

Report to: East Sussex Health and Wellbeing Board

Date: 10 March 2026

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 update of progress with the East Sussex priorities in the Sussex Shared Delivery Plan in quarter 3 25/26, and plans to use this to inform and shape our Neighbourhood Health Plan in 26/27

Recommendations:

East Sussex Health and Wellbeing Board (HWB) is recommended to:

1. **Note** the progress with East Sussex HWB Shared Delivery Plan (SDP) priorities and plans in quarter 3 25/26, as set out in **Appendix 1**.
 2. **Endorse** the suggested approach to using our SDP progress in 25/26 to inform joint planning and delivery in 2026/27, and the transition to shaping and developing the HWB Neighbourhood Health Plan (set out in paragraph 2.2 of this report).
 3. **Endorse** the briefing note from the informal session of the HWB held on 7 January 2026 in **Appendix 2**.
 4. **Note** the progress on Integrated Community Teams (ICTs) and neighbourhood health and the recent visit by the National Neighbourhood Health Implementation Programme (NHHIP) lead.
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1. Background

1.1 Our joint vision for a healthier Sussex is currently set out in the 5-year [Sussex Integrated Care Strategy *Improving Lives Together* \(2022\)](#), including the goal of more integrated working in our neighbourhoods and communities through Integrated Community Teams (ICTs). Building on the [East Sussex Health and Wellbeing Board Strategy *Healthy Lives, Healthy People* \(2022 – 2027\)](#) and insights from the East Sussex [Joint Strategic Needs Assessment](#) (JSNA), a single [Shared Delivery Plan](#) (SDP) was agreed by partners in June 2023 and is updated annually to support this vision. The SDP includes our East Sussex 'Place' deliverables overseen by the HWB.

1.2 Published in July 25, the Government's new [10 Year Health Plan for England: fit for the future](#) (10YHP) sets out plans to reinvent the NHS based on three shifts as the core components of a new care model; from hospital to community; from analogue to digital, and; from treating sickness to prevention.

1.3 The shift from hospital to community-based care is driving the development of a 'neighbourhood health service', which aims to bring care into local communities, organise professionals into patient-centred teams, and reduce fragmentation. In Sussex this is being

implemented through Integrated Community Teams (ICTs), aligned to our five borough and district boundaries in East Sussex.

1.4 To accelerate the move away from a hospital-centric model of care, a new National Neighbourhood Health Implementation Programme (NNHIP) was also launched in Autumn 2025. East Sussex was successful in applying to participate in the first wave of the NNHIP - focussed on Hastings and Rother - to support delivery of the shift from hospital to community.

1.5 The 10YHP sets out an expectation that each area will develop a new Neighbourhood Health Plan, led by the Health and Wellbeing Board (HWB), reinforcing the strategic role of HWBs in coordinating partners to deliver integrated health, care and wellbeing services. Aligned with existing responsibilities for the JSNA, HWB Strategy and Better Care Fund (BCF), the plan will form part of the NHS' new multi-year planning framework. National guidance for developing Neighbourhood Health plans is still awaited, and this change and our proposed working arrangements to develop the plan in 2026/27 are covered in more detail in a separate report on the meeting agenda.

1.6 This report provides an update on our progress with our shared delivery plans at Place and outlines the next steps for our joint planning and delivery in 26/27, as we move towards Neighbourhood Health plan development.

2 Supporting information

East Sussex HWB SDP progress in 25/26

2.1 A brief summary of our progress with our year 3 East Sussex HWB SDP objectives during quarter 3 (1 October – 31 December 25) is summarised in **Appendix 1**. In summary it covers the following areas of health and care system collaboration:

- **Health outcomes improvement** – including action on cardiovascular and respiratory disease, healthy ageing, frailty, and mental health.
- **Strengthening the role and vision of the HWB** – growing a deeper shared understanding of population health needs and priorities and a strengthened approach to system stewardship
- **Children and young people** - improving support for families to ensure the best start in life and boosting the health, wellbeing, and life chances of children and young people.
- **Mental health** – improving community and accommodation-based support for adults with mental health problems and enhancing support for people with dementia.
- **Integrated Community Teams (ICTs) and neighbourhood health** - developing and delivering joined up neighbourhood health and care through Integrated Community Teams
- **Improving hospital discharge** - improving hospital discharge processes using digital tools, improved planning, and long-term funding arrangements.
- **Health, housing and care** - creating a partnership Housing Strategy to strengthen collaboration across East Sussex with a clear focus on housing, health, and care.

2.2 In the context of developing the forthcoming ICB 5-year strategic commissioning plans and informing Neighbourhood Health Plan development, during quarter 4 (1 January–31 March 2026) our oversight and partnership boards will start to review 2025/26 SDP progress and shape priorities for 2026/27. Our East Sussex Place Health and Care Partnership governance is also being updated to support this. A key focus will be delivery capacity in light of health system reforms (noted in

earlier reports to the HWB), taking into account the ICB's shift to a smaller, more strategic commissioner across Surrey and Sussex, and the transfer of some former ICB system functions to NHS providers.

Strengthening the role and vision of the HWB

2.3 Previous reports to the HWB have noted that our wider context involves major system change, including health system reforms, increasing demand and complexity of needs across all age groups in our population, and financial constraint. The important role of the HWB as a vehicle for genuine stewardship of our health and care system's vision for our population in this context, has been recognised locally and is now emphasised in the 10YHP.

