Portsmouth CITY COUNCIL

Agenda item:

Title of meeting:	Health and Wellbeing Board
Date of meeting:	25th September 2019
Subject:	Health & Care Portsmouth Operating Model : Progress report
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

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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 within the wider Hampshire and Isle of Wight health and care system.

1.2 In July, and following the previous recommendations from the Health and Wellbeing Board, the Cabinet of the city council and the PCCG Governing Board each agreed a series of next steps to progress this model. The purpose of this paper is to update on progress of this Health & Care Portsmouth operating model.

2. Recommendations

2.1. The Health and Wellbeing Board 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. Note and endorse the progress on proposals for further integration, including the preferred option for integrating of PCCG Accountable Officer and PCC Chief Executive functions.

c. Note that work will continue with local providers and the wider Hampshire and Isle of Wight health and care system to demonstrate how the approach to integration being adopted within Portsmouth can best support the emerging NHS architecture; and consider where there might be practical opportunities to develop this.

3. Background

3.1 Portsmouth is a city where chief executives, accountable officers and senior executives have been working together closely 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 flourished 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.

3.4 Sections 4-6 below set out the significant progress made since the development of the Blueprint. The principles embodied by it are squarely aligned to the emergent NHS Long Term Plan and the development of a vibrant community and voluntary sector within the city. In order to build on this momentum, sections 7-10 propose ways in which the Portsmouth Health and Care agenda can be further developed and better outcomes for local people accelerated. They have regard to the wider system reform across HIOW and the achievement of local ambitions for the city population. They have been developed in discussion with health, voluntary sector and local authority colleagues, have the support of the PCCG and Portsmouth City Council and are put to the Board for its endorsement.

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, 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 These and many other service improvements secured through integrated working across commissioners and with providers have led to demonstrably better outcomes for people in Portsmouth. 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 on the people in the city, not the organisations providing the services. 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. This is specifically in relation to housing and homelessness, but also in 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.

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, with 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 has been agreed 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 joint PCCG/PCC committee 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 in September 2019.

d) Commissioner and Provider Integration:

- The Health & Care Portsmouth 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 have been reviewing capacity and functions where there are potential overlaps or benefits for a more formal integrated arrangement. This specifically focuses on the 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.

- A s75 agreement is in development for the delivery of 0-19 services in support of the Healthy Child Programme, between Portsmouth City Council and Solent NHS Trust.

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 needs to change. 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 design 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 and the work we are doing locally aligns to the national direction of travel.

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 with the existing Health & Care Portsmouth principle, adopted in the Blueprint in 2015 that the foundation of effective healthcare is strong local primary care. 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 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.

7.4 The recent NHSE paper, "Designing Integrated Care Systems" highlighted that *"systems work most effectively where functions at different levels are designed to*

support and complement each other." In the new architecture of the NHS, four levels are described:

- Neighbourhoods: 30-50k populations - relating to Primary Care Networks (PCNs)
- Places: 250k-500k population - relating to Integrated Care Partnerships/Providers (ICPs)
- Systems: 1-3m population - relating to Integrated Care Systems (ICS)
- NHS England/Improvement - 7 regional teams and national team.

7.5 It is clear from the guidance that each function listed for a PCN will need close working across the local NHS services and local government. A mechanism will be needed through which the local NHS and local authority can make joint or single decisions on issues such as:

- working across social care
- prevention and early intervention
- housing
- community and voluntary sector co-working and delivery

7.6 NHSE note that effective PCNs will allow *"NHS and local government services to share functions and staff"*, and mature PCNs will have increasingly sophisticated approaches to the utilisation of data, proactive care to reduce hospital admissions, technology and social prescribing. Success in all of these areas will depend on closely aligned decision-making and resource allocation.

7.7 NHSE guidance also suggests that the "place" tier is where the closest LA/NHS working applies, given that effective operating arrangements are required in respect of:

- Integration of hospital and community services
- 'anticipatory care' not just for older adults but also for children and their families
- Prevention
- Co-working and delivery with the voluntary sector
- Tackling inequalities
- Improving care home quality (local authorities are the 'responsible' authority for the care home sector')
- Assessment of local need
- Collective decisions on the use of resources beyond traditional health and care population health management to address wider determinants, including housing, environment, access to employment and training
- Integration of operational teams to enable rapid response and supporting people with learning difficulties.

