

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

**Date of meeting:** 2<sup>nd</sup> March 2021

**By:** Executive Managing Director, East Sussex Clinical Commissioning Group and Director of Adult Social Care, East Sussex County Council

**Title:** East Sussex Health and Social Care Programme – update report

**Purpose:** To provide an update on progress with implementing the revised integration programme and planning for 2021/22

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## **RECOMMENDATIONS**

The Board is recommended to:

- 1. Note the current stage of the implementation of the programme after the second wave of the pandemic, and;**
  - 2. Note and consider the planning for 2021/22 and the next phase of health and social care integration, in the continuing context of COVID-19 and the proposals for the Government’s forthcoming Health and Care Bill**
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### **1. Background**

1.1 During 2020/21 our focus for integration has increasingly been on the way we can further integrate our services to support people during the COVID-19 pandemic, including out of hospital support and discharge hubs to ensure timely discharge and appropriate care for our patients. Our integrated senior management arrangements and the community health and social care services target operating model (TOM) established in 2019/20 have been critical enablers of the pandemic response.

1.2 Over the winter period our system has managed the emergency response to the second wave of the pandemic, and the extreme operational pressures that have been created as a result. Work has also continued to take place as a health and social care system at both East Sussex and Sussex level on the full range of additional responsibilities that have come with this that require system grip and coordination.

1.3 Earlier reports to the Health and Wellbeing Board (HWB) have described the significant progress that has been made by our system to update and reset our in-year integration programme. This is both to incorporate the learning from new ways of working that have rapidly been developed as part of our system response to the pandemic, and sustain new models of delivery where there have been agreed benefits.

1.4 At the last meeting members of the HWB also heard that NHS England and Improvement (NHSE&I) published *‘Integrating Care: next steps to building strong and effective integrated care systems’* on 26<sup>th</sup> November. This set out commitments to supporting greater collaboration between health and social care partners in 2021/22, and options for putting Integrated Care Systems (ICSs) on a legislative footing by April 2022.

1.5 *'Integrating Care'* also underlined the importance of place-based partnerships within wider ICSs, and in line with this a local response to the proposals was put forward in consultation with the East Sussex Health and Wellbeing Board. The White Paper *'Integration and Innovation: working together to improve health and social care for all'* has now been published, ahead of a Health and Care Bill later this year.

1.6 In this context this report provides an update on progress with our integration programme during 2020/21, and how we are taking planning forward for 2021/22 for the next phase of health and social care integration in East Sussex alongside the continued management of the pandemic and our broader restoration and recovery planning.

## **2. Supporting information**

### ***2020/21 Integration programme progress***

2.1 As previous reports have highlighted, the pandemic continues to have a significant influence on patterns of demand and use of health and social care services, and as would be expected this is evidenced in our performance information across the board. We have continued to monitor the programme across urgent care, planned care and community to inform and contribute to our understanding of impacts on the system. A summary of progress across the different areas of the programme is included in **Appendix 1**.

2.2 This information is being considered alongside our other organisational monitoring as part of an overall review to inform how we develop a set of appropriate priority objectives and lead KPIs for the integration programme, across children and young people, mental health, community, urgent care and planned care, that are relevant for our system as we move into 2021/22 and our recovery planning.

### ***Health and Care White Paper***

2.3 Following the publication of *'Integrating Care: next steps to building strong and effective integrated care systems'* by NHSE&I on 26<sup>th</sup> November, the White Paper *Integration and Innovation: working together to improve health and social care for all'* was published on 11<sup>th</sup> February. This will form the basis for a Health and Care Bill that will go through Parliament later this year, and should be seen alongside broader reforms to Social Care, Public Health and Mental Health.

2.4 The White Paper aims to remove some of the barriers to integration within the NHS and between the NHS and Local Government and wider partners, through setting out a range of specific changes to accelerate improvements that need primary legislation. For example, as well as setting out the legislative footing for ICSs, it includes changes to competition rules, new powers of intervention for the Secretary of State, a new duty for CQC to assess local authorities' delivery of their Adult Social Care services, a new legal framework for discharge to assess to replace the legal requirement for all assessments to take place prior to discharge, and requirements to share data.

