recognising that this is where residents often access the majority of their health, care and community support. Many of the city's health & care services are configured to deliver within three localities within the city, supporting strong connections with other local services. In this respect, the direction emerging from the Sustainability & Transformation Programme aligns well with the approach in Portsmouth and, as such, PCCG and PCC are able to engage and operate at all of these levels. PCCG and PCC have an ambition to do so with a single voice for the City by establishing a single operating model across the two organisations.

#### 4. Our current arrangements

4.1 PCC and PCCG deliver many of its health and care planning, prioritisation and commissioning responsibilities in an integrated manner through a range of mechanisms including:

- Portsmouth Health and Well-being Board providing politically accountable, multi-agency strategic governance
- A single vision and blueprint for 'Health & Care Portsmouth' with an underpinning executive and work programmes
- Health & Care Portsmouth Executive Group, providing senior officer input across NHS, public health, adults and children's services and community safety
- Integrated commissioning team (Health & Care Portsmouth Commissioning Services (HPCPS)) with shared people, single planning and programmes and pooled resources
- An integrated Better Care Fund (BCF) and programme which pools resources far beyond the minimum national requirement
- A Better Care Fund and Health & Care Portsmouth Commissioning Service partnership management group to oversee the above
- A single shared continuing health care team for adults with shared people, one process and pooled resources with an overarching partnership management group
- Delivery of a number of enabling and supporting functions by PCC to PCCG including: HR, workforce, learning & development, health and safety, landlord and facilities, complaints, freedom of information and engagement activities

- Integrated executive leadership through the appointment of a shared Chief of Health & Care Portsmouth who oversees the care systems working for the City and manages adult social care alongside PCCG commissioning responsibilities

4.2 All these arrangements are underpinned by Section 75, Section 113 agreements and other appropriate governance. In addition PCC is integrated with Solent NHS Trust in the provision of a number of shared community services and teams, such as adult mental health and learning disabilities

4.3 PCC also provides some services to other Local Authority partners including Gosport and the Isle of Wight, and has some shared arrangements with Southampton City Council and Hampshire County Council.

4.4 PCCG works in a commissioning partnership with NHS Fareham and Gosport CCG and NHS South Eastern Hampshire CCG focused predominately on shared approaches to the hospital interface. This is part of the Integrated Care Partnership (ICP) for Portsmouth and South East Hampshire (PSEH) which includes other NHS providers delivering health services for people in that geography. Both Portsmouth City Council and Hampshire County Council are members of this Integrated Care Partnership. The three CCGs also share shared teams for the delivery of performance, planning, finance, communications and Emergency Planning Response & Resilience (EPRR) functions.

4.5 Across the Hampshire & Isle of Wight region all NHS and Local Authority partners are considering how their operating model will need to change to further promote integrated delivery of services for their residents. Integrated ways of working between Portsmouth City Council and the NHS are well advanced in Portsmouth and this places the city in a good position to continue to deliver improvements for residents and also be an active partner in shaping these wider regional reforms.

## 5. Our health and care priorities

5.1 Our Health and Well Being Board has developed and adopted a **blueprint for Health & Care**. This has been developed with our NHS partners and Portsmouth City Council. The blueprint vision is for everyone to live healthy, safe and independent lives with the right support for individual needs provided in the right place and at the right time. This means empowering individuals and communities to maintain good health and prevent ill health. It means a shift from acute care to community care. It means a radical improvement in early intervention and prevention. And it means joining up the planning, commissioning, delivery and management of services.

5.2 The blueprint aims to remove issues caused by working as separate organisations and to join up services around the care of individuals. This will include bringing together the statutory functions of the different organisations, and the commissioning of health and social care. The result will be joined up services integrated around the care of the person.