7.8 The guidance seems to imply an underlying assumption that boundaries of local authorities and existing NHS community, mental health and acute providers all align. In the case of Portsmouth and South East Hampshire, this is not the case, with two upper tier authorities and a number of district councils. Mechanisms for easing these relationships will be essential.

7.9 At system/ICS level, there is less emphasis on the NHS/LA relationship, but in describing the footprint, the guidance is that this must 'respect patient flow' and be contiguous with LA boundaries, or where not, have clear arrangements for working across boundaries. There is a clear need to ensure close alignment however, including around addressing health inequalities and agreeing best use of the strategic and operational estate.

8. Portsmouth Health & Wellbeing Board, November 2018

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

8.2 The Board noted 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 wider system reform and has broadly supported the vision for the Hampshire and Isle of Wight system. However, the Board has recognised that in trying to capture the complex set of functions, relationships and dependencies, there are some tensions between the wider system and the local system. These are not insurmountable and fundamentally amount to three main concerns, all related to subsidiarity:

- **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. However, the HIOW system needs to allow the flexibility for local solutions to local circumstances.
- **Local accountability** - developing tailored approaches to local needs requires local place leaders working together in local systems, particularly as the interface between health, social care and early help and prevention is critical. Leaders and decision makers need to be accountable to their local populations as well as the wider health and care system.
- **Equity in how communities are understood** - to respond to need appropriately, flexibility is needed to do things differently when a granular understanding indicates 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.

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

9.1 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	Enables delivery of the 'triple integration' of the NHS LTP: primary + specialist (acute) care, physical + mental health, and health + local government. 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.
HCP ways of working must be focused on the achievement of best outcomes within the available resource	Allows decision-making for health & care to optimise the use of the combined resources available within the community and 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 it functions and responsibilities. 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 governance (both during transition and in the end state). Achieves a reduction in back office costs (and drives delivery of quality, performance and value for money). Delivers management efficiencies by bringing together NHS and Local Authority contract management (including procurement where required).
HCP 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	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). Is aligned to the expectations of regulators and other stakeholders (health and care partners and beyond). Provides a clear direction and positive future for health & care staff and reduces risk of loss of talent

HCP must ensure that democratic accountability and clinical leadership is retained in the city, to foster community engagement.	Recognises 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). Strengthens the democratic accountability of the Portsmouth Health & Wellbeing Board to the residents of Portsmouth. Strengthens the public accountability of the NHS and the Local Authority by democratically elected **political and clinical** leadership for health & care services planned and delivered for Portsmouth people. Is able to achieve a greater understanding of local population needs and hear the voice of local people through continuous engagement to inform decisions and delivery of local health & care

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

10.1 Health & Care Portsmouth continues to represent a strong and 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. This is squarely in line with the NHS Long Term Plan, and stronger integration and performance at the Portsmouth geography will help overall progress within the wider health and care system.

