

Agenda item:

Title of meeting: Cabinet

Date of meeting: 9th July 2019

Subject: Health & Care Portsmouth Operating Model : Next steps

Report From: Chief Executive, Portsmouth City Council and Chief Clinical Officer & Clinical Leader, NHS Portsmouth CCG

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

1. Purpose of report

- 1.1 Portsmouth City Council (PCC) and NHS Portsmouth Clinical Commissioning Group (PCCG) have continued to develop and deliver successful integrated working across health and care for the City, as described by the shared Health & Care Portsmouth programme of work. During 2018/19 the two organisations took significant steps to integrate key statutory functions, establishing a single operating model for the planning and delivery of Health & Care Portsmouth.
- 1.2 The purpose of this paper is to update on progress of this Health & Care Portsmouth operating model since proposals were adopted by the PCCG's Governing Body and the Portsmouth Health and Wellbeing Board in November and approved by PCC's Cabinet in February 2019.
- 1.3 Based on the learning gained from implementing the operating model and in response to the call from the Cabinet and Governing Body to seek further opportunities for deeper integration, this paper also sets out the benefits case and options to achieve this.

2. Recommendations

2.1. The Cabinet is recommended to:

- a. Note the progress so far on the integration of PCC and PCCG functions in support of the Health and Care Portsmouth operating model

- b. Agree the proposals for further integration set out at section 13 of this report, including the preferred option for integrating of PCCG Accountable Officer and PCC Chief Executive functions.

3. Background

3.1 Portsmouth is a city where chief executives, accountable officers and senior executives have been working together for some years to develop the right responses to the challenges facing health and care in the city. In 2015, representatives of the five main players in the local health and care system (PCC, PCCG, Solent NHS Trust, Portsmouth Hospitals Trust and the Portsmouth GP Alliance) jointly published a Blueprint for Health and Care in Portsmouth.

3.2 The Blueprint sets out the high level vision for health and care in the city, and also includes aspirations for the future of care in the city:

- The delivery of a Blueprint for Adults Social Care that will drive transformational change in these services to ensure that more people are able to live the lives that they want to live
- Implementation of a Stronger Futures Programme to support vulnerable children and families that will ensure high-quality, sustainable services and improved outcomes
- Continuing to discharge a strategy for supporting special educational need and disability to ensure an inclusive city

3.3 This Blueprint provided a foundation for the city to start developing shared solutions and responses to improve local efficiency, effectiveness and responsiveness in the delivery of health and care services. The joint working and core principles of the Blueprint have endured in the context of Sustainability and Transformation Plans, and the development of new models and structures. The Blueprint has provided a local vehicle to remove issues caused by working as separate organisations and to join up the commissioning and delivery of services around the care of individuals.

4. Delivery of the Blueprint

4.1 Since its inception in 2015, there have been significant achievements delivered through the Blueprint and the associated mechanisms, for example:

- Launch of the Acute Visiting Service that provides a dedicated GP home visiting service on behalf of practices to registered patients requiring an urgent visit in their own home
- Development of the GP Enhanced Access Service, delivering urgent primary care appointments

- An innovative social prescribing service has been launched, linked to the voluntary, community & social enterprise (VCSE) sector
- Completion of over 2000 personalised care and support plans and establishment of 500 integrated care budgets as part of the Integrated Personal Commissioning programme
- Bringing together health and social care services into an integrated Early Help and Prevention Service for children and families
- Implementation of an Enhanced Care Home Team, to provide clinical input to care homes in the city to reduce emergency calls and conveyances to hospital.

4.2 A more detailed report against the commitments in the original Blueprint is attached at Appendix 1.

5. Further development of Health & Care Portsmouth

5.1 The city continues to have ambitious aims for the services provided to residents. These aims are centred around the people in the city, not the organisations providing the services. Significantly, in Portsmouth we are taking a wider view on the extent to which other services traditionally outside of the "health and care" umbrella are integral to the health and wellbeing of residents, very specifically in relation to housing, but also looking at work around tackling poverty, linking with the Voluntary, Community and Social Enterprise sector, and considering the approach to community development. This is in line with the broader consideration being given to a number of the "wicked issues" confronting society that need a multi-disciplinary approach such as serious violence, suicide prevention, alcohol and substance misuse and domestic abuse (to name a few).

5.2 Therefore, in Portsmouth we have been integrating commissioning and delivery across organisations, so residents do not experience fragmentation of care and support, or unnecessary barriers to access – this is being achieved by the development and implementation of a Health & Care Portsmouth operating model, a unified leadership and delivery structure between PCC and PCCG.

6. The first phase of the Health & Care operating model

6.1 During 2018, the first phase of the Health & Care Portsmouth operating model has established combined, joint roles between PCCG and PCC for:

- PCCG and PCC responsibilities for adults health and social care, including the broader CCG commissioning responsibilities
- PCCG and PCC responsibilities for children & families, including the broader functions of PCC for education
- PCCG and PCC responsibilities for public health and well being

6.2 Work to implement the Health & Care Portsmouth operating model since its acceptance in November and February has made the following progress:

a) Children & Families:

- A S113 Agreement is in place for the Director of Children & Families (DCS) in PCC to deliver the commissioning duties of PCCG specific to the commissioning of children & families services. The DCS is now a member of PCCG Governing Body.
- The DCS and Chief of Health & Care Portsmouth, with HR expertise, have agreed a single, underpinning staffing structure that unifies PCC and PCCG commissioning capacity; the appropriate HR consultations, engagement and processes are being followed in order to transition to this structure.

b) Adult Services:

- A Blueprint for Adult Social Care in Portsmouth has been launched, with a cross-organisation programme board to ensure its delivery.
- A Section 113 Agreement has been in place between PCCG and PCC since 2016 for the Chief of Health & Care Portsmouth to deliver the statutory duties of PCC specific to adult social care.

c) Health & Care Portsmouth Commissioning Committee:

- Terms of Reference for this PCCG/PCC have been agreed by the Portsmouth Health & Wellbeing Board (March 2019)
- The Committee held its first development meeting in April to receive the Terms of Reference and agree operating procedures and priorities, including:
 - The identification of total health & care financial resource available and committed to adults, children and public health & care for the City
 - The scope of the Health & Care Portsmouth work programme – and consideration of connections required to other key factors of City life and the emerging City Plan
 - Consideration of how to use JSNA and business intelligence (BI) to inform decisions
- The Committee will hold its formal meetings in public, with the first meeting occurring on (June '19)

d) Commissioner and Provider Integration:

