NHS Portsmouth Clinical Commissioning Group

Portsmouth CITY COUNCIL

THIS ITEM IS FOR INFORMATION ONLY

Agenda item:

Title of meeting:	Health and Wellbeing Board
Date of meeting:	Wednesday 2nd December 2015
Subject:	**The Blueprint for Health and Care in Portsmouth**
Report by:	Innes Richens, Chief Operating Officer, NHS Portsmouth Clinical Commissioning Group David Williams, Chief Executive, Portsmouth City Council

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1. Requested by

1.1 Cllr Luke Stubbs and Dr Jim Hogan, Joint Chairs of the Health and Wellbeing Board (HWB).

2. Purpose

2.1 To progress the Blueprint for Health and Social Care in Portsmouth which was received and supported by the Health and Wellbeing Board at its meeting in September, and has subsequently been endorsed by boards of the Portsmouth CCG, PHT, Solent NHS Trust and the Cabinet of Portsmouth City Council. This paper updates on progress in developing the principles and collaboration behind the blueprint, explains how it aligns with national policy and the HIOW Devolution prospectus, and recommends a series of 'next steps' for the Board's consideration.

The Health & Wellbeing Board is asked to:

- Note the progress that has been made in developing the programme for the Blueprint
- Discuss the proposals for developing the HWB to allow it to manage a single health and care budget for the city and agree the next steps
- Support the Portsmouth Health and Care Executive (PHCE) in overseeing the ongoing development of the Blueprint and require a detailed presentation of the 'plan for a plan' at the next HWB meeting in February 2016.

