

Health and Care Portsmouth

A new Blueprint for Portsmouth 2023 - 2028

1. Introduction

This document describes how NHS Hampshire and Isle of Wight Integrated Care Board (HIOW ICB) and Portsmouth City Council (PCC) along with other key partners in the city, will work together to further strengthen the place-based health and care integration in the city.

Health and Care Portsmouth is a long-standing partnership of six organisations, working together to improve the delivery of health and care services in the city. These are:

- Portsmouth City Council
- NHS Hampshire and Isle of Wight Integrated Care Board
- Portsmouth Primary Care Alliance
- Solent NHS Trust
- Portsmouth Hospitals University NHS Trust
- HIVE 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.

We will work as key partners in the Hampshire and Isle of Wight Integrated Care System (HIOW ICS) and with the local delivery system around the acute trust footprint to ensure the successful implementation of health and care services for Portsmouth, in line with the aims of the ICS:



The development of the ICS presents an opportunity to strengthen partnership arrangements to improve health outcomes and reduce health inequalities both locally and working at scale in the ICS.

In addition to the Health and Care Act 2022, which formalised the statutory development of ICSs, the government have set out their position on a range of related matters. This includes the Integration White paper, which considers how joint working between health and care agencies can be made easier to benefit service users and improve outcomes, and the "People at the heart of care" adult social care reform white paper, setting out proposals for change.

Taken together, these legislative and policy changes add up to a significant package of change which will need all partners in the system to work together to deliver.

In Portsmouth, our strong history of partnership means that we are well placed to deliver positive change. We look forward to continuing our journey of integrated health and care so that people experience better care and seamless services and receive the support they need.

