

Title of meeting: Cabinet

Date of meeting: 8th March 2022

Subject: Integrated commissioning and governance arrangements with Portsmouth Clinical Commissioning Group

Report by: Jo York, Managing Director, PCCG

Wards affected: All

Key decision: No

Full Council decision: No

1. Purpose of report

- 1.1 To update the Cabinet on work that is taking place to achieve greater integration of commissioning and governance arrangements between Portsmouth Clinical Commissioning Group (PCCG) and Portsmouth City Council (PCC), in the light of the new operating context for health services and to seek agreement to enter into a s75 agreement in respect of these arrangements.

2. Recommendations

2.1 The Cabinet is recommended to:

- Note the work undertaken to bring about greater integration of health and care services in the city
- Approve in principle (on the basis of the summary document attached) the s75 agreement between Portsmouth City Council and Portsmouth Clinical Commissioning Group, with delegated responsibility to the Chief Executive to agree final amendments and to authorise the execution of the agreement in final form.
- Delegate authority for associated schedules to be completed and signed off by the relevant Director in consultation with the s151 officer or his authorised delegate.



3. Background

- 3.1 Since 2015, the place-based working in Portsmouth has been defined by the Blueprint for Health and Care in Portsmouth, which set out:
- A strategic case for change
 - Commitments to residents
 - A vision for health and care provision in Portsmouth
 - A set of suggestions for structural changes to support integration between NHS and local authority partners
 - A series of local delivery priorities
 - Some shared ways of working
- 3.2 Progress against the Blueprint was regularly monitored, including through the Health and Wellbeing Board and it led to many positive developments in the city, including:
- Integrated Primary Care Service incorporating the acute visiting service and GP enhanced access service
 - Development of the Wellbeing Service (public health)
 - Establishment of Positive Minds service to provide better support to people requiring emotional and mental health support
 - Roll out of SystmOne across all GP practices, Solent NHS trust and Adult Social Care.
 - Increased partnership working across health and social care in both adults and children's services including increased number of joint roles.
 - Integrated approach to discharge to assess and establishment of the PCAT service to support people coming home from hospital, significantly reducing the number of bed days lost in the acute sector arising from any delays.
 - Development of an integrated 0-19 early help service for children and families
- 3.3 In the new context of the Hampshire and Isle of Wight Integrated Care system (HIOW ICS), thinking has been underway about how we need to refresh this vision for improving health and wellbeing outcomes and working together in Portsmouth and with wider partners across the ICS, where it makes most sense to come together at scale.
- 3.4 In the new arrangements, it is expected that the ICS will take on the statutory functions previously exercised by the CCG, and some functions also previously provided by NHS England. Services in the future will be commissioned at the level where it makes most sense to do so to ensure the best outcomes, and it is expected that there will be a focus on place-based working as part of these arrangements. It is expected that the new way of working will strengthen integration between health and care services.

3.5 A first draft of a refreshed Blueprint was produced in November 2020 and presented to the Health and Wellbeing Board. Since then, the White Paper and associated guidance have now given us more insight into the expectations and opportunities for place-based partnerships in the context of the ICS. Therefore, in 2021 work took place considering how the Blueprint needs to look for the future, in a series of conversations and discussions linked to the development of the ICS, and helping us to explore the priorities for Portsmouth within that.

4. Stakeholder engagement and feedback on the Blueprint Refresh

4.1 In August 2021, as part of our wider work on developing the role of Portsmouth as a place in the Integrated Care System, we asked for some feedback on principles for working that had been developed in previous workshops, and on the commitments that had been developed as part of the Blueprint for Health and Care Portsmouth. Many partners contributed thoughts and ideas back.

4.2 The original Blueprint document set out a vision for Health and Care in Portsmouth:

Our vision is for everyone in Portsmouth to be enabled to live healthy, safe and independent lives, with care and support that is integrated around the needs of the individual at the right time and in the right setting. We will do things because they matter to local people, we know that they work and we know that they will make a measurable difference to their lives.