- Health & Care Portsmouth goes beyond PCCG and PCC functions, the ambition includes reducing duplication and increasing integration between all organisations planning and delivering health & care in the City. Since the approval of the Health & Care Portsmouth operating model PCCG, PCC and Solent NHS Trust are reviewing capacity and functions where there are potential overlaps or benefits for a more formal integrated arrangement. This specifically focuses on our individual capacity for significant service change management (also referred to as ‘transformation capacity’) and quality improvement. The intent is to work to bring together our respective transformation expertise and people around the main Health & Care Portsmouth programmes of work.
- In addition PCCG and Solent NHS Trust have agreed and implemented a joint role for the senior leadership of mental health commissioning and operational service delivery for Portsmouth.

e) Health & Care Portsmouth Communication, Engagement and Branding:

- An important enabling programme for Health & Care Portsmouth is the work we do in the City to engage with residents, staff and partners and how we communicate our plans and successes. A joint Health & Care Portsmouth communications & engagement team has been operating for the past year, comprised of the respective communication & engagement leads from PCCG, PCC and Solent NHS Trust. This team has developed and delivered a joint Health & Care Portsmouth communications & engagement programme of work, initially focused on the work delivered around services for adults but now working to include existing and new work on children & families as well as public health.
- As part of this, the increasing use of the Health & Care Portsmouth branding and logo is occurring in the City when any of the partners talk about work on health & care, with a subsequent increase in use of the Health & Care Portsmouth website (<https://healthandcare.portsmouth.gov.uk/>).

7. Context to the next phase

- 7.1 The NHS Long Term Plan, published in January 2019, sets a broad direction for the future of the NHS and indicates that the way NHS providers, commissioners and Local Authorities work together to plan and deliver health & care is changing. It confirms the continued progression of existing Sustainability & Transformation Partnerships (STPs) into Integrated Care Systems (ICS) which are expected to cover the whole country by April 2021. ICSs are intended to create a shared leadership and achieve a key ambition of the Long Term Plan, the ‘triple integration’ of primary & acute care, physical & mental health care and health & local government.

7.2 The emerging ICS for Hampshire and the Isle of Wight (HIOW) is based on the previous HIOW STP. Proposals for the evolution of the STP into an ICS were developed during 2018. Whilst these proposals in many respects helpfully pre-empted the expectations of the NHS Long Term Plan, effective models for achieving the third ambition of the ‘triple integration’ – health & local government – were challenging given the diversity of the large HIOW geography and the differential local government/health integration already in play. Particularly challenging was how to achieve a model of working that achieved tangible subsidiarity, respecting and recognising the strength of local accountability and local government alongside the need and benefits of working at larger scale on key and shared NHS priorities. The Health & Care Portsmouth operating model potentially offers a way forward on this third aspect of triple integration.

7.3 The NHS Long Term Plan also announced the development of Primary Care Networks (PCN), enabling GP practices to work together based on populations of between 30,000 to 50,000, to deliver shared services, allow flexible use of workforce across practices, and enable more proactive care and create locally-based health & care services. This aligns significantly with the existing Health & Care Portsmouth principle that the foundation of effective healthcare is strong local primary care (and this was reflected in our Portsmouth Blueprint for Health & Care, 2015). It also recognises the requirement for subsidiarity in the delivery and utilisation of resources to provide local healthcare, with significant resource flowing direct to PCNs alongside the corresponding powers to make decisions about how services are best configured to deliver the care needed by their local population. Though very early in their development, PCNs in Portsmouth are considering how best to align and situate themselves within the existing City community & care services, in particular the well-established Portsmouth Multispecialty Community Provider (MCP) partnership that has successfully delivered services for residents and is a key element of Health & Care Portsmouth.

8. NHS Portsmouth Clinical Commissioning Group Governing Body, November 2018

8.1 PCCG’s Governing Body, in supporting the Health & Care Portsmouth operating model at its meeting in November 2018, commented on the need to broaden the scope of the model to consider the connection between health, social care and public health with other key priorities for the City including education & schools, looked after children & families, special education needs, sexual health services and the work PCC delivers in neighbourhoods and communities.

9. Portsmouth Health & Wellbeing Board, November 2018

9.1 The Health & Wellbeing Board considered and endorsed the Health & Care Portsmouth operating model and strongly supported the direction of travel.

9.2 The Board noted the expectation that Health and Wellbeing Boards are integral to the development of effective Integrated Care Systems as set out in the NHS Long Term Plan (2018). The Portsmouth Health and Wellbeing Board has

strongly advocated for wider system reform and has broadly supported throughout the vision for the Hampshire and Isle of Wight system that has been articulated. However, the Board has also recognised that in trying to capture the very complex set of functions, relationships and dependencies, there are some tensions between the wider system and the local system. These are not considered to be insurmountable and fundamentally amount to three main concerns:

- **Geographies** - there are indisputably a number of functions best delivered at the level of a larger (2m+) population, but community and primary healthcare are interdependent on a whole range of community resources, including social care, schools, housing, leisure provision and the local network of voluntary and community sector provision. A wider formula for the HIOW system needs to allow the flexibility for local circumstances to be mapped across where this is appropriate.
- **Local accountability** - developing tailored approaches to local needs requires local place leaders working together in local systems, particularly as the interface with social care services and early help and prevention is critical.
- **Equity in how communities are understood** - to respond to need appropriately in different areas, flexibility is needed to do things differently when a granular understanding supports the view that it is the right thing to do - this is achieved by allowing resources to be directed as flexibly as possible at the lowest level of geography.

10. PCC Cabinet, February 2019

10.1 The Health & Care Portsmouth operating model was considered and endorsed by PCC Cabinet in February 2019. Further, the Cabinet requested 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 and for this to include cost-share arrangements and;
- agreed that the Chief Executive of PCC should work with the accountable officer of PCCG to consider further opportunities for integration, consistent with the NHS long term plan, and present such proposals to the health and wellbeing board at the earliest opportunity