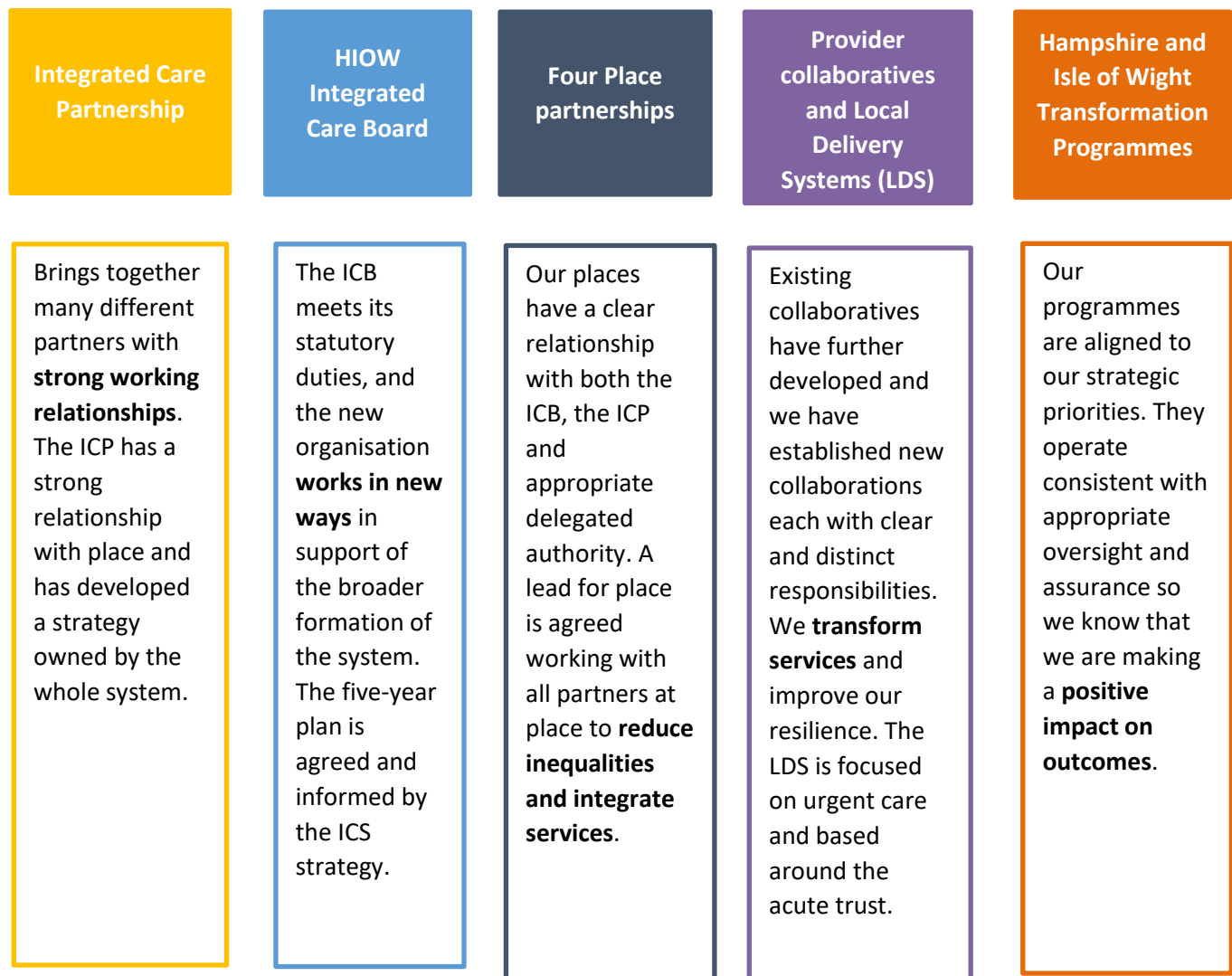
2. Working arrangements and governance

The Health and Care Act 2022 placed integrated care systems on a statutory footing as of 1 July 2022.

Integrated Care Systems (ICSs) comprise of two statutory components. For Hampshire and Isle of Wight, there is:

- A Hampshire and Isle of Wight Integrated Care Partnership (ICP) - a broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS. The Integrated Care Partnership has responsibility for developing an Integrated Care Strategy for Hampshire and Isle of Wight.
- An NHS body, the Hampshire and Isle of Wight Integrated Care Board (ICB), which will be responsible for NHS strategic planning, the allocation of NHS resources and performance, and bringing the NHS together locally to improve health outcomes and health services. This body is the successor organisation for previous Clinical Commissioning Group (CCG) arrangements, with CCG staff, functions and assets have been transferred to the ICB.

The whole system for Hampshire and Isle of Wight is complex, with many decision-making and delivery organisations, but the component parts of the HIOW ICS can be broadly described as below:



The Health and Care Portsmouth Partnership has been designed to work effectively at place level within the governance structures of the ICS.

3. Meeting the needs of our population

Add infographic piece

What are the key issues we need to tackle in Portsmouth?

There are some significant challenges that we need to address in our city:

- **Inequality of access and outcome** - we have some significant inequalities in the city:
 - **Health:** Life expectancy for men and women in Portsmouth is significantly lower than the England average; and it is 7.8 years lower for men in the most deprived areas of the city than in the least deprived. Rates of under-75 mortality rate from cardiovascular diseases, cancer, respiratory diseases and liver disease are worse than the England average. In school year 6 (at the end of primary school) 21.5% of children are classified as obese.
 - **Deprivation** - The [Index of Multiple Deprivation \(IMD\)](#) is the official measure of relative deprivation. Portsmouth (along with Southampton) ranks as significantly

more deprived than any other district within Hampshire and Isle of Wight. Of 317 LA districts in England, Portsmouth is the 57th most deprived by the average rank of each LSOA, the 59th most deprived by average score of LSOA, and 72nd most deprived by the proportion of its LSOAs that are in the most deprived 10% nationally. With only 2 LSOAs in the least deprived 10% nationally, and 15 in the most deprived 10%, Portsmouth has pockets of affluence rather than pockets of deprivation. This concentration of deprivation also means that the impact on the city of the current cost of living crisis is likely to be particularly acute.