5.3 The blueprint sets out how we aspire for things to change in the future including:

- **To increase the care provided in the community, with a clear focus on early intervention and prevention**, and reducing the pressure on costly urgent and emergency care
- **Combined health and care teams will be created based in seven day a week ‘community hubs’ across the city.** The hub based teams will offer a broad range of services from primary and hospital care, to social care, wellbeing, mental health, occupational therapy, and rehabilitation and reablement
- **A single point of access will be created for health and social care in Portsmouth** so individuals, and their families and carers, find it easier to get the information and advice they need to make choices about the services they use and to manage their own care
- Better prevention and early intervention will enable **hospital care to be more focused on planned treatment** and, where urgent care is needed, choices will be simplified
- **Social care will continue to develop** so that people’s social care needs are met in the community wherever possible
- Work to establish **multi-agency teams for children and families** will continue and will be incorporated, in time, into community hubs
- Future models of health and social care will be developed by **‘growing our own’ workforces, so health and social care staff have the skills to support new ways of providing services in the future**
- Making more effective use of buildings will build capacity for community based organisations and activities
- A coordinated information system will mean individuals have a single care record that can be accessed by them, and by those providing their care

## 6. Building a stronger voice and approach for our City

- 6.1 PCC and PCCG have a strong appetite to advance integration plans and to build on existing integrated working in the city. Both organisations, through these arrangements, aim to strengthen leadership for health & care in Portsmouth, make best use of our combined resources (people and money), reduce waste by avoiding duplication of management and achieve a better focus on health & care outcomes for people in the city.
- 6.2 Strengthening arrangements for Health & Care Portsmouth will allow the city to work effectively as a partner in the Portsmouth and South East Hampshire Integrated Care Partnership. From a Hampshire & Isle of Wight Sustainability & Transformation Programme perspective, Health & Care Portsmouth will thus encompass the functions of both ‘clusters’ and ‘placed based planning’ (these are defined in Section 2 of this paper) and will enable a single voice for Portsmouth within all tiers of Sustainability & Transformation Programme and Integrated Care Partnership planning and delivery.

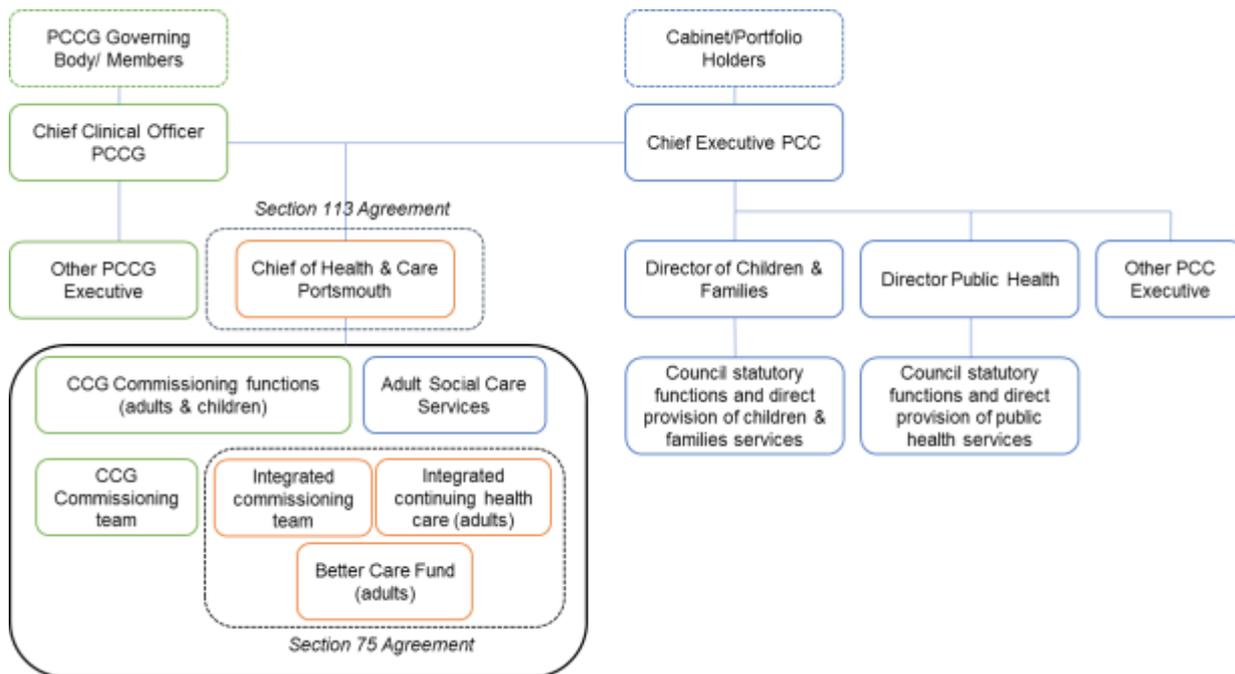
### Role of ‘Health & Care Portsmouth’

