

Report to: East Sussex Health and Wellbeing Board

Date: 15 July 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: East Sussex Health and Social Care Shared Delivery Plan (SDP) Programme - update report

Purpose of Report: To provide an overview of the refreshed East Sussex priorities and plans for year 3 of the Sussex Shared Delivery Plan (SDP), and the outcomes of the fourth informal HWB development session.

Recommendations:

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

1. endorse the refreshed East Sussex HWB Shared Delivery Plan (SDP) priorities and plans for year 3 (25/26) as set out in Appendix 1, noting that the recent publication of the Government's 10 Year Health Plan and wider health and care reform may impact on the Sussex SDP and delivery in general; and
 2. agree the outcomes from the informal HWB development session on the importance of the life course, and the contextual challenges and risks for our partnership working, as set out in the summary briefing note contained in Appendix 2.
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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 Board 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. 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.

1.3 In Sussex, and in keeping with our Integrated Care System (ICS) approach more broadly, the SDP also has a strong Place focus reflecting the specific needs and challenges of the populations in East Sussex, West Sussex and Brighton & Hove. This is informed by the three Health and Wellbeing Board (HWB) strategies and the Joint Strategic Needs Assessments (JSNAs) for their populations. This report brings the refresh of our specific East Sussex HWB deliverables for year 3 of the SDP (25/26), building on the progress made in year 2 (24/25) which was reported at the last meeting of the HWB.

1.4 To further strengthen its unique role as the key strategic stewardship group for our health and care system in East Sussex, in July 2024 the HWB also 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). The fourth development session took place on

19 June 25. It focussed on the importance of the life course, as well as considering some of the contextual challenges and risks that are likely to influence our partnership work in 25/26. This report also shares the outcomes from the session.

2 Supporting information

East Sussex HWB SDP year 3 refresh

2.1 The overall progress across the majority of our local year 2 (24/25) HWB SDP objectives was reported to the meeting of the HWB on 4 March 25, and can be found [here](#). This progress was a result of strong collaborative 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.

2.2 To build on this progress, our lead oversight and partnership boards have reviewed and refreshed our shared objectives for year 3 of the SDP (25/26) for commissioning, delivery and transformation in East Sussex. This has taken into account the NHS [2025/26 priorities and operational planning guidance](#) published in January 2025, as well as alignment with other strategies and annual plans, insight and evidence.

2.3 The outcomes from HWB development sessions that took place in 24/25, which were focussed on key themes in the East Sussex JSNA have also informed plans where helpful, including the sessions on improving healthy life expectancy and the building blocks of health. A full high-level summary of the partnership plans for 25/26 is contained in **Appendix 1** across the following key East Sussex HWB priorities for our population:

- Health outcomes improvement
- Children and young People
- Strengthening the role and vision of the HWB and East Sussex Health and Care partnership
- Mental health
- Integrated Community Teams and neighbourhood health
- Improving hospital discharge
- Health, housing and care

2.4 The above actions will help us to be clear about the drivers and scope of our joint work together at Place (East Sussex) level within our Sussex ICS in 25/26, across commissioning, transformation and improvement.

10 Year Health Plan and wider context of change

2.5 The Government's 10 Year Health Plan '*Fit for the Future*' was published on 3 July 2025. The 17 page Executive Summary can be found [here](#). As anticipated, it sets out plans to reinvent the NHS based on 3 shifts as the core components of a new care model:

- **from hospital to community** - a remodelled 'Neighbourhood Health Service' that brings care into local communities, convenes professionals into patient-centred teams and ends fragmentation. This is aimed at revitalising access to general practice and enabling hospitals to focus on providing world-class specialist care to those who need it. Over time, it will provide predictive and preventative care that anticipates need, rather than just reacting to it
- **from analogue to digital** - putting power in patients' hands and using the unique advantages of the NHS's healthcare model - world-leading data, its power in procurement, its means to deliver equal access - to create the most digitally accessible health system in the world

- **from treating sickness to prevention** – through working with businesses, employers, investors, local authorities and mayors to create a healthier country together

2.6 A key commitment is establishing a Neighbourhood Health Centre (NHC) in every community, beginning with places where healthy life expectancy is lowest. NHCs will offer a 'one stop shop' for patient care and co-locating NHS, council and voluntary services to be the place from which multidisciplinary teams operate. NHCs will be open at least 12 hours a day and 6 days a week.

2.7 Our shared plans set out in **Appendix 1** under priority 5 reflect our ongoing shared commitment to transform to Integrated Community Teams (ICTs) as the key vehicle for all our teams to work more closely within a shared footprint. In support of the shift from hospital to community and neighbourhood health, ICTs aim to enable better coordination and increased integration of services in our local communities and neighbourhoods, and deeper joint working to support the shift to prevention. Our plans already adhere to the national Neighbourhood Health Guidelines 2025/26, and we expect to be able to further evolve and strengthen them in light of *Fit for the Future* as more detail emerges.