11. Benefits of further Local Government and NHS integration

(i) Why 'Place' Matters to Local Government

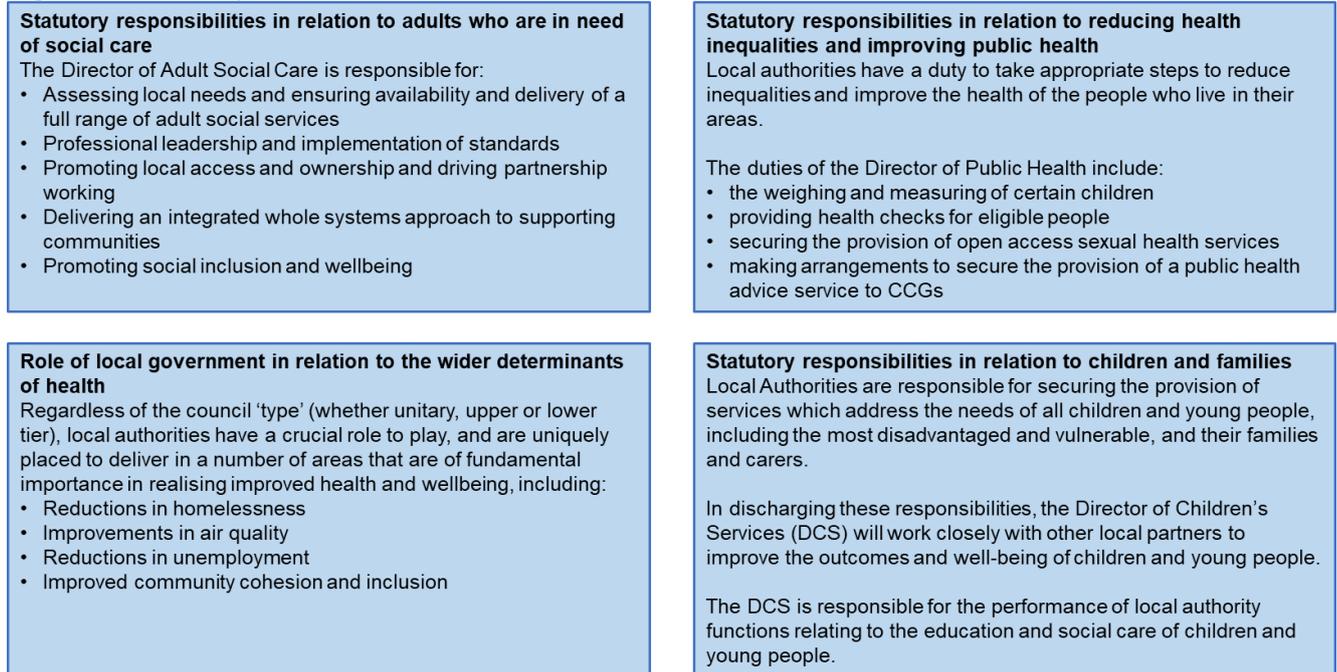
11.1 In the current discussions about NHS reform and the Long Term Plan, the term 'place' is routinely used to describe a geography based on Local Authority

boundaries. This in itself is problematic given the diversity of Local Authorities in the Hampshire & Isle of Wight area:

- Hampshire County Council and Boroughs/Districts: mixed rural and urban
- Portsmouth: densely populated urban
- Southampton: urban
- Isle of Wight: largely rural and an island

- 11.2 In many respects, 'place' can be used to describe a range of entities, from a local community within a ward in a city, to an island, to a county. Local Authorities are uniquely experienced in working with multiple communities and 'places' and could bring this to the planning and delivery of health & care for local residents.
- 11.3 'Place' – whether this be based on geography, communities or individuals – is important to local government because it is the basis upon which residents experience the majority of services on a daily basis. In fulfilling their statutory functions, Local Authorities ensure a connection with the reality of residents – housing, environment, relationships, education, work, leisure, culture, parking and transport; health and care is one aspect of this wider reality of 'place'.
- 11.4 This variety of experience of 'place' gives rise to a variation of need. Whilst population, community and individual needs will share many common features, many needs are unique to 'place'. A City's transport issues will not be the same as a rural community's, an Island's economic development challenge will not be the same as deprived urban ward etc. This variation in need will inevitably result in a variation of health & care need and this requires an equivalent variation in planning and provision.
- 11.5 The importance of 'place' is written into the statutory functions of Local Authorities; figure 1 below summarises the key statutory functions of Local Authorities that have the most direct impact on health & care.

Fig 1: The Statutory Functions of Local Authorities in relation to Health & Care



11.6 The current direction towards the further development of the Health & Care Portsmouth operating model has already identified how integration can strengthen the discharge of these functions, and by doing so, contribute to improved health outcomes and system management. Further developments of the model will consider the wider range of opportunities available - for example, around the economic development agenda, around housing, education or around environmental quality.

(ii) Connecting local delivery and local accountability for that delivery – and the role of the Health and Wellbeing Board.

11.7 The Health and Wellbeing Board has a strong cross-section of local representation that can ensure that local delivery is absolutely representative of local need and requirement. The model proposed will ensure a strong connection between the understanding of local need, gathered from a wide-variety of sources and considered over a range of dimension, and the commissioning and delivery of services in response to this need.

(iii) Strengthen leadership & governance for health and care in Portsmouth

11.8 Linked to the point above, the bringing together of the responsibility for commissioning healthcare in the city will ensure that there is a strong leadership and a clear, unified leadership voice for Portsmouth. The arrangements will facilitate clarity in governance at an executive, clinical and political level.

(iv) Make best use of combined resource (skills, expertise and money) and reduce waste through avoiding duplication of functions;

11.9 The local system will begin to consider the impact of the "Portsmouth £" in the city, ensuring it is targeted to the right responses and services and available to the people who need it. Health & Care Portsmouth can apply resource to those areas where there is a distinctive city character to the underlying cause or response

(v) Achieve a better focus on health and care outcomes for people in the city;

11.10 Health & Care Portsmouth ensures that form follows function so that the models of commissioning and delivery are those most likely to secure improved outcomes.

12. Criteria that the next phase of the operating model needs to meet

12.1 In delivering the operating model there are a series of principles and criteria that need to be met, that have regard to the wider system reform and the achievement of local ambition.

Principles	Specific criteria
HCP must play an active role in enabling and promoting the wider Hampshire and IoW system reforms, including the development of ICS models	<p>Enables delivery of the 'triple integration' of the NHS LTP: primary + specialist (acute) care, physical + mental health and health + local government.</p> <p>Enables and progresses Primary Care Networks and providers working together as Integrated Care Partnerships or Providers (ICPs) with social care and other Local Authority provider services to deliver health & care for populations; enables and accelerates the establishment of ICPs.</p>
All ways of working must be focused on the achievement of best outcomes within the available resource	<p>Allows decision-making for health & care to be directly linked to the combined resources available to the Local Authority and the NHS; sets priorities and allocates resources available for the local population (at 'place' level) in line with these priorities; aligns NHS budgets and expenditure with those of Local Authority, across all of its functions and responsibilities.</p> <p>Establishes an arrangement where there are fewer people around the table to provide clearer, more effective leadership and decision-making – at all tiers of planning and delivery. Creates clearer, single governance (both during transition and in the end state).</p> <p>Achieves a reduction in the back office costs (and drives a focus on delivery of quality, performance and value for money. Delivers management efficiencies and other efficiencies by bringing together and aligning NHS and Local Authority contract management (including procurement where required).</p>
Resource needs to be applied with an understanding of the whole person and whole place	Greater integration of health & care planning and decision-making based on the City geography (PCC and PCCG boundaries); significantly deepens the integration of health and local government planning and delivery, and enables a greater whole person and whole population focus to planning and decision-making for health & care – with a strong emphasis on early intervention, prevention and the wider determinants of health.