#### Strategy & planning

- Place based planning driven by population needs assessment
- Integrated Local Authority and NHS planning and delivery

	<ul style="list-style-type: none"> <li>• Single strategy and plan for the City – Health &amp; Care Portsmouth</li> </ul>
Care redesign	<ul style="list-style-type: none"> <li>• Developing new models of care across health, social care and public health</li> <li>• Delivery of new models of care with providers including integrated primary and community care teams in place across health and care</li> <li>• Programme management with providers to enable delivery of care redesign strategies</li> </ul>
Workforce development	<ul style="list-style-type: none"> <li>• Developing the right workforce with the right roles including new/extended roles, innovative workforce solutions to address city workforce challenges and to meet the needs of the blueprint including a focus on pathways to qualifications and multi-agency working</li> <li>• 'Organisational' development to cluster and other new ways of working</li> </ul>
Accountability & performance management	<ul style="list-style-type: none"> <li>• Oversight of delivery of the blueprint for Health &amp; Care Portsmouth including clusters/new models of care</li> <li>• Delivery (and recovery) of constitutional standards/city agreed outcomes and driving improvement and reducing unwarranted variations in the City</li> <li>• A single approach to performance management</li> </ul>
Managing collective resources	<ul style="list-style-type: none"> <li>• Aligning health, care and other sector resources to focus on delivering improved outcomes building on existing integrated working arrangements</li> <li>• Pooled/delegated funds for range of health and care services – adults, children, public health</li> <li>• Directing resources to priorities and to address risks and perverse incentives</li> <li>• Shared support services</li> </ul>
Leadership & governance	<ul style="list-style-type: none"> <li>• A single coherent entity (Health &amp; Care Portsmouth) bringing together agreed PCCG and PCC functions</li> <li>• Care professionals leading service integration and improvement</li> <li>• Working in collaboration with partners to further improve wellbeing, independence and social connectivity through the wider determinants of health including public health, housing, employment, leisure and environment</li> <li>• Further integration of governance with an Integrated Commissioning Committee bringing together PCC Elected members with PCCG Governing Board at a strategic level acting as the single decision making committee for commissioning in the City</li> <li>• A united voice/representation in the integrated care partnership and Hampshire and Isle of Wight wider system arrangements</li> </ul>

6.3 The current operating model for Health & Care Portsmouth is given below. This has been built over a period of years and on the basis of partnering and collaboration between the local NHS and Portsmouth City Council. It utilises current legislation to ensure the statutory functions of the CCG and the Council are delivered in a way that is compliant with the law but also goes further making use of shared roles, resource and aligned budgets (e.g. Better Care Fund) to align decisions on health & care for people in Portsmouth.



6.4 In considering what measures need to be taken on the next steps of our integration journey several aspects have been taken into account:

- Review and learning from our own experiences of integration – and a desire to take this forward in specific areas and to bring children’s and public health integration work within a common governance arrangement with work on adult services
- A need to specifically address senior executive capacity across PCCG and PCC in order to ensure appropriate discharge of statutory duties such as the Director of Adult Social Services (DASS) and Director of Children’s Services (DCS) functions and to ensure maximum value and reduced duplication from greater integrated working
- Learning and experience from elsewhere – both local partners (e.g. Southampton) and further afield
- The work undertaken as part of the Hampshire and Isle of Wight Sustainability & Transformation Programme and the Portsmouth and South East Hampshire Integrated Care Partnership
- Ensuring arrangements align with emerging partnership arrangements resulting from public sector reform now and into the future.

