

Policy & Resources Urgency Sub-Committee

Date: **19 May 2022**

Time: **5.30pm**

Venue **Hove Town Hall**

Members: **Councillors:** Mac Cafferty (Chair) Appich and Bell

Contact: **John Peel**
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AGENDA

PROCEDURAL BUSINESS

1 PROCEDURAL MATTERS

- (a) **Declaration of Substitutes:** Where Councillors are unable to attend a meeting, a substitute Member from the same Political Group may attend, speak and vote in their place for that meeting.
- (b) **Declarations of Interest:**
- (a) Disclosable pecuniary interests;
 - (b) Any other interests required to be registered under the local code;
 - (c) Any other general interest as a result of which a decision on the matter might reasonably be regarded as affecting you or a partner more than a majority of other people or businesses in the ward/s affected by the decision.

In each case, you need to declare

- (i) the item on the agenda the interest relates to;
- (ii) the nature of the interest; and
- (iii) whether it is a disclosable pecuniary interest or some other interest.

If unsure, Members should seek advice from the committee lawyer or administrator preferably before the meeting.

- (c) **Exclusion of Press and Public:** To consider whether, in view of the nature of the business to be transacted, or the nature of the proceedings, the press and public should be excluded from the meeting when any of the following items are under consideration.

NOTE: Any item appearing in Part Two of the Agenda states in its heading the category under which the information disclosed in the report is exempt from disclosure and therefore not available to the public.

A list and description of the exempt categories is available for public inspection at Brighton and Hove Town Halls.

2 SUSSEX INTEGRATED CARE SYSTEM (ICS): GOVERNANCE

1 - 30

Report of the Executive Director, Health & Adult Social Care

Contact Officer: Giles Rossington

Tel: 01273 295514

Ward Affected: All Wards

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FURTHER INFORMATION

For further details and general enquiries about this meeting contact Lisa Johnson, (01273 291006, email mark.wall@brighton-hove.gov.uk) or email democratic.services@brighton-hove.gov.uk

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Date of Publication - Wednesday, 11 May 2022

Brighton & Hove City Council

Policy & Resources (Urgency Sub) Committee

Agenda Item 2

Subject: Sussex Integrated Care System (ICS): Governance Arrangements

Date of meeting: 19 May 2022

Report of: Executive Director, Health & Adult Social Care

Contact Officer: Name: Giles Rossington
Tel: 01273 295514
Email: giles.rossington@brighton-hove.gov.uk

Ward(s) affected: All

For general release

Urgency

By reason of the special circumstances below, and in accordance with section 100B(4)(b) of the 1972 Act, the Chair of the meeting has been consulted and is of the opinion that this item should be considered at the meeting as a matter of urgency.

Reasons for urgency

The special circumstances for non-compliance with Council Procedure Rule 3, Access to Information Procedure Rule 5 and Section 100B(4) of the Local Government Act 1972 (as amended), (items not considered unless the agenda is open to inspection at least five days in advance of the meeting) were that the relevant information included in the report has only now become available and it is not reasonably practicable to wait until the next meeting to make a decision on this matter.

1. Purpose of the report and policy context

- 1.1 The Health & Social Care Bill has now received royal assent and became an Act on Tuesday 26th April 2022. The Act prescribes new structures which create regional partnerships of NHS commissioners and providers, local authorities and other organisations, to plan and coordinate the delivery of health and care services via a new integrated care system, or 'ICS'. Alongside the passage of the Health and Social Care Bill the published guidance has been closely followed in the formal development of the proposed arrangements. Whilst the guidance has remained unchanged the passage of the Bill into an Act on 26th April did see one significant late amendment introduced by the House of Lords passed into legislation. Where the guidance proposes that local authority members would sit on the Sussex Health & Care Assembly (Integrated Care Partnership) with officers

represented on the Integrated Care Board, the amendment facilitated Local Authority member attendance on the Board also. This amendment has been given full consideration over the past two weeks between BHCC and NHS Sussex and has resulted in governance arrangements being presented in this paper that reflect both the spirit of the amendment that has passed into legislation and the unchanged guidance.

- 1.2 The Sussex Health & Care Partnership (SHCP) will be the local ICS for Brighton & Hove, East Sussex and West Sussex. The information provided by Sussex NHS Commissioners on the SHCP's vision and governance arrangements is included as **Appendix 1** to this report and is described in more detail below (Section 3).
- 1.3 This Report asks this Committee to note the arrangements being made in relation to the SHCP and the integrated care board ('NHS Sussex').
- 1.4 The Report seeks formal approval to set up an integrated care partnership ('Sussex Health & Care Assembly', or 'SHCA') in the form of a joint committee, as required by legislation.
- 1.5 The Report further seeks full Council approval to appoint a member of the Council – the Chair of the Brighton & Hove Health & Wellbeing Board – to the SHCA in addition to other proposed representation on the ICS as outlined in the recommendations below.

2. Recommendations

2.1 That Policy & Resources Committee:

- (1) Notes the arrangements being put in place to comply with the Health and Social Care Act for an NHS Sussex Integrated Care Board, to have the core membership and functions outlined in Appendix 1;
- (2) Agrees the proposal to appoint a BHCC officer representative to the NHS Sussex Integrated Care Board;
- (3) Agrees the arrangement whereby the Chair of the Health and Wellbeing Board will be invited to join the ICB and all NHS Sussex Board meetings as a non-voting observer;
- (4) Notes that after the first year all existing arrangements will be subject to review;
- (5) Recommends to full Council that it formally approves the establishment of the Sussex Health & Care Assembly (SHCA) as a joint committee of Brighton & Hove City Council, West Sussex County Council, East Sussex County Council and the NHS Sussex Integrated Care Board, with provisional written terms of reference as set out at slide 6 of Appendix 1 and that the full terms of reference be brought back to a future meeting of Council for approval, once agreed with the other parties.

- (6) Recommends that annual Council appoint the Chair of the Brighton & Hove Health & Wellbeing Board as the BHCC member of the SHCA: a proposal to be included in the Report on Appointments for 2022/23.
- (7) Notes that the development of the system will be overseen by elected members of the HWB and the HOSC meeting regularly with the Chair of the HWB and the BHCC Integrated Care Board representative.

