

Independent Chair Update

Sussex Health and Care Partnership – August 2019

Leadership and Organisational Updates

To start my second update, I am delighted to announce that we have been recognised that we will be fast tracked to an ICS. We will be meeting the Regional Team in the next few weeks to understand what this means for us in the 15 week programme and I will feedback further updates in future reports.

The Sussex Health and Care Partnership team has been further strengthened with Glynn Dodd joining as Programme Director and Pennie Ford as Interim Director of Assurance. Glynn Dodd is leading the work required on a revised governance model.

Adam and I are also continuing our SRO and Independent Chair reviews and discussion of the priority work streams with the following programmes being reviewed over the coming weeks:

- Step Up Step Down Beds
- Local Maternity Services
- Medicines Optimisation
- Mental Health
- Acute Provider Collaborative
- Theatre Productivity

Development of the Sussex Health and Care Strategic Plan

As colleagues are aware, we are developing a Sussex wide Health and Care Strategy and clinical model that brings together our collective aims for improving the health of the population of Sussex, and will also provide the building block for our STP wide response to the NHS Long Term Plan (LTP) and subsequent Implementation Framework. System plans have freedom to respond to local need and to prioritise the pace of delivery for many commitments. However, there are a number of essential commitments, programme milestones and end goals that the Long Term Plan has set, and which must be incorporated into strategic planning.

Significant progress has been achieved over the last month. The Sussex Health and Care Partnership Clinical and Professional Cabinet have developed a draft Health and Care model which sets out how the Sussex Health and Care Partnership health and care system will be delivered and illustrates the benefits for our population as a whole. This has now been discussed at key system wide committees and circulated across stakeholder organisations with the expectation that cabinet members will ensure that it is widely socialised with clinical and professional colleagues and other staff within their respective organisations to ensure broad awareness and involvement with the development of the plan.

In addition, we are working with Clinical and Programme leads to agree the framework and

map out the level of detail for their contribution to the delivery of the NHS Long Term Plan requirements which will be incorporated into our system wide strategic plan. These will also reflect the differing responsibilities for actions and delivery that needs to be achieved across three levels, namely:

- Neighbourhoods – providing social, physical and mental health services closer to home
- Local area – multi-disciplinary community sector services taking responsibility for specific population, based around Local Authority boundaries
- Sussex Wide – complex services planned and managed collectively across Sussex serving the entirety of the population

As previously reported we are holding a workshop for a CCG Governing Bodies on Tuesday 13th August where colleagues will have the opportunity to influence and shape the Health and Care model and inform the sign off process given the challenging timescales we face. We have also included the development of our Sussex Health and Care Strategic Plan as a key agenda item for the series of CCG Governing Body Seminar's taking place throughout August and September to ensure further opportunities for colleagues to contribute to the ongoing development of this important document.

Assurance Update

Pennie Ford has started discussions with partners about how the system could develop a new assurance framework as it moves towards becoming an ICS from April. Key principles would include transparency and sharing of information, an integrated approach around commissioning and provision and a streamlined, non-duplicative approach, supported through positive system behaviours.

The emerging outline suggests an approach to assurance which is focused on improvement with routes for escalation, a line of sight at system and organisational level, taking joint action to address under delivery and learning from good practice. Our new arrangements will need to be able to cover integrated care, primary, community, acute and mental health services and to consider operational delivery & improvement against our plans, as well as the wider transformation & service reconfiguration.

ICP Development – Achievements

Excellent progress has been made to date on our development to an ICP with the main highlights being:

- A system wide Strategy Directors Group has been convened with the first meeting held in July.
- Aligned incentives contracts have been agreed with BSUH, ESHT and WSHFT.
- Outline programme plans have been established at place and aligned to key outputs and milestones for wider system reform programme.
- Establishment and/or re-establishment of partnership infrastructure at place to support ICP development of Sussex Health and Care Partnership business plan.
- Definition, primary functions and outcomes and high level model for ICPs at place established for Sussex Health and Care Partnership Executive against and outline population health model

- High level model established for place-based partnership infrastructure including roles and responsibilities for the SRO at place, the programme management infrastructure and the programme board.
- Framework for shaping footprints for ICPs provided at place supporting decision making at Sussex Health and Care Partnership Executive.

ICP Development – Next Steps

The next few months will see more great progress with the following key stages of ICP development due to be completed between August and October 2019:

- Chief Officer engagement to ensure consensus on ICP footprints and place-based plans for partnership working.
- Local Authority engagement to ensure consensus on ICP footprints, place-based plans for partnership working and commissioning development.
- Place-based engagement to suggested footprint model, proposed models for partnership infrastructure and timescales for developing plans, governance arrangements and partnership agreement.
- Agree revised maturity index for ICPs and report by place to Director of Strategy on progression for inclusion in response to NHS long term plan.
- Establish programme with partners to develop contracting infrastructure, including 3 year revenue agreement for aspirant ICPs and interim outcomes framework.
- Develop communication strategy in support of development of population health approach to underpin framework for establishing both ICPs and commissioning development.

Programme Update

Monthly highlight reports have now been collected from the priority programmes. The latest overview report shows the majority of programmes have made progress against their plans, and for those that had identified potential savings, the majority have made progress in this as well. Progress against milestones is also good, but there is some slippage within programmes. Overall, the assessment of likelihood of delivery is gradually improving.

All programmes are aligned to Long Term Plan priorities and interdependencies between programmes have been identified.

A risk log has been created. All risks have mitigating actions and are being monitored within programmes at Programme Boards.

The process for monitoring all programmes is being reviewed to be effective by end of August. The aim is to create a more robust monitoring process providing more scrutiny of progress and risks. Additional programmes will be included which were not included originally (such as Theatre Productivity and Cancer) and the overarching programmes of work (Strategy/LTP response, ICP development, Operating Model) will also be included.

Bob Alexander
Independent Chair
Sussex Health and Care Partnership