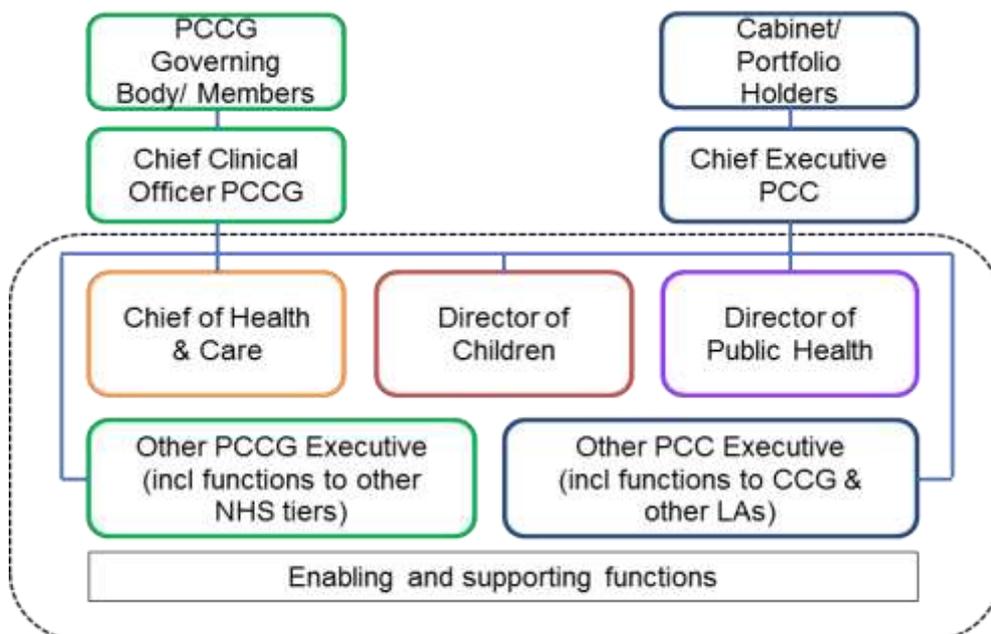
6.5 In summary, the proposals are:

- Incorporate defined PCCG functions for children services within the existing Director for Children’s Services in PCC, mirroring the integrated role for adults already established within the Chief of Health & Care Portsmouth in PCCG

- Integrate defined Public Health and PCCG commissioning functions within a single role or roles (utilising existing roles)
- To strengthen support to the Chief of Health & Care Portsmouth in the discharge of their statutory Director of Adult Social Services (DASS) functions - create a dedicated Director of Adults Services role, from an existing post within Adult Social Care, reporting to the Chief of Health & Care Portsmouth. This will ensure sufficient leadership capacity for adult social care transformation in the City and for engagement in other tiers (in particular the local Integrated Care Partnership)
- Review existing PCC and PCCG capacity currently reporting to the Chief of Health & Care Portsmouth, Director of Children’s Services and Director of Public Health and align roles and portfolios to this integrated Health & Care Portsmouth executive

6.6 Such a move to an integrated executive team for the shared health and care responsibilities of PCC and PCCG would underpin a strong health & care system for the City. This could look like:

*Proposed Health & Care Portsmouth Operating Model*



*Integrated resource under a Section 75 or 113 agreement*

6.7 This operating structure will also enable all health & care leaders and representatives from the City, including the two Accountable Officers for PCCG and PCC, to act as the ‘voice of the City’ in other system settings including the Integrated Care Partnership and the proposed strategic commissioner arrangements across Hampshire and Isle of Wight.

