

Brighton & Hove
Health Overview & Scrutiny Committee
25th January 2023

System Development & Governance

Why we need to change

We know people are not always getting the support, treatment and care they need at the time they need it in the most appropriate place. This is because of a number of factors:

Growing and ageing population

- The growth of people over-85 group is expected to increase between 32% and 42% by 2030.

Health inequalities

- The poorest and most deprived people are more likely to be in poor health, have a lower life expectancy and have a long-term condition or disability.

Disjointed experience and care

- Services are not always joined up, which is confusing and frustrating for people and can lead to unnecessary delays in care.

Impact of the pandemic

- We need to reduce the waiting times that have increased over the last two years

Limited resources

- We need to make best use of workforce, expertise, estate and funding.
- We need to grow, support and get the best out of our workforce

Introduction – Collaborating at scale (Sussex) for the benefit of ‘Place’, (Brighton & Hove)

There are many benefits of collaborating at a Sussex-level for local, place-based communities, namely:

- Some of the challenges at Place are best addressed by working at scale across Sussex e.g. workforce and digital and data solutions
- The integrated care strategy, sets out how the wider health needs of the local population will be met. This has been informed by Brighton and Hove’s Joint Strategic Needs Assessments (JSNAs) and Health and Wellbeing Strategy Increasing interdependencies between working teams and organisations means that local solutions to problems can be elevated when focused around a cohesive strategic purpose
- By collaborating across a wider footprint, organisations can pool their insight and data on local populations, develop a common improvement methodology and share learning to address unwarranted variation.
- Collaborative working offers the opportunity to maximise economies of scale and make the best use of collective resources.
- Collaboration can offer greater resilience across systems and better management of system-wide capacity pressures, particularly pressing workforce challenges, with joint initiatives to improve staff recruitment and retention such as shared training opportunities, leadership development programmes and additional support for staff health and wellbeing.

How we are responding and working in partnership

- It is widely recognised that health and care organisations need to work closer together to address the challenges and make the improvements necessary for local people.
- Health and care organisations across Sussex have increasingly worked in partnership over the last few years and have made significant improvements:
 - Strong partnership working across health and care, Voluntary Community Sector and our communities including carers
 - Collective response to COVID
 - Improvements in how services have been commissioned
 - Improvements in quality and performance of organisations and services
 - Improvements in financial management

We now have an opportunity to take our system development further

Statutory Framework for Integrated Care Systems

Integrated Care Systems (ICSs) are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area. Following the Health and Care Act (2022), 42 ICSs were established across England on a statutory basis on 1 July 2022. **In Sussex, the ICS is referred to as the Sussex Health and Care System.**

Each ICS will include:

- an **Integrated Care Partnership (ICP)** – a statutory committee jointly formed between the NHS Integrated Care Board and all upper-tier local authorities that fall within the ICS area. The ICP brings together a broad alliance of partners concerned with improving the care, health and wellbeing of the population, with membership determined locally. The ICP is responsible for producing an integrated care strategy on how to meet the health and wellbeing needs of the population in the ICS area. **In Sussex, the ICP is called the Sussex Health and Care Assembly.**
- an **Integrated Care Board (ICB)** – a statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area. **This is called NHS Sussex.**
- **local authorities** in the ICS area, which are responsible for social care and public health functions as well as other vital services for local people and businesses.
- within each ICS, **place-based partnerships** lead the detailed design and delivery of integrated services across their localities and neighbourhoods. The partnerships involve the NHS, local councils, community and voluntary organisations, local residents, people who use services, their carers and representatives and other community partners with a role in supporting the health and wellbeing of the population.
- **provider collaboratives** bring providers together to achieve the benefits of working at scale across multiple places and one or more ICSs, to improve quality, efficiency and outcomes and address unwarranted variation and inequalities in access and experience across different providers.

Better health and care for all

The purpose of Integrated Care Systems

The **purpose of the Sussex Health and Care System** is to bring partner organisations together to:

- **improve outcomes** in population health and healthcare
- **tackle inequalities** in outcomes, experience and access
- enhance **productivity and value for money**
- help the NHS support broader **social and economic development**.

Collaborating as a Health and Care System will help health organisations to tackle complex challenges, including:

- improving the health of children and young people
- supporting people to stay well and independent
- acting sooner to help those with preventable conditions
- supporting those with long-term conditions or mental health issues
- caring for those with multiple needs as populations age
- getting the best from collective resources so people get care as quickly as possible.

