

East Sussex Health and Care Partnership DRAFT Development in 2021/22

1. Introduction

- 1.1 Our East Sussex Health and Care Partnership is an informal place-based partnership arrangement, bringing together East Sussex Clinical Commissioning Group (CCG), East Sussex County Council (ESCC), East Sussex Healthcare NHS Trust (ESHT), Sussex Community NHS Foundation Trust (SCFT) and Sussex Partnership NHS Foundation Trust (SPFT).
- 1.2 Our system partnership governance includes the East Sussex Health and Social Care Executive Group and supporting Oversight Boards, and our Primary Care Networks have a collective voice at all of these meetings. Our Health and Social Care System Partnership Board brings together our health and social care system with representatives of our District and Borough Council and Voluntary, Community and Social Enterprise (VCSE) partners, with accountability to our East Sussex Health and Wellbeing Board.
- 1.3 In addition to having a lead role in our East Sussex system, our organisations are each individually a part of the Sussex Health and Care Partnership (SHCP), alongside the upper tier and unitary Authorities, Clinical Commissioning Groups and NHS Provider Trusts in West Sussex and Brighton and Hove. The SHCP was formally awarded Integrated Care System (ICS) status in April 2020.
- 1.4 Our strategic place based planning in East Sussex is taking place in the context of our Sussex Integrated Care System (ICS) developments and our preparation for the implementation of the NHS Integration White Paper¹, including the proposals for putting Integrated Care Systems on a legal footing by April 2022.
- 1.5 Building on our journey and achievements to date, this paper sets out proposals for further strengthening our East Sussex place-based partnership in this transitional year covering:
 - The aim and purpose of our partnership and the principles that underpin the way we collaborate
 - The next steps during 2021/22 to further develop our partnership in preparation for April 2022

2. The role of place

- 2.1 Our Sussex ICS is a way of bringing together all organisations in our health and care system to join forces, so we are better able to improve the health of our populations and offer well-coordinated efficient services to those who need them. A self-regulating body, the ICS will do this through taking responsibility for collaborating and holding ourselves to account to ensure effective commissioning and delivery of health and social care for the population, within available resources.
- 2.2 In Sussex it has been agreed that the ICS will be operationalised through the three existing place based partnerships in East Sussex, West Sussex and Brighton and Hove. This is where

¹ *Integration and Innovation: working together to improve health and social care for all'* (February 2021)

public health, community health, mental health, social care, primary care and hospital based services work together to identify priorities and set the strategy for the commissioning and delivery of integrated health, social care and wellbeing outcomes for their populations.

2.3 There are also three pan-Sussex collaborative networks covering acute care, primary and community care and mental health. These ICS-wide networks will focus on improving services where there are benefits to be achieved through working together at scale, and they are supported by specific programmes of transformation.

2.4 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 Fund² 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

2.5 To carry out the role of place set out in the White Paper effectively, it has recently been agreed through Sussex ICS leadership discussions that the focus of place based partnership plans will be on the coordination and delivery of the following:

- Operational issues and pressures
- Population health management using public health principles
- Health inequalities
- Transformation of clinical pathways and health and care service models
- Primary care
- Priorities for social care and housing, and other services related to delivering outcomes for our community

2.6 Improving population health will be central to the role of the place based partnerships, with Directors of Public Health having a lead role in coordinating and leading partnership plans across the range of services and activity that support this. This will inevitably be subject to capacity due to the ongoing need to manage the pandemic this year. Each place-based partnership will report to both the Health and Wellbeing Board and the ICS NHS Board.

2.7 In East Sussex, our plans will set out how our place-based partnership arrangements can be strengthened by April 2022, in line with the expectations set out in the White Paper and our shared priorities. In summary this will cover our next steps in relation to:

- Integrated strategic planning to make the best use of our collective resources for our population
- Increased levels of collaboration on the ground to deliver prevention and early intervention and increased experience of joined up and responsive personalised care
- Supporting broader partnership working with District and Borough Council and voluntary, community and social enterprise (VCSE) sector partners, on housing and other services that impact on the wider determinants of health and wellbeing.

² *Developing place-based partnerships, the foundation of effective integrated care systems (The Kings Fund, April 2021)*

- Our shared priorities for transforming services through our integration programme covering children and young people, mental health, community, urgent care and planned care, ensuring a clear focus on health inequalities

3. Our shared aims and principles

3.1 The key aim we share across all of our organisations in East Sussex is to improve the health and wellbeing of local people and reduce health inequalities in our population, through delivering more integrated and personalised care, and an enhanced focus on prevention, early intervention and re-ablement after episodes of ill-health.

3.2 Our Health and Care Partnership supports greater levels of collaboration between our organisations to support better planning and deployment of our collective resources. It provides the framework for all commissioners and providers of health, care and support in East Sussex to come together to plan, organise and deliver services at the right scope and scale required to deliver our shared outcomes of improved population health and wellbeing, improved quality and experience of care, and more sustainability overall.