2.5 In summary in relation to the way we work together to support integration the White Paper includes the following specific legislative proposals to establish ICSs in law:

- The creation of a statutory ICS in each ICS area, which will be made up of an ICS NHS Body and a separate ICS Health and Care Partnership, bringing together the NHS, Local Government and other partners.
- The ICS NHS body will be responsible for healthcare services and the day to day operation of the ICS, while the ICS Health and Care Partnership will bring together systems to support integration and develop a plan to address the systems' health, public health, and social care needs.

- CCGs will become part of ICSs' and the ICS NHS Body in each area will take on the commissioning functions of the CCGs and some of those of NHS England within its boundaries.
- These organisations will merge some of the functions currently being fulfilled by non-statutory STPs/ICSs with the functions of a CCG, and bring the allocative functions of CCGs into the ICS NHS Body.
- Each ICS NHS Body will have responsibility for developing a plan to meet the health needs of the population within their defined geography, developing a capital plan for NHS providers in the area, and securing the provision of health services to meet patients' needs.
- The ICS Health and Care Partnership will have responsibility for developing a plan that addresses the wider health, public health, and social care needs of the system. The ICS NHS Body and local authorities will need to have regard to that plan when making decisions.
- An expectation that ICSs will have to work closely with local Health and Wellbeing Boards (HWB) and the ICS NHS Body will be required to have regard to the Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies that are being produced at HWB level (and vice-versa).
- ICSs will be encouraged to think about how they can align their allocation functions with place, for example through joint committees, and these arrangements will be locally determined.
- NHS Trusts and Foundation Trusts (FTs) will remain separate statutory bodies with their functions and duties broadly as they are in the current legislation.
- There is also provision to create a mechanism for the creation of joint committees, both between ICSs and NHS providers, and between NHS providers so that decisions can be made jointly. The intention is that Primary Care Networks, GP practices, community health providers, local authorities and the voluntary sector could be represented within both.
- A duty to collaborate will be placed on NHS organisations (both ICSs and providers) and local authorities. There will be specific Guidance as to what delivery of this duty means in practice in recognition of the fact that collaboration may look very different across different kinds of services.
- A shared duty for all NHS organisations that plan services across a system (ICSs) and nationally (NHSE), and NHS providers of care (NHS Trusts and FTs) to have regard to the 'triple aim' of better health and wellbeing for everyone, better quality of health services for all individuals, and sustainable use of NHS resources.
- The need for a population focussed approach to be based on what matters to local people, acknowledging the role of Healthwatch and other organisations in combining commentary on services with supporting co-production of plans at both place and ICS level.

### ***Working together in our communities to support population health and wellbeing***

2.6 The East Sussex Health and Social Care System Partnership Board (SPB) brings together our District and Borough Council and VCSE Alliance representation alongside NHS and social care system partners. Alongside regular updates on the health and social care integration programme, at meetings in October, December and February 2021 the SPB has considered reports on:

- Progress and next steps for supporting a sustainable Community Hubs model,
- The draft Population Needs Summary Update, including what we understand about the health and socio-economic impacts of COVID-19
- An update report from the Sussex ICS BAME Disparity programme
- A report on the role of the VCSE Alliance and its priorities

- The draft brief and milestone plan to support our planning for 2021/22

2.7 This has underlined our growing consensus about the importance of working together to coordinate the development of wider integrated working necessary to respond to the health, social, economic and diverse needs in our communities, including the ongoing impacts of COVID-19, as part of our overall work to improve population level outcomes, reduce health inequalities and improve the quality, experience and cost of care.

2.8 As an outcome we have agreed to develop proposals to work together to develop and agree a roadmap to take forward a model to support integrated working in our communities across services and support that impact on the broader determinants of health to improve outcomes and reduce health inequalities. It was agreed that a key next step will be to ensure this thinking is built into the development of the next phase of health and social care integration.