- 6.8 Integration via the Chief of Health & Care Portsmouth role and team is advanced. This role leads the PCCGs strategic commissioning functions, directs the integrated arrangements for Health & Care Portsmouth for PCC and PCCG, and holds the statutory responsibility for Adult Social Care for PCC. This will role will be retained.
- 6.9 The development of a 3-year plan for improvement and delivery of adult social care services for Portsmouth requires a clear and dedicated leadership role with sufficient capacity to manage the change and delivery of operational adult social care services. A Director of Adults Services role will be created from an existing senior management role within PCC Adults and the supporting senior management team reconfigured to align portfolios to the strategic priorities of the 3-year plan. This role will be an integral part of the Health & Care Portsmouth leadership, reporting to the Chief of Health & Care Portsmouth as well as being a visible and active part of the emerging Portsmouth and South East Hampshire Integrated Care Partnership.
- 6.10 Portfolios and capacity within existing Director roles in the CCG are currently being reviewed to identify opportunities for these roles to incorporate responsibilities from both the CCG and PCC. Consideration needs to be given to ensuring a balance of portfolios whilst also integrating management arrangements across health and care beyond the Chief/Director level – for example exploring a single approach to quality across health and care. Consideration also needs to be given to the current age related separation of certain functions such as those for safeguarding, mental health and vulnerable adult services.
- 6.11 Each of the Directors within the Health & Care Portsmouth operating model would also have a specific lead role for the City in the Integrated Care Partnership and Sustainability and Transformation Programme, and in some cases, lead programmes for the ICP (e.g. Mental Health). All team members in the Health & Care Portsmouth team would be part of the Section 75 agreement (or other arrangement to be agreed) for the City.
- 6.12 Currently PCC and PCCG have a single ‘integrated commissioning team’, line managed by the PCCG’s Director for Quality & Commissioning and formalised via a Section 75 agreement for pooled staffing; this team is known as the Health & Care Portsmouth Commissioning Service. The team delivers key functions including managing large scale service change across organisational boundaries, engaging and working with residents and front-line professionals to identify improvements and efficiencies. This skill set will continue to be required across the whole Health & Care Portsmouth programme of work. If agreed in principle by both the PCCG and Portsmouth City Council, further work will be conducted to establish how resources can be aligned (budgets and people) in order to reduce duplication and strengthen a single approach to planning, prioritisation, service improvement and resource allocation for those services in scope.
- 6.13 There is an appetite to integrate the city's approach to health and care for children & families services to reflect the operating model already in place between PCCG and PCC for adults’ services. Based on scoping work undertaken between

PCCG and PCC, there are a number of PCCG and PCC functions and services that could form part of an integrated Health & Care Portsmouth approach under the single leadership and direction of the Director of Children & Families, PCC. Services or functions that are proposed to be in scope for a unified approach are given in Appendix 1.

- 6.14 If agreed in principle by both PCCG and PCC, further work will be conducted to establish how resources can be aligned (budgets and people) in order to reduce duplication and strengthen a single approach to planning, prioritisation, service improvement and resource allocation for those services in scope. As part of this, consideration will be given to the relationship between this integrated Director of Children & Families role and other PCCG responsibilities including NHS planning and performance, quality assurance and financial management. This would include considering utilisation of current legislation to secure good, legal governance (for example use of Section 75 or Section 113 powers).
- 6.15 There is also an opportunity to consider integration of planning, prioritisation and leadership of Public Health commissioning with NHS commissioning. There are several interdependencies between the services commissioned by Public Health and those commissioned by the CCG. Currently PCCG and PCC work collaboratively to mitigate any unintended consequences of decisions made within their respective, separate functions. There is appetite currently to establish a single approach to NHS and Public Health commissioning for services where these interdependencies are strongest and where, from a resident's perspective, the current division of planning limits the provision of a single integrated approach to care.
- 6.16 Using as a starting point the 2011 Department of Health guidance on Local Authority Public Health commissioning responsibilities, areas are where Public Health and PCCG commissioning have a clear impact on each other and could form the basis of a single integrated operating model between PCCG and PCC are set out at Appendix 2.
- 6.17 There are further opportunities to consider whether other interdependent PCCG and PCC public health functions could be brought together under this single operating model once established. This includes obesity services and aspects of prevention programme work (such as smoking and maternity or healthchecks and diabetes & hypertension services).
- 6.18 If agreed in principle by both PCCG and PCC, further work will be conducted to establish how resources can be aligned (budgets and people) in order to reduce duplication and strengthen a single approach to planning, prioritisation, service improvement and resource allocation for those services in scope. This would include considering utilisation of current legislation to secure good, legal governance (for example use of Section 75 or Section 113 powers).
- 6.19 We will continue to explore the opportunities presented by integrating further other functions of PCCG and PCC in support of our strategies and plans. In particular the following functions will be reviewed:

- Financial planning and management
- Use of data and intelligence to improve the health & care offer
- Performance management, planning and business/governance services
- Communications and engagement.