- **Educational Attainment** - In many key measures of educational attainment, Portsmouth is ranked lower than other cities. There is a paradox that the city is strong in terms of Ofsted judgements, with 92% of inspected schools and 96% of early years settings assessed to be good or better, but the city has weak outcomes in terms of educational outcomes, particularly at the end of Key Stage 2, when children finish their primary school years and Key Stage 4, when they finish secondary schooling. On the last comparable data (before the pandemic struck), at Key Stage 2, 58% of children achieve the expected standard across Reading, Writing and Maths, compared with 65% of their peers nationally. At Key Stage 4, 35% achieved a strong pass in both English and Maths compared to 43% nationally, and 56% achieved a standard pass in these subjects compared to 65% nationally. For children meeting the expected standard in reading at KS2, the city ranks 148th out of 152 local authority areas; and 147th for the average Attainment 8 score at KS4.
- **Skills** - Educational outcomes have implications for achievement at further and higher education. The most recent statistics show that the proportion of young people not in education, employment or training has risen to 5.2%. There is also concern about the number of young people leaving post-16 without a positive destination. Despite being a university city, Portsmouth has relatively few people with degree level skills; this poses a challenge for residents looking to obtain highly paid work. Portsmouth also has a higher proportion of residents with no skills (6.9%) compared to the average for the South East (5.6%), though this remains lower than the national average (8.0%). Many higher paid and higher skilled jobs are being taken by employees commuting into Portsmouth and not by residents. Resident salaries are lower than the national average despite city workplace wages being higher - this indicates the lower skills level of the local workforce.
- **Pressure on services** - post-pandemic, we are continuing to see considerable pressures in all sections of the health and care economy in the city. Demand for urgent care services in particular is rising, partly as a result of pressures on planned care services and increased waiting times, alongside some significant workforce challenges in the health and care sector.
 - Whilst our Primary Care services continue to increase the number of appointments offered, (September 2022 86,656, September 2021 83,800) the time people wait to be seen is longer (September 2022 38% appointments on the same day, 65% within 7 days; September 2021 42% seen on same day, 72% seen within 7 days)
 - Patients are waiting longer for planned treatment than before the pandemic (August 2022 15,762 people waiting for a planned procedure, of whom 68% were treated in

under 18 weeks, 427 people waited longer than 52 weeks, 24 people waited longer than 78 weeks and 1 patient waited longer than 104 weeks; in August 2019 there were 13,759 patients waiting for a planned procedure, 84% were treated in under 18 weeks, and there was no one waiting over 52 weeks)

- Whilst there are fewer A&E attendances per head of the population at the main local provider of acute services, Portsmouth Hospitals University NHS Trust, there are more ambulances arriving at ED than the national average and local peers, the number of patients admitted to wards from ED is higher than England / rest of H1OW, 65% of emergency inpatient bed days are for the over 65s and there are the highest proportion of readmissions in 75 years category than peers
- During 2022, contacts into the Multi Agency Safeguarding Hub for Children have averaged around 1,236 children per month. Those children moving on into a service referral remains high but it is in line with our statistical neighbours (other cities similar to Portsmouth). Referrals are 'appropriate' meaning that a high proportion of children and families are in need of a service - either statutory safeguarding or early help and support and re-referral rates are higher than historical trends.
- Around 170 children a month are being referred to Child and Adolescent Mental Health Services (CAMHS). This is higher than pre-pandemic levels but with some early signs of this reducing following investment in early help initiatives. This means that only 67% of children are seen within 72 hours. There are currently 132 children waiting to be seen in long-term treatment teams with only 25% seen within 18 weeks.
- Although the Adults psychology service has developed several innovative ways of meeting increasing demands, higher acuity, and recruitment challenges, more patients are waiting longer to be seen. As of September 2022, 70 people had waited more than 2 years and 74 people had waited more than one year.

Financial pressures: Financially, these continue to be challenging times for Portsmouth. The biggest share of health and care funding for the city comes from the government (as a health allocation and a grant to the Local Authority). Since 2011/12, overall central government funding to Portsmouth City Council has reduced significantly, as other financial pressures (mainly relating to inflation, Covid-19 recovery, the effects of an ageing population on care services and the increased requirements for safeguarding of vulnerable children) have emerged. Adult and children's social care (representing in excess of 50% of controllable spend) provide services to the most vulnerable, experience the greatest cost pressures, and have historically received significant protection from savings. During the Covid pandemic health funding increased to allow services to treat and protect people, rapidly transforming the way people are treated and then discharged from hospital. In 2022/23 and beyond this additional funding has stopped and is expected to reduce further in 2023/24.