2.2 That full Council:

- 1) formally approves the establishment of the Sussex Health & Care Assembly (SHCA) as a joint committee of Brighton & Hove City Council, West Sussex County Council, East Sussex County Council and the NHS Sussex Integrated Care Board in accordance with para 2.1(3), with provisional written terms of reference as set out in slide 6 of Appendix 1 and that the full terms of reference be brought back to a future meeting of Council for approval prior to their publication in the Council's Constitution.
- 2) appoints the Chair of the Brighton & Hove Health & Wellbeing Board as the BHCC member of the SHCA: a proposal to be included in the Report to annual Council on Appointments for 2022/23.

3 Context and background information

- 3.1 The Health & Social Care Act introduces measures to create regional partnerships (Integrated Care Systems: ICS) of NHS commissioners and providers, upper-tier local authorities and other organisations to plan and coordinate health and care services across a geographical footprint. In statutory terms, ICSs are a new innovation, but they build on informal partnership arrangements that have been developed for the past several years as part of health & care system responses to the NHS Long Term Plan (2019).
- 3.2 Locally, our ICS is the **Sussex Health & Care System**, encompassing East Sussex, West Sussex and Brighton & Hove. ICS governance is largely prescribed by legislation, with each ICS required to have an Integrated Care Partnership (ICP), known also as the Sussex Health and Care Assembly (SHCA) and an Integrated Care Board (ICB), described here also as NHS Sussex.
- 3.3 **Integrated Care Partnership (ICP): the Sussex Health & Care Assembly (SHCA).**
 - 3.3.1 Each ICP must:
 - develop an '**integrated care strategy**' for its whole population (covering all ages) using the best available evidence and data, covering health and social care (both children's and adult's social care), and addressing health inequalities and the wider determinants which drive these inequalities.

- The strategy must set out how the needs assessed in the Joint Strategic Needs Assessment(s) for the ICB area are to be met by the exercise of NHS and local authority functions. This will be complemented by the Joint Health and Wellbeing Strategy prepared by each Health and Wellbeing Board in the geographical area of the ICS.
 - Each ICP should champion **inclusion and transparency** and challenge all partners to demonstrate progress in reducing inequalities and improving outcomes.
- 3.3.2 For Sussex, the ICP will be the **Sussex Health & Care Assembly (SHCA)**. ICPs must be constituted as joint committees of the ICB and the relevant local authorities.
- 3.3.3 The proposed membership of the SHCA is detailed in **Appendix 1** (slide 6). The city council is asked to appoint the Chair of the Health & Wellbeing Board (HWB) to the SHCA along with a council officer, likely to be the Executive Director of Health and Adult Social Care. The city council may wish to establish its own mechanisms for supporting its SHCA (and NHS Sussex) representatives, and ensuring that the decisions they take accord with the Council's policy aims.
- 3.3.4 The statutory functions of the SHCA are included in **Appendix 1** (slide 7).
- 3.3.5 The Chair Designate of the Sussex Integrated Care Board will convene a meeting with the Chairs of the three Health and Wellbeing Boards in June 2022 to agree the frequency and format of the Assembly meetings. Especially during the first year of the new arrangements, meetings will be more frequent than the twice yearly stated in national guidance recognising the requirement to agree a five year Integrated Health and Care Strategy for Sussex by Christmas 2022. It is envisaged that working groups of SHCA members will be required to meet throughout the year to do more detailed work.
- 3.4 Integrated Care Board (ICB): NHS Sussex.**
- 3.4.1 For Sussex, the ICB will be **NHS Sussex**. NHS Sussex will be an NHS body rather than a joint committee, and will be accountable for strategic planning, resource allocation and performance of NHS organisations in Sussex. Key decisions taken by NHS Sussex will include:
- approval of the NHS Sussex five-year delivery plan to address the prioritised health needs and integrated care strategy agreed by the Sussex Health & Care Assembly
 - approval of the strategic commissioning arrangements for acute, community health, mental health, primary care and urgent care services in Sussex
 - approval of the resource allocation for each NHS provider of acute, community health, mental health, primary care and urgent care services in Sussex

- approval of major system-wide investment programmes to integrate and transform health and care services across Sussex
 - constructive support and challenge of the NHS Sussex Chief Executive Officer and Executive Committee on the actions being taken to deliver the strategic objectives and financial performance of NHS Sussex.
- 3.4.2 The NHS Sussex Board will be supported by five assurance committees: a Population Outcomes Committee, a Patient Experience Committee, a System Productivity Committee, a Workforce and Remuneration Committee, and an Audit and Risk Management Committee (see **Appendix 1** slides 11-13).
- 3.4.3 NHS Sussex will also be supported by an Executive Committee, a System Leadership Forum, and a Strategic Alignment Forum (see **Appendix 1** slide 14).
- 3.4.4 The three local authorities within the ICS will be asked to appoint a total of three members to the Board. These will be a Director of Adult Social Services, a Director of Children’s Services and a Director of Public Health (West Sussex County Council, East Sussex County Council and Brighton & Hove City Council). The proposal for the first year is that the DCS is from BHCC, the DASS from ESCC and the DPH from WSCC and they will sit on the Board to provide their professional expertise and are not there representing their Council. The Chair of the Health and Wellbeing Board will be invited to join all NHS Sussex Board meetings held in Public as a non-voting observer for the first year of operation. After the first year the arrangements and appointments will be reviewed. This position will have speaking rights in accordance with the stated terms of the meeting. Additionally the Chair Designate has confirmed that they will circulate NHS Board papers to each Council Leader one week before the meeting and has made a standing offer to meet the three Council Leaders to discuss any areas of mutual interest or concern before each Board meeting. Full details of NHS Sussex membership are included in **Appendix 1**, slide 8.
- 3.4.5 The NHS Sussex Board will meet at least six times a year, in public.