10.2 There are three proposals for deeper integration between PCCG and PCC currently underway:

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**

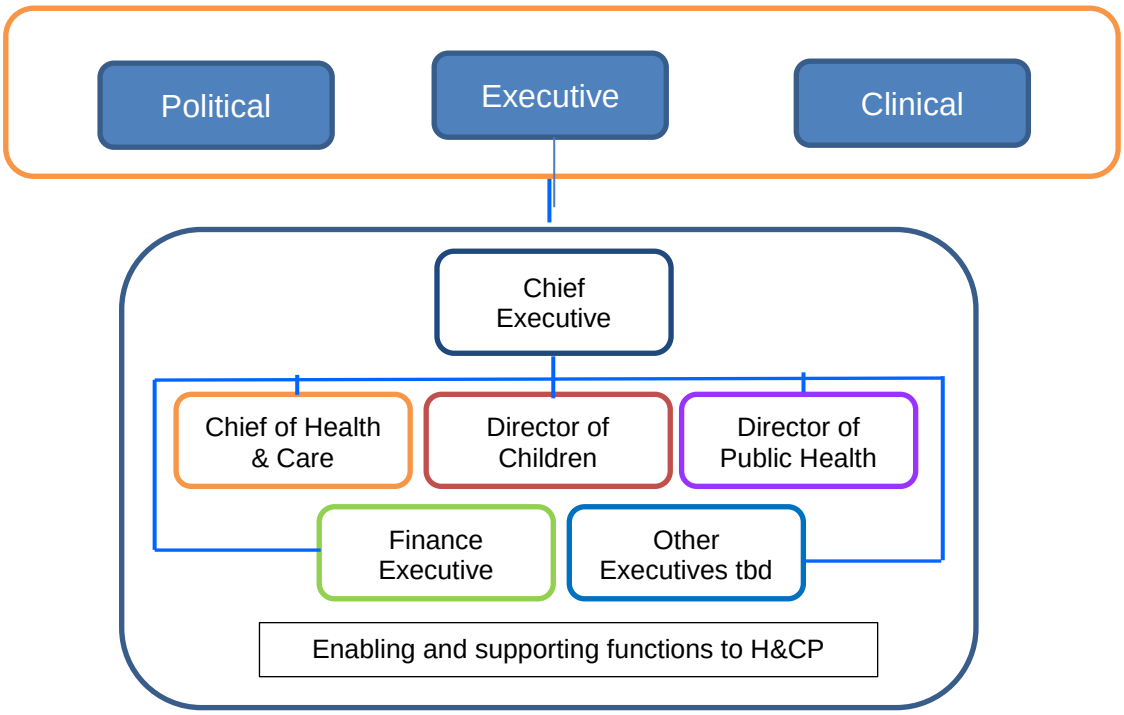
It is important that the Health & Care Portsmouth operating model strongly embraces the benefits of having a triumvirate approach to its leadership arrangements. This means utilising the well-established arrangements in place already for:

- **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

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



10.4 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.

10.5 A detailed options appraisal was been undertaken on this and as a result, the PCC Cabinet and PCCG Governing Board both supported a proposal 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.

10.6 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.

b) Delegate defined functions and decisions to the Health & Care Portsmouth Commissioning Committee (Health and Wellbeing Board commissioning sub-group) from both PCCG and PCC

10.7 The Health & Care Portsmouth Commissioning Committee (Health and Wellbeing Board commissioning sub-group), 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 and align their financial and other resources.

10.8 Pursuing this proposal will require clarity through the scheme of delegation between this Committee, the Cabinet and respective Portfolio Holders. It will also require consideration of the ongoing role of the CCG Governing Body in light of any agreed delegations from it to this Committee. This work will be a major part of the agenda for the commissioning sub-group in the coming months.

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

10.10 It is considered that significant progress could be made to unlock further opportunities in support of the Health and Care Portsmouth model through greater alignment of respective finance functions. Discussions have taken place with Tameside Council and Tameside and Glossop CCG, where greater integration has occurred and benefits have been realised. In the light of this, PCCG and PCC finance teams are working together to develop an options appraisal to arrive at a recommendation for developing integrated ways of working. This appraisal will consider:

- the extent of integration possible (including children's, public health and adults' services)
- the respective powers, constraints and responsibilities of the current CFO roles
- opportunities and risks for the various options
- decision-making and reporting systems - internally and externally - for each organisation
- links to the ICS and ICP as we need to continue enabling system-wide working across Portsmouth and South East Hampshire and the commissioning of services from the hospital.

10.11 The appraisal will lead to recommendations for the approach to be taken, along with practical next steps. This could include consideration of cost/gain share models. It is expected that recommendations will be reported back in November 2019.

11. Future steps

11.1 The successes of Health and Care Portsmouth (including the examples given in Appendix 1) have been achieved through the collective working of all partners in the city, particularly the providers including Solent NHS Trust, Portsmouth Hospitals NHS Trust, the Portsmouth Primary Care Alliance and South Central Ambulance Services. By further integrating the functions and responsibilities for

health and care currently residing in the CCG and local authority, our ambition is to continue to strengthen our ability to work within this wider city partnership.