Health and Care Portsmouth has had to make savings and efficiencies to ensure that spending remains in line with income and funding levels. For the council this equates to £104m over the past 11 years, this represents 48% of all controllable spending. In 2022/23 Portsmouth health services have had to make savings of £6.9m (c6% of controllable spending) to balance the books.

By working together as Health and Care Portsmouth to plan and deliver services we can make sure that we use every Portsmouth pound to best effect and create seamless services for our population.

In 2022/23 we are investing in and working to reshape services to support people on discharge from hospital to ensure a timely, appropriate path back to as much independence as possible.

In 2022/23, the council budget proposals sought to ensure that the financial position of both adult and children's social care remains robust both in the short and medium term, and provided additional funding:

- children's social care - £3.9m to cover financial pressures relating to residential placements, care leavers, unaccompanied asylum seekers, inflation and to remove unachievable budget savings
- adult social care - £3.3m to cover the uplift in the national living wage of 6.6% that will be passported to care providers as well as all other inflationary pressures.

However, with significant funding reforms for social care imminent and health funding reducing in real terms, the outlook remains challenging, and the imperative to ensure that we are working as efficiently as possible to drive the greatest possible value out of the Portsmouth Pound remains.

4. Health and Care Portsmouth - setting our direction together

Our City Vision

In 2019 and 2020, partner organisations worked together on an exercise, "Imagine Portsmouth", to create a shared vision for the city.

We worked with 2,500 people representing business and organisations who live and work in Portsmouth to talk about our hopes and dreams for our city. We created big bold plans for what we want in the future; for ourselves, our families, our communities, our businesses and our co-workers.

People described the values they wanted to see lived in the city and the things that are important to them:

We believe in:

- equality
- innovation
- collaboration
- respect
- community

By 2040, we want to see a:

- happy and healthy city

- city rich in culture and creativity
- city with a thriving economy
- city of lifelong learning
- green city
- city with easy travel.

In describing a vision for a happy and healthy city, people described a city where:

"We do everything we can to enhance wellbeing for everyone in our city by offering the education, care and support that every individual needs for their physical and mental health. All our residents and communities live in good homes where they feel safe, feel like they belong, and can thrive."



Our Health and Wellbeing Strategy

The Health and Wellbeing Board (HWB) is a statutory body, which is charged with overseeing the production of a Joint Strategic Needs Assessment for the area, and developing a Health and Wellbeing Strategy, which all organisations delivering health and wellbeing services in the city must have regard to.

In early 2022, the HWB approved a new strategy focusing on addressing the causes of the causes of poor outcomes for residents in Portsmouth, looking at:

- Educational attainment
- Healthy relationships
- Air quality and active travel

- Housing
- Poverty

The theory of change underpinning the approach is that by creating the strongest possible foundation in the city, to enable people to live healthy lives in which they can thrive, we will over time reduce need and demand for services, including more intensive support, and move towards being the city described in the vision.

Portsmouth City Council have recently published a new Corporate Plan, which sets out the priorities for the administration, in terms of key missions for the city. These respond to the current challenges, including the cost of living and the climate crisis.



Hampshire and Isle of Wight ICP strategy and ICB strategic plan

Partners within the ICP are coming together to develop an interim strategic plan that will guide the work of the ICB over the medium term. This strategy will be focused on a short list of priorities that the system can agree collectively on to achieve tangible and early benefits as a result of working together. The ICP strategy will set ambition for, and influence, the ICB joint forward plan.