4.3. We heard loud and clear that the vision still feels like the right one and is broadly supported by partners.

4.4 We also sought feedback on some key principles for how we work together as a city in future - these were considered to be broadly the right ones for the city:

- **OUTCOMES** - improving outcomes for Portsmouth people will be at the heart of
- place-based working
- **EQUALITY** – Our place-based working will seek to shape service delivery to ensure it is inclusive and reduce inequalities in the city
- **EVIDENCE** – Place-based working will be informed by the needs of local communities and evidence of what works
- **INTEGRATION** – Place-based working will integrate service delivery around the needs of individuals and families
- **PREVENTION** - Prevention and early intervention services will reduce dependency on public service delivery

- **PARTICIPATION** - Residents will be active participants in the co-production of services, and we will be led by patient and service user demands and experience
- **ACCOUNTABILITY** - Resource allocation decisions will be transparent, contestable and locally accountable
- **VALUE FOR MONEY** - Decisions will be driven by the goal to achieve optimum quality, value for money and outcomes
- **PARTNERSHIPS** - Strong and effective partnership is key to place-based working.

4.5 There was considerable feedback given on the draft commitments for the refreshed Blueprint. In the feedback it was noted that:

- People want a seamless health and care service and to tell their story once and to have a clear and personalised care plan that they agree to - these desires need to be reflected in the commitments.
- The commitments should reflect the sense of place for Portsmouth and also that in some cases, it is right that things are done at scale - commit to doing the right thing at the right level.
- Important to reflect that services should be designed from the customer perspective
- Need to be clearer about what the actual commitment around urgent care is - needs to feel realistic as we move forward
- Commitments need to be a basis for honest conversations around expectations - maybe one of the commitments needs to be about being honest and open?
- We need to recognise that as a result of the pandemic, much of the workforce is exhausted
- Do the commitments as currently written feel like they reflect the passion and energy that you sense in Portsmouth - they could be framed differently to provide more of that sense?

4.6 In response to the feedback, and in light of the discussion at the Joint Commissioning Board in December, it is recommended that the following commitments are adopted as the cornerstone of the Blueprint for Health and Care in Portsmouth.

- Our local health services will reflect the diversity of populations and needs in our communities
- We will build services as locally as possible to reflect the needs of the community, but recognise that it will make sense for some things to be led at a different scale.
- We will always design services from the perspective of the person using them, and make these as seamless as possible, joining up functions and organisations for better experiences and outcomes for service users



- We will remove barriers to accessing services so that everyone can get the help and support they need
- We will involve people in designing services for them and those they care for
- We will make sure that we have a well-led, well-organised and well-supported workforce that we empower to work across organisational boundaries to improve the experiences and outcomes for service users
- We will be honest about what we can and can't do, and explain why
- We will work with people in their communities to develop the relationships and opportunities they need to stay healthy, independent and active in the places they live.

5. Next steps

- 5.1 Linked to the ongoing discussions around the development of the ICS, it is recommended that in Portsmouth, we now complete the refresh of the Blueprint, linking it to the outcomes we are seeking through the Health and Wellbeing Strategy and the health and care priorities that have been agreed for the city, across children's services, services for adults and public health priorities. This will also take into account the ways organisations are working together, and move forward the prospectus for health and care integration that was considered early in 2021.
- 5.2 The Health and Wellbeing Board will propose a revised Blueprint as our local prospectus for place-based working at its next meeting.

6. Enhancing integration with Portsmouth Clinical Commissioning Group

- 6.1 In 2021, the Joint Commissioning Board which brings together commissioners from PCC and the CCG, initiated a piece of work to streamline the current contractual arrangements that exist around shared health commissioning in the city to enable joint working to be as broad and deep as possible, within an overarching enabling framework. Advice provided by Bevan Brittan clarified that the most appropriate form for this is an overarching s75 agreement which sets a framework for joint working, with a series of individual schedules developed to set out key areas below that (so for example, Better Care Fund, Continuing Health Care, Vulnerable adults, Children 0-19, Health and Wellbeing, Enabling functions).
- 6.2 The advice also made clear that a single agreement can comprise a range of arrangements, the services that can be included within arrangements under S75 of the NHS act are limited by the exclusions set out in the Regulations made under s75¹ (S75 Regulations); and that the primary care commissioning arrangements

¹ NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 SI 617 of 2000



are delegated by NHS England and required to be exercised through a primary commissioning committee - further delegation is not possible.