3.5 Place

- 3.5.1 The Sussex Health & Care System will plan and coordinate health services across Sussex and some services may be delivered on a regional basis. However, the planning and delivery of many services will be delivered at ‘place’: West Sussex, East Sussex, and Brighton & Hove. Place arrangements are non-statutory and do not form part of formal ICS governance. The Brighton and Hove Health and Care Partnership will have a Joint Senior Responsible Officer in the Executive Director of Health and Adult Social Care and a new NHS Sussex Place Leader. NHS Sussex will involve BHCC in the recruitment process for the NHS Place Leader and we will work jointly to engage political leadership at each Partnership Board. Over the next year we will see considerable effort in this space to establish and embed the ICS principles of place working:

- The three place-based Health & Care Partnerships in Sussex are collaborative and non-statutory arrangements where all the organisations responsible for planning commissioning and delivering health and care services for the populations in that geographical area work together.
- In collaborating at place, individual statutory organisations are responsible for agreeing decisions relating to their budgets and services according to their existing practice and processes.
- The Joint Strategic Needs Assessments and the Health and Wellbeing Strategies agreed through the three Health and Wellbeing Boards set the evidence base and strategic framework within which priorities at place are identified.
- Place-based planning, commissioning and delivery will be focussed on a clear scope of services aimed at integrating care, improving health and reducing health inequalities. Wider partners in the voluntary, community, social enterprise (VCSE) and independent care sector will be engaged to mobilise and support the best use of the resources collectively available.
- At a pan-ICS level, the Sussex Health and Care Assembly will be responsible for producing the Integrated Care Strategy for the system. This high level strategy will reflect the priorities in, and be built from, the three Health and Wellbeing Strategies.
- NHS Sussex is required to develop and implement a Delivery Plan that delivers the Assembly's Integrated Care Strategy. The principle of subsidiarity is paramount – NHS Sussex's Delivery Plan will be implemented through the three place-based Health and Care Partnerships, unless there is collective agreement that it makes more sense to deliver an element at the pan-Sussex level. NHS Sussex will align resources and management capacity to support the three place-based Health and Care Partnerships to implement the Delivery Plan
- Effective delivery at place therefore requires the full involvement of local authority partners in the development of NHS Sussex's Delivery Plan and other key related decisions before those decisions are taken by the NHS Sussex Board or its executive.

3.5.2 Discussions about governance arrangements for place are ongoing, and members will be actively engaged in the development of place-based planning. Discussion will take place with members to establish their preferred means of engagement.

3.6 **Health & Wellbeing Boards (HWB)**

3.6 Two major functions for HWBs are identified in the ICS governance plans. The local Joint Strategic Needs Assessment (JSNA) and the local Joint Health & Wellbeing Strategy (JHWS) should be used to “set the evidence base and strategic framework within which priorities at place are identified” (Appendix 1, slide 15). In addition, the SHCA is responsible for setting a high-level Integrated Care Strategy for Sussex, which is to be “built from the three health and wellbeing strategies for each of our places” (Appendix 1, slide 6). The conclusions from each SHCA meeting will also be reported to the HWBs. NHS Sussex have notified BHCC that from July 2022 it proposes that its newly appointed Chief Delivery Officer and new NHS Sussex Place Leader will replace the existing CCG members on the Brighton and Hove

HWB. There is a planned HWB Development Day facilitated by the LGA on June 1st 2022 where we will be exploring the role of the Board in the context of prevailing ICS arrangements. Additionally the Chair Designate has suggested that when the meeting with HWB Chairs is convened to discuss frequency of Assembly meetings they will discuss also how to ensure the work programmes of the Assembly and the HWB complement each other with clearly differentiated accountabilities so that the strategic agendas of each statutory committee can be aligned to avoid any unnecessary duplication of work or resources.

3.7 Health Overview & Scrutiny

3.7 The governance structures of the ICS do not provide local Health Overview & Scrutiny Committees (HOSCs) with an oversight role. The Department of Health & Social Care is expected to release guidance on local authority scrutiny of ICSs later this year. However it is expected there will be an ongoing role for HOSC.

3.8 The new ICS arrangements will come into force on 01 July 2022. **Appendix 1** includes a timeline for the development of ICS governance structures (slides 18 and 19).

4 Analysis and consideration of alternative options

4.1 The Act referred to above requires relevant responsible authorities to establish a joint committee. That joint committee must include one member appointed by the ICB (i.e. NHS Sussex) and one appointed by each responsible authority. Responsible authorities will not have discretion to decline to comply with the legal requirement.

5 Community engagement and consultation

5.1 There has been no community engagement to date. We fully expect and will continue to press for appropriate discussions with the city about the future governance of the ICP and ICB. Communities across Brighton & Hove will in any case continue to be able to raise concerns about healthcare at the Health and Wellbeing Board and through the democratic decision-making process.

6 Conclusion

6.1 Members are asked to note the development of local ICS structures and to agree the city council's engagement with the ICS in terms of appointing representatives to the Sussex Health & Care Assembly and to the NHS Sussex Board and associated committees.

7 Financial implications

7.1 The NHS Sussex Integrated Care Board will agree the strategic priorities and resource allocation for all NHS organisations in Sussex, and be responsible for leading the improvement and integration of high-quality health and care services for all communities across Sussex.

This will inform priorities, budget development and the Medium-Term Financial strategy of the partner organisations. This requires a joined-up process for budget setting in relation to all local public services where appropriate, and will ensure that there is an open, transparent and integrated approach to planning and provision of services. Any changes in service delivery for the council will be subject to recommissioning processes and will need to be delivered within the available budget.

Governance arrangements will need to be established to support collective accountability between partner organisations for whole-system delivery and performance, underpinned by the statutory and contractual accountabilities of individual organisations.

Name of finance officer consulted: Sophie Warburton Date consulted: 27/04/2022

8 Legal implications

- 8.1 The Health and Social Care Act 2022 as recently enacted requires responsible authorities to establish an ICP with other responsible authorities in the terms outlined above. The Local Government Act 1972 requires that full Council approve any proposal to establish a joint committee.

Name of lawyer consulted: Victoria Simpson Date consulted 18.5.22

9 Equalities implications

- 9.1 Reducing health inequalities, including those experienced by particular protected groups, will be a core task for the Sussex Health & Care Partnership, with 'Better and Equal outcomes' listed as one of the three ICS system imperatives.
- 9.2 It remains important that Brighton & Hove City Council is able to make case for the needs of our diverse communities through the new structures.

