

Report to: East Sussex Health and Wellbeing Board

Date of meeting: 13th July 2021

By: Executive Managing Director, East Sussex Clinical Commissioning Group and Director of Adult Social Care, East Sussex County Council

Title: East Sussex Health and Social Care Programme – update report

Purpose: To provide an update on progress with planning for 2021/22 and the preparation for the implementation of NHS White Paper ‘Integration and Innovation - working together to improve health and social care for all’.

RECOMMENDATION

The Board is recommended to:

1. Note the key agreements reached to date to support our continued collaboration and implementation of the White Paper
2. Note the progress with our planning activity focussing on our partnership work and shared plans aimed at improving population health and delivering more integrated care.

1. Background

1.1 Previous reports to the East Sussex Health and Wellbeing Board (HWB) have updated members on progress with integrated working between the local NHS, East Sussex County Council and wider partners in the District and Borough Councils and Voluntary, Community and Social Enterprise (VCSE) sector. This is delivered through our shared programme aimed at improving health and delivering new models of preventative and integrated care to help manage growing demand on NHS and care services, based on our population needs across children and adults of all ages.

1.2 Since the last HWB meeting in March, local NHS, social care and public health system business has continued to be focussed on supporting the management of the ongoing pandemic response and the risks and challenges around capacity, and restoration and recovery of services. This has included delivering the vaccinations programme, outbreak surveillance and supporting the discharge of patients from hospital and into onward care settings through the integrated commissioning and delivery of Home First pathways and Discharge to Assess that best meet the needs of our population and enable our hospitals to restore elective care capacity.

1.3 The report to the March HWB meeting noted the publication on 11th February of the Government’s NHS White Paper *‘Integration and Innovation: working together to improve health and social care for all’*. This comes ahead of a Health and Care Bill which will put Integrated Care Systems (ICSs) on a statutory footing in England by April 2022. This will represent the most significant reorganisation of the NHS since the Health and Social Care Act 2012.

1.4 The report to the last meeting also informed the HWB about our work to review and refresh our integration programme for 2021/22, to set out the next phase of our plans so that we can build on our journey and progress made to date and take into account:

- The potential implications for how we will work together as a system to address the NHS White Paper across the NHS and local Government, both in East Sussex and at a pan-Sussex level, to deliver our existing shared priorities and commitments for integration
- The learning and changes as a result of working together to deliver the emergency response to the COVID-19 pandemic
- The need to restore and recover NHS services, as well as continuing to manage the ongoing pandemic related work to protect the health of our communities

1.5 This report provides a summary of the key agreements reached to date to support our continued collaboration and implementation of the White Paper, and an update on progress with our planning activity focussing on our partnership work and shared plans aimed at improving population health and delivering more integrated care.

2. Supporting information

NHS White Paper and integration

2.1 The report to the last HWB meeting described the aims and intentions of the White Paper to remove some of the barriers to integration within the NHS and also between the NHS and Local Government and wider partners, through setting out a range of specific changes to accelerate improvements that need primary legislation. This builds on policy and commitments previously set out by NHS England (NHSE) in the Five Year Forward View and the NHS Long Term Plan, and in *'Integrating Care: next steps to building strong and effective integrated care systems'* (NHS England and Improvement, November 2020).

2.2 A summary is contained in Appendix 1 as a reminder, and the Health and Social Care Bill is expected to be introduced early in the new Parliamentary session. This will enable ICSs to be put on a legislative footing in England by April 2022, through setting them up as corporate NHS bodies with a mandatory membership to commission healthcare services and thereby taking on the existing functions of Clinical Commissioning Groups. There is an expectation that NHS commissioners and NHS providers will work together more collaboratively, supported by payment reforms and a move away from competition rules.

2.3 This is not a comprehensive package of reforms and these proposals should be seen alongside wider reforms to Public Health, Mental Health and Social Care. There is still no clear timetable set by national Government for social care reform. The key areas of the NHS White Paper that explicitly relate to social care are:

- A new duty to collaborate will be placed on NHS organisations (both ICSs and providers) and local authorities. There will be specific Guidance as to what delivery of this duty means in practice in recognition of the fact that collaboration may look very different across different kinds of services
- A new duty for the CQC to assess local authorities' delivery of their Adult Social Care services
- New requirements for the care market to share data on capacity
- A new legal framework for discharge to assess (D2A) to replace the existing legal requirement for all assessments to take place prior to discharge from hospital

2.4 The White Paper also sets out an expectation that the NHS will work with Local Government beyond the scope of integrated care to improve population health and address health

inequalities more broadly, for example across housing and other services that impact on the broader determinants of health. This will also be supported by local NHS organisations taking a more active role in supporting social and economic wellbeing, for example as Anchor Institutions, as well as joined up approaches with local authorities and their Public Health functions.

