

**Report to:** East Sussex Health and Wellbeing Board

**Date:** 4 March 2025

**By:** Director of Joint Commissioning and Integrated Community Teams Development (East Sussex), NHS Sussex and Director of Adult Social Care and Health, East Sussex County Council

**Title:** Integration programme update

**Purpose of Report:** To provide an overview of progress in 2024/25 with the East Sussex priorities in the Sussex Shared Delivery Plan (SDP), and the outcomes of the third informal HWB development session.

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**Recommendations:**

East Sussex Health and Wellbeing Board is recommended to:

1. Note the overall progress made in 2024/25 with the Health and Wellbeing Board (HWB) Shared Delivery Plan (SDP) objectives for East Sussex, including the continuing whole system collaborative action taking place to improve hospital discharge;
  2. Note the outcomes from the HWB development session on the building blocks of health as set out in the summary briefing note contained in Appendix 1, and;
  3. Agree the key messages and suggested actions in the briefing note, for sharing more widely with organisations and partners.
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## **1 Background**

1.1 The 5-year [Sussex Integrated Care Strategy](#) *Improving Lives Together* was approved by the Sussex Health and Care Assembly in December 2022, setting out our ambition for a healthier future for everyone in Sussex over the next 5 years. It builds on our [East Sussex Health and Wellbeing Strategy](#) *Healthy Lives, Healthy People* (2022 – 2027), and our understanding of our population in East Sussex through our [Joint Strategic Needs Assessment](#) (JSNA).

1.2 An accompanying 5-year [Shared Delivery Plan](#) (SDP) was also agreed by all partners in June 2023. This brings together delivery plans for the *Improving Lives Together* strategy and each of the three Health and Wellbeing Board (HWB) strategies in Sussex, alongside the local NHS response to the national annual NHS priorities and operational planning guidance. The SDP is updated annually.

1.3 Our SDP fulfils the Joint Forward Plan (JFP) in Sussex. ICBs and their partner trusts have a duty to prepare JFPs to set out how they propose to exercise their functions over a 5 year period. Given the anticipated publication of the [10 Year Health Plan](#) in spring 2025, and a multi-year financial settlement for the public sector as part of the Spending Review 2025, NHS England (NHSE) has suggested that a limited refresh of existing plans takes place before the beginning of the new financial year. NHSE is intending to work with systems to develop a shared set of expectations and timetable for a subsequent more extensive revision of joint plans, aligned to wider reform of nationally co-ordinated NHS planning processes, including a shift from single to multi-year operational and financial planning.

1.4 The three “Places” within the Sussex Integrated Care System (ICS) - East Sussex, West Sussex and Brighton and Hove - are key to strategic leadership of the wider partnership of commissioning and delivery within the ICS across the NHS, local government

and the voluntary, community and social enterprise (VCSE) sector. To strengthen its unique role as the strategic stewardship group for our health and care system in East Sussex, the HWB agreed to hold a programme of informal development sessions aimed at developing a deeper shared understanding of our population's health and care needs, and informing the refresh of *Healthy Lives, Healthy People* (2022 – 2027).

1.5 To support the SDP refresh process ahead of the publication of the 10 Year Health plan, this report provides a high-level summary of anticipated progress during 2024/25 (year 2 of the SDP) across our eight HWB SDP objectives. The outcomes of the third informal HWB session focussed on the building blocks of health are also brought for review.

## **2. Supporting information**

### ***East Sussex HWB SDP year 2 deliverables***

2.1 Overall, good progress has been made across the majority of our local HWB SDP objectives in 2024/25 through joint working across the full range of partners in East Sussex, including the local NHS, social care, public health, VCSE organisations and borough and district councils. A high-level draft summary of the anticipated position by the end of March 2025 will be published as an information supplement to this report (to follow), to reflect the most up to date detail covering our eight priority areas:

- Health outcomes improvement and specific partnership action on the diseases and conditions that significantly impact on our population where risks can be modified
- Previously agreed improvements to cardiology and ophthalmology through reconfigured acute hospital services
- Strengthening the role and vision of the East Sussex Health and Wellbeing Board
- Children and young people
- Mental Health
- Community, including implementing Integrated Community Teams (ICTs)
- Actions to implement improvements to hospital discharge processes
- Housing, health and care

2.2 In light of this progress, our lead oversight and partnership boards in the above areas are now planning for 2025/26 and our shared objectives for commissioning, delivery and transformation in East Sussex. This will feed into the wider limited refresh of the Sussex SDP, and will take into account the NHS [2025/26 priorities and operational planning guidance](#) published on 30 January 25, as well as alignment with other strategies and annual plans, insight and evidence.

