

Title of meeting: Employment Committee

Date of meeting: 2 March 2021

Subject: Senior Management Structure - Integration of Health and Social Care

Report by: Chief Executive

Wards affected: N/A

Key decision: No

Full Council decision: No

1. Purpose of report

- 1.1 The purpose of this report is to update the Employment Committee on changes to the Health and Care landscape, including the deepening integration between Portsmouth City Council (PCC) and the Portsmouth Clinical Commissioning Group (PCCG), changes in response to the departure of the Director of Adult Social Services (DASS) and implications of proposals for a reorganisation of NHS structures through legislation.

2. Recommendations

It is recommended that the Committee:

- i. Approves the appointment of the current Director of Adult Care, Andy Biddle, to additionally become the Council's statutory Director of Adult Social Services (DASS);
- ii. Requests the Chief Executive to continue to secure deeper integration of council and health services within the Health and Care Portsmouth framework and across the wider health and care system, forming an executive team comprising the DASS, DCS, DPH and Director of Health and Care Portsmouth (NHS post) and Director of Finance (NHS post), all posts having powers to exercise executive functions across both the City Council and the Portsmouth CCG (under s113 of the Act) and with other health providers as appropriate.
- iii. Records its gratitude and appreciation to Mr Innes Richens for his long service to the city and the City Council and wishes him the very best for the future.

- iv. Notes the changes being proposed to the structure of the NHS and the opportunities and potential implications these changes may have for the delivery of health and care in Portsmouth.

3. Background

- 3.1 In 2015, this Committee requested the Chief Executive to engage with the NHS Portsmouth Clinical Commissioning Group (PCCG) to secure the appointment of a joint post across the two organisations that could fulfil the statutory role of Director of Adult Social Services (DASS) for the City Council to help develop integrated services with PCCG. That was achieved, and Innes Richens has successfully filled that joint role since then. In doing so, Innes undertook a number of roles including being the Chief Operating Officer of PCCG and the council's named statutory Director of Adult Social Care. Because of this wide span, Innes was supported by Jo York as his Deputy in his CCG role and by Andy Biddle as Director of Adult Care for the council. Innes has now decided to leave the council and PCCG. Our huge thanks go to Innes for his work for the council, both in leading the adult social care service and in furthering the understanding and integration of the council with the PCCG and the other elements of the local health system. Both the council and PCCG now need to make arrangements to cover the roles Innes filled, particularly for the council its obligation to have a named statutory Director of Adult Social Services (see Appendix 1).
- 3.2 Guided by the multi-agency Health and Care Portsmouth (HCP), significant progress has been made across the board in improving service design and delivery along those important interfaces between the council and the health service, not just with adult social care, but with children's services, housing, public health and a raft of other services where closer understanding and engagement leads to better outcomes for our residents and NHS patients.
- 3.3 We now have a number of joint posts between the council and PCCG and also with Solent Health Care Trust, the predominant community provider in our area. We also have strong, positive relationships with the voluntary and community sector, our Integrated Care Partnership (ICP) which covers the footprint of PUHT (Portsmouth and SE Hampshire) and the Integrated Care System (ICS) which covers Hampshire and the Isle of Wight (HIOW). Portsmouth CCG has delegated CCG functions to HCP under the executive leadership of the Chief Executive of PCC.

4. **Progress to date**

4.1 In recent years we have achieved a great deal, building an advanced integrated commissioning way of working under the Health & Care Portsmouth banner. For example, PCCG and PCC have joined up their operations by having:

- integrated roles and teams for adult's & children's strategic and operational functions
- closely aligned teams for Public Health, with plans to integrate further following the substantive appointment of a Director of Public Health dedicated to Portsmouth
- changed our ways of financial planning and management so they are more closely aligned than ever before
- and we have integrated teams for key supporting and enabling functions such as HR, complaints and most recently communications and engagement.

4.2 In our response to the COVID-19 pandemic we have seen the benefits of this integration, in particular

- how we have responded to and supported the response to the epidemic in the care sector, to testing, to the supply of PPE and infection control support
- how we have worked across the Council and the NHS in communication, planning, and financial support for health & care environments and implemented national guidance as a single team
- in our rapid establishment of community support, alongside the voluntary sector and HIVE Portsmouth to support the most vulnerable people to access food, medicines and welfare support
- in our pragmatic handling of the covid-19 funding and grants, ensuring it got to the services and people who needed it
- in our integrated, personalised, support for children with disabilities and complex needs, and associated support to schools
- in the rapid deployment of an integrated hospital discharge hub with Solent NHS Trust the community health provide, to support PUHT in reducing discharge delays and ensuring people were quickly and safely transferred to out of hospital settings or home with support
- how we quickly redeployed CCG and Council staff across a range of health and local authority functions and;
- how the whole range of our business as usual switched rapidly to new and often very testing ways of working

