

Report to: Cabinet

Date of meeting: 19 April 2022

By: Director of Adult Social Care

Title: Health and Care Bill implementation

Purpose: To update Cabinet on progress with the Sussex Integrated Care System (ICS), and confirm Cabinet's agreement to the recommended arrangements for Council participation, in accordance with the national proposals to put ICSs on a statutory footing in England by July 2022

RECOMMENDATIONS

Cabinet is recommended to:

- 1. Note that the proposed legislation requires the Council to be a member of the statutory Sussex Integrated Care System (ICS) from 1 July 2022 and the plans to operate the ICS in shadow form.**
 - 2. Note the Council's ongoing commitment, accountability and lead role in integrating care and improving population health in East Sussex**
 - 3. Agree:**
 - a) the Chair of the Health and Wellbeing Board to attend the shadow Sussex Health and Care Assembly (as previously agreed by the Cabinet on 29 June 2021);**
 - b) the three upper tier Councils in Sussex being represented on the shadow NHS Sussex Integrated Care Board (ICB) by a Director of Adult Services, a Director of Children's Services and a Director of Public Health drawn from across the councils, to be agreed by the Chief Executives; and**
 - c) the Sussex Health and Care Assembly being established as a joint committee between the future NHS Sussex ICB, East Sussex County Council (ESCC) West Sussex County Council (WSCC) and Brighton and Hove City Council (BHCC) with power to make the appropriate arrangements delegated to the Assistant Chief Executive.**
 - 4. Agree the principles set out in paragraph 2.17 that underpin how the NHS Sussex ICB will work with and in East Sussex to support close working with the NHS.**
 - 5. Agree to receive a further report on plans to progress local working with the NHS later in the year.**
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1. Background

1.1 Previous reports to Cabinet in April 2019, January 2020 and June 2021, have set out the County Council's commitment to integrated working with the local NHS, as this provides the opportunity to deliver the best possible outcomes for local residents and achieves the best use of collective public funding in East Sussex. This has been delivered through the Council working

closely with the local NHS to improve population health and commission and deliver more integrated care.

1.2 Cabinet agreed on 29th June 2021 the Council's ongoing lead role and commitment to integrating care and improving population health in East Sussex. A key part of this is continuing to strengthen our community-based health and social care for children and adults of all ages and to build on the progress made to date across a range of integrated services, including for example Health and Social Care Connect and Joint Community Reablement in Adult Social Care and Integrated Health Assessments across Health Visiting and Children's Services.

1.3 That report also set out the detail of the proposals now published in the Health and Care Bill. This includes putting Integrated Care Systems (ICSs) on a statutory footing in England in 2022 and a new Duty to Collaborate.

1.4 As a result, the Council is required to participate in two new statutory bodies that make up our Sussex ICS: the proposed new Sussex NHS Integrated Care Board (ICB) and the wider Sussex Health and Care Assembly partnership arrangement. Initial Council representation was agreed by Cabinet in June 2021.

1.5 The Health and Care Bill replaces the current model of competition between providers of healthcare services with a new approach that encourages collaboration to meet the needs of the population. To build on this the Government also published a new Integration White Paper '*Joining up care for people, places and populations*', which focusses on the way the NHS and Local Government should work together in "Places" (ie East Sussex level) to deliver shared objectives.

1.6 Aside from the new Duty to Collaborate there are no other changes to the County Council's statutory role and responsibilities for services and budgets, or the role of Health and Wellbeing Boards and Health Overview and Scrutiny Committees. The County Council will remain responsible for setting the Authority's priorities and budgets through the Reconciling Policy Performance and Resources (RPPR) process.

1.7 This report provides a further update on progress with the reforms and the implications for partnership working with the local NHS. It revisits the earlier recommendations for the Council's participation and representation in the statutory Sussex ICS, and the proposed governance and accountability arrangements brought in by the Bill.

2. Supporting information

Health and Care Bill

2.1 The Health and Care Bill 2021 is currently at the committee stage of the Parliamentary process. The formal start of statutory ICSs in England has now been delayed from 1st April until 1st July 2022 due to the focus on urgent priorities and pressures over winter, and to allow more time to get the Bill through the parliamentary process.