6.3 In broad terms (so allowing for some exclusions where there are specific statutory provisions), the scope of which health specific budgets can be included is:

- NHS Community Services
- NHS Mental Health Services
- Commissioning and other staff
- Acute sector services including non-elective care, and rehabilitation
- Primary care commissioning

6.4 From a local authority perspective, any budgets can be included where it is considered that there is, or may be, a benefit in alignment. This includes the ringfenced public health grant and associated functions, budgets related to Adult Social Care, Children's Services (children's social care, SEND, early intervention), areas which could be considered relate to community safety (including domestic abuse) and some services relating to housing (including support around rough sleeping).

7. **Developing the s75 agreement**

7.1 On the basis of this advice, an overarching s75 agreement has been developed, having regard to current operational and governance structures. A summary is attached at Appendix 1. Bevan Brittan have been instructed to act on behalf on both PCCG and PCC to draft this document.

7.2 The overarching agreement is nearing completion, with key points of note:

- provision has been made to enable s256 agreements to be made around this and this is reflected in a separate schedule
- critical to this work is robust financial governance and these arrangements have been pulled into a separate schedule for clarity. In respect of risk sharing, the agreement is clear that each partner is responsible for covering its own overspends only with no requirement to pick up those incurred by the other partner; and that agreed underspends can - subject to partners agreeing they should not be used in respect of other functions in the commissioning scheme - be returned to the partner who made the contribution. Each scheme will be overseen by a partnership management group who will have responsibility for budget monitoring.

7.3 The Cabinet is asked to approve in principle the s75 agreement as the key enabling document for joint working with Portsmouth CCG in the future.

7.4 We are now moving to concentrate on updating the schedules that will be attached to this, in particular:



- CHC - The present CHC s75 agreements comprise two documents covering provision and commissioning and are working from the 2015 version with an open-ended variation to the contract to accommodate the Covid Scheme 2 funding. In developing the overarching s75 agreement, the recommendation is that these agreements are brought together as a single document, reflecting the way that this is managed in practice, and the integration that has developed since the original documents were put in place.
- BCF - the refreshed plan was submitted to NHSEI in line with requirements - at this stage no significant amendments are proposed although in future it may be that some areas currently covered by the BCF schedule are removed and incorporated into different schedules if it makes sense to do so. We will as part of the work consider whether there are some immediate amendments that should be made to enable coherence of the wider agreement, without destabilising the current BCF agreement (for example, bringing the CCG below the minimum contribution required).
- Health and Care Portsmouth/enabling schedule - this is the schedule which brings the commissioning functions together and covers the staffing arrangements, in complement to the s113 agreements for the executive team. There are complexities in confirming where this budget is pooled and where there is alignment, and identifying posts which are in or out of scope. Broadly, we are seeking to cover all of the enabling functions for the joint working in this schedule, including data and intelligence and safeguarding and quality.
- Children's services - bringing together services including mental health services, social care, early intervention and SEND support, structured around our existing Children's Trust Plan
- Vulnerable adults - including substance misuse, rough sleeping, mental health, learning disabilities, domestic abuse and community safety
- Health and Wellbeing - pulling together public health, primary care and acute services.

7.5

Under the oversight of the Joint Commissioning Board, officers will continue to develop the s75 and associated schedules. It is recommended that Cabinet delegate authority to complete these schedules to the relevant Directors in consultation with the s151 officer (or his delegate). This will include developing the necessary assurance mechanisms to ensure that financial and service performance is transparent to all partners.