11.2 It is recognised that the development of the operating model so far has focused primarily on the commissioning element of the local health system and the relationship between PCCG and PCC. However, Health and Care Portsmouth embraces a much wider set of functions, including the vital business of service planning and delivery of health and care services for people in Portsmouth. Health and Care Portsmouth has yet to express a clear vision for future working with and between providers.

11.3 The expectations and success criteria set by NHSE for new models of working, including within integrated care systems, will require all partners to be making aligned decisions to achieve improved service delivery for improved outcomes.

11.5 As part of developing the Health and Care Portsmouth operating model, and in order to define how Health and Care Portsmouth will play a significant role in the emerging architecture of the NHS, we have initiated on-going discussions with key partners, seeking their feedback on future developments as well as the proposals set out above. There are common themes already emerging, most notably a shared desire to understand how we best conduct and deliver the business of health and social care at various tiers in the most effective way. Although there is widespread recognition of the importance of local authority functions and decision-making as part of delivering improved services, there is less certainty about the most effective operating model to achieve this. In particular, there is a concern about achieving a balance between addressing the operational pressures within the NHS and social care services and looking at a wider set of determinants of health and care over a longer timescale.

11.12 The Health and Care Portsmouth model is a strong enabler for the necessary join-up of decision-making and resource allocation at the neighbourhood level, and can assist at ICS and ICP tiers. However, as a future step, it will be helpful for the Health and Wellbeing Board to hear from the perspective of provider partners some practical opportunities to enable the model to develop further.

12. Equality impact assessment (EIA)

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

13. City Solicitor comments

13.1 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 loses 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.

14. Head of finance's comments

14.1 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

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 ……

……
Signed by: Name and Title

Portsmouth CITY COUNCIL

Appendix 1

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	**Recent progress**
From June 2018 the CCG newly commissioned **Integrated Primary Care Service incorporating the provision of three interconnected services: Out of Hours (OOHs), the AVS, and GP Enhanced Access**, went live across the City. Integrated provision of the three interdependent services has enabled, effective delivery of primary medical care services 24 hours a day, 7 days a week, and improved access to primary care services by increasing capacity outside of core general practice operating times. Evaluation has demonstrated the Integrated primary Care Service performs at a high level, achieving 96.3% compliance when measuring time to treat performance metrics (and achieving 100% for high-risk, emergency dispositions). The service currently delivers 100% shift fill rate for clinical roles, at a comparable pay rate with system partners; this is achieved, in part, by giving clinicians full access to patient records, providing a safer environment to work and reducing clinical risk. The high performance standards, coupled with the assurance around clinician fill rates, evidences the resilience of the Portsmouth CAS model. 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**. All the GP practice populations are now benefiting from this service.	The Portsmouth Integrated Primary Care Service (IPCS) is working towards ensuring that **all urgent clinical assessments via NHS 111 take place within a Portsmouth primary care service during in-hours** (08:00-18:30, Monday-Friday), via GP practices and local hubs, with access to patients' clinical notes and the ability to direct book an appointment for the patient. It is expected that the in-hours (08:00 – 18:30) CAS in Portsmouth will go-live June 2019. We are supporting General Practice to develop **5 Primary Care Networks (PCNs) across the City** to enable closer working. We will work to enable the ongoing development of the MSK service aligned to PCNs. Ongoing work is in place 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 – many practices are now offering one or more of these solutions.**