6.20 Further details about these particular areas of work and the opportunities are in Appendix 3.

6.21 There are a number of opportunities to focus on the **wider determinants of health** through collaborative working with housing, leisure, education and also bringing together resources in areas such as community engagement. Establishing a clearer leadership for Health & Care Portsmouth enables further cross-departmental working as well as further integration between health & care and all PCC functions. There are also opportunities to develop joint working arrangements in relation to **specialist functions** such as Business Continuity Planning, Emergency Planning & Resilience Response, estates and capital planning.

## 7. Required changes to governance

7.1 PCCG and PCC already have a range of Section 75 agreements and Section 113 agreements to underpin its joint working arrangements supported by individual partnership management groups. These would need to be refreshed to fit the broader approach described in above.

7.2 Our **Health and Wellbeing Board** at its October meeting agreed proposals for a revision of partnership structure in Portsmouth which included revisions to the remit of the Health and Wellbeing Board, which will enable it to support the proposed Health and Care Portsmouth Operating more effectively. These changes are subject of a separate paper to Cabinet, and will be for determination by Council. This paper will address the need for a sub-board to support the delivery of the operating model for Health and Care Portsmouth.

## 8. Reasons for recommendations

8.1 Portsmouth is well placed to increase the pace and depth of its integrated commissioning arrangements which can work as a single entity in other layers of planning and delivery of health & care. Portsmouth has a strong track record of building on its asset of co-terminosity and history of integrated working. Through these arrangements it is believed that together PCC and PCCG will be able to push further and faster its delivery of its blueprint for Health & Care Portsmouth and improve the health and care experience of the residents of the City.

8.2 The proposals outlined above would move the City to a unified approach and voice across health and care for the City. It would also provide a direct alignment to policy on children's services, housing, community safety and other aspects of city management that have a direct impact on the determinants of health and care. This would allow us to take an integrated City perspective in our working relationships with the Portsmouth and South East Hampshire Integrated Care

Partnership. In addition the integrated health and care approach described would enable clear City executive leadership in each of the partnership programmes to ensure alignment between the partnership strategies and the work of Health & Care Portsmouth.

**8 Equality impact assessment (EIA)**

9.1 A preliminary EIA has been completed, indicating that there is no requirement for a full EIA at this stage.

**10 City Solicitor comments**

10.1 The proposals recognise the legal basis for integration via the refreshment of current sec 75 and 113 agreements along with new agreements to reflect what is proposed. Within the scope of this process there would by definition need to be a consideration of the basis upon which staff and colleagues are aligned within the context of the employer/employee relationship to the extent that there are potential TUPE issues (with all the usual issues of contractual parity between organisations) along with potential losses of employment stemming from a redundancy process. Whilst the exact nature of the effect of the proposals are yet to be scoped the comments made here are likely to require adequate financial modelling to occur to mitigate against immediate cost and potential future risk.

**11 Head of finance's comments**

11.1 As far as possible these changes need to be achieved within existing available resources. The proposals currently focus on utilising existing roles within both PCC and PCCG to consolidate functions, reduce duplication and form a single Health & Care Portsmouth leadership. If the proposed model is supported in principle by the Cabinet, it is recommended that the respective Accountable/Chief Executive Officers, working within their scheme of delegations and constitutional powers, review the management and staffing structures currently in place in order to align this capacity with the new Health & Care Portsmouth operating model. This will include reviewing current cost-share arrangements in place between PCCG and PCC for joint roles to ensure they reflect the new operating model.