	Creates a way of making decisions about and delivering services that goes beyond just health services and social care and incorporates key domains such as environment, housing, community, employment. Joined up planning with a whole person, whole life, whole population focus.
Integration must support quality, safety, resilience and continuous improvement of services	<p>Maintains and improves arrangements for continuous quality improvement, managing variations in performance and creates a way of making decisions that is agile enough to respond to operational pressures and risks to resilience (for example, during high demand periods). Maintains a strong focus on delivery of both operational services and improvement (transformation).</p> <p>Is aligned to the expectations of regulators and other stakeholders (health and care partners and beyond).</p> <p>Provides a clear direction and positive future for health & care staff and reduces risk of loss of talent</p>
HCP must ensure that democratic accountability and clinical leadership is retained in the city, to foster community engagement.	<p>Recognises primary care (and Primary Care Networks and Alliances) as the foundation of the healthcare system and enables the joining up of primary and community care (including social care)</p> <p>Strengthens the democratic accountability of the Portsmouth Health & Wellbeing Board to the residents of Portsmouth. Strengthens the public accountability of the NHS, the Local Authority and locally, democratically elected political and clinical leadership for health & care services planned and delivered for Portsmouth people.</p> <p>Is able to achieve a greater understanding of local population needs and hear the voice of local people through continuous engagement and demonstrate how this informs decisions and delivery of local health & care</p>

13. Options for next phase of the Health & Care Portsmouth operating model

13.1 Considering the progress achieved on the Health & Care Portsmouth operating model and the direction of the NHS as set out in the Long Term Plan, Health & Care Portsmouth continues to represent a strong viable way of achieving effective integration of NHS and local government functions in order to deliver continual improvement of health & care for residents whilst reducing duplication and cost of multiple management infrastructures. The first phase of the operating model bringing together key functions for adults, children & families and public health move the City towards a more unified leadership and, in considering the request from both PCCG Governing Body and PCC Cabinet to move towards deeper integration, three proposals can be described. For each proposal there will be differing options for implementation which needs to be considered against the criteria/benefits defined previously.

13.2 The three proposals for deeper integration between PCCG and PCC are:

a) Extend and consolidate the leadership team to include the Accountable Officer (AO) functions of PCCG to achieve unified and single health & care leadership for the City

The options to achieve this are:

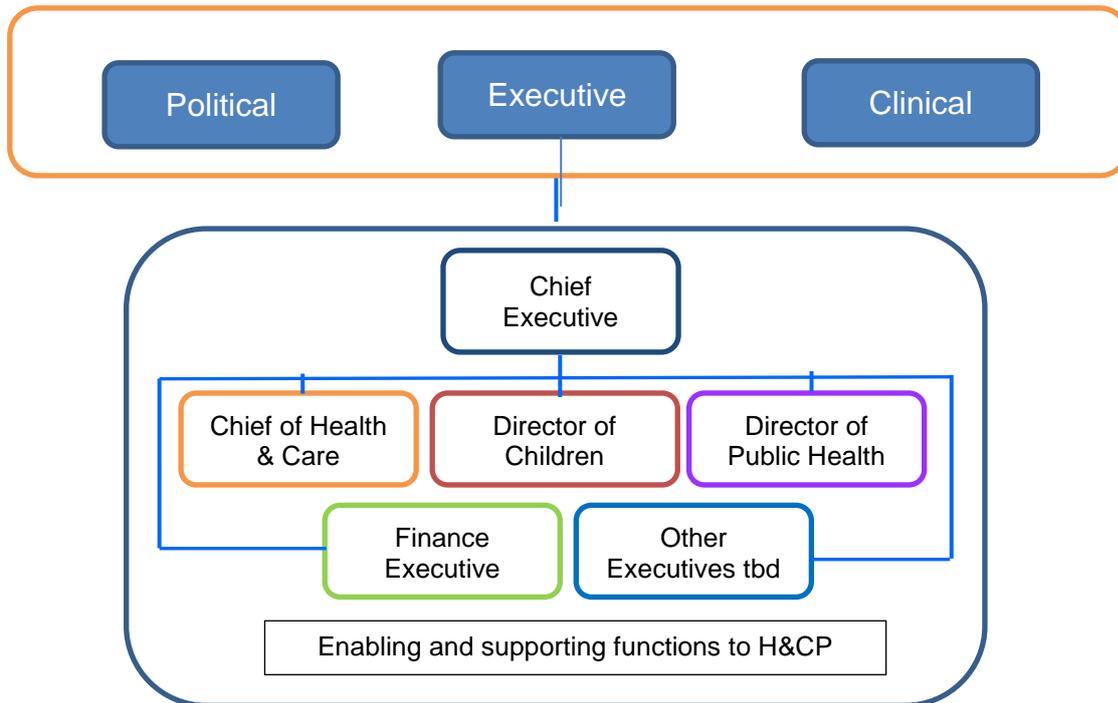
- i. 'Job share' AO role between PCCG and PCC
- ii. PCCG AO functions incorporated into PCC CEO role; Clinical Leader of PCCG retained and confirmed (working with political leadership of PCC, representing the CCG membership)
- iii. PCCG AO functions incorporated into another role reporting to PCC CEO
- iv. Do nothing, retain current arrangements
- v. AO Functions for PCCG incorporated into HIOW ICS
- vi. AO functions delivered by the system convenor for the Portsmouth and South East Hampshire Integrated Care Partnership
- vii. Establish a single CCG AO function between Portsmouth & Southampton

13.3 A detailed options appraisal has been undertaken on this and is summarised as Appendix 2. It is recommended that support is given for the accountable officer functions of PCCG to be incorporated into the role of the PCC Chief Executive. This will be achieved by way of established s75 and s113 mechanisms. It is important to note that any changes to the CCGs Accountable Officer arrangements are subject to approval by the Secretary of State for health via a process through NHS England.

