

Sussex integrated care strategy key principles and framework

The Sussex integrated care strategy is required to be produced by the end of December 2022. It has been agreed by our ICS that the four following principles will guide the strategy development process:

- **Place and population first:** We have agreed that we will take an approach that considers the principles of place-based working that have been agreed across the system:
 - a. 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.
 - b. 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.
 - c. 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.
 - d. 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.
 - e. 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.
 - f. 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
 - g. 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.
- **Data and evidence:** we will ensure that our approach is based on evidence, comparative data and responds to population need in line with the above principles.
- **Co-production:** Our communities will be central to the creation of the plan. To achieve this, we will ensure that every organisation is actively involved and leading the engagement with our communities.
- **NHS plan:** there will be a requirement for the yearly national mandate to be responded to but we will add national guidance to our strategy and ensure the guidance does not drive the framing of the document.

Based on this, and reflecting partnership conversations, it is proposed that the strategy is built around six key chapters, each framed concisely and in a publicly accessible way:

Chapter	Content
1	<p><u>Case for change</u></p> <p>A brief, introductory analysis of the key challenges facing our population, and a shared vision and purpose for how the system wants to come together to address them</p>
2,3, 4	<p><u>Place-based health and care strategies x3</u></p> <p>A co-produced high-level strategy for each place, drawn from health and wellbeing strategies and based on an analysis of the population needs in each place; signed off by the respective Health and Wellbeing Board.</p>
5	<p><u>Pan-Sussex priorities</u></p> <p>An articulation of a small number of strategic priorities that all partners are committed to working on at a pan-system level and where the impact of action at this scale can be justified. Our collective roles as anchor institutions which can impact on the social and economic determinants of health will need to be considered in this chapter.</p>
6	<p><u>NHS priorities</u></p> <p>An articulation of the NHS priorities, driven by national policy imperatives (e.g. the NHS Long Term Plan) which the Health and Care System will be required to deliver across all places. This chapter of the strategy to be refreshed periodically as this priorities shift</p>