2.5 The White Paper envisages that Primary Care Networks (PCNs) will enable GPs to support delivery of improved population health, and to work in partnership with community health and social care services to ensure proactive wrap around care is provided to those who need it.

Sussex Integrated Care System

2.6 East Sussex Clinical Commissioning Group (CCG), East Sussex County Council (ESCC), East Sussex Healthcare NHS Trust (ESHT), Sussex Community NHS Foundation Trust (SCFT), Sussex Partnership NHS Foundation Trust (SPFT) are currently members of the Sussex Health and Care Partnership (SHCP), alongside and the upper tier and unitary Authorities, CGs and NHS Provider Trusts in West Sussex and Brighton and Hove. To date this has been a voluntary partnership arrangement.

2.7 The SHCP was formally awarded Integrated Care System (ICS) status in April 2020. The White Paper will establish ICSs covering the whole of England as being legally responsible for commissioning healthcare services for their populations by April 2022. There are no proposed changes to existing statutory responsibilities for Councils' social care and public health services, or the role of Health and Wellbeing Boards and Health Overview and Scrutiny Committees.

2.8 The White Paper acknowledges the strong role of place within ICSs. In Sussex the ICS is made up of three places aligned to upper tier Local Authority and Health and Wellbeing Board populations i.e. East Sussex, West Sussex and Brighton and Hove. In East Sussex this has been built around our existing place-based health and social care partnership arrangements.

2.9 Through aligning our place-based plans and supporting delivery through our health and social care partnership at place level, overall we are working towards our populations living for longer in good health and reducing the gap in healthy life expectancy between people living in the most and least disadvantaged communities.

2.10 In summary the White Paper includes the following specific legislative proposals to establish ICSs in law:

- Each statutory ICS will be made up of an ICS NHS Body and a separate wider ICS Health and Care Partnership, bringing together the NHS, Local Government and other partners. Partnerships at place level will support integration and develop plans across the health, public health, and social care system
- The ICS NHS body will be responsible for healthcare services and the day to day operation of the ICS. The ICS NHS Body will take the form of a single board for Sussex with officer level membership alongside appointed non-executive members.
- In the Sussex ICS this will be operationalised through the three place-based partnerships in East Sussex, West Sussex and Brighton and Hove
- A broader ICS Health and Care Partnership forum will bring together systems to consider wider Sussex matters. In Sussex it is suggested that this will include the Chairs of Health and Wellbeing Boards and Health Overview and Scrutiny Committees, the Chairs of NHS organisations, and Healthwatch and Voluntary and Community and Social Enterprise sector representation.
- Existing arrangements around the role of Health and Wellbeing Boards and Health Overview and Scrutiny Committees remain unchanged, and the partnership forum will not replace any of the independent and statutory roles that Councils have.

2.11 An independent Chair and Chief Executive will be formally appointed to the SHCP ICS ahead of the start of a shadow operating model planned for Autumn 2021. In order to meet the

new the requirements so far for East Sussex agreement has been reached that the following roles will sit on the ICS:

- The Director of Adult Social Care is nominated to represent the County Council on the shadow Sussex ICS NHS Board to represent the County Council's full range of interests
- The Chair of the Health and Wellbeing Board and the Chair of the Health Overview and Scrutiny Committee are nominated to represent the County Council at the meetings of the shadow Sussex ICS Health and Care Partnership Forum

2.12 These arrangements will support whole system collaboration and delivery, whilst enabling clear oversight and reporting to Councils as sovereign organisations who remain statutorily accountable and responsible for setting their priorities and budgets through existing organisational processes.

Place and place-based partnerships

2.13 The White Paper and the NHSE&I's '*Integrating Care*' have both underlined the important role of thriving place-based partnerships within ICSs. The key functions of place-based partnerships have been set out by the Kings Fund¹ as follows:

- Understanding and working with communities
- Joining up and coordinating services around people's needs
- Addressing social and economic factors that influence health and wellbeing
- Supporting the quality and sustainability of local services

2.14 In East Sussex we have well-established place-based Health and Social Care Partnership arrangements between East Sussex CCG, ESCC, ESHT, SCFT, SPFT and representation from PCNs, District and Borough Councils and Voluntary, Community, Social Enterprise (VCSE) partners, with oversight and accountability to the East Sussex Health and Wellbeing Board for our system working.