3. Information Requested: The Blueprint for Health and Care in Portsmouth, December 2015

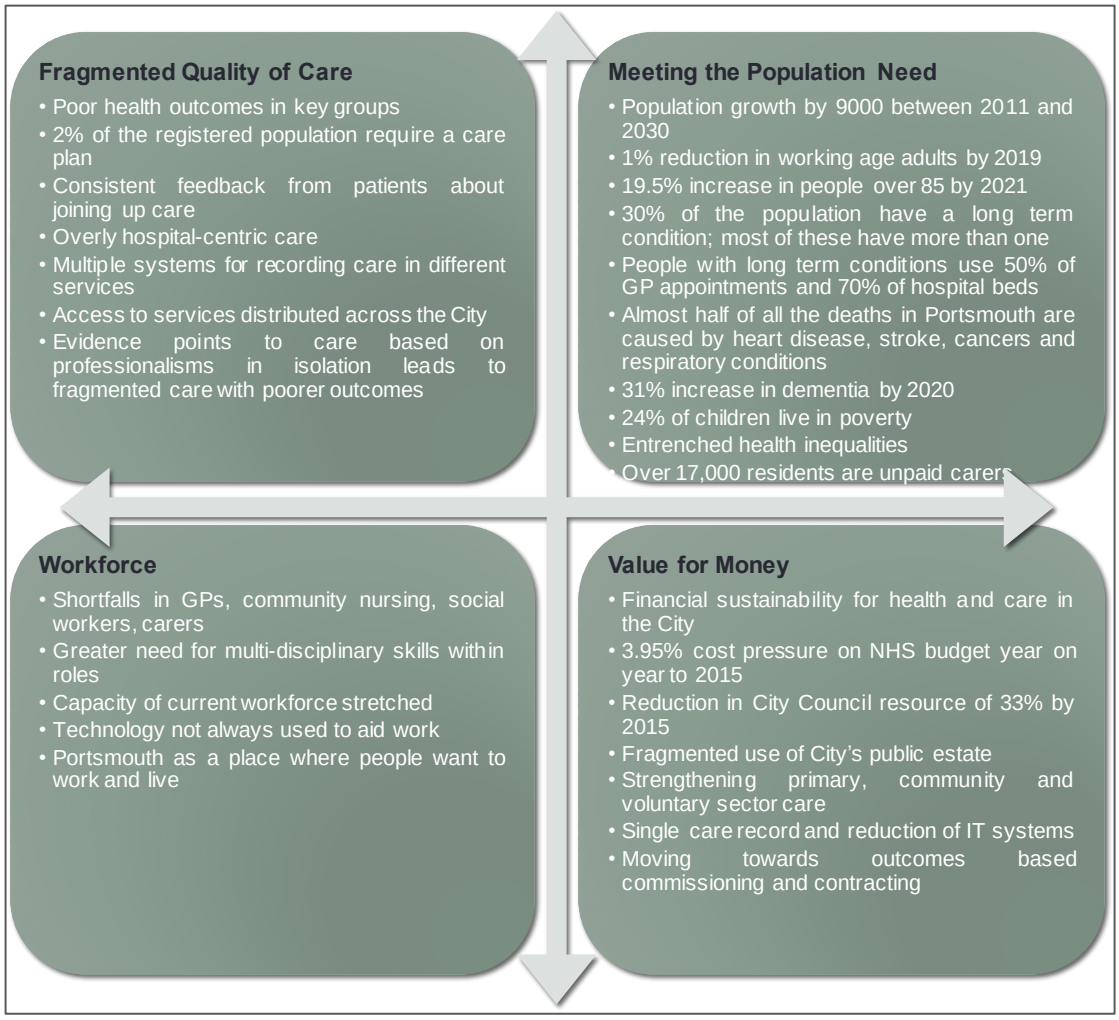
Introduction

Health and care services for people in Portsmouth are, overall, extremely good and have evolved over many years because of national and local policy and decisions. This has delivered good care for the majority of people but its design presents a number of problems that will significantly restrict the City's ability to meet our challenges and deliver our Vision. Most notable are the fragmented nature of how both the person and the professional navigate through the various services, and the growing costs to the public purse of delivering the services.

In September, the Board supported a paper that set out why we must continue to bring services together in a way that makes sense for the person but also allows front-line professionals to deliver care in a way that is not restricted by professional, organisational or financial boundaries.

Figure 1 summarises the main challenges facing health and care in Portsmouth, setting out the key reasons why the way this is delivered needs to change over the coming years.

Figure 1: Strategic Case for Change



The strategy is based on joining up (integrating) services around the care of the person. Our aim is to create a single health and care system for the City – this includes delivery of services but also planning, commissioning and managing these services.

The Portsmouth Blueprint is underpinned by a Vision for the transformation of health and social care in the city, a series of key commitments to Portsmouth, and a set of desired outcomes for the city and its population. For ease of reference, these are reproduced at Annex 1.

Our approach is squarely in line with the NHS Five Year Forward View[1]. It reflects the conclusions of the Barker Commission[2], the vision for social care set out by ADASS[3] and the recommendations of the latest King's Fund report on health and social care integration[4]. It fits with the statements in the Comprehensive Spending Review about all local areas needing a plan for integration of health and social care[5]. It is also in line with the outline proposals for health and care integration included in the Hampshire and Isle of Wight prospectus for Devolution, submitted to HM Treasury in September 2015.

The functions we aim to change for Portsmouth are set out in Figure 2.

Fig 2:

Implementing the Blueprint - getting on with it!

At a national level, since the publication of the Barker Report in 2014 there has been *"a substantial groundswell of support for the central proposition of a new settlement based on a single ring-fenced budget and a single local commissioner"*[6] but the biggest concern has been how this can be achieved without major organisational change which remains politically toxic. The NHS Five Year Forward View (2014) states that the national leadership of the NHS will need to *"act coherently together and provide meaningful **local flexibility** in the way payment rules, regulatory requirements and other mechanisms are applied."* It goes on to say that, *"We will **back diverse solutions and local leadership**, in place of the distraction of further national structural reorganisation."*[7]

Whilst many details of the Blueprint are still being developed, there is a strong desire by the partners to make progress where we can to achieve better services for the public and greater efficiency for the public purse. Momentum and the demonstration of our commitment to improve

[1] Five Year Forward View, NHS England et al, 2014
[2] Commission on the Future of health and Social Care in England, 2014
[3] Association of Directors of Adult Social Services, 'Distinctive, Valued, Personal: Why social care matters', 2015
[4] Kings Fund, 2015 Options for integrated commissioning; Beyond Barker
[5] HM Treasury, Spending Review and Autumn Statement 2015
[6] Options for Integrated Commissioning - Beyond Barker - The King's Fund, June 2015
[7] Five Year Forward View, NHS England et al, 2014 p.4

local delivery are powerful drivers and need to come from the top to empower the local health and wellbeing system. Bearing in mind that we are already a year in to the 'Five Year Forward View', the Board is recommended to adopt a pro-active approach in the spirit of 'diverse solutions and local leadership'. Considerable progress can be made within the existing legal provisions and the collaborative approach adopted by the partners, without the need to seek 'permission' or new legal powers.

Financial and governance arrangements - how far can we go?

The existing legal powers vested by statute in the partner organisations and the Health and Wellbeing Board provide considerable scope for meaningful progress to be made in some key areas. Two key areas are governance and finance - and the relationship between them.

Whilst it will be for the individual organisations and this Board to decide how far and how fast they wish to proceed, the following sets out the scope that exists within the current statutory frameworks.