10 Sustainability implications

- 10.1 The ICS partnership offers potential opportunities to align the city council's sustainability and carbon reduction commitments with those of other ICS partners, perhaps most obviously NHS provider Trusts. A more coordinated approach to the planning and delivery of health and care services across Sussex offers potential opportunities and risks in terms of balancing the needs to use system resources efficiently and to ensure that people have access to local services, minimizing travel times and carbon use.

11 Other Implications

Social Value and procurement implications

- 11.1 The ICS partnership has the potential to facilitate more collaborative procurement across organisations, with better value for money achieved and a better coordinated approach to delivering social value

Public health implications:

- 11.2 Population health is a major focus of the ICS, particularly in terms of the Sussex Health & Care Assembly. Both place and system planning will be based on the evidence contained in local Joint Strategic Needs Assessments and on the priorities identified in Joint Health & Wellbeing Strategies.

Supporting Documentation

1. Appendices

- 1) Sussex Health & Care System Governance Proposals (slides provided by NHS)

Sussex Health and Care System

Establishing our New System Leadership

Contents

- ▼ Strategic Ambition
- ▼ System Leadership
- ▼ New Legal Framework
- ▼ Sussex Health & Care Assembly
- ▼ NHS Sussex Integrated Care Board and its Assurance Committees
- ▼ System Leadership Groups
- ▼ Working at Place
- ▼ Functions and Decision Map
- ▼ Next steps

12

Strategic Ambition in Sussex

VISION 2025

Better Health and Care For All

System Imperatives

Better & Equal Outcomes

Financial Sustainability

Social & Economic Growth

Strategic Goals

Starting Well

Children will have the best start in life

Living Well

People will stay healthy for longer, with a reduction in inequalities

Ageing Well

People will be supported in their own homes and communities by integrated services

Waiting Less

People will wait less to access the services they need

Priority Enablers

System Leadership and Change

Digital, Data and Analytics

Workforce Transformation

Research and Innovation

Public Involvement and Communication

Core Principles of System Leadership

- ▼ Mutual **respect** for the professional expertise, statutory responsibilities, internal accountabilities and approval processes of each partner organisation
- ▼ An **inclusive** approach where contributions are sought pro-actively from multiple contacts within partner organisations and within the diverse communities we serve
- ▼ **Ambitious** about the opportunities for innovation, change and improvement at every level of the health and care system
- ▼ Willing to **collaborate** to find mutually acceptable solutions that improve the outcomes, access or experience for the users of our services
- ▼ Act with **integrity**, listen to different opinions and make **decisions based on data**, with an understanding of the impact this will have on the patients and users of our services

14

New Legal Framework

- ▼ The Health and Care Bill introduced in Parliament on 6 July 2021 confirmed the Government's intentions to introduce statutory arrangements for Integrated Care Systems (ICSs) from July 2022
- ▼ Subject to legislation being agreed each ICS will comprise an:
 - ▼ an ICP (a committee, not a body) at system level established by the ICB and relevant local authorities as equal partners and bringing together
 - ▼ an ICB, established as new statutory organisations to lead integration within the NHS.

The Integrated Care Partnership

- ▼ The ICP will have the following legal duties:-
 - ▼ It must develop an '**integrated care strategy**' for its whole population (covering all ages) using the best available evidence and data, covering health and social care (both children's and adult's social care), and addressing health inequalities and the wider determinants which drive these inequalities.
 - ▼ The strategy must set out how the needs assessed in the Joint Strategic Needs Assessment(s) for the ICB area are to be met by the exercise of NHS and local authority functions. This will be complemented by the Joint Health and Wellbeing Strategy prepared by each Health and Wellbeing Board in the geographical area of the ICS.
 - ▼ Each ICP should champion **inclusion and transparency** and challenge all partners to demonstrate progress in reducing inequalities and improving outcomes.

Sussex Health & Care Assembly

— a joint committee responsible for bringing together a broad range of system partners

Members	Role
3 x NHS Sussex Members	Chair, NHS Sussex Chief Executive Officer, NHS Sussex Chief Delivery Officer, NHS Sussex
3 x Local Government Members	Chair, Brighton & Hove Health & Wellbeing Board Chair, East Sussex Health & Wellbeing Board Chair, West Sussex Health & Wellbeing Board
3 x Local Authority Officers	Officer of Brighton & Hove City Council Officer of East Sussex County Council Officer of West Sussex County Council
3 x Place Executive Members	Lead Executive, Brighton & Hove Health & Care Partnership Lead Executive, East Sussex Health & Care Partnership Lead Executive, West Sussex Health & Care Partnership
3 x Place Clinical Members	Lead Clinician, Brighton & Hove Health & Care Partnership Lead Clinician, East Sussex Health & Care Partnership Lead Clinician, West Sussex Health & Care Partnership
3 x Voluntary, Community & Social Enterprise Members*	VCSE Member, Brighton & Hove VCSE Member, East Sussex VCSE Member, West Sussex
3 x Independent Health and Social Care Champion Members	Chief Executive, Healthwatch Brighton & Hove Chief Executive, Healthwatch East Sussex Chief Executive, Healthwatch West Sussex
3 x University Members	Vice Chancellor, University of Brighton Vice Chancellor, University of Chichester Vice Chancellor, University of Sussex
3 x Specialist Members*	Further Education Member Housing Member Local Enterprise Member

Core purpose: to agree the strategic direction and facilitate joint action across a broad alliance of organisations to improve the outcomes, equality of access and patient experience of health and care services for all communities across Sussex.

Key decisions made by the Sussex Health & Care Assembly will include:

- approval of an integrated care strategy for Sussex, built from the three health and wellbeing strategies for each of our places
- approval of the next iteration of the Sussex 2025 Vision when it needs updating
- approval of a consistent and prioritised list of health and care needs across Sussex

It is proposed that the Sussex Health & Care Assembly will **meet in public at least two times per year** and will be chaired by the Chair of NHS Sussex, with the meeting administration provided by NHS Sussex.