For people living in Brighton & Hove, this will mean that working in this way will:

- Enable everyone to access the care they need when they need it ... **waiting less**
- Focus on improving the health of our children and young people ... **starting well**
- Better support those with long-term conditions and multiple needs ... **living well**
- Help people to stay well and independent for as long as possible ... **ageing well**

Better health and care for all

The Sussex Health and Care System

(1 of 2)

The Sussex Health and Care System as it is known, covers the geographical footprint of the three local authorities in Brighton & Hove, East Sussex and West Sussex, with a population of 1.7 million people.

The four **Statutory Partners** in the Sussex Health & Care System are:

- [NHS Sussex Integrated Care Board](#)
- [Brighton & Hove City Council](#)
- [East Sussex County Council](#)
- [West Sussex County Council](#)

The seven **NHS Provider Partners** in the Sussex Health & Care System are:

- [East Sussex Healthcare NHS Trust](#)
- [Queen Victoria Hospital NHS Foundation Trust](#)
- [South East Coast Ambulance Service NHS Foundation Trust](#)
- [Surrey and Sussex Healthcare NHS Trust](#)
- [Sussex Community NHS Foundation Trust](#)
- [Sussex Partnership NHS Foundation Trust](#)
- [University Hospitals Sussex NHS Foundation Trust](#)

The Sussex Health and Care System (2 of 2)

The [Primary Care Partners](#) in the Sussex Health & Care System are:

- 33 GP Practices in 6 Primary Care Networks and 53 Pharmacies in Brighton & Hove
- 54 GP Practices in 12 Primary Care Networks and 97 Pharmacies in East Sussex
- 75 GP Practices in 20 Primary Care Networks and 150 Pharmacies in West Sussex

A wide range of other **Voluntary, Community and Social Enterprise Partners** are also involved in providing health and care services in Sussex.

In Sussex a conscious decision has been taken to replace the three letter acronyms in the Health & Care Act with names that are more descriptive of the purpose of each component part of the proposed new governance arrangements in Sussex:

- The ICS is known as the [Sussex Health & Care System](#) or 'the system'
- The ICP is known as the [Sussex Health & Care Assembly](#)
- The ICB is known as [NHS Sussex](#)

Sussex Health & Care Assembly – core purpose

The Sussex Health & Care Assembly is jointly established by NHS Sussex, Brighton & Hove City Council, East Sussex County Council and West Sussex County Council as a Joint Committee in accordance with the Constitutions of each statutory organisation.

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 include:

- approval of the [integrated care strategy](#) for Sussex, built from the three health and wellbeing strategies for each of our places

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.

The conclusions from each meeting of the Sussex Health & Care Assembly will be reported to **NHS Sussex** and the **Health & Wellbeing Board** of each local authority.

[Terms of reference for the Sussex Health & Care Assembly](#)

Sussex Health & Care Assembly - membership

The membership of the Sussex Health & Care Assembly reflects the partners in the Sussex Health & Care System.

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
* To be supported by Local Authority Officer as appropriate	
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

Better health and care for all

Sussex Integrated Care Strategy

Section 116ZB of the Health & Care Act confers a responsibility upon the Sussex Health & Care Assembly to develop an '[integrated care strategy](#)' for our whole population using best available evidence and data, covering health and social care (both children's and adult's social care), and addressing the wider determinants of health and wellbeing. The strategy sets out how the assessed needs of our population are to be met. The strategy is focused on:

- helping people live more independent, healthier lives for longer
- taking a holistic view of people's interactions with services across the system and the different pathways within it
- addressing inequalities in health and wellbeing outcomes, experiences and access to health services
- improving the wider social determinants that drive these inequalities, including employment, housing, education environment, and reducing offending
- improving the life chances and health outcomes of babies, children and young people
- improving people's overall wellbeing and preventing ill-health

It has **four key priorities** as enablers to deliver the above, which includes:

- **Joined-up community working**
- **Maximising the power of partnerships**
- **Improving the use of digital technology and information**
- **Growing and supporting our workforce**

In consultation with local partners, the NHS Sussex will produce a joint forward plan (five-year lifetime and updated annually) for how NHS services will be delivered to meet local needs.