### ***Planning Integrated Care Partnership (ICP) development in 2021/22***

2.9 Taking into account the current high levels of pressure across the system and focus on the pandemic emergency, early review has taken place to consider how we might further develop our place-based East Sussex Integrated Care Partnership in 2021/22, with a view to supporting the following:

- Our system resilience in the face of the ongoing demands of managing and responding to COVID-19, and expectations about recovery and restoration of services as we move into 2021/22;
- Responding to the expectations and commitments set out by NHSE&I in 'Integrating Care' and the White Paper in the context of our wider Sussex Health and Care Partnership (SHCP) ICS as it matures and embeds, and;
- Developing and agreeing our joint partnership plans for the next phase of health and social care integration, based on our shared priorities for our East Sussex population.

2.10 The brief attached in **Appendix 2** sets out the existing commitments and progress made in 2020/21 taking account of the impacts of the pandemic emergency, to explore the next steps for our ICP in relation to:

- Developing a place-based framework for integrated health and social care commissioning in the context of the SHCP ICS covering children and young people, and working age and older adults;
- Further strengthening the target operating model (TOM) for integrated community health and social care services and the integrated teams and service models that support this, and;
- Developing a model to support how we work together in our communities across our health and social care system, District and Borough Councils and Voluntary, Community and Social Enterprise (VCSE) Sector partners and other providers of services that impact on the broader determinants of health and wellbeing.

2.11 The brief summarises:

- Our context in East Sussex that shapes our existing vision and commitment to integrated health and social care
- A summary of what has been previously agreed by the HWB and delivered so far, including:
  - Our community health and social care target operating model (TOM) (**Appendix 3**)
  - Our embedded ICP system partnership governance (**Appendix 4**)
  - Our shared Outcomes Framework based on what matters to local people (**Appendix 5**)
  - Our current in-year integration programme (**Appendix 6**)

- A summary update of our population needs (**Appendix 7**)
- Expectations for place-based ICPs in the context of NHSE&I's plans for strengthening Integrated Care Systems and the White Paper, and;
- How we can build on what has been delivered to date and agree proposals for the next phase of health and social care integration, and the next steps that will move our system forward.

2.12 A high level milestone plan is contained at **Appendix 8** which sets out the further work required to iteratively develop the detailed understanding of the work we need to do as a system during 2021/22 and the agreements we need to reach. This includes proposals for our ICP, and the models for integrated commissioning and provision, and wider working in our communities to support population health and wellbeing - building on the consensus reached about the SPB's role in helping to coordinate leadership action in our communities on wider health, social and economic wellbeing.

2.13 Overall this will enable us to respond to the ongoing changes brought about by COVID-19 and continue to use the learning from delivering the pandemic response, as well as preparing for the forthcoming Health and Care Bill. As we further develop our ICP plans we will work to ensure focus is given to:

- Effective communications and setting out clearly to all stakeholders how services will develop and what improvements will be delivered
- Arrangements for considering the impacts for our diverse communities in East Sussex including health inequalities and equalities reviews and assessments
- Maintaining effective engagement with a broader range of stakeholders in the planning and delivery of services, including patients, clients, carers, Borough and District Councils, independent sector providers and the VCSE
- An effective relationship with NHS England and NHS Improvement and the SHCP ICS.

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

3.1 Through our system partnership working in East Sussex we have strong foundations in place to take forward increased integration of commissioning and delivery of services to improve outcomes for our population. Responding to the pandemic during 2020/21 has fundamentally changed the way we work together as a health and social care system and has accelerated our integrated working. In addition, forthcoming legislation being proposed will significantly influence the way we work together to commission and deliver integrated care.

3.2 Appendix 8 sets out the milestones and further work required to develop the detailed understanding and agreement of the shape of our ICP and further implementation during 2021/22. By April 2022 we will be in a position to build on progress, and jointly commission our ICP to deliver the next phase of integration required to improve outcomes for our population. Within this we will continue to use the learning from delivering the pandemic response to accelerate our integration.

3.3 We will also continue to take account of the impacts of COVID-19 through taking forward a model for wider integrated working in our communities and our agreed shared priorities for in-year service transformation across Children and Young People, Mental Health, Community, Urgent Care and Planned Care. This will enable us to respond to the ongoing changes and challenges brought about by COVID-19 for our diverse communities, and expectations around restoration and recovery of services as we move into 2021/22.

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Background documents

None