2.8 *Fit for the Future* also sets out 5 enabling reforms that will underpin the 3 shifts. These will be:

- **a new operating model for the NHS** – national changes to NHS England and the Department of Health & Social Care (DHSC), and locally for ICBs to become strategic commissioners, and some new autonomous Foundation Trusts and Integrated Health Organisations for service provision
- **a new era of transparency** - for quality and performance including publishing league tables and patient experience measures
- **creating a new workforce model** - with staff aligned with the future direction of reform, better equipped through AI and technology, advanced practice roles, reducing international recruitment, and more flexible contracts
- **a reshaped innovation strategy** – driving the use of data, AI, genomics (using insights from an individual's complete set of DNA to inform their healthcare and predict future needs), wearables to monitor and manage changes in health, and robotics
- **taking a different approach to NHS finances** – including introducing multi-year budgets and requiring 3% of the budget for service transformation

2.9 The content of *Fit for the Future* is being reviewed locally to understand the implications in full, including how it will further inform and influence how we progress our local Place partnership plans and activity this year. In the meantime, it will be helpful for members of the HWB to be aware of some of the specific changes it sets out that will have implications for the way the NHS works in partnership with local government. In summary these are as follows:

- Under the leadership of the HWB, in the future a neighbourhood health plan will be drawn up by Local Government, the NHS and their partners, incorporating public health, social care, and the Better Care Fund
- The ICB will bring together these local neighbourhood health plans into a population health improvement plan for their footprint and use it to inform commissioning decisions
- The Better Care Fund itself will be reformed from 26/27 with a focus on providing consistent, joint funding to those services which are essential to deliver in a fully integrated way, such as discharge, intermediate care, rehabilitation and reablement
- The Plan proposes the abolition of Healthwatch (the independent voice of people with lived experience of health and care services) and, in a move to streamline

governance across local government and the NHS, Integrated Care Partnerships will also be abolished (in Sussex this is the Sussex Health and Care Assembly)

- For more advanced devolution areas, such as Greater Manchester, there will be opportunities to pool budgets and reprofile public spending towards prevention through partnerships between the NHS, single or upper tier authorities and strategic authorities, supported by mayoral 'total place' powers

2.10 It should be noted that enacting some of these changes would require primary legislation and will therefore take some time to come into effect.

2.11 The emerging outcomes of the local national ICB blueprint model development and health and care reform generally (covered under a separate item on the HWB meeting agenda), will also potentially impact on plans in 25/26 and how they are delivered. In light of this, we will keep our planned priorities and next steps 'live' in order to be able to adapt to any further changes as we move through the year.

2.12 Health and care reform and the proposed changes to ICBs, and now the plans recently set out in *Fit for the Future* noted above, will also have implications for expectations about the role of Place-based health and care partnerships and HWBs within a future reformed system. In response, we have updated our existing plans for strengthening the strategic leadership role of the HWB in 25/26 to include plans to review and refresh the way our East Sussex Health and Care Partnership operates in 25/26 (please see priority 2 in **Appendix 1**).

HWB informal development session

2.13 The fourth informal HWB development session took place on 19 June 2025 as part of the broader programme of 7 sessions to deliver our ongoing SDP objective of strengthening the leadership and stewardship role of the East Sussex HWB. The session focussed on the JSNA theme of the importance of the life course - a good start in life, living well, ageing well and a good end in life, and our work as a system that contributes to this.

2.14 The draft summary briefing with the key messages from the session is included in **Appendix 2** for review and formal agreement by the HWB. A key focus was understanding the collaborative work that supports a good start to life for our children and young people. This included Family Hubs, school readiness (noting the interest after education had been discussed in the previous session as one of the key building blocks of health), and the results of the recent East Sussex 'My Health My School' survey. Connections were made about further possible opportunities to collaborate and make better use of our existing capacity to enable more access to services and support in our communities.

2.15 The session also explored in some depth the wider context of change and some of the challenges and risks influencing our work as health and care system partners in 25/26, noting in particular the potential impacts for partnership working at Place across health, care and wider public services. It was concluded that the expectations we have of ourselves as partners working for the common good of the East Sussex population, and how the HWB can help us hold ourselves mutually to account for this, will be key.

2.16 In addition to agreeing our East Sussex SDP priorities and deliverables, our East Sussex Health and Care Partnership will review our partnership and programme governance with a view to optimising its effectiveness in these new and emerging circumstances. To help with exploring options a set of criteria has recently been agreed based on the recent Partnership Executive Board and informal HWB discussions. This is included in **Appendix 3** for information.

2.17 The next informal development session is planned for 4 September 25. The focus will be health inequalities in East Sussex, and how we can understand the impact we are having on population health and wellbeing in a measurable way using the East Sussex Shared Outcomes Framework set out in our [East Sussex Health and Wellbeing Board Strategy](#) *Healthy Lives, Healthy People*.

3. Conclusion and reasons for recommendations

3.1 Our HWB objectives for year 3 (25/26) of the SDP have been updated and refreshed in light of the work completed in year 2 (24/25), 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 publication of the 10 Year Health Plan *Fit for the Future* and the national drive for health and care reform, including the proposed changes to ICBs. This will require the need to be flexible during 25/26, including where our capacity to deliver on joint plans could potentially be impacted. As a result, some plans may change as 25/26 progresses.

3.2 Refreshing our critical joint work across commissioning and transformation puts us in a strong position to continue to collaborate, and in particular to deliver the change to neighbourhood-based health and care within existing resources. Given the demographic profile and needs of our population, there are clear benefits this can deliver. This includes better experience and quality of care for people with multiple long-term conditions and the proportionately higher numbers of older and frail people in our population, as well as stronger approaches to population health and prevention across all ages. Over time improved proactive care in communities and neighbourhoods will also help reduce the need for more specialist health and care services, further enabling the shift to a more community-based model of integrated care.

3.3 Continuing to strengthen the strategic leadership role of the HWB through our planned programme of development sessions and reviewing our Place-based health and care partnership and programme governance is timely and now of critical importance in light of the changes signalled by *Fit for the Future*. It will help to ensure that the context, assets and collective resources we work with in East Sussex can continue to be used to best effect to meet the needs of our population and manage our Place-specific risks and challenges within a reformed health and care system.

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Appendix 1: Draft East Sussex HWB high level SDP year 3 (25/26) deliverables

Appendix 2: HWB development session 4 – draft summary briefing

Appendix 3: Place Health and Care Partnership Governance options appraisal draft criteria