13.4 It is important that the Health & Care Portsmouth operating model strongly embraces the benefits of having a triumvirate approach to its leadership arrangements. This means utilising the well-established arrangements in place already for:

- **Clinical leadership** – utilising the Chair, Clinical leader, Clinical Executives of PCCG Governing Board and their clinical leaders in member practice in primary care as well as their networks with clinicians in community, mental health and hospital settings
- **Political leadership** – embracing PCCs elected member model, its constitutional arrangements, leadership of PCC and supporting arrangements such as the cabinet and portfolio holders
- **Executive leadership** – executive officers with responsibilities for health and care, delivering responsibilities for both PCCG and PCC under the direction of a single Accountable Officer

13.5 Together they can drive forward the delivery of our vision for Health and Care Portsmouth. This could be illustrated as:



13.6 This operating structure will also enable all health & care leaders from the City, to act as the ‘voice of the City’ in other system settings including the Portsmouth and South East Hampshire Integrated Care Partnership and the proposed Integrated Care System across Hampshire and Isle of Wight.

b) Delegate defined functions and decisions to the Health & Care Portsmouth Commissioning Committee from both PCCG and PCC

- The Health & Care Portsmouth Commissioning Committee, as defined by its current Terms of Reference, has a scope limited to the delegated authorities of its respective individual members. This can achieve a great deal, however it does not automatically create greater transparency about how priorities are agreed, nor how the respective organisations allocate their financial and other resources.
- Pursuing this proposal will require further clarity about the scheme of delegations between this Committee and the Cabinet and respective Portfolio Holders. It would also require consideration of the ongoing role of the CCG Governing Body in light of any agreed delegations from it to this Committee.

c) Create a joint finance role between PCCG and PCC in order to ensure strong financial leadership and governance as part of a unified Health & Care Portsmouth leadership

- Although proposed in the first phase of the Health & Care Portsmouth operating model, little progress has been achieved to assess the

benefits, risks and options available to PCCG and PCC for integration of the key finance functions aligned the integrated functions for adults, children & families and public health. Options include:

- Create a Deputy Chief Finance Officer (CFO) for Health & Care Portsmouth reporting to the respective CFOs for PCCG and PCC utilising current capacity gaps or vacancies in each organisation to create the role and in order to reduce management & running costs
- Identify within each finance team in both PCCG and PCC roles that could be redefined with joint responsibilities, using existing roles to create joint capacity

14. The Health & Care Portsmouth Roadmap

14.1 The development of Health & Care Portsmouth is defined across 6 dimensions:

- Leadership and governance
- Strategy and planning
- Managing collective resources
- Care redesign
- Workforce and organisational development
- Accountability and performance management

14.2 The roadmap at Appendix 3 sets out the plan to deliver on the next phase of the Health & Care Portsmouth operating model.

14.3 This clearly represents a significant programme of change, and an outline risk assessment is also included as Appendix 4.

15. Equality impact assessment (EIA)

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

16. City Solicitor comments

16.1 The proposals recognise the legal basis for integration via the refreshment of current section 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.

17. Head of finance’s comments

17.1 The further development of the Health & Care Portsmouth operating model needs to be achieved within existing available resources for each organisation. The model focuses on utilising existing roles within both PCC and PCCG to consolidate functions, reduce duplication and form a single leadership. If the proposals in the paper are supported then work will need to be undertaken to model the cost of the revised arrangements and agree cost share arrangements for the unified executive arrangements described to ensure that they do not add to the costs for each organisation.

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Signed by:
David Williams, Chief Executive, Portsmouth City Council
Dr Linda Collie, Chief Clinical Officer & Clinical Leader, NHS Portsmouth Clinical Commissioning Group

Appendices:

- Appendix 1:** Delivery on Blueprint Commitment
- Appendix 2:** Next steps options appraisal
- Appendix 3:** Health & Care Portsmouth Roadmap
- Appendix 4:** Health & Care Portsmouth outline risk assessment

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
Blueprint for Health & Care in Portsmouth	https://democracy.portsmouth.gov.uk/documents/s8694/Proposal%20for%20Portsmouth%20Blueprint-%20Appendix%20A.pdf

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

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Signed by: Name and Title



Delivery against the commitments in the Blueprint for Health & Care in Portsmouth (September 2015)

Commitment one: We 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.”	
Achieved so far	In progress
<p>There has been significant investment primary and community care services supporting improved access to primary care. An Acute Visiting Service (AVS) has been commissioned which provides a dedicated GP home visiting service on behalf of practices to registered patients requiring an urgent visit in their own home. This increase capacity enables patients to be seen quicker and helps to increase capacity within general practice and is delivering an additional 6,000 on the day home visits per annum.</p> <p>In addition, the GP Enhanced Access service is delivering urgent primary care appointments on Saturdays 08:00-18:00 and on weekday evenings from 18:30-20:00. The provision of routine appointments on Saturdays has also recently commenced, improving access to primary care services.</p> <p>To help enable GPs to focus their time on seeing patients who require their generalist expertise, a pilot has been established to deliver Musculoskeletal (MSK) triage in general practice. This service enables patients contacting their GP practice with an urgent MSK issue to access a physiotherapist the same day. Currently half the population of Portsmouth are benefiting from this service.</p>	<p>From June 2018 PCCG has commissioned an Integrated Primary Care Service incorporating the provision of three interconnected services: Out of Hours (OOHs), the AVS, and GP Enhanced Access. Integrated provision of the three interdependent services will ensure safe, effective delivery of primary medical care services 24 hours a day, 7 days a week, and improve access to primary care services by increasing capacity outside of core general practice operating times.</p> <p>In addition to this we will be exploring (through the development of robust business cases) further rollout of the MSK triage in general practice across the city.</p> <p>Ongoing work with practices to look at opportunities to increase capacity and capability within the practice to improve access, such as use of care navigator roles, e-consult and on-line booking options</p>

Commitment 2 - We will 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.”

Achieved so far	In progress
<p>A collaborative approach has been taken to include the VCS as an equal partner in the provision of health and care to Portsmouth residents. Through the signposting service, an easy access route for GPs has been available to access non-medical support from the VCS for their patients.</p> <p>The creation of Project Bridge where representatives from a range of VCS organisations and the PCC and PCCG have met to discuss known problems and identify solutions which can be jointly developed. Through the Project Bridge umbrella, a proposal for a ‘sitting service’ is being developed.</p> <p>A jointly agreed a commissioning plan for the development of social prescribing within the City. Existing contracts have been reviewed, with joint commitment for the development of a replacement integrated social prescribing service. Due to start in June 2018.</p> <p>Adult Social Care strategy development has led to establishing its Principles for Transformation which will enable <i>‘Nothing for us without us’</i> embedded in service design, monitoring and evaluation; and <i>Core Outcomes agreed across ASC</i> (at individual, operational and strategic levels) of <i>good health, independent lives, meaningful days and employment, social inclusion.</i></p> <p>Through the Integrated Personalised Commissioning Programme (IPC) we have seen the completion of over 2000 personalised care and support plans and the establishment of</p>	<p>It is envisaged that both the sitting service and the integrated social prescribing service will be co-located and operated through a Single Point of Contact (SPOC) for access to VCS within the City. This will enable a more personalised and tailor made service for carers and their families to be made available through a strengthened VCS resource, offering economies of scale and establishing a strong presence within the City.</p> <p>ASC will be developing outcome-based commissioning across ASC that includes options for extending use of personal budgets, ISFs, micro enterprise etc. This work will be aligned with, supported by and build upon IPC pilot work which will include personal health budgets too.</p> <p>The development of a Long Term Condition (LTC) Hub in the city which would pool existing primary, community, and secondary care professionals into a single team, ensuring patients receive consistent, high-quality care. The LTC Hub will predominantly focus on empowering individuals to maintain good health by equipping them with education, skills, and knowledge leading to lasting self-management techniques and behavioural change.</p> <p>The current well-being service, which offers support lifestyle support to help people manage their weight, alcohol consumption and quit smoking, has been through a systems thinking intervention, leading to a re-design of provision, which in the long term will improve the offer and enable greater integration with the long term conditions hub.</p>



