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(Please note that "Information Only" reports do not require Integrated Impact Assessments, Legal or Finance Comments as no decision is being taken)

Title of meeting: Cabinet Member for Community Wellbeing, Health & Care

Subject: Integrated working between Portsmouth City Council and Hampshire & Isle of Wight Integrated Care Board

Date of meeting: 18 March 2024

Report by: Councillor Matthew Winnington, Cabinet Member for Community Wellbeing, Health & Care

Author: Helen Atkinson, Director of Public Health & Andy Biddle, Director of Adult Social Care

Wards affected: All

1. Requested by

Cabinet Member for Community Wellbeing, Health & Care (CWHC).

2. Purpose

To update the Cabinet Member and spokespeople for CWHC as to the changing relationship between Portsmouth City Council, (PCC) and the Hampshire & Isle of Wight Integrated Care Board, (HIOW ICB).

3. Information Requested

3.1 Background

In 2012, Portsmouth Primary Care Trust, (PCT) and PCC agreed to work together to create a service that combined the resources of both organisations to work with Portsmouth residents who needed to have an assessment for eligibility for Continuing Health Care, (CHC) funding. Whilst historically Council and NHS services operated in isolation and there could be a focus on where the payment to meet needs came from, this partnership enabled a focus on resident need, implementing the national framework for CHC and a joint accountability for the budget. In working together, both organisations committed to the best value for the money available within Portsmouth, whether this be Local Authority or NHS.

Since this time, the Council and Clinical Commissioning Group¹, (CCG) have worked together to commission services for Portsmouth residents with a learning disability, residents living with mental health challenges and a service enabling residents to receive

¹ The successor organisation to the PCT

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reablement and rehabilitation. All of these services have been provided through Council partnerships with Solent NHS Community Trust on the basis of varied legal/contractual arrangements. The Council and CCG/ICB also worked together to support the quality of care in Portsmouth, through an integrated quality team, ensuring the best care for Portsmouth residents. Enabling the NHS and Local Authority to work together, avoids Portsmouth residents being referred to different places for their needs dependent on whether these needs were health or social care.

This integrated relationship was also demonstrated through support for care providers in the city, developing the enhanced health in care homes initiative and promoting telehealth in care homes to help residents stay in the environment where they can receive the best direct care, with appropriate clinical advice and support. This work included developing a shared protocol to ensure that, as a local health and care community, Portsmouth was able to respond to social care provider closure in the area. The relationship was also demonstrated in working together to respond to pressures around discharge from hospital to ensure that more residents could be discharged in a timely way, with CCG investment in 'discharge to assess' (D2A) services following the COVID-19 pandemic.

Working with the CCG and then Hampshire & Isle of Wight Integrated Care Board², (HIOW ICB) a D2A unit was developed in Portsmouth, (in a Council owned Nursing Home) so that residents were able to leave hospital in a timely way and have the opportunity to make decisions about onward care and support whilst receiving reablement or rehabilitation.

The Council and CCG/ICB worked together with colleagues from primary care, Solent NHS Trust, HIVE Portsmouth and Healthwatch, as part of the Portsmouth Provider Partnership, (P3). This partnership built working relationships between colleagues and focussed on some key projects, started with limited finance, to test whether P3 could have a positive impact on the health & wellbeing of Portsmouth residents. Different projects worked with residents experiencing breathlessness and those needing support with weight management. P3 also enabled work with local Voluntary, Community & Social Enterprise, (VCSE) organisations to support Portsmouth residents returning home from hospital and help avoid admission. Projects also included work with residents in mental health in-patient care to initiate and maintain exercise and supported the installation of kiosks in primary care practices to enable residents to manage their own health in areas such as blood pressure, heart rate and body mass index.

Portsmouth is a place with some challenges for the health of the population, (table 1) the integrated approach was an attempt to bring together the NHS and City Council to support working to help make lives better, the integrated approach goes beyond these key partners to involve the VCSE, University, Police, along with other key partners, to implement the Health & Wellbeing Strategy in the city and focus on the cause of the causes:

