

Report to: East Sussex Health and Wellbeing Board

Date: 23 September 2025

By: Stephen Lightfoot, Chair, NHS Sussex

Title: Update from NHS Sussex Integrated Care Board (ICB)

Purpose of Report: This paper summarises the latest progress in implementing the transition of NHS Sussex into a new Surrey and Sussex ICB from 1 April 2026.

Summary

This paper summarises the latest progress in implementing the transition of NHS Sussex into a new Surrey and Sussex ICB from 1 April 2026. The ambition is to take the best from both of our systems to improve the health outcomes, reduce the health inequalities, and secure the best value for money from the delivery of high-quality NHS services for the population of three million people living in Sussex and Surrey.

Our ambition of providing more multi-disciplinary neighbourhood health services through our 13 Integrated Community Teams (ICTs) in Sussex is also progressing well, with collaborative partnership working and defined commissioning intentions with specific outcomes to shift more care from our hospitals to our communities.

Recommendation(s) to the Board

The East Sussex Health & Wellbeing Board is asked to note the update from NHS Sussex in response to the NHS Reforms and Neighbourhood Health.

1 NHS Reform

Background and Context

1.1 Earlier this year on 13 March, the Government announced that it is going to make significant changes to the structure of the NHS, aimed at strengthening roles and reducing duplication so more funding can be directed to the frontline care of patients. These changes signal a leaner way of working, where every part of the NHS is clear on their purpose, what they are accountable for, and to whom, to support the delivery of the Government's recently published 10 Year Health Plan to improve the outcomes for our patients and communities.

1.2 As part of this NHS reform, Integrated Care Boards (ICBs) have been directed to significantly reduce their operating costs by an average of 50% and focus on their critical role as strategic commissioners. This means that ICBs will be responsible for improving population health outcomes, reducing health inequalities and improving access to consistently high-quality care within their annual public funding allocation.

NHS Sussex Response

1.3 After careful consideration, the Boards of the NHS Sussex and NHS Surrey Heartlands ICBs concluded in May 2025 that the only practical way to reliably fulfil their statutory and legal duties within the nationally-determined running cost allocation of £19 per head of weighted population is to expand their geographical footprint across Sussex and the whole of Surrey

(including the Surrey Heath and Farnham areas of Surrey currently covered by the NHS Frimley ICB).

1.4 This expanded geographical area will be coterminous with the two proposed Mayoral Combined Authorities in Sussex and Surrey. The combined weighted population of 3.0 million residents will also provide the scale and an ICB running cost budget of around £57 million to retain the essential skills and expertise needed to commission NHS services effectively.

1.5 A joint proposal was submitted to NHS England (NHSE) by the NHS Sussex and NHS Surrey Heartlands Boards on 30 May 2025, which has now been agreed by NHSE and received formal endorsement from Government Ministers. This will involve one ICB working across two Systems and the Places within them, which will be aligned to the final structure of the unitary authorities when the ongoing local government reorganisation has been completed.

Why Surrey and Sussex?

1.6 NHS Sussex and NHS Surrey Heartlands share a proud history of collaboration grounded in mutual trust, aligned values, and joint delivery across commissioning, workforce, and clinical innovation. From integrated planning to shared leadership development, we have demonstrated what purposeful collaboration can achieve.

1.7 There are also long-established health partnerships across the two systems with the Surrey & Sussex Cancer Alliance, Surrey & Sussex Local Medical Committee, and Community Pharmacy Surrey & Sussex, as well as NHS providers such as Surrey & Sussex Healthcare NHS Trust, South East Coast Ambulance Service NHS Foundation Trust, Queen Victoria Hospital NHS Foundation Trust, Royal Surrey NHS Foundation Trust, and University Hospitals Sussex NHS Foundation Trust, all providing NHS services to patients in both Sussex and Surrey.

An opportunity to build a brand-new organisation

1.8 This change provides us with an opportunity to create a brand new organisation, which brings together the best of both existing ICBs, to deliver improved population health outcomes and reduce the health inequities that exist across our extended area. This will require new contracts for our providers and even stronger partnership working to make the best use of the public funding allocation we receive.