<p>500 integrated budgets which meet the criteria of personal health budgets, with a small number converting into direct payments.</p> <p>The relationship with the VCS and those with 'lived experience' is also particularly strong within the integrated mental health services. The role of peer support workers in community mental health services is now well established.</p> <p>In relation to children's services, HIOW is one of only four areas in the country where the STP includes a clear workstream for children's services. There are credible plans, partly delivered, in relation to supporting primary care around urgent and emergency care avoidance and family health literacy.</p> <p>Future in Mind Mental Health Transformation programme includes work in schools and support for the roll-out of consistent restorative practice across the city - seen by NHS England as a strong basis for further integration.</p>	<p>Through the Mental Health Transformation programme, the concept of a 'Well-Being House' is being developed to increase support offered for people with low level mental health needs; enabling them to access VCS and community support to help them in a more person centred way and offer community based alternatives to the traditional service offering in order to improve health outcomes.</p> <p>The local delivery system is continuing to develop more effective whole system approaches to children's mental health.</p> <p>Promotion of the Portsmouth Children's Trust Physical Health Strategy, to tackle obesity, smoking, drugs and alcohol as well as self-help in lower level health needs.</p> <p>A more radical, effective and sustainable approach to care, support and education provision for children with autism.</p>
<p>Commitment 3 - We will bring together important functions that allow our organisations to deliver more effective community based front-line services and preventative strategies; this includes functions such as HR, Estates, IT and other technical support services</p>	
<p>Achieved so far</p>	<p>In progress</p>
<p>Considerable progress has been made towards utilising a single clinical record across providers to: improve communication between healthcare professionals; enable improved quality of care; and deliver safe, consistent provision. All GP practices within the city (bar two) and Solent NHS Trust use TPP SystemOne as their primary clinical system. From the remaining two GP practices not on the system, one is scheduled to go-live from April 18, and the other is in discussion with PCCG about transferring to SystemOne.</p>	<p>Adult social care have been operating on SystemOne since April 2019, leading to the creation of a truly joint health and care record. A request by social prescribing to be able to utilise SystemOne for ease of feedback to health and care professionals has also been made – this will require further investigation in terms of IG issues, appropriateness and cost.</p> <p>In recognition of the inconsistencies with existing healthcare estate within the city (in terms of condition, statutory compliance, functional</p>

<p>The Communications and engagement teams have embarked on a programme of joint working and support and have developed a shared communications and engagement programme to support HCP.</p> <p>Working with partners across primary, community, secondary care, and the local authority, PCCG has utilised monies received from the national Estate and Technology Transformation Fund (ETTF) to undertake feasibility studies and options appraisals to assess estate potential in the city and progress the development of physical Hubs within the North and Central localities.</p> <p>Children's teams have already been co-located as part of three geographically focused multi-agency teams, working to deliver the integrated strategic programme "Stronger Futures", bringing together public health, mental health and social care/early help services.</p>	<p>suitability, quality, and accessibility), and the fact there is NHS and Local Authority owned buildings in the city that are not fully utilised, creating void space which incurs avoidable cost to the system, a project team has been created to devise and implement a strategic estates plan for the city, including primary, community, and local authority partners. This team will implement the projects commenced under the ETTF and continue to develop suitable and sustainable estate solutions for the city.</p> <p>Strengthening of integration of support for children with SEND to provide more inclusive, affordable care and education, including the potential creation of a Portsmouth specialist SEND hub.</p>
<p>Commitment 4 - We will 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 a single commissioning function at the level of the current Health & Wellbeing Board with delegated authority for the totality of health (NHS) and social care budgets</p>	
<p>Achieved so far</p>	<p>In progress</p>
<p>Partnership working between PCCG and PCC has increased, leading to the appointment of a Joint LA Director of Adults Services role and CCG Chief Operating Officer role. This has led to the creation of the Health & Care Directorate including and team approach across commissioning, transformation adult social care, quality and safeguarding.</p>	<p>Continuing to develop as a single adults health and care directorate, as well as strengthening integrated commissioning function.</p> <p>Continued discussions across PCCG and PCC as to how we can explore further joint and pooled funding arrangements.</p>

<p>The BCF pooled fund arrangements have been increased to £27 million and now include additional services such as carers, and community beds for both health and care and OT services.</p> <p>Developing model of joint working across PCCG and Solent NHS Trust with combined senior commissioning and Operations Manager post.</p> <p>The integrated Early Help and Prevention service has operated under one Head of Service since March 2017. This has supported the development of a new targeted health visiting offer, and a modernised delivery of universal support.</p>	
<p>Commitment 5 - We will 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 single leadership with staff co-located. The scope of this would include mental health, well-being 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 sector or primary care</p>	
<p>Achieved so far</p>	<p>In progress</p>
<p>A partnership arrangement has been agreed between PCCG, Solent NHS Trust, PCC, and the PPCA (a GP federation representing general practice), effectively creating a ‘virtual Multi-speciality Community Provider (MCP)’ in the city. The MCP programme includes a suite of transformational change projects for health and care services in the city working to provide more effective, efficient, and integrated care; that will delivered the plans for the community model (outlined in section 5), that has been developed jointly by the MCP programme team.</p> <p>A prime example of the partnership working, without boundaries, to date, has been the implementation of the Portsmouth Enhanced Care Home Team Pilot. This has provided 5 of the</p>	<p>PCCG is seeking to progress the ‘virtual MCP’ arrangements further by exploring risk/gain share arrangements and Integration Agreements between the community provider and GP practices for suitable projects within the MCP programme. This work will enable PCCG to better understand the requirements of commissioning a further integrated MCP arrangement, through a formal procurement process at some stage in the future.</p> <p>Discussions are required to explore the potential of Portsmouth Hospital Trust (PHT) and the VCS becoming represented in the partnership arrangement. For the VCS, this could be through the development of a VCS collaboration, in a similar way to which a GP federation represents general practice. This will enable a much broader range of community services to become integrated.</p>