The themes that are emerging for partners to prioritise include:

- 1. Children and young people**
- 2. Mental wellbeing**
- 3. Prevention of ill-health and healthy lifestyles**
- 4. Workforce**
- 5. Digital and data**

The ICB is also required to produce a joint forward (strategic) plan to be published by 31 March 2023. This will be a shared delivery plan for the ICB, its partner NHS trusts and foundation trusts to meet the physical and mental health needs of their population through arranging and/or providing NHS services. This should include delivery of the universal NHS commitments and address the four core purposes of the ICS. The plan should set out how health organisations will meet the aims of the ICP strategy and should be supported by the whole system.

The principles, priorities and plans for Health and Care Portsmouth will reflect all of these wider drivers and set out the local response, including through an integrated model of delivery.

5. Health and Care Portsmouth - our vision and ways of working

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 (single commissioner, single provider)
- A series of local delivery priorities
- Some shared ways of working

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:

- Acute visiting service
- GP enhanced access
- Integrated Primary Care Service
- Developing the Wellbeing Service
- Positive Minds
- Roll out of SystemOne

We have worked to refresh the Blueprint to reflect the new arrangements and changes in our environment, including the recovery from the pandemic and the emerging cost of living crisis.

The original Blueprint document set out a **vision for health and care provision** in Portsmouth, which remains supported by all partners:

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.

Our **Health and Care Portsmouth place-based partnership commitments** are that:

- 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 and delivered 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.

We also agreed some **key principles** for how all health and care partners would work together in 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 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 –

- **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

On 15 July 2022, HIOW ICB held an online event to discuss how partners will continue to work together at place level in Portsmouth. More than 65 people attended the event which was hosted by David Williams (partner member of the ICB and CEO of Portsmouth City Council), Jo York (Managing Director for Health and Care Portsmouth) and Ros Hartley (Director of Partnerships at HIOW ICB).

Discussions at the event focused on the need to refresh and agree priorities for the city in a new Health and Care Portsmouth blueprint. Part of this work had begun last year, alongside the development of the Portsmouth Health and Wellbeing Strategy 2022-2030 and Portsmouth's City Vision for 2040, where partners came together to discuss the significant challenges facing the city which are contributing to Portsmouth's health inequalities. This includes the cost of living crisis, demand and capacity pressures across the health and care system, residents struggling to access key services, workforce challenges, financial challenges and more.

As part of the workshops, five place-based priority areas were identified:

- **Health improvement** – focusing on addressing health inequalities and improving outcomes
- **Children's services (0-25)** – well developed integrated approach to commissioning and delivery
- **Vulnerable adults** – focusing on mental health, people with learning disabilities and those with the most complex lives, including substance misuse, homeless population
- **Primary and community services integration** – using the Better Care Fund, focusing on frailty and people with long term conditions organised around three key themes:
 - Early intervention and self-care
 - Admission avoidance and effective discharge
 - Proactive care
- **Person-centred care planning** – continuing health care, and independent sector care purchasing

A series of smaller sub-groups are now working to develop these themes into a comprehensive place-based plan for Health and Care Portsmouth.