2.2 Part of the NHS Long Term Plan, in England an ICS brings together the organisations planning, buying and providing publicly-funded healthcare – including mental health and community care services – to the population of a geographical area. As well as the NHS this includes Local Authorities and other partners. In summary all forty-two ICSs covering England will be made up of two elements:

- A statutory NHS Integrated Care Board (ICB) will be responsible for strategic planning, resource allocation and performance of NHS organisations in the ICS. This will involve merging some existing ICS and Clinical Commissioning Group functions, as well as some functions from NHS England. In Sussex this will be called the NHS Sussex ICB.

- A partnership involving a wider range of partners. The proposed legislation will require that this is set up as a formal joint committee between the NHS Sussex ICB and the responsible authorities that fall within its area. It will be responsible for agreeing the strategic direction which meets the broader health, public health and social care needs of the population in the ICS footprint. In Sussex this will be called the Sussex Health and Care Assembly and it will need to be established as a joint committee by the NHS Sussex ICB and ESCC, WSCC and BHCC once the Bill is passed into legislation.

2.3 The NHS Sussex ICB will be responsible for a health budget of over £2bn and will absorb the current role and function of the three Clinical Commissioning Groups in Sussex. The intention is to start operating the new Board in shadow form, ahead of transitioning to the new governance and accountability structures formally on 1 July. Both the NHS ICB and the Assembly will have duties to consider Health and Wellbeing Board plans. The diagrams in Appendix 1 provide a guide to the suggested framework for partnership working within the Sussex ICS.

2.4 Upper tier and unitary Local Authorities are required to be members of ICSs as key partners. In the Sussex ICS, East Sussex County Council, West Sussex County Council and Brighton and Hove City Council each have one seat on both the NHS Sussex ICB and the Sussex Health and Care Assembly.

2.5 To provide professional knowledge and perspective it is suggested that Local Authority representation on the NHS Sussex ICB from the three Councils is made up of one Director of Adult Social Services, one Director of Children's Services and one Director of Public Health. The representatives would each be on the ICB as partner members and would not act in a delegated capacity either for their organisations/sector or their specialist area.

2.6 It is suggested that the Chairs of each of the three Health and Wellbeing Boards will be the Local Authority representatives on the Sussex Health and Care Assembly, supported by Officers where this is helpful.

2.7 In summary, in order for the County Council to meet new the requirements and the Duty to Collaborate the following arrangements are proposed for agreement:

- One Director of Adult Social Services, one Director of Children's Services and one Director of Public Health to represent the three Councils as a partner members on the shadow NHS Sussex ICB.
- The Chair of the Health and Wellbeing Board is nominated to represent East Sussex County Council at the meetings of the shadow Sussex Health and Care Assembly

2.8 A national process was undertaken by NHS England to simultaneously appoint Chair Designates and Chief Executive Designates to all forty-two future NHS ICBs. Stephen Lightfoot was appointed as the new Chair Designate for the future NHS Sussex ICB, and Adam Doyle the new Chief Executive Officer Designate. Recruitment of the Executive Director and Non-Executive Director appointments to the NHS Sussex ICB has also taken place.

2.9 The current focus for our Sussex ICS in this transitional period is on setting out the arrangements between local NHS organisations, Local Authorities and wider partners in Sussex. This will include:

- The ICS vision, principles and governance arrangements that will support oversight and assurance of the NHS parts of the system, and mutual accountability between all ICS partners
- How the three Place Partnerships in East Sussex, West Sussex and Brighton and Hove can support delivery of our shared objectives.

Integration White Paper and the role of Place

2.10 On 9 February the Government published a new White Paper on health and social care integration called '*Joining up care for people, places and populations*'. This forms part of wider plans to reform the health and social care system building on the Health and Care Bill and the Social Care Reform White Paper *People at the Heart of Care* (December 2021), which sets out the Government's ten-year vision for adult social care.

2.11 The new White Paper sets out a vision for integrated health and care services. It focusses on the way the NHS and Local Government can be enabled to work together at 'Place' to deliver co-ordinated, joined up and seamless services, that support people to live healthy, independent and dignified lives, and which also improve outcomes for the population as a whole. A key tier within the ICS, East Sussex, West Sussex and Brighton and Hove will be the three "Places" forming the Sussex ICS and are the "engines of delivery and reform".