3.3 The following principles underpin the way we will support our teams to collaborate to deliver our shared aim:

- Engagement with communities, including VCSE partners and local people to help improve and maintain people's health, mental health and wellbeing
- A clear focus on reducing health inequalities in everything that we do
- More responsive and personalised experience of care - including personalised care and support planning, shared decision-making and support with self-management - that anticipates and proactively minimises care needs and works with people's strengths to put them in control
- Wrap around care that enables people to stay in their own homes and communities, including care at the end of life
- The ongoing recovery of our health and social care services as we continue to move through the COVID-19 pandemic
- Effective and timely secondary care when this is required through streamlined and consistent pathways into and out of hospital care when this is needed, and early discharge with rehabilitation and reablement where this is needed
- Using evidence to support decision making, including appropriate data sharing arrangements to support robust business intelligence and cases for change, as well as ensuring all of our shared plans are based on good practice and a clear understanding of our population's health and care needs.

4. Our approach in East Sussex

4.1 Our recent history of integrated working provides a strong foundation for developing our health and care partnership. Our East Sussex Health and Social Care Partnership undertook an early review³ to consider how we can build on our journey to date, and what has been delivered so far, to further develop our partnership in 2021/22 and the next phase of our system working.

4.2 Our work on our shared priorities for health and social care is taken forward through our service transformation programme which drives our work together as a system through setting out our agreed service developments that we want to deliver in the next 12 – 18 months. Informed by

³ More information about the initial stocktake and review can be found [here](#)

local population health and care needs, and shaped by and aligned with the NHS Long Term Plan commitments and planning guidance, the programme sets out the key changes we need to make to meet the health and social care needs of our population in the future, and how we anticipate doing this across:

- Children and young people
- Mental health
- Community
- Urgent care
- Planned care

4.3 We have recently reviewed and refreshed each programme to ensure we have taken account of the recent learning as a result of delivering the Pandemic response, as well our work to restore and recover services this year. This has included ensuring that opportunities to address health inequalities in our population are built in across the programmes wherever possible, in addition to existing cross-cutting themes of prevention, early intervention and personalised care and support. This is informed by the summary update of population needs undertaken in November 2020, and is part of a range of work designed to impact and measure reductions in health inequalities in our population.

4.4 In addition, through local discussions we have identified the following practical next steps to further develop our place partnership in preparation for April 2022:

Area	Actions
Shared priorities for service transformation	<ul style="list-style-type: none"> • Finalise our refreshed shared transformation priorities in line with the NHS Planning Guidance for 2021/22, and a clear focus on actions to reduce health inequalities based on our summary update of population health needs. • Based on this set programme metrics and KPIs to enable progress and impacts to be monitored, and resume delivery
Health and wellbeing and reducing health inequalities	<ul style="list-style-type: none"> • Agree the strategic development framework to support the way we coordinate our wider integrated working in our communities in East Sussex to support population health and wellbeing and reduce health inequalities, across the full range of local government and Voluntary Community and Social Enterprise (VCSE) sector services and support that impact on the broader determinants of health
System financial plan	<ul style="list-style-type: none"> • Set out the underpinning place-based financial framework for our system and link this with our transformation programme to support increased grip on delivery • Begin monthly reporting of system finances at place level
Increasing our capability and capacity to support	<ul style="list-style-type: none"> • Coordinate a system-wide self-assessment exercise using recognised good practice to assess our strengths, weaknesses, opportunities and challenges for the way we undertake our planning and delivery together as a place-based system, in the context of our wider ICS, and identify and

successful delivery of our aims and objectives	<p>agree the next phase of actions to strengthen our partnership. It is proposed that we use the recent Kings Fund publication to do this, as well as expectations in the ICS design guidance and implementation as it relates to place partnerships.</p> <ul style="list-style-type: none"> • Review our initial analysis of our functions at place level across transformation, delivery, assurance and planning in light of the latest guidance, good practice and expectations about the role of place in supporting ICS implementation
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4.5 This initial high level work programme is designed to help us establish the consensus we need across our system at place level to agree the next phase of our work as a system at place level. We expect to have made significant progress on these initial actions by the end of quarter 2, to inform phasing of plans and next steps in the second half of 2021/22.

4 Outcomes

4.1 The overall outcome of our planning process is to reconfirm our shared future long term vision for health and care collaboration in East Sussex, together with consensus about realistic and appropriate development plans, and ownership of what the milestones and next steps look like for 2022/23.

4.2 This will enable senior leaders to take forward the further dialogue necessary to develop the shared understanding and collective consensus needed, to support future agreements and decisions in the following ways:

- Across our system with our staff and key stakeholders
- Within organisations with Elected Members, Trust Board and Governing Body Members to ensure understanding, ownership and buy-in to our plans
- With members of the Health and Wellbeing Board in its role of system oversight
- At shadow ICS NHS Board and Partnership level to ensure alignment with ICS plans and collaborative programmes.

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