

# A blueprint for health and care in Portsmouth

September 2015

**A PROPOSAL FOR PORTSMOUTH  
A BLUEPRINT FOR HEALTH AND CARE IN PORTSMOUTH  
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**Purpose of the Report**

Chief Executives, Accountable Officers and Senior Executives from Portsmouth Health & Wellbeing Board partners have been meeting throughout the summer of 2015 to discuss the right response to the challenges facing health and care in Portsmouth over the coming years. This paper sets out a proposed direction and model of care for Portsmouth. It is being brought to the Health & Wellbeing Board for open discussion, debate and endorsement.

**Recommendations**

The Health & Wellbeing Board is recommended to:

- Support in principle the statements in this Portsmouth Blueprint for Health & Care and;
- Require a more detailed report on the development of these proposals is brought to its Board meeting on 2nd December 2015

**Introduction**

Portsmouth is a busy, waterfront City, one of the most densely populated on the south coast and in the UK. There are real challenges in the City - demographic growth, increasing morbidity, continued financial pressure in public services, inequalities and stark deprivation in many communities, pressures in our workforce and services – and many of these challenges are set to escalate over the coming years.

We need a Portsmouth solution to meet these challenges and our ambition must be at a scale to match the size of the challenge. The people and organisations planning and delivering health and care for Portsmouth broadly share this same vision. We have already achieved a great deal joining up our care with the following work programmes well underway:

- Multi-agency Teams (MATs) for children
- Adult Social Care and Community Nursing for rapid response and re-ablement and continuing care
- Integrated Commissioning for adults

We also have plans to join up prevention & wellbeing services, services for people with multiple long term conditions, urgent and emergency care, out-of-hours care and mental health and learning disabilities services. Whilst these plans are good in their own right, we are not convinced, if delivered independently, they will deliver the best outcomes for Portsmouth given the scale of the challenge.

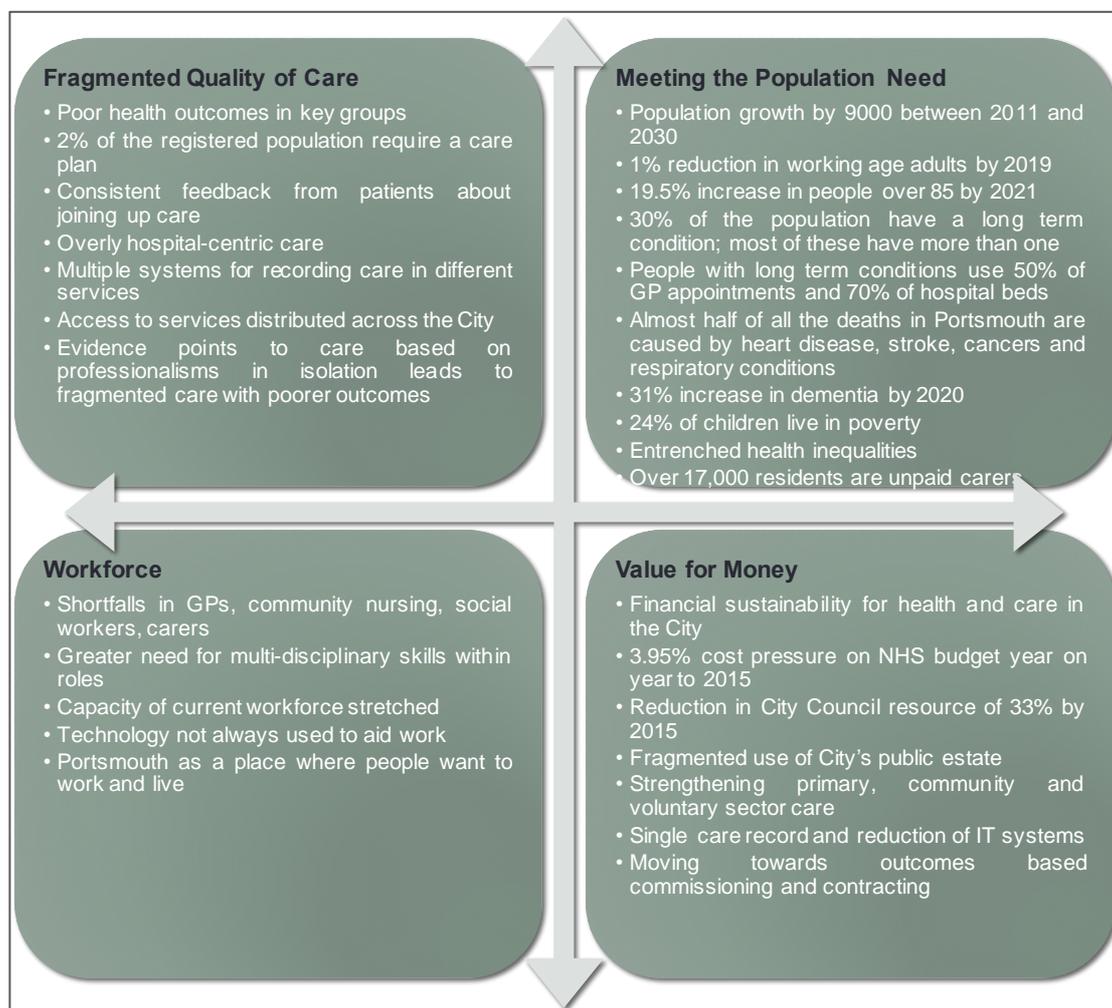
The Portsmouth Blueprint aims to bring together existing local work, national and local evidence with local thinking and feedback from the people who use our services to set out how health and care could be delivered very differently for the City.

**A Case for Change**

Portsmouth is a great waterfront City. 208,900 people live in the City and 217,562 people are registered with a Portsmouth GP. We know there are significant health and care challenges in Portsmouth. Too many people have poorer health and wellbeing than in other similar cities. Demand for our health and care services is increasing and more people tell us that what matters to them is ease of access and joined up services.

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 Portsmouth Health & Care Executive**

Recognising these challenges, leaders from health and care partners in Portsmouth held a series of meetings over the summer of 2015 to discuss a collective response.

This group, known as the Portsmouth Health & Care Executive, consisted of representatives from the following City partners:

- Portsmouth City Council (CX, Deputy CX and Directors from Public Health, Adult Social Care, Regulatory Services, Community Safety and Troubled Families, Children's Services and Education, and Integrated Commissioning)
- NHS Portsmouth Clinical Commissioning Group (Chief Clinical Officer and Chief Operating Officer)
- Solent NHS Trust (CEO and Chief Operating Officer)
- Portsmouth Hospitals NHS Trust (Executive Director for Strategy)
- Portsmouth GP Alliance (Executive Directors)

This paper sets out the key proposals from those discussions. These are designed to build a wider debate and discussion in the City, starting with the Portsmouth Health & Wellbeing Board, seeking to gain further expertise, engagement and commitment from people who care about the future of care services in Portsmouth.

## **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 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 single or lead provider for the delivery of health and social care services for the City. This would involve looking at organisational options for 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 and out of hours services, 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.

Talking to people who use our services, there is one consistent message we have heard – that 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. Our strategy is thus based on joining up (integrating) services around the care of the person. We will build on the well-known, well-established services that Portsmouth people know and use but not be afraid to significantly transform these where the evidence supports this.

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 patients. GPs and pharmacists are the main point of contact for the majority of patients and their skills are essential for all aspects of health care, including health education and health promotion.

We will commission a sustainable health and 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 and community 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 5yrs 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 at 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 and draws on strengthened community assets
- 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

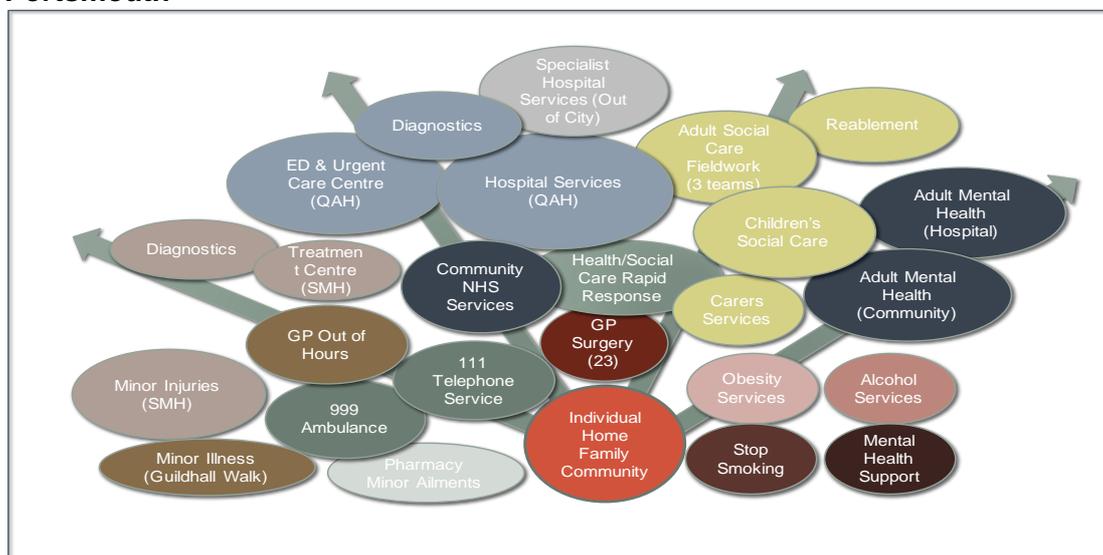
- A reduction in the number of children requiring a statutory safeguarding response
- A reduction in children's absence from school
- Communities are able to support the needs of our most vulnerable those with learning difficulties, with enduring mental health or physical health problems including hearing or visual loss or problematic addictions
- Older people are well engaged and supported in the community to prevent isolation
- 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

### **Health and Care in Portsmouth Today**

People are living longer in Portsmouth in line with national trends but the burden of long term conditions and co-morbidity leads to a poorer quality of life for many people, especially those in the most deprived circumstances. Poor mental health is closely linked to poor physical health and unhealthy behaviour of tobacco and alcohol addiction, poor diets and poor levels of physical activity leading to obesity.

Health and care services for people in Portsmouth are, overall, extremely good and have evolved over many years as a result of national and local policy and decisions. Whilst this model of care has delivered good care for the majority of people, its design has a number of problems which will significantly restrict the City's ability to meet our challenges and deliver our Vision, most notably the fragmented nature of how both the person and the professional navigate through the various services. As an example, Figure 2 below summarises the main health and care services available to an adult living in the City.

**Figure 2: Current Configuration of Adult Health and Care Services in Portsmouth**



## A Blueprint for Health and Care in Portsmouth in 5 Years

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. There are three broad functions we have the opportunity to bring together in the City; these are described in Figure 3.

**Fig 3: The Functions We Aim to Change for Portsmouth**



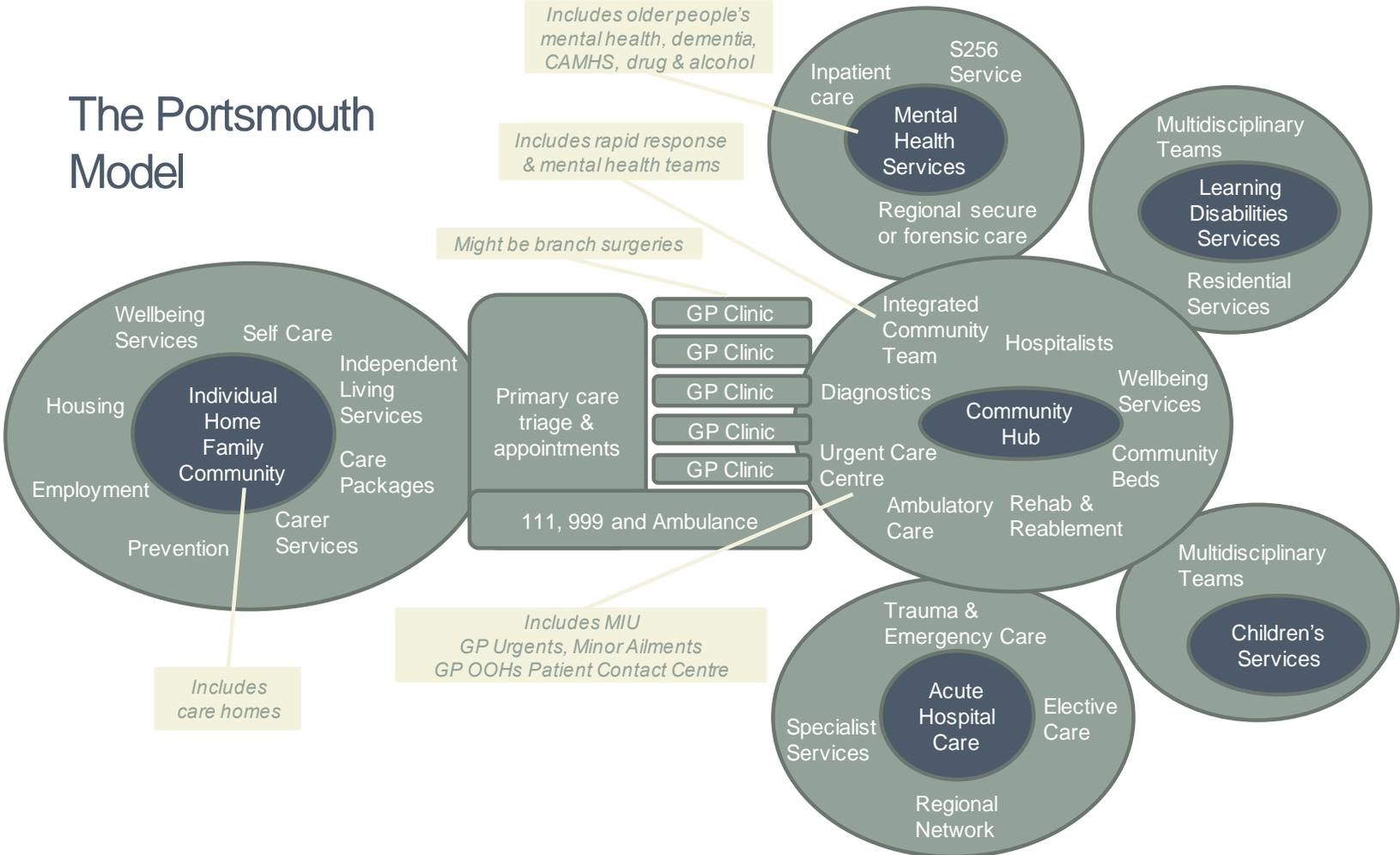
### How We Will Organise Health & Care Provision

To achieve this will mean bringing together some existing services, providing other services at scale, embracing technology and ensuring that people only go to hospital to receive care that can only be done in a hospital setting.

Over the next five years we propose to change the way we offer services across the whole spectrum of health and care. Figure 4 gives an overview of how the main health & care services could be organised in Portsmouth within 5 years.

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 & care offer for Portsmouth.

Fig 4: The Portsmouth Model of Health and Care



Single Care Record accessible by person and all services

### **Prevention and Wellbeing**

We will build on the work of our community development teams working closely with diverse communities across the City to share understanding of the issues, 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.

We will work with parents, families and early years, school and college settings to promote wellbeing for all our children.

We will work with the business community to create healthy workplaces.

We will build support and capacity in all our neighbourhoods to support wellbeing and independence and build social capital for older people and their families recognising the importance of intergenerational support and cultural and ethnic diversity.