2.12 There are no changes to the County Council's existing accountability for budgets and services. A brief overview of the White Paper is contained in Appendix 2 and proposals are designed to support organisations working at Place to plan commission and deploy resources jointly. The main developments are:

- A new national shared outcomes framework, with space for local Place priorities, and a resourced plan to support delivery
- A lead officer for delivery agreed by, and accountable to, both the Local Authority and the NHS ICB
- A proposed model for formally pooling resources, making decisions and planning jointly
- The current legal framework for s75 Agreements will be reviewed to support increased financial flexibility
- A series of proposed action for workforce and carers including joint roles, career progression and workforce planning
- Continuation of plans for digital maturity to support seamless data flow across all care settings (including social care providers), and person-centred and proactive care at place level, and reporting outcomes.

2.13 The Government has been keen to underline the continuing flexibility available to local ICSs and Places in taking the White Paper forward in ways that are appropriate to local circumstances. The next step will be to review our local plans, including our Health and Wellbeing Strategy, shared strategic Outcomes Framework and next steps for integration, in light of the detail in the White Paper.

Place and Place-based Partnerships

2.14 The new integration White Paper complements our existing direction of travel as an Integrated Care System (ICS) in Sussex and at the local level in East Sussex. The importance of 'Place' within our ICS has already been recognised by our Sussex ICS to ensure a strong focus on local population health and care needs, integrated care and reducing health inequalities.

2.15 There are three Places in the Sussex ICS based on the upper tier Local Authorities and Health and Wellbeing Board boundaries in Sussex – Brighton and Hove, East Sussex and West Sussex – each with informal health and care partnerships that enable joint working across organisations working at Place. In summary it has been agreed that the focus of Place and Place-based partnership plans is on the coordination and delivery of the following:

- Population health management using public health principles
- Addressing health inequalities
- Transformation of clinical pathways and health and care service models
- Primary care – accelerate the development of Primary Care Networks (PCNs) and neighbourhood working

- Priorities for social care and housing, and other services related to delivering outcomes for our community
- Operational issues and pressures

2.17 The following high level principles have been produced to underpin how the NHS Sussex ICB will work with and at Place, to support close working between the three Local Authorities and the NHS in the ICS:

- The three Place-based Health and Care Partnerships in Sussex are collaborative and non-statutory arrangements where all the organisations responsible for planning commissioning and delivering health and care services for the populations in that geographical area work together.
- In collaborating at Place, individual statutory organisations are responsible for agreeing decisions relating to their budgets and services according to their existing practice and processes.
- The **Joint Strategic Needs Assessments** and the **Health and Wellbeing Strategies** agreed through the three Health and Wellbeing Boards set the evidence base and strategic framework within which priorities at Place are identified.
- Place-based planning, commissioning and delivery will be focussed on a clear scope of services aimed at integrating care, improving health and reducing health inequalities. Wider partners in the voluntary, community, social enterprise (VCSE) and independent care sector, and Borough and District Councils (where applicable), will be engaged to mobilise and support the best use of the resources collectively available.
- At a pan-ICS level, the Sussex Health and Care Assembly will be responsible for producing the **Integrated Care Strategy** for the system. This high level strategy will reflect the priorities in, and be built from, the three Health and Wellbeing Strategies.
- NHS Sussex is required to develop and implement a **Delivery Plan** that delivers the Assembly's Integrated Care Strategy. The principle of subsidiarity is paramount – NHS Sussex's Delivery Plan will be implemented through the three place-based Health and Care Partnerships, unless there is collective agreement that it makes more sense to deliver an element at the pan-Sussex level. NHS Sussex will align resources and management capacity to support the three place-based Health and Care Partnerships to implement the Delivery Plan
- Effective delivery at place therefore requires the full involvement of local authority partners in the development of NHS Sussex's Delivery Plan and other key related decisions before those decisions are taken by the NHS Sussex Board or its executive.

2.18 There is system partnership governance fully embedded in East Sussex to support delivering this approach, which reports into the Health and Wellbeing Board. The East Sussex Health and Care Partnership currently brings together the County Council, NHS East Sussex Clinical Commissioning Group, East Sussex Healthcare NHS Trust, Sussex Community NHS Foundation Trust and Sussex Partnership NHS Foundation Trust, and our wider system partners including Primary Care Networks, the East Sussex Voluntary, Community and Social Enterprise (VCSE) Alliance, Healthwatch and our Borough and District Councils. Appendix 3 includes a diagram of this partnership governance structure.