It is proposed that the conclusions from each meeting of the Sussex Health & Care Assembly are reported to the **Health & Wellbeing Board** of each local authority.

* Specialist and VCSE Members will be appointed through an open and competitive recruitment process by an Appointments Panel who will set out a role specification for each member, advertise the roles publicly, interview the candidates who most closely fit the role specification and then make the appointments.

Legal Functions of the Integrated Care Board

- 1 Developing a plan to meet the health and healthcare needs of the population (all ages) within their area, having regard to the Partnership's strategy.
- 2 Allocating NHS resources to deliver the plan across the system, determining what resources should be available to meet population need in each place and setting principles for how they should be allocated across services and providers (both revenue and capital). Financial rules will apply to ensure delivery of key national commitments, such as the Mental Health Investment Standard and the primary medical and community health services funding guarantee.
- 3 Establishing joint working arrangements with partners that embed collaboration as the basis for delivery within the plan.
- 4 Establishing governance arrangements to support collective accountability between partner organisations for whole-system delivery and performance, underpinned by the statutory and contractual accountabilities of individual organisations.
- 5 Arranging for the provision of health services in line with the allocated resources across the ICS through a range of activities including:
 - a) putting contracts and agreements in place to secure delivery of its plan by providers
 - b) convening and supporting providers (working both at scale and at place) to lead major service transformation programmes to achieve agreed outcomes
 - c) support the development of primary care networks (PCNs) as the foundations of out-of-hospital care and building blocks of place-based partnerships, including through investment in PCN management support, data and digital capabilities, workforce development and estates
 - d) working with local authority and voluntary, community and social enterprise (VCSE) sector partners to put in place personalised care for people, including assessment and provision of continuing healthcare and funded nursing care, and agreeing personal health budgets and direct payments for care.
- 6 Leading system implementation of people priorities including delivery of the People Plan and People Promise by aligning partners across the ICS to develop and support 'one workforce', including through closer collaboration across the health and care sector, with local government, the voluntary and community sector and volunteers.
- 7 Leading system-wide action on data and digital: working with partners across the NHS and with local authorities to put in place smart digital and data foundations to connect health and care services to put the citizen at the centre of their care.
- 8 Using joined-up data and digital capabilities to understand local priorities, track delivery of plans, monitor and address unwarranted variation, health inequalities and drive continuous improvement in performance and outcomes
- 9 Through joint working between health, social care and other partners including police, education, housing, safeguarding partnerships, employment and welfare services, ensuring that the NHS plays a full part in achieving wider goals of social and economic development and environmental sustainability.
- 10 Driving joint work on estates, procurement, supply chain and commercial strategies to maximise value for money across the system and support wider goals of development and sustainability.
- 11 Planning for, responding to and leading recovery from incidents (EPRR), to ensure NHS and partner organisations are joined up at times of greatest need, including taking on incident coordination responsibilities as delegated by NHS England and NHS Improvement.
- 12 Functions to be delegated by NHS England and NHS Improvement include commissioning of primary care and appropriate specialised services.

NHS Sussex

– accountable for strategic planning, resource allocation and performance of NHS organisations in Sussex

Core purpose: to agree the strategic priorities and resource allocation for all NHS organisations in Sussex, and then lead the improvement and integration of high-quality health and care services for all communities across Sussex.

Key decisions made by the NHS Sussex board will include:

- approval of the NHS Sussex five-year delivery plan to address the prioritised health needs and integrated care strategy agreed by the Sussex Health & Care Assembly
- approval of the strategic commissioning arrangements for acute, community health, mental health, primary care and urgent care services in Sussex
- approval of the resource allocation for each NHS provider of acute, community health, mental health, primary care and urgent care services in Sussex
- approval of major system-wide investment programmes to integrate and transform health and care services across Sussex
- constructive support and challenge of the NHS Sussex Chief Executive Officer and Executive Committee on the actions being taken to deliver the strategic objectives and financial performance of NHS Sussex

It is proposed that the NHS Sussex board will **meet in public at least six times per year** and will be chaired by the Chair of NHS Sussex.

The NHS Sussex board will be supported by **five Board Assurance Committees**

1 x Non-Exec Chair	Chair of Board	Stephen Lightfoot
5 x Executive Directors	Chief Executive Officer	Adam Doyle
	Chief Medical Officer	Dr Dinesh Sinah
	Chief Nursing Officer	Allison Cannon
	Chief Finance Officer	Hannah Hamilton
	Chief Primary Care Officer	Amy Galea
5 x Non-Executive Directors	Chair of Population Outcomes Committee	Louise Ansari
	Chair of Patient Experience Committee	Susan Marshall
	Chair of System Productivity Committee	Bola Lafe
	Chair of Workforce & Remuneration Committee	Ashok Soni
	Chair of Audit & Risk Management Committee	Paul King
1 x Associate NED	Associate Non-Executive Director	Faustina Bayo
5 x Partner Members	General Practitioner	
	Chair or CEO of NHS Provider	
	Director of Public Health*	
	Director of Adult Social Services*	
	Director of Children Services*	

Open and competitive recruitment process in line with national guidelines. The 7 Partner Members will be appointed by an Appointments Panel who will set out a role specification, request nominations from the membership of each professional group, consider the nominations received and make the appointment decision.

** Each Local Authority in Sussex nominates the member for one of these three roles*

Population Outcomes Committee

Membership

3x NHS Sussex Non Executive Directors, one of whom will chair the Committee

NHS Sussex Chief Medical Officer

NHS Sussex Chief Primary Care Officer

Partner Member – Director of Public Health

The Chair of the Health Outcomes Committee will meet with the Chairs of the three Health & Wellbeing Boards on a six monthly basis to seek feedback and align the priorities for better and equal health outcomes in all communities across Sussex.

Core purpose: to provide oversight and seek assurance that NHS Sussex is delivering on its strategic commitments to deliver better and equal health outcomes, and is leveraging its impact on social and economic growth, in all the communities we serve across Sussex. The Committee will also make recommendations on those services or places where there is the biggest opportunity for improvements in outcomes for our population.