Steps towards integrated system	**Can this be done within existing local powers?**	
Delegating council decisions from Full Council / Cabinet / Portfolio holder e.g. commissioning decisions to the HWB	☑	Within existing powers under Health and Social Care Act 2012. HWB Constitution makes provision for such decisions to be 'reserved' for PCC and CCG Members of the HWB
Delegating from the CCG Board e.g. commissioning decisions to the HWB	?	There is scope to do this through a variety of mechanisms but would need proper consideration once scope of 'single system' is clearer
Delegating from HWB to officers e.g. to PHCE or similar acting as an 'officer exec' for the HWB	☑	Within existing powers under Health and Social Care Act 2012 normal officer delegations can apply to powers delegated from the Executive.
Single leadership - joint appointments by PCC and PCCG to senior officer roles	☑	Current governance of s75 for integrated commissioning provides a model and there have been a number of joint appointments
Pooling health and care commissioning budgets between PCC and PCCG at scale - 'single health and care budget for the city'	☑	Existing s75 and s113 powers allow this, with a number of such agreements already in place. Genuine pooling of decision-making has been harder to achieve, and would need structural change to HWB
Aligned 3 or 5 year place-based health and care budgets	?	Some scope to do this within existing local powers but additional support would be needed e.g. around*:* - Full and early delegation of specialised commissioning budgets from NHS England - Transfer of some Public Health funding and responsibilities from PHE

Joint approach to intelligence and strategic planning	☑	Statutory duty on HWB to oversee JSNA and strategy that addresses it. Recent draft national planning letter to CCGs reiterates importance of system-wide strategic planning

In the light of this legal and financial framework we can begin to put some shape around the organisational machinery necessary to deliver our objectives. A catalyst to this will be to re-engineer some of our existing management structures and processes across the partners.

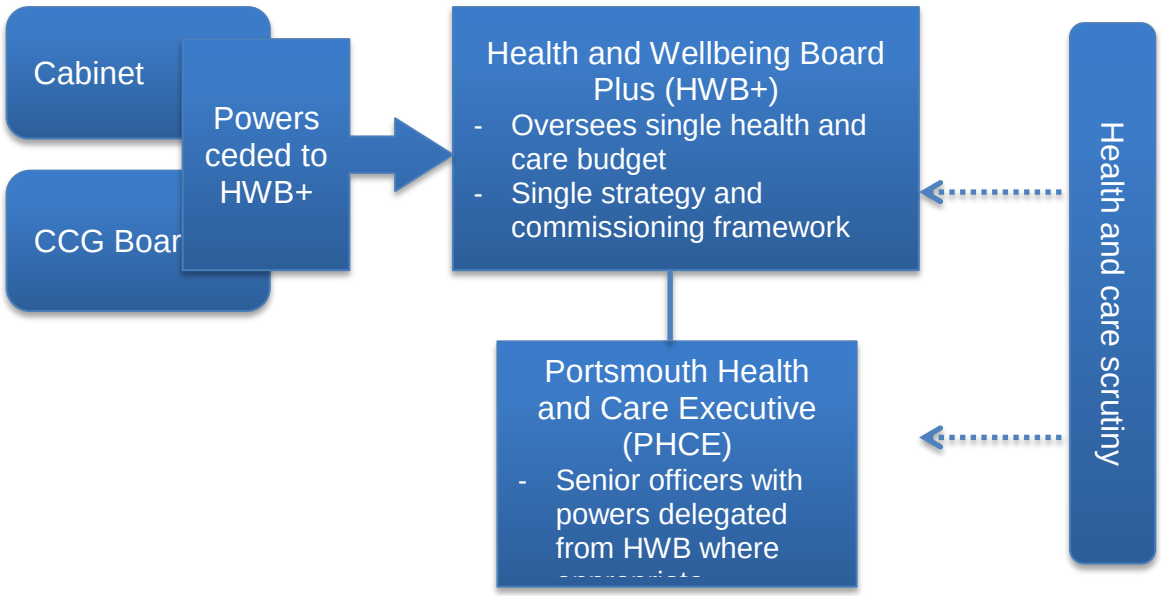
The existing financial and legal powers are sufficient to accommodate the following potential organisational models which could help accelerate our progress:

A 'Health and Wellbeing Board Plus':

- responsible for a single health and care budget for the City, which could be pooled using existing s75 powers or managed within existing organisational structures but presented and treated as a 'single budget';
- a single strategy, planning and commissioning framework, and revised Joint Health and Wellbeing Strategy;
- decision-making governance established around HWB with clear scheme of delegation so decisions at HWB do not then need to be referred back to constituent organisations for approval.
- Revised joint scrutiny arrangements appropriate to new model

Figure 3 sets out diagrammatically how this could look.