2.19 Our shared priorities and joint work is set out in our East Sussex Health and Care Partnership Plan and is delivered through our integration programme. Update reports are provided to our Health and Wellbeing Board.

Planning for 2022/23

2.20 Our recent system working has been focussed on supporting a strong and effective response to the pandemic emergency. This was driven by both increased needs for services and workforce pressures compounded by some Covid-19 outbreaks. This aimed to ensure that individual needs are best served through the most appropriate care in the right setting at the right time, and included for example:

- Increased commissioning of Discharge to Assess (Pathway 3) Care Home beds including beds to support specific needs and Home Care capacity
- Continued support of hospital discharge arrangements and case management to improve patient experience and flow through the system
- Development of improved front-door models to ensure people access the right services for same day needs and Emergency Departments
- Focussed work to support individuals of all ages needing access to mental health services and supporting timely discharge from hospital
- Maximising access to additional national resources as this became available to support local systems
- Joint action on workforce to aid recruitment into the care sector.

2.21 The focus of our integration programme has been on the areas where changing care models can both help us build on the developments that have been accelerated by the pandemic, and have the most impact in supporting restoration and recovery of our system in a sustainable way. Our shared priorities for transforming care models are being reviewed and finalised for 2022/23, to ensure there is a clear focus on reducing health inequalities and delivering more integrated care for our population, for reporting to our HWB.

2.22 To help accelerate the development of the role and function of Place, East Sussex has been chosen by our ICS to participate in the national ICS Population Health and Place Development Programme set up by NHS England and Improvement (NHSEI) and the Local Government Association (LGA). This is aimed at supporting the implementation of the Health and Care Bill and specifically the role of Place within ICSs. The national Programme is set out around four elements:

- Ambition, vision and leadership
- Governance, function and finance
- Population Health Management and integrated transformation capability
- Digital, data and analytics (to be led at a pan-ICS level)

2.23 With strong resource backing from NHSEI and the LGA and combined with the new integration White Paper, this represents a valuable opportunity to inform and shape the next steps for how our Place Partnership in East Sussex develops as part of our ICS. Local priorities have been reviewed by senior leaders across our ICS and Place to ensure the Programme can be tailored to reflect and build on our strong progress to date. In line with national policy objectives and our longstanding local commitment to integrate care and improve the health of our population, our critical focus will be:

- Identifying our future strategic roadmap and the next steps for delivering increased integration and shared accountability for outcomes
- Developing our practical approach to using data and insight to better understand needs, profiles and resources in local areas, and support our teams to work together to deliver preventative, proactive and coordinated care and reduce health inequalities.

3. Conclusion and reasons for recommendations

3.1 Establishing ICSs on a statutory footing represents a significant change to the way the Council works in partnership with the NHS, to plan and commission services to meet health and care needs of the population of East Sussex, and improve health and reduce health inequalities. The key changes are summarised in Appendix 4. The new Duty to Collaborate requires the County Council to participate in the statutory NHS Sussex ICB and set up the Sussex Health and Care Assembly as a joint committee. Appropriate governance and accountability arrangements will be critical to enabling the Council to continue to jointly plan and commission services effectively, to secure the best possible outcomes for our population and meet the new Duty.

3.2 There is agreement to shared principles within the Sussex ICS to the planning and deployment of resources focussed on population needs at Place level (East Sussex). This is aimed at ensuring people have access to a joined up offer of health and social care and support in their community, or near to where they live. This will also enable the Council to continue to contribute effectively to the shared agenda for maintaining strong performance on D2A and patients who are medically ready for discharge from hospital, and supporting the recovery and delivery of NHS services as a result of the pandemic.

3.3 In this context, developing robust plans to transform care models and deliver integrated care, as well as working with the NHS across the wide range of services at Place level to improve population health, remains our strong priority. It is proposed that a further report about our future shared plans to strengthen our capability to deliver this is brought to Cabinet at a later date.

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LOCAL MEMBERS

All Members

Appendices

Appendix 1 Draft Sussex ICS Structure Diagrams

Appendix 2 Brief Overview of the Integration White Paper

Appendix 3 East Sussex health and care partnership governance structure

Appendix 4 Summary of the key changes under the Health and Care Bill (integration)