2.4 To support our SDP objective to further strengthen the role of the HWB, the final two informal HWB development sessions in the current programme took place on 7 January and 12 February 2026. The session on 7 January focussed on the JSNA theme of Mental Health and Wellbeing, and consideration of the new multi-year planning framework for the NHS being introduced under the 10YHP. A briefing note setting out the ground covered in the session is included in **Appendix 2** of this report, and a diagram of the new multi-year planning framework is included in **Appendix 3** of this report.

2.5 The final session on 12 February recapped the JSNA themes covered since September 2024 and explored how they will inform the HWB Strategy refresh. It also considered new expectations for HWBs to develop a Neighbourhood Health Plan as part of the 10YHP and the shift to neighbourhood health at scale. The discussion outcomes and proposed delivery arrangements, under the strategic oversight of the HWB, are set out in more detail in a separate report on the agenda.

Integrated Community Teams (ICTs) and Neighbourhood Health

2.6 As reported at the last HWB meeting, we have continued to develop the infrastructure for shared leadership of neighbourhood level health and care in our 5 ICT footprints (Eastbourne, Hastings, Lewes district, Rother and Wealden). This includes supporting leadership development and agreeing joint ICT workplans that will contribute to neighbourhood health objectives in 26/27.

2.7 Over winter 2025/26 work has progressed to establish neighbourhood-based multi-disciplinary working within ICT footprints to deliver more proactive, coordinated care for people with complex health and social care needs. This uses a risk stratification tool to identify individuals who would benefit most from a proactive, integrated approach – initially older, frail individuals aged over 65 and those with multiple long-term conditions. A growing shared understanding of the identified groups is helping to shape a more coordinated care offer across primary care, community health, social care and partners.

2.8 On 30 January leaders from the Hastings and Rother Integrated Community Teams (ICTs) welcomed Dr Minal Bakhai, NHS England's Director of Primary Care and Community Transformation and national lead for the NNHIP - as part of her national tour of all 43 Wave 1 neighbourhood health sites across England. During her visit, Dr Bakhai met with local team and programme leads involved with the two ICTs, to observe first-hand how neighbourhood health is being delivered in East Sussex. The visit included the following local sites in Hastings and Rother:

- Hub on Rye Hill - an example of a community hub where a range of health, care and wellbeing services are co-located to provide coordinated, multidisciplinary support closer to home.

- Tressell Ward at Conquest Hospital - where a nurse and therapy-led model supports patients awaiting discharge through a strong reablement approach. Delivered in partnership with volunteers and community organisations, the model demonstrates effective integration between acute, community and primary care services to enable a “left shift” in care.
- Station Plaza in Hastings - a site accommodating GP, dental and sexual health services alongside a primary care hub, presenting further opportunities to expand integrated provision and improve joined-up access to services in central Hastings.

2.9 The visit highlighted strong collaboration between primary and secondary care teams, particularly in delivering earlier intervention for people with respiratory conditions and in supporting timely, effective hospital discharge. These initiatives are contributing to improved patient experience, reduced avoidable hospital admissions, and ensuring that individuals receive the right care, in the right place, at the right time.

2.10 The visit provided the opportunity for system partners to explore with Dr Bakhai the opportunities and challenges associated with delivering neighbourhood health at scale and reducing health inequalities. This included improving access to services in rural communities and deprived areas, strengthening partnerships with voluntary and community organisations to support prevention, and addressing practical barriers such as funding, estates and procurement processes.

2.11 Significant local progress was recognised, reinforcing our Sussex-wide commitment to collective leadership in transforming community-based care. Referencing the ICB’s 2026/27 commissioning intentions as key to enabling the spread of neighbourhood health, Dr Bakhai welcomed the strong shared commitment to integrated working and sustainable community-based models, and the solid foundations already in place to deliver neighbourhood health at scale.

3 Conclusion and reasons for recommendations

3.1 *Improving Lives Together* and the SDP has guided our joint work on HWB priorities since 2022, and our in-year delivery in 2025/26. This has included establishing the core leadership infrastructure for our ICTs and developing frontline multidisciplinary teams for proactive care as part of the foundations for a neighbourhood health model. This, alongside our shared priorities aligned to improving population health and care needs – including for children and young people, mental health and housing – should move us away from over reliance on hospital services to a community-based model of care.

3.2 The foundations provided by our SDP progress in 2025/26 and our early learning from participating in the NNHIP will be reviewed to help inform and shape plans for Neighbourhood Health in 26/27. This will need to focus on areas of complex health and care needs alongside early intervention, prevention and wellbeing, and the connections to the wider determinants that will help reduce health inequalities and improve health outcomes for our population.

3.3 The strengthened strategic leadership of the HWB and deeper understanding of our population JSNA will help ensure our health and care system continues to collectively focus on the right shared priorities in this context, including the transition to aligning our BCF Plans and other resources to support Neighbourhood Health delivery where helpful and appropriate.

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Appendix 1: Draft progress summary East Sussex HWB high level SDP quarter 3 (25/26)

Appendix 2: Draft briefing note HWB session 6 – mental health and wellbeing

Appendix 3: Diagram of the new NHS multi-year planning framework