Fig 3: HWB+



In order to deliver this, the following steps are suggested:

Actions needed:	**Timescales:**
- report to PCC Cabinet and PCCG Board recommending delegation of powers for relevant health and social care commissioning to the HWB	Early in 2016
- review of HWB governance to ensure fit with proposed enhanced decision-making role e.g. political balance for Elected Members on HWB vs executive decision-making powers	Early in 2016
- report to PCC Governance and Audit and Standards Committee seeking support for recommendations of relevant changes to HWB governance to Full Council	Early in 2016
- review the Joint Health and Wellbeing Strategy and associated business of the HWB to ensure the Blueprint is central and the board's time is focussed on those areas where it can provide the system leadership	Spring 2016
- review with related partnerships (e.g. Children's Trust Board) how current arrangements could deliver this agenda more effectively and ensure the HWB+ is focussed on those areas where it can add most value	Spring 2016
- options appraisal for delivery and governance arrangements for a single commissioning function	Spring 2016
- developing shared frameworks for outcomes, risks and benefits realisation	Summer 16
- s75 agreement that significantly expands on the scope of existing s75 agreements (ICU, Better Care, AMH, CHC etc)?	Summer 16

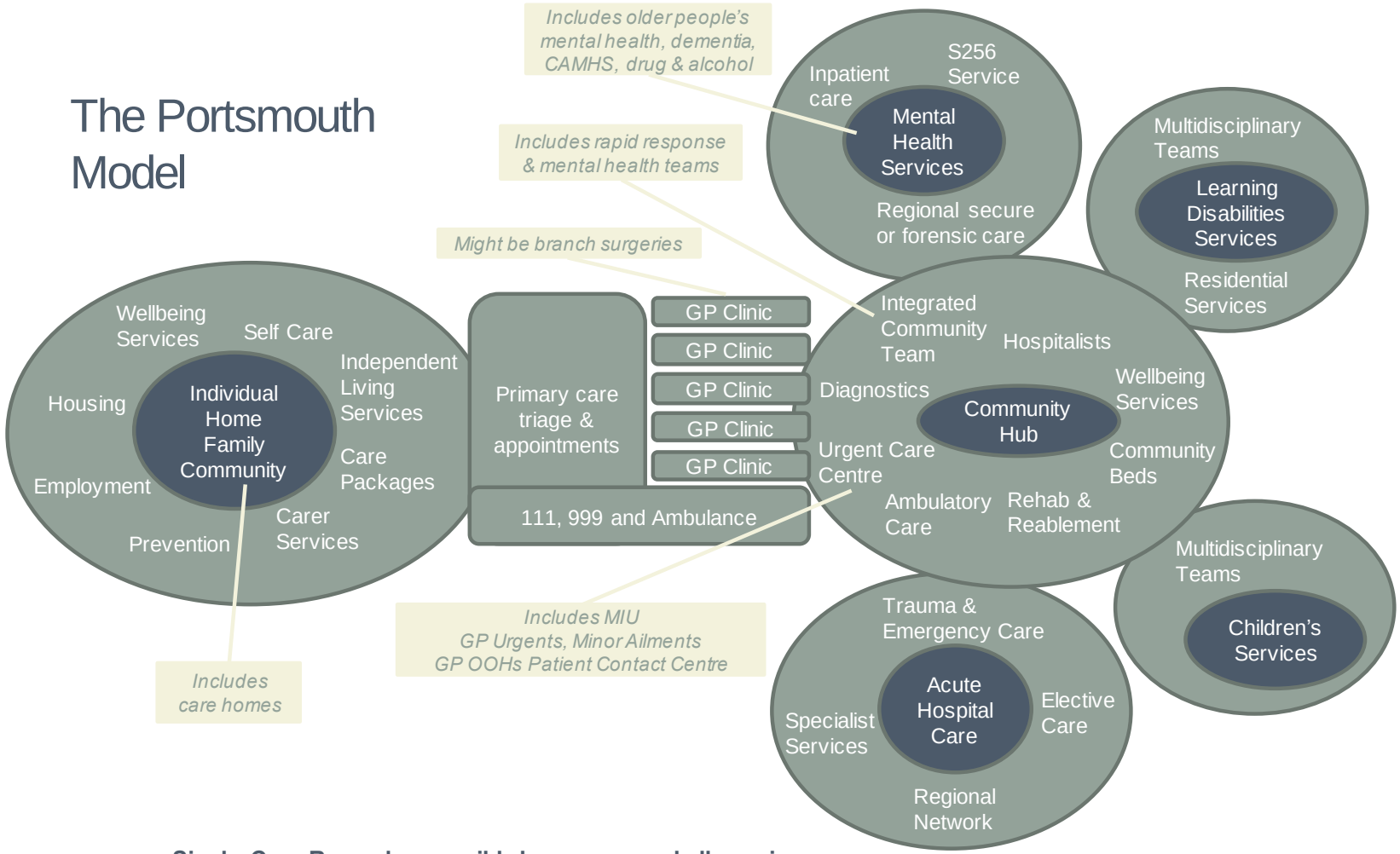
B Joint senior management arrangements between PCC and PCCG accountable to the HWB. This could include, for example, a new role of 'Director of Health and Adult Services' appointed jointly by PCC and PCCG. This post could manage operational leads for commissioning (supported by a shared intelligence and commissioning function), service delivery (exploration of single provider model envisaged for future), and transformation (including Better Care and programme management of Blueprint).