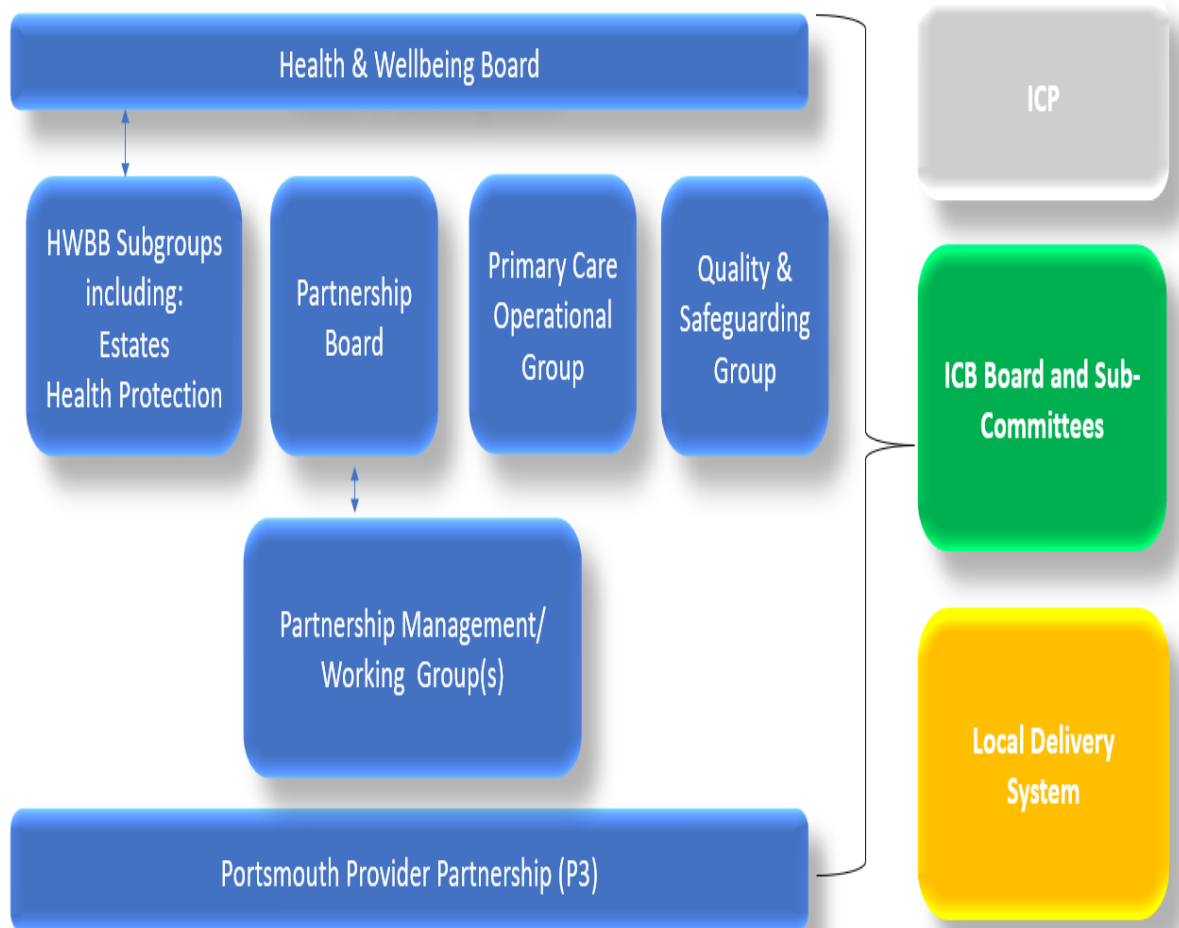
We have also identified shared themes where partners can work together to improve the efficiency and effectiveness of services in Portsmouth, feeding into and aligning with wider ICS level workstreams:

- a. Quality and safeguarding
- b. Workforce
- c. Digital
- d. Practice models and integrated ways of working

Again, we will be using the coming months to agree the key improvement priorities we need to deliver in these areas over the short, medium and longer term.

6. Governance arrangements for Portsmouth's place-based partnership

In Portsmouth, we have put in place robust partnership arrangements to support place-based decision-making and resource allocations. This can be characterised as:



Health and Wellbeing Board (all partner statutory committee) will continue to drive development and implementation of the HWB strategy

Health and Care Portsmouth Place Based Partnership Board (committee of ICB with delegated authority, all HCP partner attendance) oversee delivery of the local HCP delivery strategy and S75 arrangements to include Healthwatch

Portsmouth Safeguarding Boards (Statutory responsibility for Safeguarding - Children and Adult boards), led by PCC and all partners attend

Portsmouth Quality Group (place-based group with local ICB and PCC membership) to oversee quality of local services including primary care and the independent care sector (care homes and domiciliary care)

Primary Care Operational Group (place-based group with local ICB membership) to take the majority of local decisions relating to primary care as per delegation arrangements

Partnership Management Groups (joint working group structure) to Maximise Service Users' Choice and control and to commission safe and effective services that demonstrate value for money. Will provide strategic direction, agree both the health and council budgets as well as monitoring spend, performance and risk management

Portsmouth Provider Partnership P3 (all HCP partners) coming together to drive innovation and the 'engine room' of integration transformation delivery