Key responsibilities:

- Provide assurance to the Board around the arrangements for discharging, and implications of, the ICB's responsibilities in respect of the following themes under the NHS System Oversight Framework:- **Preventing ill health and reducing inequality**
- Provide assurance to the Board that the equality objectives of NHS Sussex are being effectively met, with a particular focus on the ICB's impact on health inequalities
- Ensuring ICB plans include co-ordinated action on the wider determinants of health including employment and poverty
- Ensuring plans engage the most marginalised communities in setting, delivering and monitoring health inequality priorities

Patient Experience Committee

Membership

3x NHS Sussex Non Executive Directors, one of whom will chair the Committee

NHS Sussex Chief Nursing Officer

NHS Sussex Chief Communications Officer

Independent Health and Social Care Champion Member of the Sussex Health & Care Assembly

The Chair of the Patient Experience Committee will meet with the Non-Executive Chairs of the NHS Provider Quality Committees and a Primary Care lead from each Place on a six monthly basis to seek feedback and align the priorities for improving patient safety and experience across Sussex.

Core purpose: to provide oversight and seek assurance that patients are receiving safe, high-quality and timely healthcare with equal access to services and seamless handovers between different parts of the Sussex system. The Committee will also make recommendations on those services or places where there is the biggest opportunity for improvement in patient safety or experience.

Key responsibilities:

- Provide assurance to the Board around the arrangements for discharging, and implications of, the ICB's responsibilities in respect of the following themes under the NHS System Oversight Framework:- **Quality of care, access and outcomes**
- Provide assurance to the Board around the arrangements for discharging the ICB's responsibilities in relation to securing continuous improvement in the quality of medical services
- Provide assurance that public involvement activities are being carried out effectively and meet the statutory duties placed on the ICB
- Ensure equality and patient experience and feedback is embedded throughout the work of the ICB and within the Sussex Health and Care System

System Productivity Committee

Membership

3x NHS Sussex Non Executive Directors, one of whom will chair the Committee

NHS Sussex Chief Delivery Officer

NHS Sussex Chief Innovation, Digital & Transformation Officer

Specialist Member of the Sussex Health & Care Assembly

The Chair of the System Productivity Committee will meet with the Non-Executive Chairs of the NHS Provider Finance or Resources Committees on a six monthly basis to seek feedback and align the priorities for improving the productivity and accelerating the transformation across the Sussex system.

Core purpose: to provide oversight and seek assurance that NHS Sussex is maximising value for money from the use of its public funding, expertise, technology and estates to deliver services. The Committee will also make recommendations on those services or places where there is the biggest opportunity for innovation or transformation to accelerate delivery of strategic goals.

Key responsibilities:

- Provide assurance to the Board around the arrangements for discharging, and implications of, the ICB's responsibilities in respect of the following themes under the NHS System Oversight Framework:- **Finance and use of resources, Local, strategic priorities**
- Ensure financial management achieves value for money, efficiency and effectiveness in the sustainable use of resources with a continuing focus on cost reduction and achievement of efficiency targets.
- Support the development and implementation of innovation strategies that will help the Board and the broader Sussex Health and Care System achieve their strategic priorities

Workforce & Remuneration Committee

Membership

3x NHS Sussex Non Executive Directors, one of whom will chair the Committee

NHS Sussex Chief People Officer

One of the University Members of the Sussex Health & Care Assembly

A Chair of a NHS Provider who is not a member of the Board

The Chair of the Workforce & Remuneration Committee will meet with the Non-Executive Chairs of the NHS Provider Workforce or People Committees on a six monthly basis to seek feedback and align the priorities for the recruitment, development and retention of the NHS workforce in Sussex.

Core purpose: to provide oversight and seek assurance on the recruitment, development and retention of the NHS workforce in Sussex, and to recommend the biggest opportunities to secure “more people, working differently, in a compassionate and inclusive culture” in the Sussex system. The Committee will also be responsible for approving the NHS Sussex remuneration and pay frameworks for all employees and Board Members (excluding the NHS Sussex Chair whose remuneration is determined by NHS England).

Key responsibilities:-

- Provide assurance to the Board around the arrangements for discharging, and implications of, the ICB’s responsibilities in respect of the following themes under the NHS System Oversight Framework:- **People, Leadership and Capability**
- Determine and agree with the Board a framework and policy for the appropriate remuneration of Board members and other ICB VSMs
- Provide assurance on the workforce recruitment, development and retention plans across the Sussex integrated care system;
- Review the outcomes of the Board performance evaluation process that relate to the performance and effectiveness of the Board.

Audit and Risk Management Committee

Membership

3x NHS Sussex Non Executive Directors, one of whom will chair the Committee

NHS Sussex Chief Finance Officer

NHS Sussex Chief of Staff and Corporate Affairs

The Chair of the Audit & Risk Management Committee will meet with the Non-Executive Chairs of the NHS Provider Audit Committees on a six monthly basis to seek feedback and align the priorities for audit and risk management across the Sussex system.

Core purpose: to provide oversight and seek assurance on the adequacy of governance, risk management and internal control processes within NHS Sussex. The Committee will also make recommendations on those areas of system audit or risk management where there is the biggest opportunity for improvement.

Key responsibilities:-

- To review the adequacy and effectiveness of the system of integrated governance, risk management and internal control across the whole of the ICB's activities that support the achievement of its objectives, and to highlight any areas of weakness to the Board.
- To ensure that there is an effective internal audit function that meets the Public Sector Internal Audit Standards and provides appropriate independent assurance to the Board.
- To review and monitor the external auditor's independence and objectivity and the effectiveness of the audit process.
- To assure itself that the ICB has adequate arrangements in place for counter fraud, bribery and corruption (including cyber security)
- To receive regular updates on IG compliance (including uptake & completion of data security training), data breaches and any related issues and risks.
- To monitor the integrity of the financial statements of the ICB and any formal announcements relating to its financial performance.