2.15 In the context of the White Paper and plans for our ICS to begin a shadow operating model in the Autumn, leadership discussions have taken place at both ICS and place level to agree the approach to further developing our East Sussex Health and Social Care Partnership. This includes identifying the next steps needed in-year to strengthen the way we work together as a system, building on our progress made to date. As a result, proposals have been developed covering:

- Our shared principles that will support our place level collaboration and the way our teams work together on the ground, and the key actions in 2021/22 that will develop this further
- A clear focus on addressing health inequalities as part of our transformation programme across children and young people, mental health, community, urgent care and planned care informed by our summary update of population needs produced in November 2020.

2.16 The draft proposal included in Appendix 2 brings together the outcomes of recent ICS level discussions about the role of place, with the principles and supporting actions we have agreed will help strengthen our place-based partnership in preparation for April 2022.

2.17 It is intended that we make further progress by the end of quarter 2 on the actions outlined in section 4.4 of Appendix 2. This will inform the further work needed to ensure readiness for April 2022 and our roadmap for 2022/23, across the following key elements of our integrated working:

- Strategic planning and making the best use of our collective resources for our population

¹ Developing place-based partnerships, the foundation of effective integrated care systems (The Kings Fund, April 2021)

- Our collaboration on the ground to deliver prevention and early intervention and increased experience of joined up and response personalised care
- Our shared priorities for in-year service transformation covering children and young people, mental health, community, urgent care and planned care, ensuring a clear focus on reducing health inequalities and delivering joined up, personalised care
- Supporting broader partnership working with District and Borough Councils and voluntary and community and social enterprise (VCSE) services that impact on social and economic wellbeing and the wider determinants of health.

2.18 We will also work with the ICS more broadly to ensure that any future communication and engagement plans for the Sussex ICS includes the specific work relating to the population of East Sussex and our diverse communities.

Transformation programme shared priorities in 2021/22

2.19 As part of planning for 2021/22 our East Sussex Health and Social Care Executive Group agreed to review our shared priorities across our transformation programme covering children and young people, mental health, community, urgent care and planned care, to support and inform programme planning, objective and KPI setting.

2.20 Meetings of the five Oversight Boards have been taking place to further progress and finalise shared programme priorities, including ensuring a clear focus on opportunities to reduce health inequalities and increase levels of personalised and integrated care as well as prevention and early intervention. A key next step will be to set programme metrics and KPIs to enable progress and impact to be monitored.

2.21 The shared local priorities have also been fed into the draft delivery plan that forms part of the Sussex ICS response to the 2021/22 NHS Planning Guidance. This will enable planning for Sussex-wide core ICS delivery and recovery of services to be aligned with local place-based priorities for transformation and partnership work on social care, housing, population health and wellbeing and reducing health inequalities where appropriate and helpful.

Strengthening the way we work together in our communities

2.22 Work has also been progressed by our East Sussex Health and Social Care System Partnership Board to agree a 'working draft' Strategic Development Framework to help us strengthen the way we coordinate our wider partnership work aimed at improving health and addressing health inequalities in East Sussex, across the full range of health and care services that contribute. The draft framework included in Appendix 3 complements existing work undertaken by our organisations and sets out our shared strategic actions on:

- The main physiological causes of premature death in our population and the overall prevalence of disease
- Promoting change to healthy behaviours
- The wider determinants of health and supporting broader social and economic wellbeing in our communities
- Cross-cutting actions to further improve our capability to support our delivery at place level

2.23 Our System Partnership Board will oversee delivery of the framework in the following months and will report back to the HWB on progress. Work is already in train across a number of areas, including setting out a baseline and our approach to reporting on progress with reducing gaps in life expectancy and healthy life expectancy in East Sussex.

3. Conclusion and reasons for recommendations

3.1 Through our history of partnership working in East Sussex we have strong foundations in place to take forward increased integration of commissioning and delivery of services for the

population of East Sussex. Responding to the pandemic during 2020/21 has also changed the way we work together as a health and social care system and has accelerated our integrated working.

3.2 Legislation set out in the forthcoming Health and Care Bill will significantly change the way we work together as a health and social care system to commission and deliver integrated care and improve the health of our population. Our shared development plans for our East Sussex Health and Social Care Partnership, and our refreshed transformation programme, will ensure we continue to work together to deliver our long term aim of improved health and integrated care for our population.

3.3 This will also support the Sussex-wide work to prepare for ICSs being put on legal footing by April 2022, and the intention to put in place a shadow ICS operating model in the Autumn, as well as delivery of ICS plans and priorities to make an effective contribution to the restoration and recovery of health services in 2021/22.

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Background documents

None

Appendices

Appendix 1 NHS White Paper Summary

Appendix 2 East Sussex Health and Social Care Partnership Development proposals

Appendix 3 Draft Strategic Development Framework: Strengthening the way we work together in our communities