1.9 To focus on the role as a strategic commissioner, the new ICB for Surrey and Sussex will need to develop a new operating model which will be based on a set of core functions. These will include areas such as population insights and analytics; quality and patient experience; strategic commissioning, strategy and planning; finance and contracting; and statutory and corporate services. This also means that some functions currently undertaken by ICBs will need to be transferred to the Department of Health and Social Care/NHS England Regions, some functions will transfer to other providers, and other functions will be hosted by one ICB on behalf of a group of ICBs. The details around specific functions are still being worked through and will be confirmed in due course.

Preserving local relationships and focus

1.10 Whilst the new ICB will be coming together across a much wider footprint, we know that real change happens locally, at a neighbourhood level, which is a key focus of the 10 Year Health Plan. That is where relationships are strongest, knowledge is deepest, and integration is most feasible.

1.11 Both systems have strong roots in neighbourhood health, with lots of examples of local partnerships driving improvement, even though the population size and proposed models of care delivery for Integrated Community Teams in Sussex and Integrated Neighbourhood Teams in

Surrey are quite different. We will build on these strong foundations as we develop our new organisation to ensure that local community needs, relationships and ways of working are embedded into the way we operate.

1.12 In creating one new ICB, we will continue working as key and integral partners within our two systems and the Places within them. We will continue to work closely with all existing local authority partners, and the new unitary authorities when established. Our approach will continue to be fully inclusive of patients, their families and unpaid carers, the voluntary, community and social enterprise sector and social care providers, as well as our education, research and innovation partners, as we are committed to maintaining high levels of inclusivity and local collaboration. Listening to and working with people and communities will run right through how we operate, ensuring that we understand and act on what we hear, so we can commission the services required to meet the needs of local people.

Impact on our staff and looking to the future

1.13 Of course, these changes will have an impact on how we currently operate and on our staff. Supporting colleagues through these changes, and the inevitable reduction in staff numbers, is a key priority during this period of change.

1.14 Some of our current functions may also transfer to other organisations over time, with timescales and specific functions still to be agreed, and we will work closely with our staff and partners to ensure these transfers operate as smoothly as possible.

1.15 We are determined that the new ICB will take the best from both our systems and become the excellent strategic commissioner we need it to be. Our collective ambition is to improve the health outcomes, reduce the health inequalities and secure the best value for money for the population of three million people living in Surrey and Sussex.

2 Latest Update on NHS Sussex Transition

2.1 A Joint ICB Transition Programme has been established across Surrey and Sussex to lead and coordinate the organisational change needed to deliver the required reforms and mandated savings. The programme scope is centred on the design and implementation of a Target Operating Model and a comprehensive Transition Plan, with clearly defined workstreams and oversight from a Joint Transition Committee, to deliver the required reductions in ICB running costs whilst maintaining a focus on operational effectiveness and service continuity.

2.2 Progress on key elements of the Transition Programme remains dependent upon some national decisions and funding for the staff redundancies. These dependencies have introduced unavoidable delays to the commencement of formal staff consultation, and this is limiting our ability to meet the original timescales for completing the ICB restructuring by December 2025.

2.3 However, the first major decision has been made, and that is the appointment of Ian Smith as the Chair across the Sussex and Surrey Integrated Care Boards after my retirement on 30 September 2025. Ian is currently the Chair for NHS Surrey Heartlands and has been since its inception in July 2022.

2.4 Ian's new appointment will begin from 1 October 2025 as the Sussex and Surrey ICBs move to a 'clustering arrangement', where the two existing ICBs will share a Chair, Chief Executive and a Board in Common, until the new combined organisation is established as a single legal entity from 1 April 2026.

2.5 The next major decision will be the appointment of the Chief Executive Officer for the Sussex and Surrey ICBs, which is anticipated in September 2025, so that the selection process for

Executive and Non-Executive Board Members of the Board in Common can then take place in October 2025.