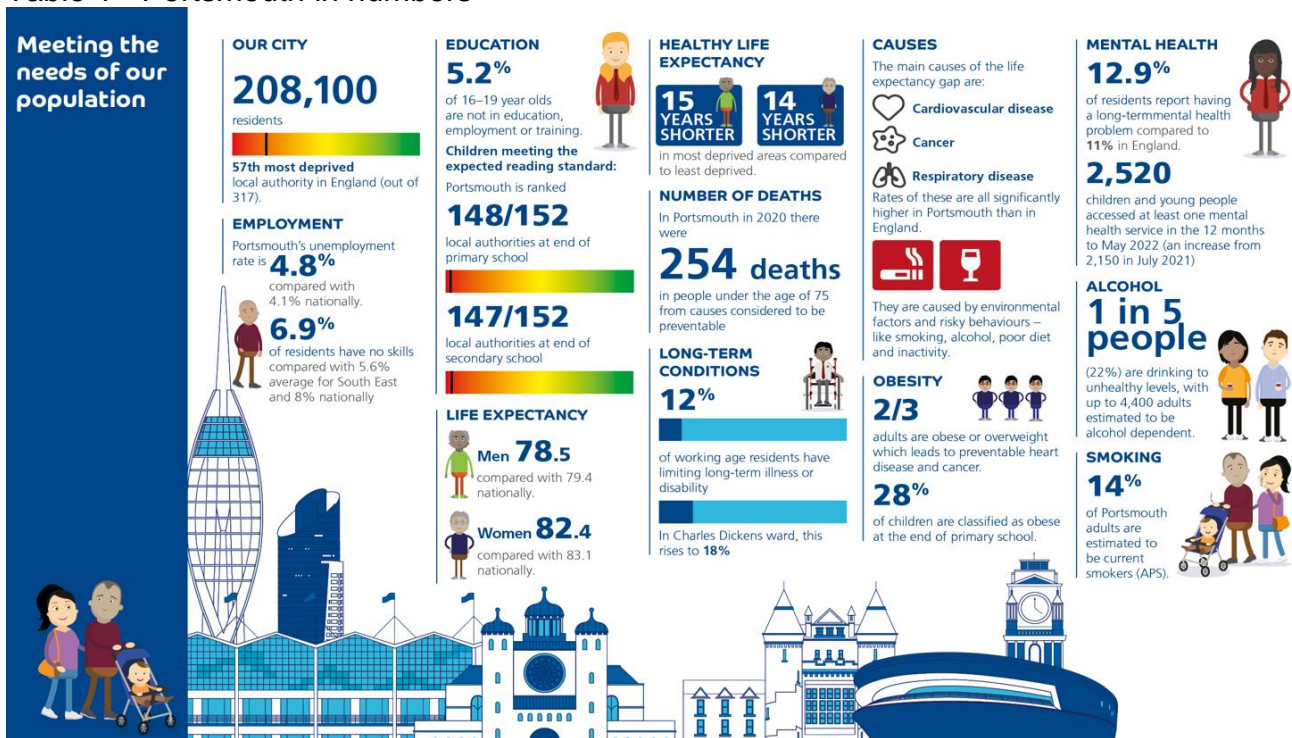
² Successor organisation to the CCG

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- Tackling Poverty
- Educational Attainment
- Positive relationships
- Housing
- Air Quality

Table 1 - Portsmouth in numbers



4. Current Context

Since April 2023, HIOW ICB has experienced significant financial challenges and has initiated several 'Mutually Agreed Redundancy Schemes' (MARS) to limit staffing numbers. This has seen the departure of Portsmouth-based colleagues, including the ICB Place Director at the end of 2023. The ICB has also been challenged in setting place-based budgets. The partnership has worked in the past on the basis of delegated authority in place; however, the focus on achieving financial balance has moved to wider system NHS commissioning. This has led to challenges with the ability to set budgets and agree uplifts for care providers that are shared between PCC and the ICB. There has also been a delay in agreeing the ICB Better Care Fund³ contributions for the 2024/25 financial year, with the subsequent withdrawal of some local VCSE organisations from care provision.

5. Interim Memorandum of Understanding

The departure of the Place Director for Portsmouth under MARS, and the developing structure of the ICB has meant changes to place leadership, and a new relationship

³ [NHS England » About the Better Care Fund](https://www.nhs.uk/about-the-better-care-fund/)

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required between the ICB and Local Authority to ensure residents continue to benefit from health and care services that are effective and efficient in responding to local need. In advance of an ICB restructure, an interim arrangement was required in the city to ensure that both the ICB and PCC were able to continue to deliver on strategic and operational objectives, and balance the need to make financial savings, whilst continuing to serve the health and care needs of the population.

There was also a need to give stability to staff during a time of uncertainty and ensure that they had the clarity of leadership and management they need to continue performing at a high level to deliver agreed objectives. The arrangements and governance for delivering the above is set out within an interim memorandum of understanding, (MOU) signed by the Chief Executive of the Council and the Chief Delivery Officer of the ICB.

The MOU sets out how, in the period between the departure of the Place Director and the ICB restructure, commissioning activity for integrated community care, mental health, learning disabilities and children's services will be delivered, by the existing integrated place-based teams, aligned under PCC leadership. This aims to minimise disruption for colleagues and draws on existing s113⁴ arrangements for the Directors of Adult Social Care and Children's Services to facilitate the arrangements. Commissioning teams will have clear links into the relevant ICB work programmes as necessary. This arrangement aims to ensure that ICB activity is supported through informed local implementation, which meets the needs of the local community through local services.

Activity related to primary care and acute hospital services provision will be managed through the Deputy Place Director for the ICB. To ensure that local activity continues to support the achievement of system and population level outcomes, (as outlined in the Health and Care Portsmouth plan) the Director of Public Health will provide strategic oversight for the Health and Care Portsmouth planning function, the S75⁵ and integrated team arrangements. This includes the integrated communications and engagement function, as well as management and chairing of the Health and Care Portsmouth Partnership Board. The MOU was reviewed at the end of February and both parties agreed to continue the current arrangements through to the end of April when it is expected the ICB will have completed their re-structure.

Andy Biddle

Helen Atkinson

⁴ Section 113 of the Local Government Act 1972 allows a local authority to enter into an agreement with another local authority to place an officer of one at the disposal of the other for the purposes of discharging the latter's functions
[Shared services and management: a guide for councils \(local.gov.uk\)](https://www.local.gov.uk/guidance/shared-services-and-management-a-guide-for-councils)

⁵ Section 75 of the National Health Service Act 2006 allows local authorities and health bodies to pool funds and join together their staff, resources, and management structures to integrate the provision of a health-related service from managerial level to the front-line
[Shared services and management: a guide for councils \(local.gov.uk\)](https://www.local.gov.uk/guidance/shared-services-and-management-a-guide-for-councils)

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Signed by (Directors)

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