2.3 The outcomes from our first three HWB development sessions (see paragraph 2.15 below) will also inform planning for 2025/26, where helpful and relevant. Overall, this will align with and support a broader update to our SDP, which will include our system response to the publication of the 10 Year Health Plan in the Spring. An update about this will be brought to the next meeting of the HWB.

### ***Integrated Community Teams (ICTs)***

2.4 As stated in *Improving Lives Together* and our SDP implementation of ICTs is a shared ambition for our Sussex ICS. Led in partnership in East Sussex by our Community Oversight Board, ICTs represent a key opportunity to further develop and transform to a locally coordinated approach to planning and delivering an integrated offer of health, social care and wellbeing for our population. As such ICTs are an overarching transformation that in time will contribute to delivering a range of other priorities and objectives for our system.

2.5 Our ICT programme also fits well with the national direction for [Neighbourhood health](#) and the guidelines to move this forward in 2025/26 published on 29 January 2025.

'Neighbourhood health' is a broader strategic transformation which aims to create healthier communities, helping people of all ages live healthy, active and independent lives for as long as possible while improving their experience of health and social care, and increasing their agency in managing their own care. This will be achieved by better connecting and making the most of our health and care resources through three key shifts:

- **from hospital to community** – providing better care close to or in people's own homes, helping them to maintain their independence for as long as possible, only using hospitals when it is clinically necessary for their care
- **from treatment to prevention** – promoting health literacy, supporting early intervention and reducing health deterioration or avoidable exacerbations of ill health
- **from analogue to digital** – greater use of digital infrastructure and solutions to improve care

2.6 ICTs will be key to helping deliver this in Sussex, and in 2024/25 we have laid the foundations for our five East Sussex ICTs and built on our initial development sessions. Alongside work to better understand current multi-disciplinary team-working across community health, social care and primary care for people with more complex health and care needs, small-scale 'tests of change' have been identified in each footprint where partners have wanted to try doing things differently together to tackle shared priorities. These include better using data to improve outcomes for people at increased risk of Urinary Tract Infections and falls; holding clinics in community settings focussed on frailty and services for older people; and joint work with Citizens Advice to increase targeted access to advice in health settings for those experiencing financial difficulties, fuel poverty and cold homes.

2.7 In addition, to help prepare for winter, 262 staff and volunteers from across health and care services attended five highly successful ICT events held in partnership with our local voluntary sector, to learn about the services and support available for the people they work with. The events contributed a 20% increase in confidence in supporting people this winter and the connections with others working in the ICT footprint.

2.8 Work in the final quarter of 2024/25 is aimed at formalising joint management and planning arrangements in each ICT footprint, to co-create and agree 5 joint ICT plans in 2025/26, as part of the Sussex-wide approach. Plans will draw the learning from Universal Healthcare frontrunner (in Hastings) and local ICT tests of change together with other local opportunities in line with our strategic and local priorities, insight, data and evidence-base, for delivery from October 2025. The neighbourhood health guidelines and the forthcoming 10 Year Health Plan will also influence the plans as they develop.

### ***Improving hospital discharge***

2.9 As reported previously in the September and December HWB meetings, delivery remains strongly focussed on our shared ICS objectives for hospital discharge as an area where we have been significantly challenged, and this will continue in 2025/26. In Sussex we are seeing larger numbers of people presenting in our acute hospitals whose discharges are being delayed due to increasingly complex onward care needs. Although there is a similar pattern around the country, this is particularly challenging in East Sussex where we have

proportionately high numbers of people aged over 85 in our population, often with more than one long term condition alongside other complexities due to ageing and being frail.

2.10 Whole system collaboration to improve hospital discharge is continuing to actively take place. Prior to Christmas this saw a sustained 10% reduction in the number of people delayed in hospital who no longer met the medical criteria to be there, and includes:

- support to help people stay active whilst in hospital and minimise deterioration in health and wellbeing;
- running hubs to better coordinate the transfer of care;
- developing a needs-based demand and capacity model to help us get the right type of support in place to respond to people's needs appropriately after being in hospital.

2.11 Maintaining an improving trajectory in our system work to improve hospital discharge has been challenging over the winter, a time when we naturally see an increase in demand for services, and the numbers of individuals categorised as having 'no (medical) criteria to reside'<sup>1</sup> who are delayed in our hospitals due to complex onward care needs and situations.

2.12 The Sussex System Winter Plan (November 2024 to March 2025) was developed and agreed to help alleviate the impact of winter and seasonally driven increases in illness, such as acute respiratory illness, flu, Covid-19, and norovirus, and increased demand being seen across services generally. This included an additional £1m joint investment agreed by ESCC and NHS Sussex for additional 'Discharge to Recover and Assess' (D2RA) beds to support 'step down' and intermediate care.