<p>27 Portsmouth Care Homes with regular clinical input from a nurse led Care Home Team. A further 2 Care Homes have received a full weekly Multi-Disciplinary Team meeting comprising of a GP, Physical and Mental Health Nurses, Pharmacists and Care Home Team staff. This team has direct access to Physio and Occupational Therapy support. The outcomes for these homes over a 3 month period have seen a reduction in 999 calls made by 32% and reduction in conveyances to hospital by 27%.</p> <p>At the ACS level a PSEH Mental health transformation programme has been established. This has led to partnership working between the two mental health providers to better manage acute in-patient mental health beds leading to a reduction in out of area placements for South East Hampshire patients, savings and improved utilisation of City acute in-patient beds.</p>	<p>Enhanced support to Care Homes is also a system wide priority and commissioners from Fareham and Gosport, South East Hampshire and Portsmouth CCGs are working with clinicians to produce the case for a Care Home Team model that will reduce utilisation of urgent care at scale.</p>
<p>Commitment 6 - We will 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</p>	
<p>Achieved so far</p>	<p>In progress</p>
<p>PCCG has issued to the market its intentions to work with existing system partners over a three year period to implement the national requirements of Integrated Urgent Care (IUC), which seeks to simplify and integrate the current configuration of urgent and emergency services.</p> <p>Alongside this, the St Mary's Treatment centre has been designated as a wave one 'Urgent Treatment Centre (UTC),' again as part of a national initiative to simplify the urgent care offering across the country.</p>	<p>As part of the development of the Integrated Primary Care Service, from June 2018 and linking with plans to implement IUC, UTC requirements, the CCG intends to amalgamate the existing and complex urgent care landscape into a simplified point of access for patients, which delivers consistent and integrated urgent and emergency care. This includes linking the Integrated Primary Care Service with the Urgent Treatment Centre, Urgent Care Centre (GP Streaming at ED), a Clinical Assessment Service, and overnight community provision, to provide a compelling alternative to ED available within 2018-2019.</p>

<p>Partnership working across PSEH to strengthen the Urgent Care Centre and GP streaming within ED to better enable people to receive the most appropriate care.</p> <p>In addition, mental health crisis services have been reviewed and implementation plans in plan for improvement.</p>	<p>Plans are also underway to establish a PSEH mental health assessment unit, to provide better support within ED and general acute inpatient services to people with mental health conditions; which it is envisaged will lead to a reduction in emergency admission or reduced length of stay</p>
<p>Commitment 7 - We will 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</p>	
<p>Achieved so far</p>	<p>In progress</p>
<p>A Good Neighbours network has also been established within the City. This promotes community help and wellbeing, with volunteer led groups developing in three initial areas within the City to offer health and social transport, befriending and social activities, informal care and help with tasks.</p>	<p>The neighbourhood team model, which is at the heart of the delivery of the new Portsmouth Community model incorporating primary, community, and social care within an integrated team, is due to be piloted shortly.</p> <p>Testing of this was conducted from May 18 and saw individuals that require additional support provided by the team either after they have left hospital in order to return them to independence or to wrap care and support around them when they are at risk of being admitted to hospital. The model is currently being rolled out to one initial locality with plans to extend to the 2nd and 3rd.</p> <p>We will then need to ensure private provider services are commissioned and develop in a way that best works with the new model of care. Social Care will soon be carrying out a systems intervention on Domiciliary Care which will inform this. Solent are partnering with a domiciliary care organisation to test a new way of working with care providers. We will take this learning and establish a care offer that is able to respond how people needs it to whilst is more robust and sustainable against market influences experienced nationally (work force issues generally).</p>

Residential and Nursing care services in private homes will be reviewed in the context of Therapy Led Units (TLU) and the benefits of working in a different way to reduce DToC, MFFD and to reduce long term care placements.

Linked to the current developments with VCS partners, we are also actively promoting opportunities for the asset development within communities, enabling communities to increase control over their own health and wellbeing. Community centre approaches offer a stronger way to use local resources and to reshape them to meet local needs. Coproduction will be integral to ensure that local needs are understood. An approach to ensure robust engagement for service development plans will be put in place.



Health & Care Portsmouth: The Next Phase For Integration: Option Appraisal

Criteria	Options								
	'Job share' AO	CCG AO functions incorporated into PCC CEO role	CCG AO functions incorporated into role reporting to PCC CEO	Do nothing	AO Functions for CCG incorporated into HIOW ICS	AO functions by PSEH system convenor	Two Cities CCG AO function	Delegate defined functions & decisions to the HCPCC	Create a joint finance role
HCP must play an active role in enabling and promoting the wider HIOW system reforms, including the development of ICS models	✗	✓	✓	✗	✗	✗	✗	✓	✓
All ways of working must be focused on the achievement of best outcomes with the available resource	✗	✓	✓	✗	?	?	✓	✓	✓
Resource needs to be applied with an understanding of the whole person and place	✓	✓	✓	?	✗	✗	?	?	✓
Integration must support quality, safety, resilience and continuous improvement of services	?	✓	✓	✓	✗	✗	✗	✓	✓
HCP must ensure that democratic accountability and clinical leadership is retained in the city, to foster community engagement	✓	✓	✓	✗	✗	✗	✗	✓	✓

Ranking:

1. CCG AO incorporated into PCC CEO
2. CCG AO into another role reporting to PCC CEO
3. Joint finance role
4. Delegation to HCP Committee
5. Job share AO/PCC CEO
6. Share CCG AO function across two cities
7. Do nothing
8. AO functions incorporated into PSEH convenor role
9. AO functions incorporated into HIOW ICS role

Health & Care Portsmouth Roadmap (DRAFT – JUNE 2019)

	HCP aspiration	Lead	Current progress
Health and wellbeing board with oversight	Consider the breadth of issues across the life course, and the opportunities for working together around these	Joint HWB chairs	Agreed revised terms of reference and membership, March 2019. First meeting in reconfigured form, June 2019
	Strategically direct resource at the priorities identified from this way of working.	Joint HWB chairs	Establishment of a commissioning sub-board of the Health and Wellbeing Board - terms of reference agreed in March 2019 and currently in development to look at programme for presentation June 2019
Accountable officer	Strengthen leadership for health and care in Portsmouth	David Williams/ Tracy Sanders/ Dr Linda Collie	Consideration of options for the PCCG accountable officer role in the context of HCP - presentation to HWB, PCC Cabinet and PCCG Governing Board. Seek approval from member practices and formal approval from NHS England
Clinical leadership		Tracy Sanders/ Dr Linda Collie	Reviewing future clinical leadership arrangements in light of possible impact and opportunities of PCNs (to include existing PCCG clinical leadership and GP Alliance).
Executive structure	Make best use of combined resource (skills, expertise and money) and reduce waste through avoiding duplication of management and functions	David Williams/ Tracy Sanders/ Rochelle Kneller	Development of clear role descriptions and associated staffing structures to enable discharge of HCP functions in blended structures; put in place relevant s 113 agreements for core roles DCS to become member of CCG Governing Board