How We Will Organise Health & Care Provision

Over the next five years, we propose to change the way we offer services across the whole spectrum of health and care. Fig. 4 gives an overview of how the main health & care services could be organised in Portsmouth by 2020. To achieve this will mean bringing together some existing services, providing other services at scale, embracing technology, ensuring that people only go to hospital to receive care that can only be done in a hospital setting and that social care needs are met in the community wherever possible.

The sections that follow Figure 4 begin to set out the key features of each element of this overall model of care, giving further detail about the types of services that could be delivered and how we intend to change the health and social care offer for Portsmouth.

Fig 4: The Portsmouth Model of Health and Care



Prevention and Wellbeing

We will build support and capacity in all our neighbourhoods to support wellbeing and independence and agree priorities for action and develop better capacity and resources in each neighbourhood and community to support wellbeing.

We will create wellbeing services in or close to people's communities so that people can access support for a range of lifestyle issues which allows them to manage these better themselves, working with the whole community.

Single Point of Access and Triage

A single point of access will be created for health and social care services in Portsmouth so individuals, and their families and carers, find it easier to get the information and advice they need to make choices about the services they use and to manage their own care. By considering health and social care together, individuals would only need to tell their story once and only need one assessment.

Keeping Independence

We will improve the range of services people can access to maintain their independence.

We will make more use of personal budgets – people, their families and their carers will have more control, choice and flexibility over the support they receive

Establishing Community Hubs

We will create single health & care teams based in community hubs within key City localities. These teams will be seen as part of primary care services in the City and include a range of skills and services including primary and hospital care, social care, wellbeing & self-care, mental health (including elderly mental health) and community therapies (such as physiotherapy, occupational therapy).

Care will become more local. We will place more specialist services in the same localities as the community teams so that professionals have direct access to the right type of support to better manage the care of people – including ambulatory care, access to reablement and rehabilitation services and also a range of diagnostic services.

Creating a Different Primary Care Service

We will create a different primary care service for the City, one that retains the GP as the basis for the service but with a wider workforce which sees individual GP practices working together or merging to provide services collectively for the City. Primary care will be delivered as part of the single community teams but will also offer specific GP services in localities (similar to practices currently).

For people who need to access primary care, we will join up in-hours and out-of-hours health care so that access to urgent primary care appointments are seen as part of the overall urgent care service.

We will create a different type of workforce for delivering care for the City, one which will draw upon existing professions such as nursing, social work, emergency care and pharmacy to deliver primary care alongside GPs to ensure we have a workforce that can deal with the needs of the City.

Changing the Nature of Hospital Care

Better prevention and early intervention will enable hospital care to be more focused on planned treatment and, where urgent care is needed, choices will be simplified. By its nature, a single

health and care service for the City will be less hospital-centric; in order to do this we will require hospital clinicians to be working together with GPs and other out of hospital professionals to determine and manage the changes.

Delivering Social Care for the Future

Our model for care and support is built on four key elements.

- Good information and advice to enable us to look after ourselves and each other, and get the right help at the right time as our needs change.
- The recognition that we are all interdependent and we need to build supportive relationships and resilient communities.
- Services that help us get back on track after illness or support disabled people to be independent.
- When we do need care and support, we need services that are personalised, of good quality, that address our mental, physical, and other forms of wellbeing and are much better joined-up around our individual needs and those of our carers. Personal budgets are central to this approach.

We will look beyond people's immediate health and care needs to develop a model of social care that creates better opportunities for our children and young people, and reduces the numbers of children in care, in the offender system and young people not in education, employment or training.

We will create better opportunities for our most vulnerable members of the community including those with mental health problems, addiction problems or with learning disabilities. We will work with employers and work support agencies to support those people with health problems to remain in employment where possible.

We will continue to develop resources and capacity to support older people, especially for those with health problems including dementia and their carers.

Multi-disciplinary Teams for Children and Families

Co-located and integrated children's specialists will be part of the model. The current work to establish Multi-Agency Teams will continue but over time will become part of the broader Community Hubs.

We will ensure that in the design of the offer for children and families that our safeguarding children processes and practice remain robust and that there is a clear support pathway for children not just from primary care but also from nurseries, schools, colleges and the police.