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Signed by:

**Appendices:**

Appendix 1 - PCC and CCG children & families functions proposed to be within scope of proposed integration

Appendix 2 - Public Health function proposed to be within scope of proposed integration

Appendix 3 - PCC and PCCG enabling functions proposed to be within scope of proposed integration

**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:

<b>Title of document</b>	<b>Location</b>
Blueprint for Health and Care in Portsmouth	<a href="https://democracy.portsmouth.gov.uk/documents/s8694/Proposal%20for%20Portsmouth%20Blueprint-%20Appendix%20A.pdf">https://democracy.portsmouth.gov.uk/documents/s8694/Proposal%20for%20Portsmouth%20Blueprint-%20Appendix%20A.pdf</a>

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

.....  
 Signed by: Name and Title

**Appendix 1 - PCC and CCG children & families functions proposed to be within scope of proposed integration**

<b>Portsmouth City Council</b>	<b>NHS Portsmouth CCG</b>
<ul style="list-style-type: none"> <li>• All Children's social care and early help services (all services within the Children and Families service)</li> <li>• All SEN and Inclusion services including behaviour and attendance, PSHE and Post 16 young people's support services</li> <li>• Ethnic Minority Advisory Service</li> <li>• Out of city care and education placements</li> <li>• Public Health nursing services (health visiting, school nursing and Family Nurse Partnership service)</li> </ul>	<ul style="list-style-type: none"> <li>• Children &amp; Adolescent Mental Health Services including Tier 2 provision (currently commissioned from the 3<sup>rd</sup> sector) and neurodiversity provision</li> <li>• Childrens' Therapies (physio, occupational therapy, speech and language, podiatry)</li> <li>• Children's Community Nursing</li> <li>• Continence</li> <li>• Special school nursing</li> <li>• Continuing Care for children</li> <li>• Community Paediatric Medical Services</li> <li>• Community Eating Disorders</li> <li>• Inpatient Eating Disorders</li> <li>• Unplanned acute care (emergency paediatrics)</li> <li>• Planned acute care</li> <li>• Maternity</li> <li>• Wheelchairs provision for children (subject to current procurement commitments)</li> </ul>

**Appendix 2 - PCC public health functions proposed to be within scope of proposed integration**

<b>Portsmouth City Council</b>	<b>NHS Portsmouth CCG</b>
Alcohol and drug misuse services Preventative mental health services (suicide prevention)	Adult mental health Hepatology services
Sexual health services/promotion	Termination of pregnancies, vasectomies and overlap with GP Locally Commissioned Services (e.g. provision of long acting contraception or LARC)  (HIV services are commissioned by NHS England Specialist Commissioning)
Public Health Children programme (currently delegated to the Director of Children & Families, PCC)	CCG Children's & families services (noting proposal is to delegate these functions to the Director of Children & Families, PCC)

### **Appendix 3 - PCC and CCG enabling functions proposed to be within scope of proposed integration**

**Financial planning and management:** local government and NHS financial responsibilities, constraints and regimes vary considerably. Recognising that statutory and democratic responsibilities for budgets will remain unchanged in this operating model, there are benefits in bringing together aspects of our financial management arrangements to align with the Health & Care Portsmouth single operating model and it is proposed to scope the potential to develop a singular approach to strategic financial planning to underpin Health & Care Portsmouth.

**Use of data and intelligence to improve the health & care offer:** There is a need to strengthen the intelligence functions to allow better assessment of local need to inform commissioning decisions. This function should include where possible other sources of data that are relevant to commissioning services, including information about wider determinants of health that may be relevant to services that are provided under the banner of improving health. This would need to be accompanied by a better understanding of the available evidence about the effectiveness of proposed interventions.

This needs to be integrated with developing intelligence offers at a Sustainability and Transformation Programme and Portsmouth and South East Hampshire Integrated Care Partnership level, to ensure that needs across the Hampshire and Isle of Wight system are considered in resource allocation and also to ensure that health inequalities are considered in commissioning processes. Integrating our skills on the collection and presentation of data locally would have benefits in more informed commissioning and service design.

**Performance management, planning and business/governance services** in support of the Health & Care Portsmouth Executive and its programme of work must be explored to find the most effective operating models.

**Communications and engagement:** there are already good collaborative working arrangements between PCCG, NHS partners and PCC for the delivery of communications and engagement functions where there are shared business; building on these arrangements, there will be benefit to assessing what options are available within these existing resources to better align communications & engagement capacity with the single operating model.