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	**Recent progress**
A collaborative approach has been taken to include the **Voluntary & Community Sector (VCS) as an equal partner** in the provision of health and care to Portsmouth residents through **the creation of The Hive** and the **establishment of the Central Hub** in the Library. Through this service, an easy access route for GPs has been available to access non-medical support from the VCS for their patients. 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, the proposal for a 'sitting service' has been developed and is being delivered. **Adult Social Care (ASC) strategy development** has led to establishing its Principles for Transformation which will enable *'Nothing for us without us '*embedded in service design, monitoring and evaluation; and *Core Outcomes agreed across ASC* (at individual, operational and strategic levels) of *good health, independent lives, meaningful days and employment, social inclusion.* Through the **Integrated Personalised Commissioning Programme** (IPC) we have seen the completion of over 2000 personalised care and support plans and the establishment of 500 integrated budgets which meet the criteria of **personal health budgets,** with a small number converting into direct payments. 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.	T**he sitting service and the integrated social prescribing service will be co-located and operated through a Single Point of Contact (SPOC)** through the HIVE central Hub 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. Work will continue **to embed social prescribing within the Primary Care Networks,** aligned to City wide provision. Adult Social Care is developing outcome-based commissioning across the service, that includes options for extending use of personal budgets, micro enterprises etc. This work will be aligned with, supported by and build upon HIOW Personalised Care Demonstrator project with NHS England to support ongoing development of personal health budgets. The development of a **Long Term Condition (LTC) Hub** in the city which pools existing public health, primary, community, and secondary care professionals into a single team, ensuring patients receive consistent, high-quality care. Developed as a pilot between 2 large GP practices in the City, the LTC Hub is focusing on diabetes and respiratory conditions, empowering individuals to maintain good health by equipping them with education, skills, and knowledge leading to lasting self-management techniques and behavioural change. 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 will improve the offer and enable greater integration with the long term conditions hub.

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. **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.	Through the Mental Health Transformation programme, a business case for a **'Well-Being House', Positive Minds** has been finalised 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. The operating model has been agreed between the delivery partners and a venue is currently being finalised. The local delivery system is continuing to develop more effective whole system approaches to **children's mental health.** 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. A more radical, effective and sustainable approach to care, support and education provision for **children with autism.**
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	
Achieved so far	**Recent progress**
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 and **Solent NHS Trust use TPP SystmOne as their primary clinical system**. The Integrated Primary Care Service also uses SystmOne, giving clinicians full access to patient records during the out of hours period provides a safer environment to work and reduces clinical risk. The Communications and engagement teams from all Health & Care Portsmouth partners have embarked on a programme of joint working and support and have developed a **shared communications and engagement programme** to support HCP.	**Adult social care have been operating on SystmOne 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 SystmOne 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. Through the Integrated Care Team pilot we have been developing and **testing a single assessment and care plan, using SystmOne** across social work, community nursing, physio and OTs. This further reduces duplication and fragmentation of community services. In recognition of the inconsistencies with existing healthcare estate within the city (in terms of condition, statutory compliance, functional suitability, quality, and accessibility), and the fact there is NHS and Local Authority owned

Working with partners across primary, community, secondary care, and the local authority, PCCG 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.	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.
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**	
Achieved so far	**Recent progress**
Partnership working between PCCG and PCC has increased, leading to the appointment of a joint Local Authority Director of Adults Services role/CCG Chief Operating Officer role in 2016. This has led to the creation of the Health & Care Directorate and team approach across health and care commissioning, transformation of adult social care, quality and safeguarding. The Better Care Fund 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. 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.	The creation of a S113 agreement to enable the Director of Children's Services 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. Continuing to develop as a single adults health and care directorate, as well as strengthening integrated commissioning function. Continued discussions across PCCG and PCC as to how we can explore further joint and pooled funding arrangements. PCCG, PCC, and Solent NHS are currently developing a joint operating model with combined senior commissioning and Operations Manager posts. The aim is to continue to match the integration of front-line operational services with integrated management and leadership. The recommendations within the report on Health and Care Portsmouth Operating Model, Next steps sets out the proposals for further integration, including the preferred option for integrating of PCCG Accountable Officer and PCC Chief Executive functions.

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	
Achieved so far	**Recent progress**
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 that has been developed jointly by the MCP programme team. 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 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 9 month period, to December 2018, **have seen a reduction in 999 calls made by 32%, reduction in conveyances to hospital by 31%, and emergency admissions reduced by 8%. As well as reduction in calls to primary care of 72% and reduced requirement for urgent GP visits by 75% .** Further roll-out will continue in 2019/20. At a system 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 beds leading to a reduction in out of area placements for SEH patients, savings and improved utilisation of City beds.	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 further integrated Care Provider arrangements, through a formal procurement process at some stage in the future, in line with National guidance. Discussions are ongoing to include **Portsmouth Hospital Trust (PHT) and the VCS becoming represented in the partnership arrangement.** For the VCS, this could be through the development of The HIVE, 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. 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. **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.