We will ensure that the offer for children and families is family-focussed and fully integrates services for vulnerable parenting adults, notably around substance misuse, mental health, learning disability and domestic abuse.

In designing the offer for children and establishing the single provider, we will ensure that there are clear lines of accountability for risk around safeguarding and for the quality of services inspected by Ofsted.

How We Will Establish a City Approach to Strategic Planning, Prioritisation and Commissioning

Establishing a single health & care service for Portsmouth will require a joined up approach to planning, prioritisation and commissioning across the current public sector organisations. We will establish a single approach to strategic planning and commissioning for Portsmouth, bringing together functions and expertise from NHS Portsmouth CCG and Portsmouth City Council into a single service. We will develop the role of the Portsmouth Health and Wellbeing Board to act as the

single statutory Board for setting strategy, decision making, allocating resource and prioritisation for health and care in Portsmouth.

We will bring together how we use the information and expertise we have available to us currently – such as planning, commissioning and contracting services within the public sector but also the City's Joint Strategic Needs Assessment (JSNA), our Public Health capability and our developing approach to outcomes-based and population-based contracting.

How We Will Make Better Use of Public Sector Expertise and Support Services

Using Technology

We will establish an IT system for the City that can work across all health and care providers so that each person has a single care record which can be accessed by those who are providing their care. We will give people access to their own care record as well as giving them direct control over who else can access their record.

We will actively use current and future technology to support people to care for themselves or access services including the use of mobile apps, telehealth/care but also using technology to allow people to self-triage and book appointments for care.

Making Better Use of the Public Estate

In establishing a single health & care service for the City, we will review and manage the totality of the health & care estate in Portsmouth, including establishing ways of supporting current GP practices with their primary care estate. The City's total public sector estate will be used to enable our delivery of a health and care service but also will be our first point of call for the location of any specialist, support or management services.

In particular, we will maximise the use of key strategic sites for health and care in the City including (but not limited to) St Mary's campus, Civic Offices and Queen Alexandra Hospital. We will also maximise the use of community space to build capacity for community based organisations and activities.

Growing Our Workforce

We will not assume that tomorrow's health & care service will be provided simply by bringing together today's workforce, professions and services and requiring these to work differently or for longer hours; we cannot build a sustainable service for the future on this basis.

We will thus develop a workforce that matches the differing types of delivery this future model requires. Working with local and regional education providers as well as the national professional bodies we will aim to 'grow our own' workforce – ensuring that we not only design new roles but also establish the means by which they are trained and developed.

It is likely that our future workforce will include the following features:

- The right knowledge, skills and expertise to deliver their role
- Not constrained by current organisational forms and boundaries but working within the Portsmouth model of care
- Primary care specialists or consultants, able to work across the acute, community and social care sectors to manage the complete care of the individual
- Flexibility for professionals to portfolio work, mixing more general care delivery with specialist expertise

Our aim will be that the local health and care workforce expresses pride in the work they do, feels valued and sees Portsmouth as a place to work, pursue their career and live.

How We Will Deliver the Changes

Delivery Arrangements and Change Team

The scale of change we are aspiring to achieve will require us to agree and collectively establish a city transformation programme. Before the transformation programme can be set up, there are a number of decisions and actions, which must be undertaken by March 2016.

- Decision required between PCC and PCCG about how they are going to join up their commissioning functions to enable a single commissioning approach, including which budgets will be pooled and the mechanisms (formal and cultural) by which this will be achieved. This will both require and support strengthening of HWB's role.
- Decision about scope and authority of HWB and the delegated authority it requires from PCC and CCG, with implementation plan in place by 31 March 2016.
- Partnership agreement required to be in place between PCC, Solent, PHT and the Primary Care Alliance that allows them to work together to deliver the operational transformational changes as well as work to develop and review options for new single organisational form for service delivery.
- Clarity from each organisation about the impact of the changes above on their statutory functions and regulatory environment.
- Clear decision about which back office / support functions will be brought together and for whom, with a clear development and phasing plan to be in place.
- Agreement about how we are going to identify and manage those savings/CIP/QIPP proposals that either have implications for partners or run the risk of taking us in a direction away from the aims of the Blueprint. Appropriate governance arrangements need to be in place to support this.
- Clarity on our joint planning arrangements between now and April, with a clear articulation of which plans are truly joint and some agreement around how risks and benefits will be shared between partners.

Programmes do not deliver change in isolation. We will establish a single change team to run this programme by using existing roles, people and resource available across our organisations in the first instance.