System Leadership Groups

NHS Sussex Executive Committee
Chief Executive Officer (Chair)
Chief Delivery Officer
Chief Finance Officer
Chief Medical Officer
Chief Nursing Officer
Chief Primary Care Officer
Chief Communications Officer
Chief Innovation, Digital & Transformation Officer
Chief People Officer
Chief of Staff & Corporate Affairs

Core purpose: to support the NHS Sussex Chief Executive Officer in discharging their statutory and executive accountabilities within NHS Sussex and across the broader Sussex Health and Care System

System Leadership Forum
CEO, NHS Sussex (Chair)
CEO, East Sussex Healthcare NHS Trust
CEO, Queen Victoria Hospital NHS Foundation Trust
CEO, South East Coast Ambulance Service NHS Foundation Trust
CEO, Surrey & Sussex Healthcare NHS Trust
CEO, Sussex Community NHS Foundation Trust
CEO, Sussex Partnership NHS Foundation Trust
CEO, University Hospitals Sussex NHS Foundation Trust
3 x Place Based Health & Care Partnership Executive Lead
3 x Local Authority Directors of Adult Social Services
Local Authority Director of Children's Services
Local Authority Director of Public Health (TBC)
NHS Sussex Chief Delivery Officer
NHS Sussex Chief Primary Care Officer

Core purpose: to operationally oversee the system, ensure system coordination and alignment, and shape development of system plans and strategies.

Strategic Alignment Forum
Chair, NHS Sussex (Chair)
Chair, East Sussex Healthcare NHS Trust
Chair, Queen Victoria Hospital NHS Foundation Trust
Chair, South East Coast Ambulance Service NHS Foundation Trust
Chair, Surrey & Sussex Healthcare NHS Trust
Chair, Sussex Community NHS Foundation Trust
Chair, Sussex Partnership NHS Foundation Trust
Chair, University Hospitals Sussex NHS Foundation Trust

Core purpose: to ensure alignment on the core objectives for the Sussex Health and Care System across the boards of the NHS partnership in Sussex

Principles that will inform how we will work at and with place

- ▼ The three place-based Health & Care Partnerships in Sussex are collaborative and non-statutory arrangements where all the organisations responsible for planning commissioning and delivering health and care services for the populations in that geographical area work together.
- ▼ In collaborating at place, individual statutory organisations are responsible for agreeing decisions relating to their budgets and services according to their existing practice and processes.
- ▼ The Joint Strategic Needs Assessments and the Health and Wellbeing Strategies agreed through the three Health and Wellbeing Boards set the evidence base and strategic framework within which priorities at place are identified.
- ▼ Place-based planning, commissioning and delivery will be focussed on a clear scope of services aimed at integrating care, improving health and reducing health inequalities. Wider partners in the voluntary, community, social enterprise (VCSE) and independent care sector, and Borough and District Councils where applicable, will be engaged to mobilise and support the best use of the resources collectively available.
- ▼ At a pan-ICS level, the Sussex Health and Care Assembly will be responsible for producing the Integrated Care Strategy for the system. This high level strategy will reflect the priorities in, and be built from, the three Health and Wellbeing Strategies.
- ▼ NHS Sussex is required to develop and implement a Delivery Plan that delivers the Assembly's Integrated Care Strategy. The principle of subsidiarity is paramount – NHS Sussex's Delivery Plan will be implemented through the three place-based Health and Care Partnerships, unless there is collective agreement that it makes more sense to deliver an element at the pan-Sussex level. NHS Sussex will align resources and management capacity to support the three place-based Health and Care Partnerships to implement the Delivery Plan
- ▼ Effective delivery at place therefore requires the full involvement of local authority partners in the development of NHS Sussex's Delivery Plan and other key related decisions before those decisions are taken by the NHS Sussex Board or its executive.

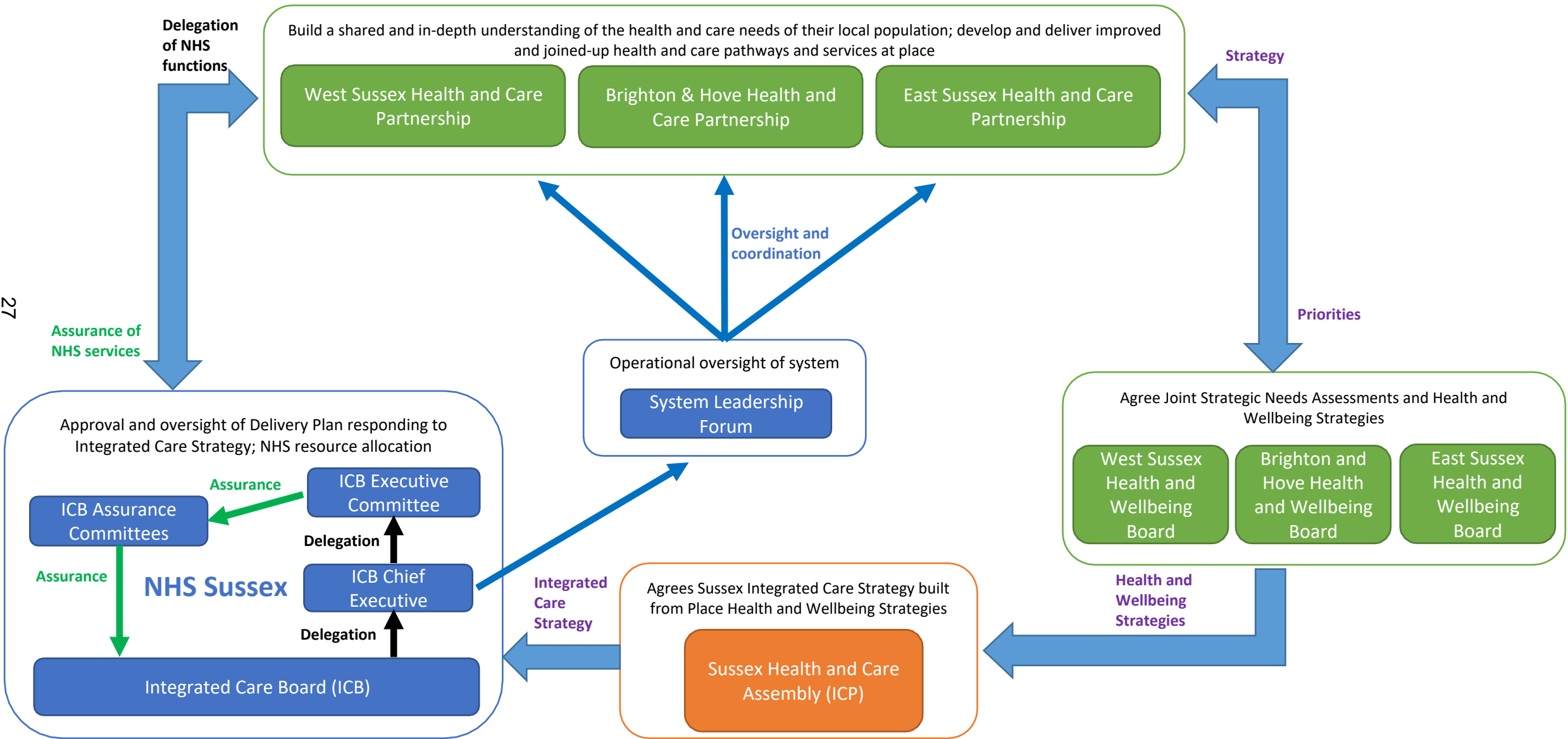
Principles informing place based delegation and accountability