8. Reasons for recommendations

- 8.1 Integration of health and care services in the city is a priority, to ensure that residents experience seamless services as far as possible. The current Blueprint for Health and Care in Portsmouth was agreed in 2015 and it is therefore appropriate that it is reviewed in the light of the changing context for health and care services.
- 8.2 Alongside this, it is important to ensure that the mechanisms for broad and deep local integration are in place. A key enabler for this is a broadly drafted s75 agreement between PCC and PCCG which enables visibility of statutory health and care resource in the city, and allocation of these resources against agreed priorities.

9. Integrated impact assessment

- 9.1 An integrated impact assessment is not required on this document as it is a high-level statement, and policies and initiatives following from the Blueprint and the associated s75 agreement will be assessed in their own right at the appropriate time.

10. Legal implications

- 10.1 Section 75 of the National Health Service Act 2006 allows local authorities and NHS bodies to enter into partnership arrangements to provide more streamlined services and to pool resources, if such arrangements are likely to lead to an improvement in the way their functions are exercised.
- 10.2 The flexibilities provided by Section 75 and the Regulations made under that section enable the Council and the PCCG to work effectively in partnership to deliver integrated commissioning and provision of services in accordance with the aims of the Blueprint for Health and Care Portsmouth in the context of prescribed NHS functions of the PCCG and prescribed health-related functions of the Council.
- 10.3 The partnership arrangements which may be established under Section 75 include arrangements—
- (a) for or in connection with the establishment and maintenance of a fund (a "pooled fund") which is made up of contributions by one or more NHS bodies and one or more local authorities and out of which payments may be made towards expenditure incurred in the exercise of both prescribed functions of the NHS body or bodies and prescribed health-related functions of the authority or authorities,



- (b) or or in connection with the exercise by an NHS body on behalf of a local authority of prescribed health-related functions of the authority in conjunction with the exercise by the NHS body of prescribed functions of the NHS body,
- (c) for or in connection with the exercise by a local authority on behalf of an NHS body of prescribed functions of the NHS body in conjunction with the exercise by the local authority of prescribed health-related functions of the local authority,
- (d) as to the provision of staff, goods, services or accommodation in connection with any arrangements mentioned in paragraph (a), (b) or (c),
- (e) as to the making of payments by a local authority to an NHS body in connection with any arrangements mentioned in paragraph (b),
- (f) as to the making of payments by an NHS body to a local authority in connection with any arrangements mentioned in paragraph (c).

10.4 As outlined in the body of the report, various partnership arrangements under Section 75 have already been in place between the Council and the PCCG over previous years. The new overarching Section 75 Agreement proposed within this report is designed to provide a framework to refresh and update those existing arrangements on a continuing basis and for the introduction of further arrangements as may be required by the partners going forward.

10.5 Under the Section 75 Regulations the partners may not enter into any partnership arrangements unless they have consulted jointly such persons as appear to them to be affected by such arrangements. It is noted that at this stage the new overarching Section 75 agreement primarily updates and refreshes existing partnership arrangements and it is assumed that as and when any new service scheme specifications are brought into the overarching agreement appropriate prior consultation will form part of the process for implementation.

11. **Director of Finance's comments**

11.1 The proposals contained within this report seek agreement to the development on an overarching s75 agreement between the City Council and Portsmouth Clinical Commissioning Group. This agreement would replace the existing s75 agreements between the two organisations with one single agreement; whilst also expanding the services and budgets included within it.

11.2 It is intended that this agreement will provide greater transparency and understanding of the totality of expenditure on services provided within Portsmouth by both organisations. This transparency and understanding of

available resources, will assist commissioners when making decisions about future service provision and design within the City.

- 11.3 As explained within section 4 of the report, the proposed agreement does not increase the financial risk of either party. The agreement seeks to ensure that each partner remains responsible for their own over and underspending. Additionally, the budget responsibilities of Directors and Budget Managers as defined within the City Council Constitution and Financial Rules continue to apply.

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Signed by: Jo York, Managing Director, Portsmouth Clinical Commissioning Group

Appendices:

Appendix 1 - Summary of Portsmouth framework section 75 partnership agreement

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: