

Portsmouth CCG Governing Board 18th May 2022

Place-based partnership working in Portsmouth

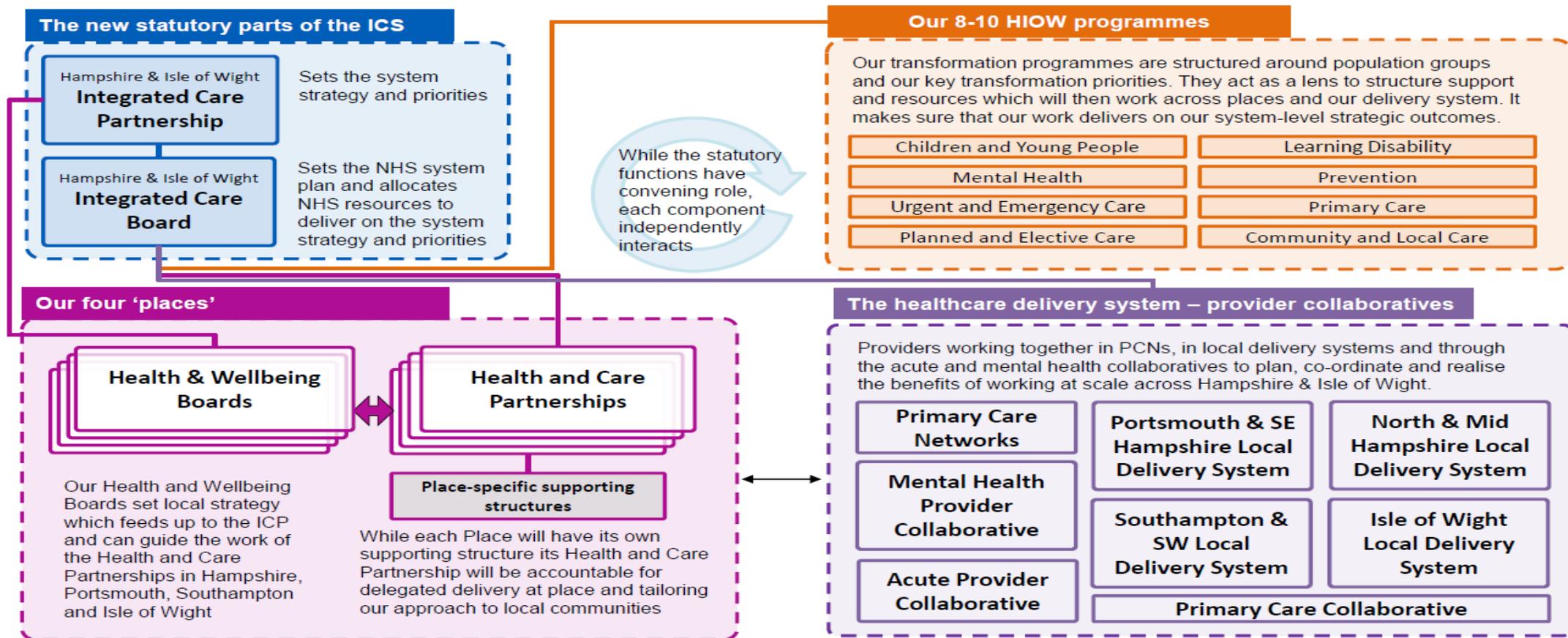
- Opportunity as part of ICS development to strengthen the partnership across health and care to improve health outcomes and reduce health inequalities both locally and working at scale in the ICS
- Direction of travel in the Integration White paper
- Good basis for continuing to improve integration and collaborative working as signalled in the Integration White Paper
- Strong history of partnership working
 - Clear City vision led by the community and which all partners have contributed to
 - Mature HWB arrangements and agreed HWB strategy
 - Health and Care Portsmouth Blueprint with clear service improvement priorities and plan

HCP Place based arrangements within H10W ICS

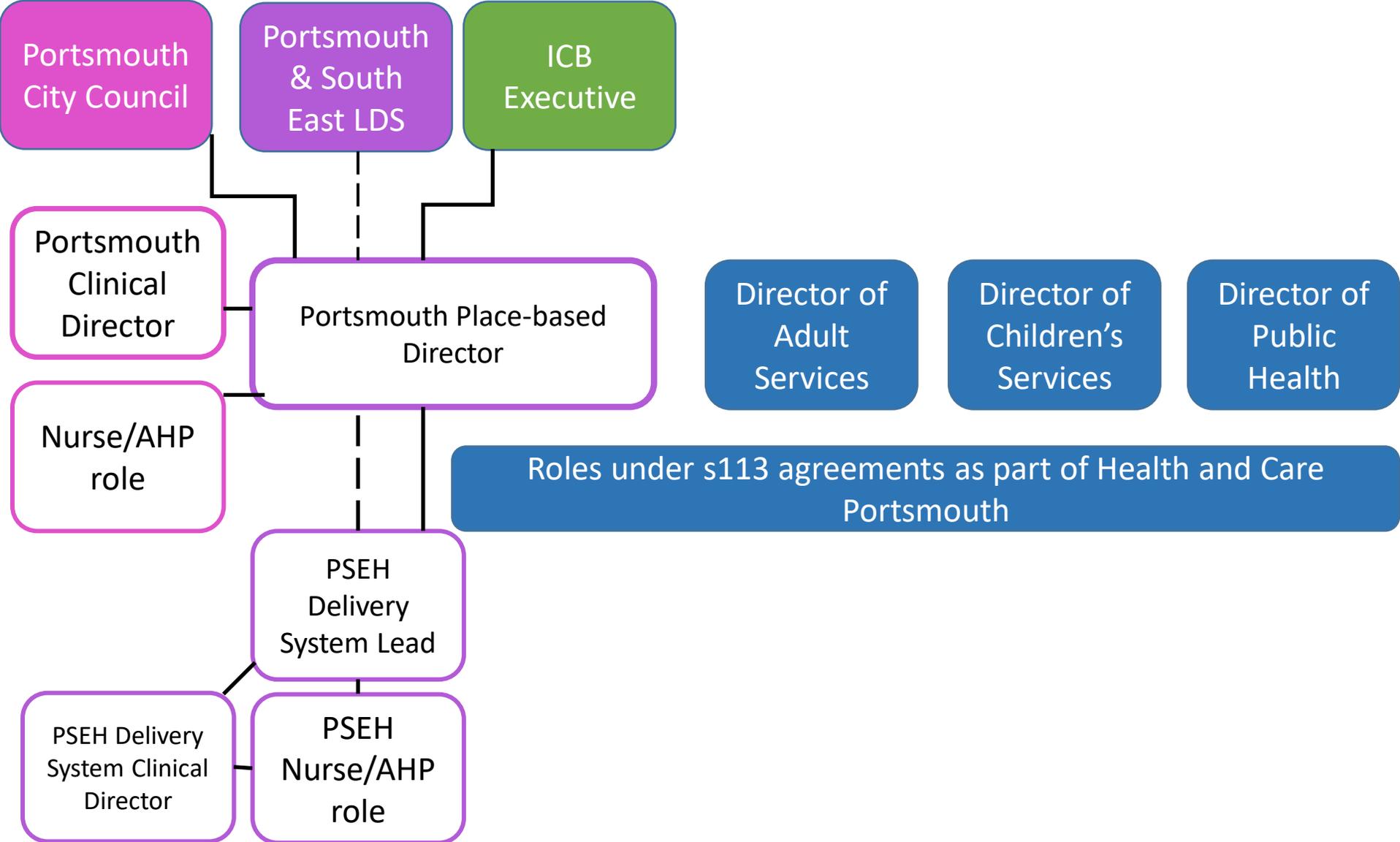
- ICS operating model
- Place based leadership arrangements – what this looks like in Portsmouth mirroring the proposed ICB arrangements
- Delegation and governance arrangements from 1st July – key proposals:
 - There is a working assumption that at July 2022 the Place Director will be responsible for continuing to discharge those commissioning functions carried out by PCCG and existing S75 arrangements continue to be governed via the Portsmouth Health and Care Partnership.
 - To more effectively deliver the 5 key work programmes across the city further integration through the S75 – working in two phases to ensure that there is collaboration with Executive Director for Performance and Delivery and other place directors.
 - It is envisioned that the infrastructure will be created to mainstream the success of centralisation across the ICB for Primary Care, Planned and NEL care and other specialised areas of commissioning.
- Portsmouth Health and Care partnership well developed.

HIOW ICS Operating Model

How each aspect of our system functions



Portsmouth Place leadership



S75 agreement review and further development - Phasing of work

- Taking a measured approach to minimise unintended consequences on NHS funding
 - Arrangements proposed in Portsmouth are all on the basis of aligned budgets with joint commissioning; with the exception of limited areas where pooling is already notionally in place (some CHC elements).
 - Harnessing current commitment from city council
- Assumption that in time, some functions will move to services at scale into ICB-wide arrangements. These are considered to be out of scope of local s75 arrangements: Some examples of these
 - In-patient mental health
 - Planned and elective care
 - NCA contracting
 - Primary Care core contract
 - Prescribing
- Assumption that SDF will be managed at system level through programmes – will need local input to ensure recurrent investment not at expense of other priorities
- Key local action is to conclude s75 arrangements around wider work programmes and enabling functions:
 - Overarching s75 agreement to set the framework
 - Set up relevant schedules and PMGs confirming functions and funding aligned to priority workstream
 - In coming months, bring more functions into scope in agreement with ICB where this is the appropriate mechanism
 - This will need to happen in the context of, and in alignment with, the wider work on ICS design and the development of the model for delegation to place.

The plan for health and care in Portsmouth

There are 5 key work programmes for Health and Care in Portsmouth:

Programme	Primary Objectives
Integrated community care model	To deliver the objectives of the Better Care Fund, namely: Early intervention and self care Admission avoidance and effective discharge through the Integrated Community Programme Pro-active care
CHC and ECRs and resilience of care sector market place	To assess the continuing healthcare eligibility of identified individuals in line with best practice and fulfilling all of the requirements of the department of health's nhs continuing healthcare practice guidance To establish an integrated process for completing assessments which secures on-going stability for partner organisations and consistency for service users
Children's Services 0-19	To deliver on the priorities identified in the Children's Trust Strategic Plan, including: To improve education outcomes (as set out in the Education Strategy) To improve early help and safeguarding - (as set out in the Safeguarding Strategy) To improve children's health outcomes - (as set out in the Children's Public Health Strategy) To improve Social, Emotional and Mental Health - (as set out in the SEMH Strategy) To improve outcomes for children in care and care leavers (as set out in the Corporate Parenting Strategy) To improve outcomes for children with Special Educational Needs and Disabilities - (as set out in the SEND Strategy)
Health Improvement and Reducing Health Inequalities	Work to establish and embed the population health management with PCNs and integrated localities, so that interventions are targeted to prevent long term conditions, ill-health and deterioration. Increase provision of preventative support options to help people manage their own health and wellbeing Simplify and increase resilience of community-based urgent care services as an alternative to ED Support primary care resilience and development of community-based services.
Vulnerable adults	Reduce harm caused by substance misuse including alcohol misuse Reduce suicide and self-harm in the city by delivering the outcomes in the Suicide Prevention Plan Ensure comprehensive delivery of mental health services, services for people with learning disabilities and services for people with autism Implement Homelessness and Rough Sleeping Strategy Deliver on Health and Wellbeing Strategy priorities in the Safer Portsmouth Plan & Anti-Poverty Strategy

Functions and delegation

There is a working assumption that at July 2022 the Place Director will be responsible for continuing to discharge those commissioning functions carried out by PCCG and existing S75 arrangements continue to be governed via the Portsmouth Health and Care Partnership.

To more effectively deliver the 5 key work programmes across the city further integration through the S75:

- Phase I of the anticipated developments will move the ECR budget into the s75 to mirror the existing work programme that has been so successful for CHC, and aligns the children’s community commissioning budget.
- Phase II covers the residual s75 developments we envisage for the city noting that these will progress on a longer time frame as we collaboratively work through the impact across other places in the ICS.
- The “centralised” column represents the areas we believe could benefit from commissioning at scale, based on the decision tree and again will work collaboratively as the appetite and infrastructure is developed – this includes areas such as primary care core contract commissioning, planned and NEL care and other specialised areas of commissioning.

	Roll Over Position			Developments Anticipated			Anticipated Future Position			
	Place Based Director for Portsmouth	Portsmouth Health and Care Partnership	Total	Phase I transfer to Partnership	Phase II transfer to Partnership	Centralised	Place Based Director for Portsmouth	Portsmouth Health and Care Partnership	Centralised	Total
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Acute	178.9	0.0	178.9	0.0	0.0	168.7	10.2	0.0	168.7	178.9
Mental Health	49.6	0.0	49.6	18.2	31.3	0.8	0.0	48.9	0.8	49.6
Community	32.5	11.6	44.1	3.2	29.3	0.0	0.0	44.1	0.0	44.1
Primary Care	79.7	0.4	80.2	0.0	1.8	72.9	5.1	2.2	72.9	80.2
Continuing Care	1.4	18.9	20.4	1.4	0.0	0.0	0.0	20.4	0.0	20.4
Other	5.6	9.3	14.9	1.3	1.2	3.1	0.0	11.8	3.1	14.9
Running Costs	3.5	0.6	4.1	0.8	0.0	2.5	0.2	1.4	2.5	4.1
	351.3	40.9	392.2	24.9	63.5	248.0	15.4	128.7	248.0	392.2

Portsmouth Health and Care Partnership arrangements

- Current Joint Commissioning Board of PCCG and PCC
- Aim to move to wider Portsmouth Health and Care Portsmouth to include wider partners



PCC perspective and requirements for partnership working

- CCG have been an active and valued partner in the city and council keen to see the input continue
- Key areas include where CCG are statutory partners – Health and Wellbeing Board, Health Overview and Scrutiny Panel contributors, Safeguarding Children’s Partnership (including QA of safeguarding children practice in health settings and contribution to audit and learning), Community Safety Partnership (incorporated in the Health and Wellbeing Board in Portsmouth), Portsmouth Safeguarding Adults Board.
- Also contribution to key city strategies for improving outcomes across the population – examples include the strategies for reshaping adult social care, and for key elements of children’s services, including the corporate parenting strategy to improve outcomes for looked after children, the SEND strategy and the children’s public health strategy.
- Note that CCG have been a key link into provision of data and information to inform strategic planning and development in the city

Demonstrating local achievements against shared place objectives

The problem we wanted to solve	Our evidence of effectiveness
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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.

Fragmented quality of care

- Poor health outcomes in key groups
- 25% of the registered population require a care plan
- Consistent feedback from patients about joining up care
- Overly hospital- centric care
- Multiple systems for recording care in different services

Service User Satisfaction with ASC, particularly in 65+, much higher than region
 71% of services users in ASC feel they have a choice over care and support services, vs 68% in SEPortsmouth has the 3rd lowest delayed transfers of care from hospital per 100,000 adults.
 NHSOF 3b- % emergency admissions that occur within 30 days of discharged (indirectly standardised rate)
 3.6.i Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation service

Meeting the Population Need

- 30% of the population have a long term condition; most of these have more than one
- People with long term conditions use 50% of GP appointments and 70% of hospital beds
- Almost half of all the deaths in Portsmouth are caused by heart disease, stroke, cancers and respiratory conditions

2018/19 Wellbeing Service report:
 3,094 referrals, 35% from primary care
 70% of clients lose weight, 28% lost >3% of starting weight
 48% of 1,094 client to set quit date quit smoking at 4 weeks

Analysis of CVD risk factors shows that Portsmouth need remains very high (measured from prevalence) but performance on key process measures is relatively good.

Value for Money

- Financial sustainability for health and care in the City
- Fragmented use of City’s public estate
- Strengthening primary, community and voluntary sector care
- Single care record and reduction of IT systems

Portsmouth has 2nd lowest expenditure per 1,000 adults of LAs in the South East (ASCOF)

Portsmouth CCG has maintained a surplus position since its inception, supporting the ICS in delivering financial balance.

Successful local projects under One Public Estate banner (Coshma scheme) linked to economic wellbeing of city. Almost eliminated the cost of NHSPS void space across the city.

SystemOne used across primary care and social care

Summary of the revised overarching s75 agreement

Overarching aims and objectives

The overarching aim of these arrangements to ensure that the population of Portsmouth is 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.

An overarching agreed aim and outcome of the Agreement is to commission for improved outcomes at a number of levels, demonstrating improvements in:

- clinical and care outcomes (the results of medical and social interventions), for example clinically effective care pathways;
- health outcomes - health gains for specific or general communities through service improvement or redesign (this includes promoting people's independence, reducing inequalities and promoting social inclusion);
- commissioning outcomes;
- patient experience and levels of independence, choice and control as experienced by citizens;
- the use of resources through pooled budgets and other arrangements; and
- productivity.

Governance - PMG

PMGs include Lead commissioning managers, scheme manager, finance teams from both sides - relationship to Joint Commissioning Board.

Governance - Financial

The default position for the agreement and each schedule is aligned budget, whereby each partner retains complete accountability and responsibility for their own resources

In the event that an overspend occurs in relation to either healthcare matters to which the CCG contributions relate, or social care or other matters to which the Council contributions relate, the relevant Partner shall bear the risk for the overspend.

In the event that expenditure from any Pooled Fund or Non Pooled Fund in any Financial Year is less than the aggregate value of the Financial Contributions made for that Financial Year the Partners shall agree how the surplus monies and cash shall be spent, carried forward and/or returned to the Partners. Such arrangements shall be subject to the Law and the Standing Orders and Standing Financial Instructions (or equivalent) of the Partners and the terms of the Performance Payment Agreement.

Current schedules and possible future schedules that could be included

	CHC – existing (need to revise and include ECRs)	BCF – (focus on integrated community care model)	Children’s service 0-19	Vulnerable adults - possible future	Health improvement and improving health inequalities – possible future	Health and Care Portsmouth Enabling functions - existing
Summary	Improved efficiency and cost effectiveness of the assessment, commissioning, contracting and procurement functions for continuing health care and independent sector social care commissioned services	<p>a) Improved the quality and efficiency of the Services through reduced duplication;</p> <p>b) Meet national standards and Local Objectives</p> <p>c) Make more effective use of resources</p>	<p>Deliver the outcomes of the Children’s Trust Strategic Plan</p> <p>Opportunity to bring together; children's social care funding, public health grant, SEND, youth and play, alongside children's community nursing and children’s CHC</p>	<p>Improve the quality and efficiency of the Services;</p> <p>Opportunity for improved delivery against national standards and Local Objectives including in relation to rough sleeping and homelessness, adult mental health, substance misuse, and learning disabilities.</p>	<p>Improve the quality and efficiency of the Services;</p> <p>Opportunity for a more integrated approach to population health management to include a focus on wider determinants of health and long term conditions. This could include PH grant, and elements of primary and community health spend</p>	<p>Joint arrangements to support integrated team working.</p> <p>Opportunity to strengthen the existing S75 and S113 agreements to include further integrated arrangements in commissioning, transformation, quality and safeguarding, communications</p>
Current / proposed commissioning and governance arrangements	<p>PCC lead commissioner (existing)</p> <p>Some pooled funds</p>	<p>Joint (aligned) commissioning</p> <p>Aligned funds</p>	<p>Joint (aligned) commissioning</p> <p>Aligned funds</p>	<p>Joint (aligned) commissioning</p> <p>Aligned funds</p>	<p>Joint (aligned) commissioning</p> <p>Aligned funds</p>	<p>Joint (aligned) commissioning</p> <p>Aligned funds</p>

Position of Portsmouth City Council

Cabinet have agreed to the s75 approach in principle, and delegated authority to the Chief Executive to finalise the details of the agreement from PCC's perspective.

Intention to include within the s75 arrangements budgets from Adult Social Care, Public Health, Housing, Neighbourhoods and Buildings, Children's and Corporate across the 6 schedules.

	Current S75	Additions	Anticipated Future Position
	£m	£m	£m
CHC	43.9	8.3	52.3
BCF	13.2	7.2	20.3
0-19	0.0	62.8	62.8
Vulnerable adults	0.0	22.1	22.1
Health and Wellbeing	0.0	0.9	0.9
Health and Care Portsmouth Enabling functions	0.6	4.4	5.0
	57.7	105.7	163.4

Underpinning s75 arrangements

Portsmouth Clinical Commissioning Group and Portsmouth City Council have had three standing arrangements to bring together financial and staffing resource in the city to create a streamlined approach for delivering outcomes:

- Continuing Health Care – broad range of functions including ASC commissioning and fieldwork
- Better Care Fund – strategic aims in line with national guidance
- Health and Care Portsmouth commissioning – brings together staff involved in commission for Health and Care Portsmouth

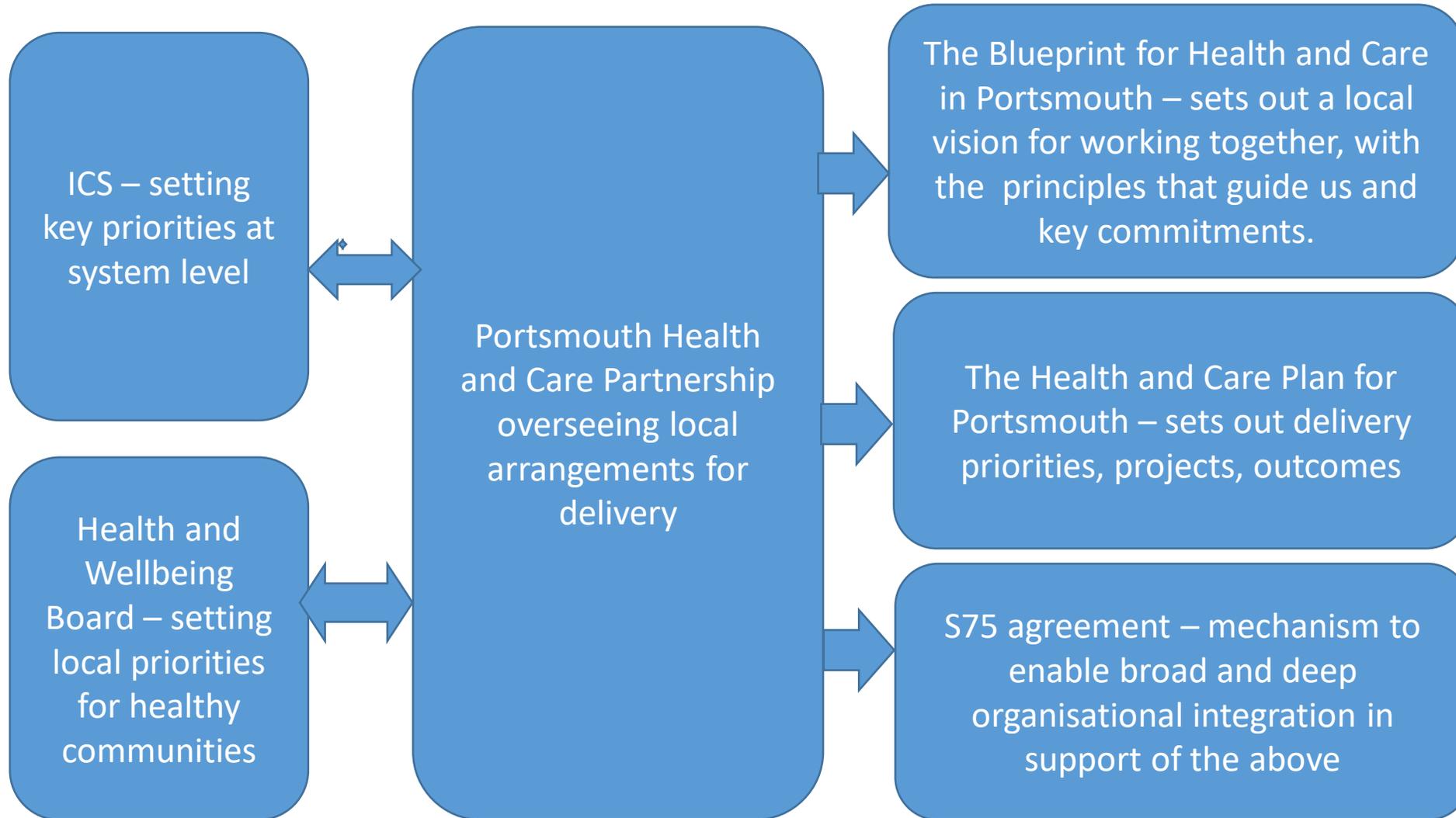
These will be reconfigured to headings aligned with the city work programmes and will incorporate PCC contributions:

	Roll Over Position			Phase I transfer to Partnership		Phase II transfer to Partnership		Anticipated Future Position		
	CCG £m	LA £m	Total £m	CCG £m	LA £m	CCG £m	LA £m	CCG £m	LA £m	Total £m
CHC	18.9	43.9	62.8	0.0	8.3	0.0	0.0	18.9	52.3	71.2
BCF	20.9	13.2	34.1	0.0	7.2	0.0	0.0	20.9	20.3	41.3
0-19	0.0	0.0	0.0	7.9	62.8	0.0	0.0	7.9	62.8	70.7
Vulnerable adults	0.0	0.0	0.0	16.2	22.1	31.3	0.0	47.5	22.1	69.6
Health and Wellbeing	0.0	0.0	0.0	0.0	0.9	30.9	0.0	30.9	0.9	31.8
Health and Care Portsmouth Enabling functions	0.6	0.6	1.2	0.8	4.4	1.2	0.0	2.6	5.0	7.6
	40.5	57.7	98.2	24.9	105.7	63.3	0.0	128.7	163.4	292.1

Aligned budgets within each schedule will be governed via a PMG, the overarching arrangement is written as such to allow for flexibility to rearrange schemes between schedules without the need to revise the entire agreement.

Historically the Portsmouth BCF has contained more than the minimum requirements, as part of the reconfiguration of schedules it is anticipated that some items within the BCF will be realigned to support the overall strategy whilst ensuring the schedule continues to meet regulatory requirements.

How it all fits together at place



Recommendations

The Governing Board is asked to:

- Note the work being undertaken to shape the structures of the ICS and the work that is taking place within this to ensure that arrangements in Portsmouth complement and facilitate this wider work
- Approve the overarching Section 75 agreement
- Approve the proposed schedules for Better Care Fund, Continuing Health Care and Health and Care Portsmouth commissioning, which were previous S75 agreements in their own right
- Endorse the ambition to increase funding arrangements alongside Portsmouth City Council commitment to include a additional £48million within the S75 arrangements. As a first step the priority is to include Extra Contract Referrals, children's community services and HCP communications funding with an aim for these to be agreed by 1st July 2022.
- Note and support that in coming months, further work will be undertaken in collaboration, as part of the ICB development arrangements to further develop and extend the aligned funding arrangements within the S75 agreement.
- Delegate responsibility to the Place Director to agree final amendments and to authorise the execution of the agreement in final form.