5. Proposed legislative changes

- 5.1 In November 2020, the NHS published a consultation paper regarding the future of Integrated Care Systems (ICS) to which a collaborative response was sent on behalf of Health and Care Portsmouth.
- 5.2 Following this consultation, on 11 February the Government published a White Paper *'Integration and Innovation: working together to improve health and social care for all'*, outlining proposals it plans to take forward to Parliament to become law.
- 5.3 The government is proposing to:
- Legislate for every part of England to be covered by an integrated care system (ICS). This would formally bring together NHS organisations, local government and wider partners at a system level, with a broad duty for organisations to collaborate, albeit the ICS is described as an 'NHS body'. For Portsmouth, the ICS would cover the whole of Hampshire and the Isle of Wight.
 - Merge the functions currently being performed by non-statutory ICSs with the functions of a CCG. This effectively means CCGs would merge to become ICSs. Each ICS will have a board directly accountable for NHS spend and performance, with its Chief Executive becoming the Accounting Officer for NHS money allocated to the ICS (at present ICSs do not receive money directly because they are not statutory bodies).
 - Permit joint committees, collaborative commissioning approaches and joint appointments, to encourage greater integration.
 - Give the Secretary of State for Health and Social Care new powers to set the objectives of NHS England, intervene in service reconfiguration, have the ability to make direct payments to social care providers, and take on specific public health functions such as the implementation of fluoride in water.
 - Enable NHS England to delegate or jointly commission some of its responsibilities to ICSs, such as screening and immunisation and specialist services.
 - Ensure more effective data use across the health and care system.
 - Allow ICSs to delegate significantly to 'place level' and to provider collaboratives. 'Place' is described as 'most usually aligned with local authority boundaries'.
 - Legislate for the NHS to be free to make decisions on how it organises itself without the involvement of the Competition and Markets Authority (CMA), reforming the procurement process and creating a bespoke health services provider selection regime.

- Amend previous legislation on social care to provide a new duty for the Care Quality Commission to assess Local Authorities' delivery of their adult social care duties, alongside powers for the Secretary of State to intervene where there is a risk of local authorities' failing to meet these duties.

- 5.4 Last year, PCCG confirmed its commitment to integrated working with Portsmouth City Council and agreed to amend its constitution to share an Accountable Officer post with other CCGs within the Hampshire and Isle of Wight Integrated Care system (proposals to merge the other six CCGs across HIOW into one are in train).
- 5.5 The enactment of the proposals announced last week would mean that Portsmouth CCG and the functions it currently fulfils will become part of the wider Hampshire and Isle of Wight ICS. However, the proposals are also clear that place-based activity - which will typically align to local authority boundaries - will be essential. The White Paper says that ICSs will be given a great deal of flexibility in how this will work and will be expected to build on the agreements and relationships already in place rather than starting from scratch.
- 5.6 The Health and Care Portsmouth operating model is well established, already delivering on its vision to involve partners who contribute to the health and care of our residents. The proposals outlined by government align strongly with the Portsmouth approach and progress to date puts Portsmouth in a strong position vis a vis the stated objectives of the White Paper.

6. What does this mean for PCC?

- 6.1 Whilst the Employment Committee will appreciate that we are now operating in a far more entwined and symbiotic way with our NHS colleagues, the primary issue for the Employment Committee within the constitution is to agree to fill the PCC role of statutory director of adult social care (Appendix 1).
- 6.2 Since 2015, our integration with PCCG has broadened and deepened; we are no longer dependent on that single joint post. Following the S113 agreement in relation to the DCS post and the establishment of a key integrated Assistant Director post for Children's Commissioning and Performance the integrated children's commissioning team has made swift progress in bringing together funding streams and aligning service development. In helping guide deeper integration for adult and primary care services, Innes had support from a wide range of colleagues, but particularly from Andy Biddle as Director of Adult Care (PCC) and Jo York as Deputy Chief of Health and Care Portsmouth (PCCG). We are now in a strong position, with a jointly developed and shared philosophy

and vision across partner agencies and a fully collaborative approach - we now think and behave in a far more collective way across a wide range of services and have the opportunity to build an executive team.