	HCP aspiration	Lead	Current progress
Programme Boards	Deliver ambitions for the health and care system locally	Innes Richens/ Alison Jeffery/ Jason Horsley	Adult Social Care strategy board in place; Stronger Futures and SEND Boards in place. MCP Board.
Wider determinants of health	Give consideration to the other influential delivery functions.	HCP leadership and HWB	Broadened membership of HWB and associated sub-groups will support wider conversations around services that are influential on the wider determinants of health
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.	HCP leadership - Jason Horsley	Integrating our skills on the collection and presentation of data locally would have benefits in more informed commissioning and service design. An appointment to Strategic Intelligence lead is underway and this postholder will have a wider-ranging remit to progress this area.
S75 and s113 mechanisms	Revise section 75 agreements to reflect revised operating model including overarching s75 if appropriate	David Williams/ Tracy Sanders	Underway, including development of s75 arrangement for delivery of healthy child programme.
Portsmouth £	Understand totality of HCP resources	Michelle Spandley/ Chris Ward	Early work is underway to scope resource and understand where there are opportunities to more closely align financial planning. Early presentation for June 2019.
Develop a single approach to strategic financial planning to underpin Health & Care Portsmouth	Consider opportunities for shared financial planning (including shared role and function)	Michelle Spandley/ Chris Ward	Further consideration will be given to options around strategic financial planning approaches and roles; and recommendations will be formulated taking into account respective legal and governance processes
Increase efficiency of local system	Clear and transparent financial reporting of integrated commissioning functions leading to	Michelle Spandley/ Chris Ward	Review financial contributions for PCC and PCCG into the HCP operating model to ensure explicit and affordable within the context of



	HCP aspiration	Lead	Current progress
	increased efficiency and identified savings		running costs and other savings requirements for both organisations
Transparency of total resource	Review model for distribution of public health grant	Jason Horsley/ Chris Ward	Identification of public health spending in support of HCP activity to improve health
Local estate	Maximise use of the local estate for health and care delivery	Michelle Spandley/ James Hill/ One Public Estate Programme	<p>Identification of immediate opportunities to move forward issues of interest to the local estate forum have been identified.</p> <p>The One Public Estate programme potentially provides an opportunity to take forward some strategic scale issues and this is to be explored with a view to submitting a bid to the next phase of the programme.</p> <p>In the short term, options for co-location of HCP staff can be considered.</p>
Adult Social Care Strategy	To Follow		
Stronger Futures Programme			
SEND strategy			
Maternity services			
Sexual health commissioning arrangements			
Substance misuse commissioning approach			
Mental health commissioning approach			



	HCP aspiration	Lead	Current progress
MCP			
Core underlying principles	A broad set of principles that describe our approach to integration and ensure these are widely communicated	David Williams/ Innes Richens/ Lucy Elliott	HCP communications plan in development alongside plans for website as a tool for staff and professionals - HCP branding to be rolled out on all communication material.
Change management processes	Clear and transparent briefing material for staff affected by changes, in line with usual change management processes and practice	Rochelle Kneller/ Tracy Sanders/ Lucy Elliott	Regular staff briefings ongoing. Work underway to understand current distribution of work and how this will be carried out in future, including where there will be change to roles and responsibilities.
Organisational development	Establish programme of work around culture change and new ways of working to underpin structural and functional changes	HCP leadership	Identified need to support staff and stakeholders in recognising HCP as an entity, and identifying with its vision, values and ways of working alongside identifying with host organisations and professions. Programme to be developed over the Summer.
Performance management arrangements	It is expected that through the Performance Management Group arrangements around delivery agreements, health providers will also be full partners to these discussions and debates.	HCP leadership	
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.	Tracy Sanders/ David Williams	



Health & Care Portsmouth - Risk Assessment

Risk owner	Risk Area	Risk Likelihood	Risk impact	Current Risk Status	Potential outcomes	Mitigation/commentary
David Williams/ Dr Linda Collie	Failure to fully support the wider system transformation	Low	High	Medium	Diversion between local and national agendas challenges delivery at both levels	PCCG and PCC have been active and engaged members of system transformation. The local Blueprint for Health and Care has been identified as an area of strength in the region and has been a vehicle for engaging wider sector partners and stakeholders including political leadership, and the voluntary and community sector. Key mitigation is to ensure that the objectives of the local blueprint and the wider STP align.
David Williams/ Dr Linda Collie	Failure to fully achieve city ambitions as set out in the Blueprint for HCP and associated delivery strategies	Low	High	Medium		
David Williams/ Dr Linda Collie	Changes to operating model create confusion regarding governance and blurred accountability	medium	High	Medium	Poor or invalid decision-making leading to risks of challenge, financial loss and failed objectives	The proposals include a clear delineation between executive, political and clinical leadership and clarity about the respective decision-making and the fora for bringing these together. All associated bodies have clear constitutions and terms of reference. There is an associated communications programme.
David Williams/ Dr Linda Collie	Changes to operating model create confusion regarding financial planning and accountability	Medium	High	Medium	Poor or invalid decision-making leading to risks of challenge, financial loss and failed objectives	Discussions are underway about the appropriate mechanisms for joint financial planning and the potential for a single function.
David Williams/ Dr Linda Collie/ Cllr Gerald Vernon-Jackson	Changes to roles mean that capacity of key individuals is stretched	Medium	Medium	Medium	Key work does not progress due to "bottlenecks"	Ongoing dialogue across leadership triumvirate supported by rigorous processes for holding to account.



Risk owner	Risk Area	Risk Likelihood	Risk impact	Current Risk Status	Potential outcomes	Mitigation/commentary
David Williams/ Dr Linda Collie	There is a lack of public buy-in of understanding of the local proposals	Medium	Medium	Medium	Opposition to change based on misunderstanding	The basis for the proposals is the need to retain local and democratic accountability. The associated communication programme will be vital.
David Williams/ Dr Linda Collie	Change process detracts from delivery	Medium	High	Medium	Staff concerns about positions or lack of understanding undermines delivery	Both organisations have strong change management processes to support staff in change . The associated communication programme will be vital.