2.6 There is continued recognition of staff anxiety during this period of uncertainty as the Sussex and Surrey ICBs work to implement this transition, and we continue to take proactive steps to engage staff. This includes timely and transparent internal communications through staff webinars and the availability of practical advice, training and support.

2.7 A Mutually Agreed Resignation Scheme was also launched across the NHS Sussex and NHS Surrey Heartlands ICBs on 1 September 2025 and will run until 21 September 2025, which may be attractive for those staff who want certainty and/or have a shorter length of service. We are also working closely with our Staff Networks and Trade Unions to ensure our staff feel heard, valued, and supported throughout this time.

3 Delivering Neighbourhood Health through ICTs in Sussex

3.1 Work continues on the implementation of the Government's 10 Year Health Plan and the delivery of the Sussex *Improving Lives Together* strategy. The formation of 13 Integrated Community Teams (ICTs) across Sussex is our key response to both of these strategic plans. This is because we know it is important to our residents to have strong, local, community-based services that wrap around individuals and communities to provide personalised care that keeps people well, offer preventive and proactive care, and reduce the need for hospital-based care. This also directly responds to the ambitions set out in the 10 Year Health Plan to shift care from hospitals to the community, with a neighbourhood health service that provides more care at or close to people's homes.

3.2 Sussex has been on a journey with ICTs over the last three years with the following milestones:

- Year 1 (2023/24): Established three frontrunner programmes in Hastings, East Brighton and Crawley, built an understanding of each community, developed data insight packs, and defined a core service offer for ICTs.
- Year 2 (2024/25): Formed multi-disciplinary leadership teams, conducted 'tests for change' focusing on high-need individuals, and began the community mental health team implementation.
- Year 3 (2025/26): Focusing on embedding six core NHS England neighbourhood guidelines, continuing the development of community mental health teams, and advancing the 'team of teams' model with a population health management approach. In July, we launched an outcomes dashboard and agreed the winter priority of addressing high and ongoing care needs to reduce avoidable admissions.
- Year 4 (2026/27): An outcome framework with targets for 2026/27 aligned with the six domains will be established alongside the 2026/27 Neighbourhood commissioning framework. The development of integrated neighbourhood services is also a key component of the NHS Sussex Commissioning Intentions for 2026/27.

3.3 In East Sussex, our five ICT Leadership Groups are building relationships with their teams and developing specific areas of focus informed by population health outcomes data and locally agreed priorities. These are all well-aligned with the priorities of the East Sussex Health and Wellbeing Board Strategy.

3.4 Last month, health systems across the country were invited to submit bids to be part of the first wave of 42 neighbourhood health schemes given government support to accelerate the rollout of neighbourhood health in line with the 10 Year Health Plan. As a result of the strong foundations

in Sussex, there was widespread support across our three current Places (Brighton & Hove, East Sussex and West Sussex), and we were able to submit three bids to the National Neighbourhood Health Implementation Programme (NNHIP). Positively, we received confirmation on 9 September that East Sussex has been selected.

4 Conclusion

4.1 This paper summarises the latest progress in implementing the transition of NHS Sussex into a new Surrey and Sussex ICB from 1 April 2026. The ambition is to take the best from both of our systems to improve the health outcomes, reduce the health inequalities, and secure the best value for money from the delivery of high-quality NHS services for the population of three million people living in Sussex and Surrey.

4.2 Our ambition of providing more multi-disciplinary neighbourhood health services through our 13 ICTs in Sussex is also progressing well, with collaborative partnership working and defined commissioning intentions with specific outcomes to shift more care from our hospitals to our communities.

4.3 Finally, and just before I retire, I would like to take this personal opportunity to thank all our staff, partners, stakeholders and members of the public for their interest, involvement and support over the last four years in my role as Chair Designate and then Chair of NHS Sussex as we have worked collaboratively on *Improving Lives Together*.

Stephen Lightfoot
Chair of NHS Sussex
September 2025