- 6.3 In light of this, I do not consider we need to replace like-for-like and would recommend to this Committee that Andy Biddle is appointed to take on the statutory responsibility alongside his operational role as Director of Adult Social Care; and I will recommend to the PCCG Board that it appoints Jo York to the level of Director to undertake a range of duties including supporting the Chief Executive in harnessing the talents and opportunities we have across the CGG, the Council and the wider health system to maximise our integration and influence to the benefit of our residents. Within the Managing Change policies of the two organisations, both of these current post holders would be the only post holders for the respective roles to be ring-fenced for consideration for internal appointment. We are very fortunate to have such talented and proven candidates 'in house' and on that basis I would recommend their appointment rather than 'external' advertisement. Both posts would undergo job evaluation; as summarised at Appendix 1, the statutory guidance for the DASS makes clear that local authorities shall ensure that the DASS is directly accountable to the Chief Executive and comparable in terms of seniority, with the Director of Children's Services.
- 6.4 The expectation is that these two posts will form part of a shared executive Health and Care Portsmouth team comprising the DASS, DCS, DPH and Director of Health and Care Portsmouth (NHS post) and Director of Finance (NHS post), all posts will have powers to exercise executive functions across both the City Council and the Portsmouth CCG (under s113 of the Act) and with other health organisations as appropriate. The section 113 agreements for each post will be developed subject to the agreement of this approach.
- 6.5 If the Committee accepts this recommendation, then subject to HR and Finance process, it will be for the Director working with the Portfolio holder and myself to determine appropriate arrangements for back-filling as these will be at grades below the Committee's loci. Determining such adjustments will be looked at across Health and Care Portsmouth to ensure we get the most effective and efficient structure for this stage of our development, linking closely with the current integrated structure for children's services.
- 6.6 With regard to the future legislative changes, we expect the impact on staff to be minimal. The White Paper is clear that the wellbeing of staff will be central to this change process; they want to provide as much stability of employment as possible. Within the NHS there is an employment commitment for all staff below

board level for those directly affected by the legislative proposals, and HR principles to support the transition will be set out by April 2021. In accordance with the Managing Change policies of both organisations, we will keep staff informed as we find out more; our HR team provides the HR service to PCCG.

7. Reasons for recommendations

- i. To respond to the departure of a key post holder, record appreciation for his achievements and fulfil the council's obligation to have a named Director of Adult Social Care
- ii. To put in place effective and efficient management arrangements across the council and the PCCG to further the objectives of deeper integration across health and social care for the benefit of Portsmouth residents
- iii. To demonstrate the progress made and alignment with the direction of travel indicated by the recently published White Paper '*Integration and Innovation: working together to improve health and social care for all*' and how this relates to the role and work of the Employment Committee.

8. Integrated impact assessment

- 8.1 The contents of this report do not have any relevant equalities and environmental impact and therefore an Integrated Impact assessment is not required.

9. Legal implications

- 9.1 The proposals within the report will enable the discharge of the statutory function in that those functions will sit within the remit of the new and proposed Director of Adult Social Care (DASS). The remaining proposals within the report align with the white paper and beyond the very limited employment comments in this paper present little difficulty within the scope of legality.

10. Director of Finance's comments

- 10.1 The financial implications to the Council associated with the proposals contained within this report can, alongside other opportunities within the management structure, be accommodated within the Adult Social Care budget.

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Signed by:

Appendices:**Background list of documents: Section 100D of the Local Government Act 1972**

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location

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

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Signed by:

Appendix 1

Director of Adult Social Services (DASS)

The Director of Adult Services is a politically restricted chief officer role (section 2, Local Government and Housing Act 1989) and the role is set out in statute under Section 6 of the Local Authority Social Services Act 1978. It is a post with strategic responsibility and accountability for the planning, commissioning and delivery of social services for adults. The Department of Health published guidance on the role of the Director of Adult Social Services in 2006. This is summarised below:

- Chief Executives of local authorities with social services responsibilities should ensure that a DASS is in post. This post can be shared with other responsibilities or other local authorities.
- The local authority shall take steps to ensure that the post holder is given the necessary authority and resources to provide professional leadership (including delivering workforce planning) in social care and deliver the cultural change necessary to implement person-centred services and to promote partnership working, and such other responsibilities as the local authority determines
- The local authority shall ensure that the DASS is made accountable for the delivery of local authority social services functions listed in Schedule 1 of the Local Authority Social Services Act 1970 (as amended), other than those for which the Director of Children's Services is responsible
- Local authorities shall ensure that the DASS is directly accountable to the Chief Executive of the local authority and comparable in terms of seniority, with the Director of Children's Services.

The Local Authority Social Services Act 1970 (as amended) allows local authorities to jointly appoint a single DASS to cover their local authority areas. The partnership arrangements provided for by the Health Act 1999 also enable joint funding of posts between a local authority and an NHS body. A joint appointment of a person to a DASS post and a post in the NHS is therefore possible. Where such a joint appointment occurs the DASS must remain an employee of the local authority for the full range of social services responsibilities. This eventuality can be facilitated by utilising a Section 113 agreement.

Responsibilities of DASS:

- Accountability of assessing local needs and ensuring availability and delivery of a full range of adult services;
- Professional leadership, including workforce planning;
- Leading the implementation of standards;
- Managing cultural change;
- Promoting local access and ownership and driving partnership working;
- Delivering an integrated whole systems approach to supporting communities;
- Promoting social inclusion and wellbeing.