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	
Achieved so far	**Recent progress**
Across HSH, commissioners and a number of incumbent providers have entered into a period of co-design to **transform existing urgent care services to meet the national IUC specification,** including the delivery of a Clinical Assessment Service (CAS). Within Portsmouth the Integrated Primary Care Service (IPC) has enabled provision of Integrated Urgent Care (IUC), predominantly centred on a 111 call handling service linked to a fully integrated triage and treatment service. The CAS has been co-located within the IPC, which has the requisite infrastructure in place to provide a consolidated workforce response to all primary care demand within the city. **The integration of the CAS requirement into local urgent primary care provision helps ease these pressures by utilising existing workforce in a flexible manner** to deliver the CAS. The CAS is currently operating 18:30 – 08:00 Monday to Thursday, and 18:30 Friday – 08:00 Monday at weekends, plus bank holidays. The Portsmouth model works on the premise that **senior clinical triage at first point of contact within the CAS is a more cost effective method** of managing demand and **leads to better patient outcomes**. This is enhanced through the utilisation of TPP's SystmOne clinical system, which every GP practice within Portsmouth operates from. Evaluation of the IPC service evidences a positive correlation between the introduction of the Portsmouth CAS model and ED attendances. **During the period of the Portsmouth CAS being in operation ED attendances have reduced by -1%,** compared to an increase of +7.6% in neighbouring CCGs, equating to a potential cost reduction of £418k per annum (when factoring ED attendance and conversion to admission costs). **In addition to this, following clinical validation of ED dispositions from NHS 111, the Portsmouth CAS model has**	The Portsmouth Integrated Primary Care Service (IPCS) is working towards ensuring that **all urgent clinical assessments via NHS111 take place within a Portsmouth primary care service during in-hours (08:00-18:30, Monday-Friday), via GP practices and local hubs, with access to patients' clinical notes and the ability to direct book an appointment for the patient**. It is expected that the in-hours (08:00 – 18:30) CAS in Portsmouth will go-live July 2019. The service is also testing the ability for the local CAS to provide clinical validation by local GPs for NHS 111 dispositions for calling category 3&4 (low urgency) ambulances. This is anticipated to go live from August 2019. As part of the development of the Integrated Primary Care Service, and linking with plans to implement IUC requirements, we are working with partners across the system to explore ways of further amalgamating the existing and complex urgent care landscape into a simplified point of access for patients, which delivers consistent and integrated urgent and emergency care. We envisage this will include further integration and alignment of **Integrated Primary Care Services with Urgent Treatment Centres, Urgent Care Centre (GP Streaming at ED), the Clinical Assessment Service, and overnight community provision, to provide a compelling alternative to ED.** 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

demonstrated a diversion of 86% of these dispositions from ED or dispatching an ambulance; this compares with 68% and 67% when comparing with two alternative models in Hampshire. 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. In addition, mental health crisis services have been reviewed and implementation plans in plan for improvement.	
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	
Achieved so far	**Recent progress**
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 being developed in partnership with the PPCA, Adult Social Care and Solent NHS Trust. Adult community nursing and social work teams are already co-located in three cluster teams across the City, working with primary care through the 'virtual ward', multi-disciplinary team arrangements. **Children's teams** are also 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. **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.	**Further development of the Integrated Care Team** approach is well underway. Since June 2018 the new approach has seen individuals that require additional support provided by the fully integrated 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 approach uses a single assessment and care plan and reduces the need for referrals between teams and minimises delays in care provision to individuals**. The model is currently being rolled out to one initial locality with plans to extend to the 2nd and 3rd. Over time this approach will be embedded within Primary Care Networks. We will then need to ensure **private provider services are commissioned and developed in a way that best works with the new model of care**. Adult Social Care has now completed a systems intervention on Domiciliary Care which will inform this. NHS 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 better respond in the way people need it to, whilst being more robust and sustainable** against market influences experienced nationally (work force issues generally).

	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 hospital delays, and shorten length of stay 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.