These changes will be delivered whilst also maintaining the delivery of 'business-as-usual' in our services. This will require engagement and use of our best operational managers within this change programme. We will achieve this by having a defined Business Change Team within the programme – using experienced operational and commissioning managers to ensure the changes being developed by the programme can be introduced to our services. This also ensures the change programme benefits from having the experience of people who manage and deliver our services involved in delivering change.

Engagement and Consultation

Whilst a great deal of engagement, discussion and consultation has already occurred with people and staff in Portsmouth – this has tended to be about specific service changes. There has been some engagement with broader strategic direction – such as the CCG's 20/20 strategic vision document, children's services and the Better Care Programme. However we have yet to engage people in shaping and delivering this broader programme that seeks to transform how health and care is delivering in the City, including working with the established voluntary and community sector organisations that will be a key delivery partner for much of this work.

As part of the Better Care programme, a communications and engagement workstream is in place, led by the Better Care communications and engagement officer and involving communications leads from the partner organisations. Having already built relationships, established processes, mapped stakeholders and developed tools to work across the organisations and support communications and engagement, the workstream is well placed to evolve to take on Blueprint.

We also believe that Healthwatch Portsmouth must be a key partner in this change programme and have begun discussions to gain their early input and steer about how we go about this broader engagement work.

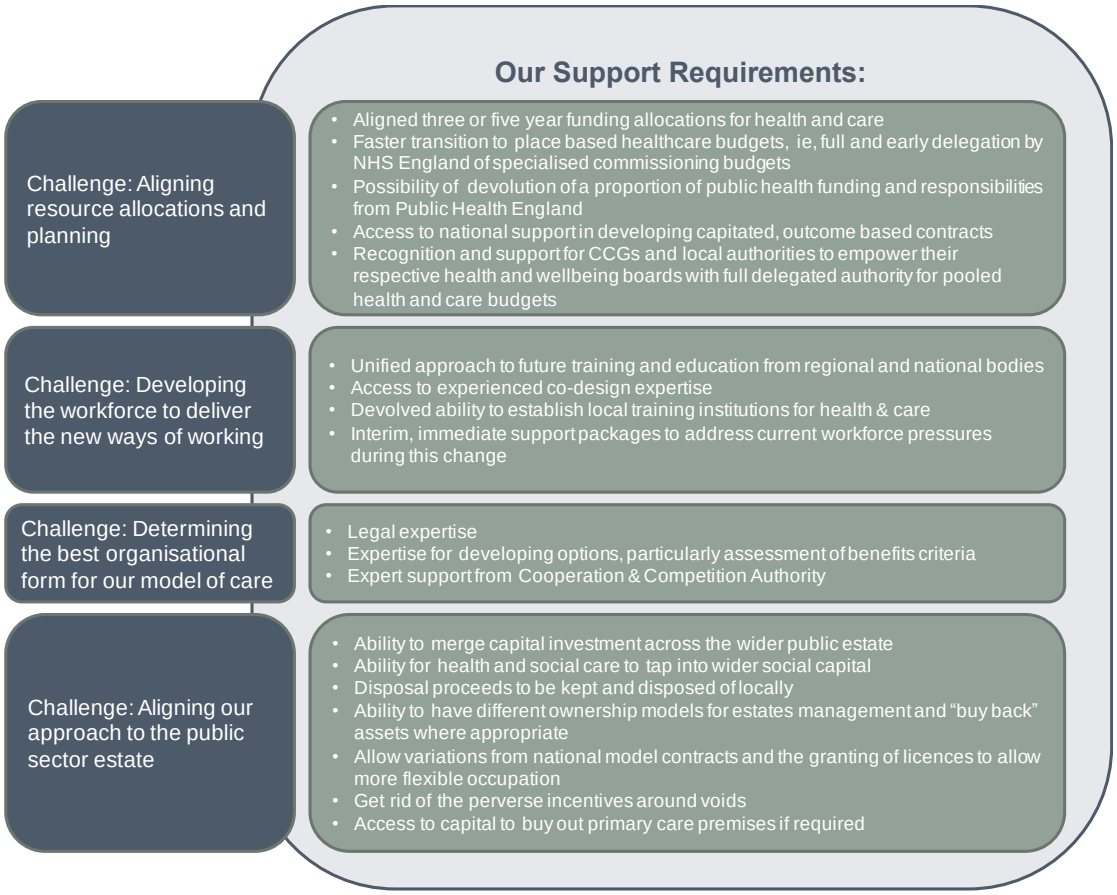
Our Challenges and Support Requirements

Changing services at this scale will require taking challenging local decisions. Whilst there is much within our current powers that will enable to us to do this, we do and will have requirements for support from other organisations outside Portsmouth, including central government.

These support requirements are currently being considered for inclusion within a wider proposal for devolved powers and authority to a wider Hampshire and Isle of Wight governance model.