### **Single Point of Access and Triage**

We will establish a single point of access for all health and care services in the City; people and their families will find it easier to understand, access and contact services and will be enabled to manage their own support. They will have access to information and advice and only tell their story once.

We will bring together 111 and current primary care out-of-hours provision for the City to be part of the single point of access to care, ensuring it is part of the overall primary care offering in the City.

This single point of access will also deliver the primary triage, assessing health and care need and directing people to the best service based on that assessment. Currently the 111 service is a primary triage service based on clinical pathways, however these are not yet comprehensive or efficient enough to deliver the type of triage service required for the City. Our aim is that a person receives the same level of primary triage regardless of which service they choose to access – and regardless of whether it is by walking in or by telephone or online.

### **Keeping Independence**

We will improve the range of services people can access to maintain their independence, whether this be in their community, at home or in the place they usually live and work.

We will make more use of personal budgets routinely across health care – 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 within key City localities or 'community hubs'; these teams will act as one and include a range of skills and services including primary and hospital care, social care, well being & self care, mental health (including elderly mental health) and community therapies (such as physiotherapy, occupational therapy). These teams will be seen as the same as and part of primary care services in the City.

We will do away with multiple assessments that duplicate, establishing a single assessment framework to reduce the number of times people and their carers or family have to tell their story.

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, reablement and rehabilitation

services and also a range of diagnostic services. In particular, we will move the delivery of services for frail, older people out of the hospital setting into services that deliver within the community hub, GP practices and within the person's own home or community (including care homes). This 'frailty service' will include a strong prevention element to its work, keeping people as active as possible and reducing, for example, the amount of falls experienced by older people in the City.

Through the community hubs, we will also establish a 7-day per week health and care service for the City, ensuring those services that are needed by the City are open 7-days-per week and across a 24hr period. In particular, we will prioritise those services that enable people to have a quicker discharge from hospital as well as avoid unnecessary admissions at weekends.

In building this single health & care service, we will collaborate with the well-established range of voluntary, community and not-for-profit services in the City so that they form a key part of the support available and are integrated with the community health & care teams to deliver parts or the whole of people's care.

We will also simplify the range of urgent care services so that when people require health or care support on an urgent basis it is clear where they can get this; this will include access to primary care on an urgent basis as well as services that can deal with minor injuries and emergencies 24/7. We will base these urgent care services next to the locality community services and within community hubs, making it clearer for people where services can be accessed as well as making best use of shared support services, diagnostics and the public sector estate. We want to enable our existing primary care services to provide the urgent care in-hours (and potentially out of hours) provision where this is sustainable; this may involve GP practices coming together to collectively provide services in partnership with other providers.

Ambulance services (including 999 call handling) will become much more a part of the urgent care service in the City; we will organise ambulances not just to convey people to hospital but also to other locations where there will be services better able to provide for the person than a hospital stay, including the community hubs.

We will include 111 and current out-of-hours provision for the City in our single urgent care service and ensure it is part of the overall primary care offering in the City, with services out-of-hours delivered from the community hubs but accessed via the 111 service.

We will bring together services for children, adults and older people where there is commonality of provision – meaning that we will offer an ageless service and a family-centred approach where there is no case for a distinction between age groups to be made; however we will clearly maintain more specialist services for different age groups where this is required (e.g. frailty services, paediatric services etc).

We will provide excellent support for families with children with special needs working closely with schools and third sector organisations as well as health and care services. We will provide better integrated care with people with co-morbidity and recognising the importance of mental wellbeing as well as physical wellbeing.

### **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 primary 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. As part of this we will support the development of a 'specialist primary care' workforce, enabling GP and other primary care practitioners to create portfolios, to specialise in areas of interest or take on salaried roles; this will help with career and workforce development but also create Portsmouth as an attractive city in which to develop a health & care career.

We also believe it is time to give primary care access to a range of diagnostic tests which, currently, require a referral to a hospital service. We will establish within the community hubs diagnostics directly accessible by GPs. The same diagnostics will also be available to the single community teams and urgent care services operating in the same hub. We will ensure access to diagnostics includes access to advice and guidance by specialists.