2.13 At the time of writing the number of people categorised as no longer having a medical reason to be in an acute hospital remains challenging in East Sussex. Delays are not attributed to individual agencies as it is acknowledged that all but the most simple discharges, for example back to the person's own home or usual place of residence with no new or additional health and/or social care needs or onward need for care, require a multi-disciplinary or whole system approach.

2.14 There can be multiple reasons for an individual classed as having no medical criteria to reside (NCTR) remaining in an acute hospital bed, including:

- An increase in the number of individuals admitted to hospital and the proportion requiring complex supported discharge, including lacking mental capacity and requiring a Best Interests decision and/or Deprivation Of Liberty Safeguards (DoLS) and/or Court of Protection Determination, Safeguarding and Homelessness

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<sup>1</sup> *Delayed hospital discharges' are now described as patients who have 'No Criteria To Reside' (NCTR). It is a clinical decision, rather than a multi-agency, multi disciplinary team decision, to describe when a patient no longer has a medical reason to be in an acute hospital. This occurs much earlier in an individual's recovery journey, compared to the previous method of counting delayed transfers of care.*

- An overall reduction in the Discharge to Assess (D2A) Pathway 2<sup>2</sup> beds capacity from 01/04/2024, partially mitigated by an additional £1m joint investment by ESCC and NHS Sussex for additional Winter capacity
- Insufficient NHS therapists, nurse assessors and social care assessors to maintain timely flow of people through hospital, as a result of increased activity, complexity and recruitment and retention challenges
- Actions and decisions required from individuals, their family members and informal carers, including where people are responsible for arranging and fully funding their onward care
- The identification of highly specialist placements and packages for people with particularly complex and multiple health and care needs, including those eligible for NHS Continuing Healthcare (CHC)
- The possible inconsistency in the approach to defining NCTR can also result in potential over reporting and making comparisons difficult between different health and care systems

### ***HWB informal development session***

2.15 The third informal development session took place on 6 February 2025, as part of the broader programme of 7 sessions to deliver our SDP objective of strengthening the leadership and stewardship role of the East Sussex HWB. The session focussed on the JSNA theme of the building blocks of health and our work as a system that contributes to this. Often known as the wider or social determinants of health, a decent home, education and employment alongside good social connections and community are fundamental building blocks that influence our ability to create the right conditions for a healthy life.

2.16 The draft briefing note and key messages from the session is included in **Appendix 1** of this report for discussion and formal agreement by the HWB. The suggested actions from the development session and the previous session on improving healthy life expectancy are actively being used to inform our refresh of the HWB SDP for 2025/26, building on the plans and activity in 2024/25.

2.17 The session also considered next steps with the actions that came out of the first development session in September 2024, and developing the vision for the HWB's strategic leadership and stewardship of our joint work in East Sussex aimed at improving outcomes for our population. It was agreed that this will emphasise the uniqueness of the HWB's role in guiding the work of the East Sussex Health and Care Partnership, and the difference it can make in harnessing the contribution of all partners driven by our shared understanding of the issues and challenges in East Sussex.

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<sup>2</sup> Pathway 2: these are discharges to a community bed-based setting which has dedicated recovery support. New or additional health and/or social care and support is required in the short-term to help the person recover in a community bed-based setting before they are ready to either live independently at home or receive longer-term or ongoing care and support

2.18 The next informal development session is planned for 19 June 2025. It will focus on the importance of the life course – a good start in life, living well, ageing well and a good end in life.

### **3. Conclusion and reasons for recommendations**

3.1 Progress has been made to deliver our joint objectives across our HWB priorities in the SDP in 2024/25, including those for children and young people, health outcomes improvement, mental health, housing and the implementation of ICTs. Whole system collaboration continues to take place to help mitigate the challenges still being experienced by our system in relation to the rising numbers of people with complex onward care needs and situations who are delayed in our hospitals. Our collective focus on this important shared system priority will remain ongoing 2025/26.

3.2 Our HWB SDP objectives for 2025/26 are currently being updated in light of the work completed in 2024/25, to ensure progress on our shared priorities to improve the health, care and wellbeing of our population can continue to be built upon. Joint planning and delivery will also need to respond to the anticipated publication of the 10 Year Health Plan and the national drive towards neighbourhood health and care, particularly where there can be benefits for reducing demand pressure in other parts of our system.

3.3 The outcomes of our first three informal HWB development sessions will also be fed into our SDP refresh, to ensure our partnership work is enabled to have maximum effect through the strategic stewardship of our HWB at the earliest opportunity. In 2025/26 we will continue to deliver the programme of HWB development sessions, and ensure our vision for the strategic stewardship role of the HWB and the contribution of all partners to improve health, care and wellbeing outcomes for our population can be collectively owned.

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Appendix 1: HWB development session 3 - summary briefing note

Information supplement: East Sussex HWB SDP year 2 deliverables: draft progress review 2024/25 (*to follow*).