Figure 6 below lists some immediate challenges to enacting this Blueprint and proposes the potential support required for our local plan

Figure 6: Our Challenges and Support Requirements



The Journey Towards Change

Whilst the change programme will define in detail the main actions and timescales (or milestones) required to deliver this ambitious transformation in health and care for Portsmouth, we will identify and agree a set of top level milestones by which we will judge collectively whether we are on track.

This will be particularly important for the first 12-18 months as the programme begins to tackle fundamental issues such as pooled finances, risk shares, organisational form and individual roles.

The Portsmouth Health & Care Executive are currently reviewing and agreeing proposed top level milestones for this first 18 month period and these can be reported to a future Health & Wellbeing Board.

David Williams, Chief Executive, Portsmouth City Council; and

Innes Richens, Chief Operating Officer, NHS Portsmouth Clinical Commissioning Group

On behalf of the Portsmouth Health & Care Executive

December 2015

Annex 1

Our Key Commitments to Portsmouth

To ensure our solution is of a scale of ambition sufficient to meet the challenges facing the City, we propose to the Portsmouth Health & Wellbeing Board that:

- We will build our health and social 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.
- We 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.
- We 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.
- We 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.
- We establish a lead provider for the delivery of health and social care services for the City. This would involve looking at organisational options such as **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 health sector or in primary care.
- We simplify the current configuration of urgent and emergency care and out of hours services, ensuring access to appropriate services 7 days per week and 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**.
- We 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 Health & Wellbeing Board**.

Our Vision

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.

Primary and community care is at the core of our strategy. We recognise and value the contribution made by GPs and all primary care professionals to health & care in Portsmouth and understand they are highly valued by people. GPs and pharmacists are the main point of contact for the majority of people and their skills are essential for all aspects of health care, including health education and health promotion.

We will commission a sustainable health and social care system that achieves a shift in focus from acute care to community and primary care, early intervention, prevention and maximizes the contribution of the voluntary, community and independent sector. In order to deliver our strategy, improve the quality of services, meet rising demands and costs and ensure safe services at all times we will need to achieve at least £40m of efficiencies across health and social care by 2019; this figure is likely to rise as national and local spending reviews and settlements are confirmed.

Outcomes

Portsmouth's Health & Wellbeing Board sets the strategic outcomes for Portsmouth's health and care; these incorporate not just the findings from our ongoing Joint Strategic Needs Assessment (JSNA) but also considers feedback from people in the City, users of our services and their representatives as well as national and local evidence, modelling and planning from its constituent health and care partners.

For the People of Portsmouth

Within 5 years Portsmouth people will:

- be able to access effective services to meet their goals to manage their own health and stay well and independent;
- be able to plan ahead and keep control during times of crisis in their health and care;
- spend less time in hospital and institutional care;
- access responsive services which help them to maintain their independence;
- have access to the right information and support about services available;
- have access to simple, effective services when they have an urgent health, care or welfare need;
- have a strong voice about how services are designed and delivered;
- feel confident that their care is coordinated and that they only have to tell their story once;
- benefit from the use of technology to help them stay well and independent.

For the City

The outcomes for Portsmouth we are specifically aiming to improve are:

- A radically improved offer of early intervention and preventative health and social care services that allow individuals to have more choice and control over their own lives
- A healthy and sustainable environment, which supports wellbeing and in which people can live healthier lives - improved housing, warmth, transport and green space, better access to employment, healthier food and drink and clean air
- Support for wellbeing - both physical and mental wellbeing - that is holistic, integrated and promotes positive behaviour change, drawing on strengthened community assets and giving greater control to individuals over day to day life (including over care and support provided and the way it is provided).
- All children have the best start in life and parents are supported to keep their children healthy; families are supported to build positive relationships and provide safe and nurturing parenting
- A reduction in the number of children requiring a statutory safeguarding response
- Strong multi-agency safeguarding partnerships that provide timely and effective prevention of, and response to, abuse and neglect
- A reduction in children's absence from school
- Communities are able to support the needs of our most vulnerable those with learning disabilities, with enduring mental health or physical health problems including hearing or visual loss or problematic addictions
- Older people are well engaged and supported in the community to prevent isolation
- Improvement in the support to carers, including better access to information and advice
- An increased proportion of older people remaining at home 91 days after a discharge from hospital

- Further reductions in delays to transfers of care from the acute setting to the community, with improved quality of the discharge process
- People with complex needs who need to go into hospital are known to community locality teams and are safely and actively managed back into their home
- A further reduction in acute bed days for older people who need to go into hospital
- More people able to die in their preferred place of death

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Signed by:
David Williams, Chief Executive, Portsmouth City Council

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**