In order to do this, we will use the commissioning powers within the City to help primary care decide how it can provide services at a larger scale than currently. We will enable GP practices to speak and act as a single voice for primary care provision in the City and we will support those in primary care who want to innovate and change.

### **Changing the Nature of Hospital Care**

Hospital care will become more focused around planned (elective) care where such an acute intervention is clinically correct and where people have been seen and assessed within their primary care service. 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.

Trauma and emergency medicine will continue to be provided by hospital specialists, as will a range of complex specialist services. However, we will seek to make available the model of acute care for the City that is supported by good evidence; this may mean hospitals working as networks so that local people can access the best of specialist hospital care elsewhere in the region to improve their outcomes.

The majority of community mental health care will form a part of the single service offered within communities and within hubs. However, there will always remain a need to provide inpatient care for some people, within dedicated specialist services staffed with experts or offering specific services such as forensic mental health, dementia care or services working with the police for the proper care of people with mental health problems who are detained.

### **Delivering Social Care for the Future**

We will create better opportunities for our children and young people, and reduce 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 difficulties.

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 a single 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**

### **Priority areas for work**

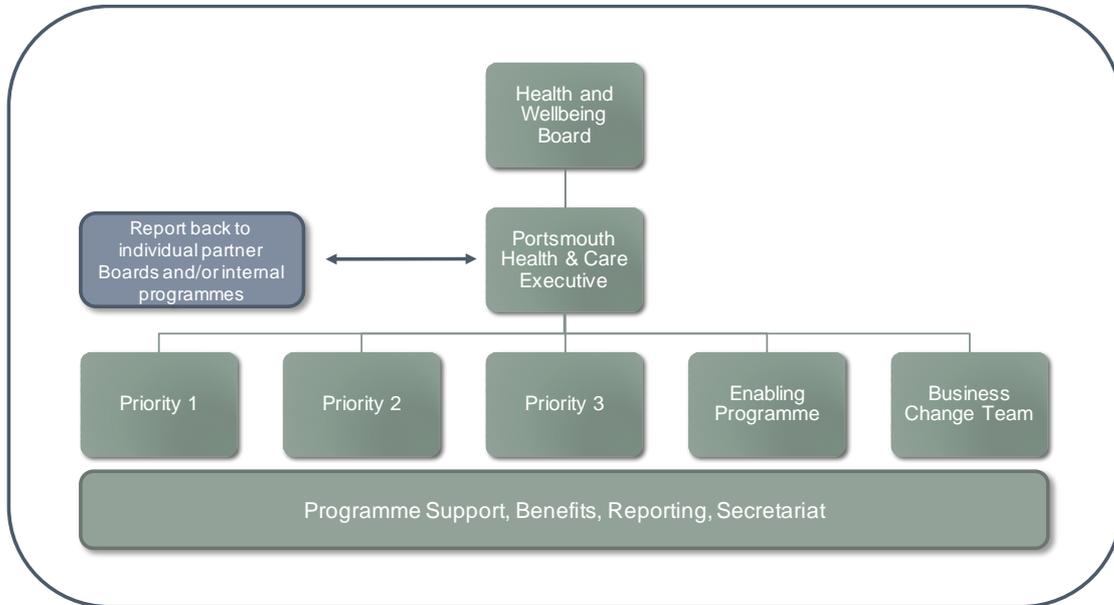
The City health & care partners are currently reviewing our individual work programmes to identify the level of alignment with this Blueprint. Our aim is to refocus the capability and capacity that exists within the City to deliver this Blueprint. This will require prioritisation of effort, a review of key roles and will lead to the cessation or slowing of work programmes that do not enable us to deliver this model of care. Our aim will be to use the capacity and expertise we already have in the City and minimise the expense to the taxpayer of implementing these changes.

### **Delivery Arrangements and Change Team**

The scale of change we are aspiring to achieve will require us to collectively establish a City programme based on the priorities and phasing of the changes we have agreed to deliver.