Role of the HCP Partnership Board

In driving the allocation of resource and delivery of integrated, high-quality and effective services in the city, the Health and Care Portsmouth Place-Based Partnership Board is key. The role of the Board is to:

- Oversee place-based planning driven by population needs assessment
- Provide the key forum for integrated local authority and NHS planning and delivery
- Develop a single strategy and plan for the city
- Promote quality and identify how the health and wellbeing strategic intentions will be supported and enabled through integrated commissioning
- Develop new models of care
- Support local workforce and organisational development
- Oversee delivery of the plan for Portsmouth including through the development of a single approach to performance management
- Ensure that all commissioning decisions are made in line with the principles set out in the HCP Blueprint and other strategies and plans

Aligning health, care and other sector resources to focus on delivering improved outcomes by:

- Building on existing integrated working arrangements
- Overseeing pooled/delegated funds for range of health and care services – adults, children, public health
- Developing and monitoring aligned financial plans and financial performance including forecasts for the year and development of long-term financial strategies for Health and Care
- Ensuring compliance with rules and restrictions associated with any other blocks of funding, including specific grant funding

Partners to the Board include:

- HIOW ICB
- Portsmouth City Council
- Solent NHS Trust
- Portsmouth Primary Care Alliance
- Portsmouth Hospitals University Trust

- HIVE Portsmouth
- Healthwatch
- Health and Wellbeing Board
- Wessex Local Medical Committee

The key mechanism which will bring together the overall picture of the local resources and set out how these need to be applied is the development of the section 75 (s75) agreement, which will enable the ICB and PCC to align objectives and funding.

Integrated governance arrangements between the ICB and PCC and section 75 arrangements

There is a long history of combined roles in the Health and Care Portsmouth arrangements to support integrated delivery of services. Under a 113 agreement, the Chief Executive of the City Council is authorised to be the Executive lead for Health and Care Portsmouth with delegated responsibility to lead a shared executive team, and a remit 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.

The council's Chief Executive is therefore authorised to act on behalf of the ICB to develop the best arrangements for delivering this. This includes the remit to form an embedded executive team comprising of the statutory council functions of the Director of Adult Social Services, Director of Children's Services, Director of Public Health, and Clinical Leader (NHS post) and Managing Director of HIOW ICB (Portsmouth place) (NHS post) all posts having powers to exercise executive functions across both the council and the HIOW ICB (under s113 of the Act) and with other health providers as appropriate.

To further strengthen integrated working, building on the section 75 (a75) arrangements that previously existed between Portsmouth Clinical Commissioning Group and Portsmouth City Council (for Continuing Health Care, Better Care Fund and enabling functions delivered through Health and Care Portsmouth) an overarching s75 framework has been agreed which will incorporate:

- Children's services 0-19
- Vulnerable adults
- Population health and wellbeing

Our ambition is to strengthen the integration arrangements and increase the aligned fund arrangements over time, to reflect the responsibilities of the place-based partnership, in line with broader approach of the ICS to planning and delivery of services. We expect this to occur on a phased approach:

Phase 1: Extra Contractual Referrals to be included in arrangements alongside CHC. - this was fully agreed in June 2022 and we are now developing the delivery and governance arrangements in line with the s75 schedule for Continuing Health Care. March - Sept 2022)

Phase 2: Children's budgets to be included, with PCC already committed to bring into the s75 arrangements budgets relating to Special Educational Needs, youth and play services. Work is ongoing with ICB colleagues to look at the alignment of the ICB children's strategy and local place-based arrangements to support these discussions (July - Dec 2022)

Phase 3: Wider budgets relating to primary care, prevention and vulnerable adults. (Now till March 2023)

Development of place-based plan - October 2022 - March 2023)

Launch of place based plan and ongoing implementation (alongside ICP Strategy and ICB Strategic Plan) - March 2023 - March 2028

As our place-based partnership arrangements develop, and the Partnership Board matures, we will also be looking at whether the existing provider s75 arrangements between Solent NHS Trust and Portsmouth City Council can also be managed within the same space.