- ▼ Each place based health and care partnership is expected to appoint a lead executive who will be jointly appointed by NHS Sussex and the relevant local authority
- ▼ Within NHS Sussex the lead executive at place will be accountable to the Chief Delivery Officer; they will also be accountable (ultimately) to the Chief Executive of the respective local authority
- ▼ Delegation of NHS Sussex functions to place will therefore flow through the NHS Sussex Chief Executive, to the Chief Delivery Officer, who will then delegate those functions to the relevant place lead executive
- ▼ Reporting on the use of those delegations and accountability for delivery etc will flow from the place lead executive to the Chief Delivery Officer and be reported to the Executive Committee (via the Integrated Performance and Assurance Group)
- ▼ The integrated performance report and balanced scorecard methodology for the ICB will facilitate this reporting as its content will be generated around each place, and will reflect the priorities and outcomes agreed by the place based health and care partnerships

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Functions and Decision Map

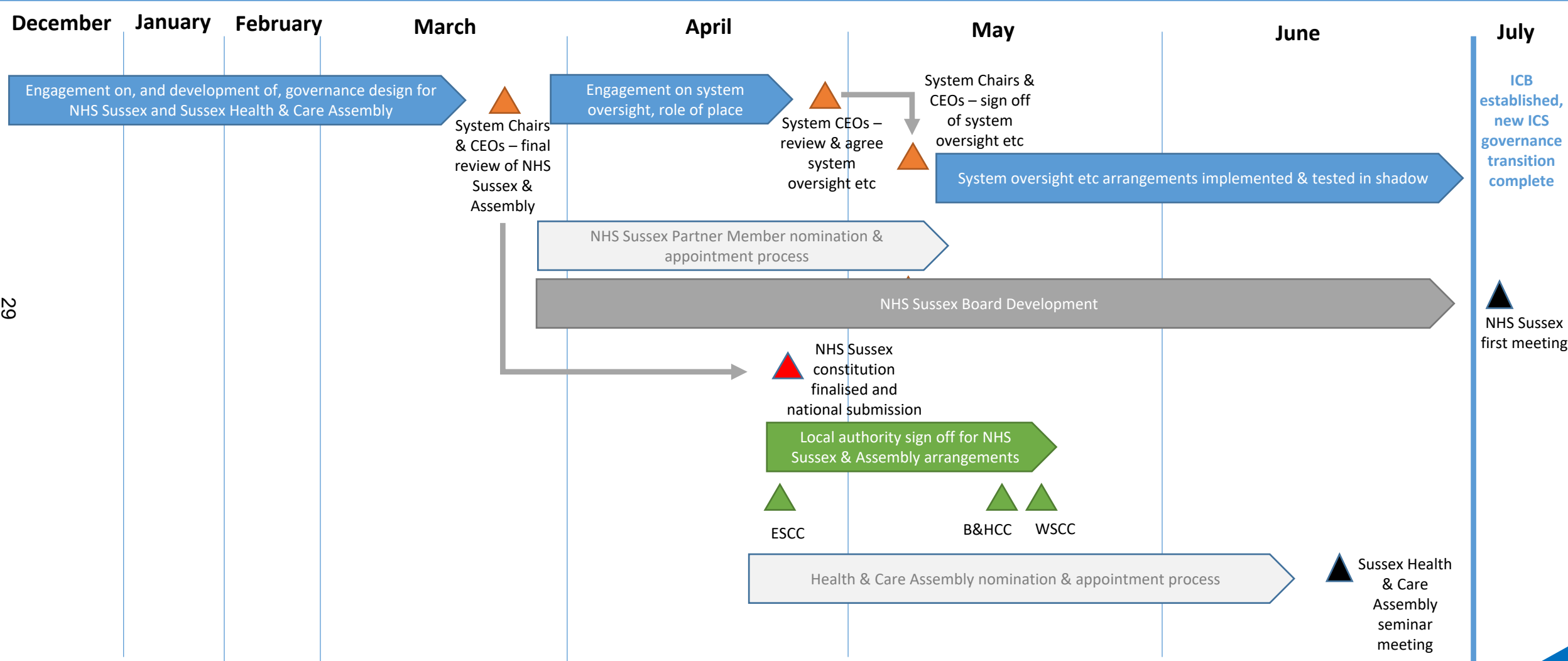
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Next steps

- ▼ Review and agreement of place based principles and system oversight arrangement (by end April)
- ▼ Submission of final draft NHS Sussex Constitution (22 April)
- ▼ Local authority cabinet and council approvals (April-May)
- ▼ Nomination and appointment of ICB partner members (post local government elections – tbc.)
- ▼ Nomination and appointments to Sussex Assembly (late May)
- 28 ▼ Induction and development of NHS Sussex Board (March – June)
- ▼ Shadow meeting of Sussex Assembly (June tbc)
- ▼ Establishment of NHS Sussex – 1 July 2022

Overall governance development timeline



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