Figure 5 below gives a broad overview of how this programme might look; a more detailed work-up of this programme will be completed by the end of September but many of its elements are already in place (eg Health & Care Executive, Better Care Fund, Children's Programme, Commissioning programmes).

**Figure 5: The Portsmouth Change Programme Structure**



Programmes do not deliver change in isolation. Using good practice (such as Portfolio Management techniques), 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 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.

We will this establish a specific communications and engagement Workstream as an early priority. This will utilise resource, expertise and work already in place – on work such as Better Care, children’s transformation, Wellbeing services etc – refocusing this to ensure routine engagement and communications about this Portsmouth Blueprint.

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

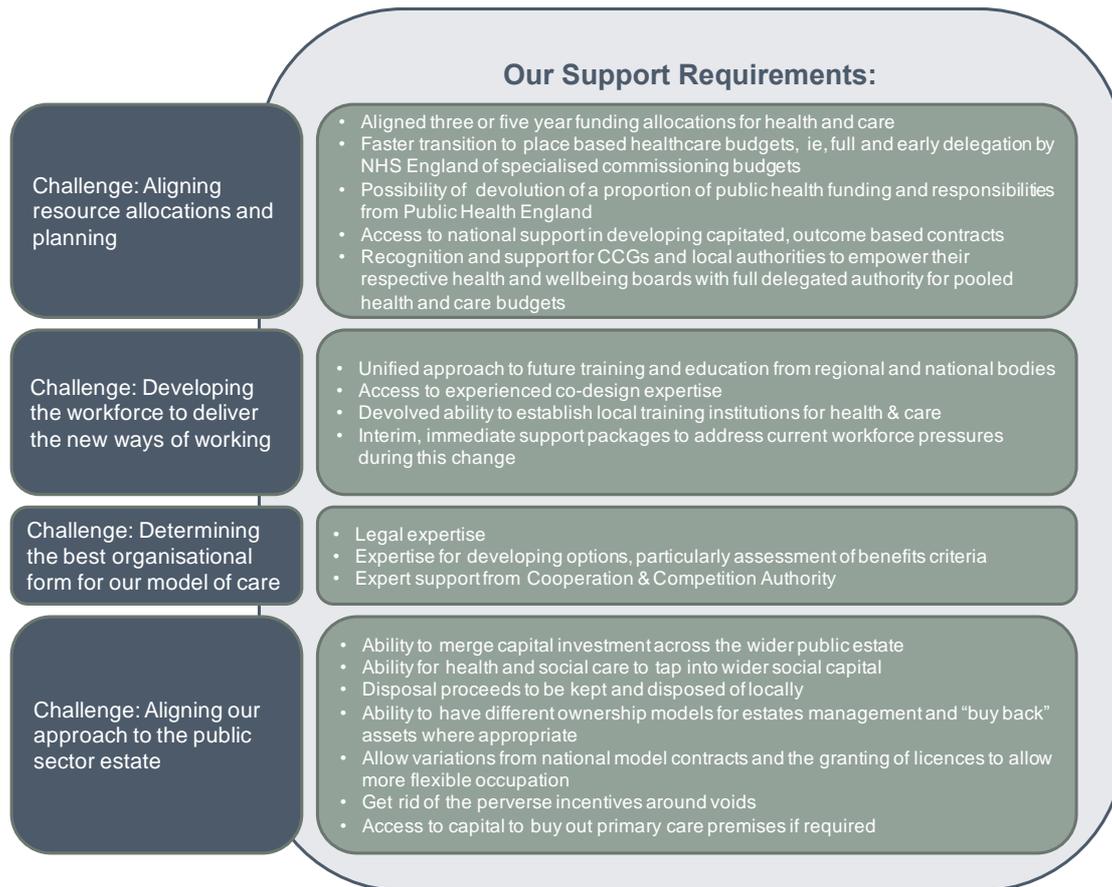
**Our Challenges and Support Requirements**

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.

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

**On behalf of the Portsmouth Health & Care Executive**

September 2015