NHS Sussex – core purpose (1 of 2)

NHS Sussex took on the functions of the three Sussex Clinical Commissioning Groups (CCGs) on 1 July 2022, as well as a broader strategic responsibility for overseeing joined-up health and care delivery across 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.

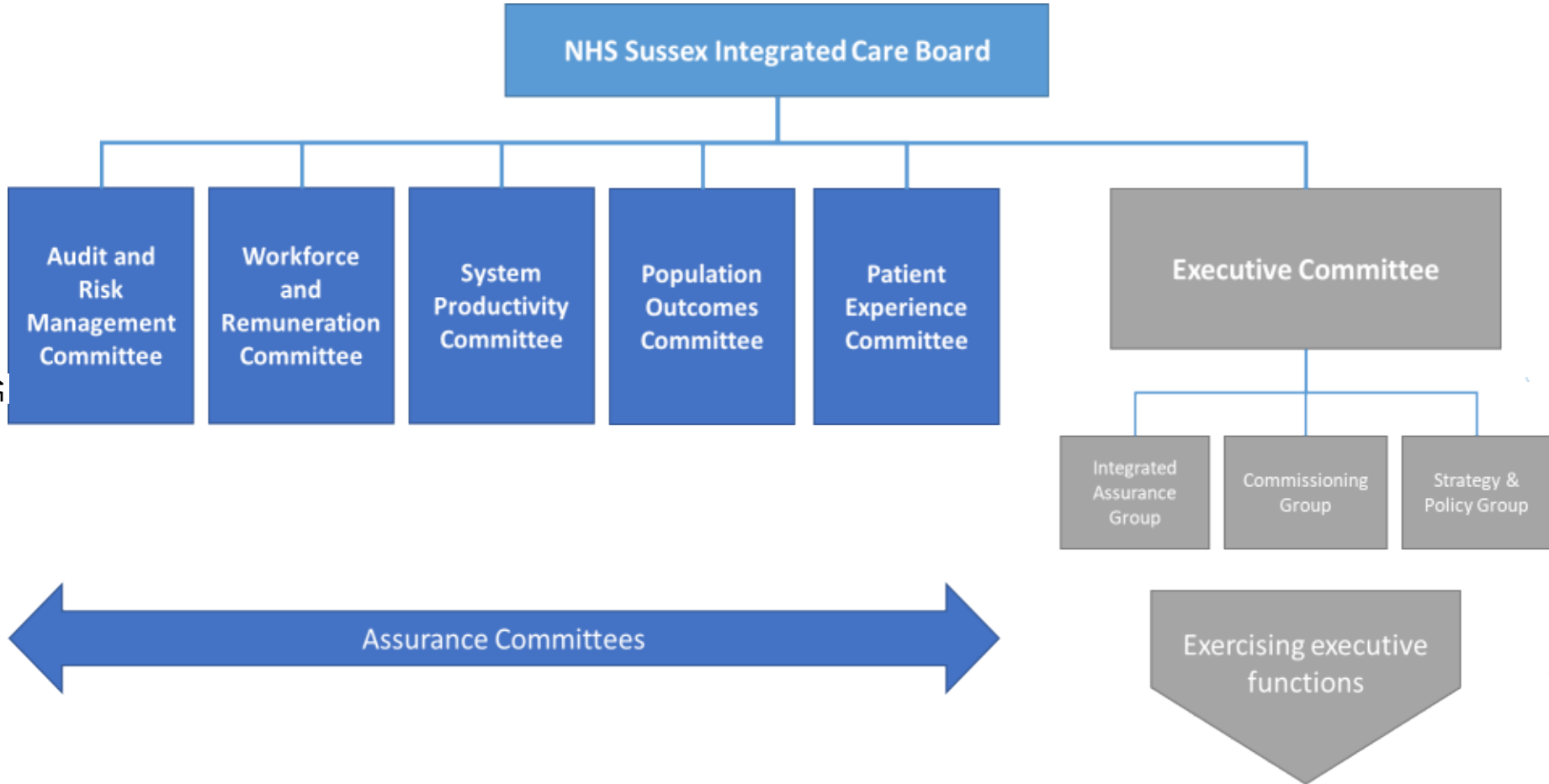
Key decisions made by NHS Sussex will include:

- 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

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

NHS Sussex will be supported by **five [Board Assurance Committees and an Executive Committee](#)**

NHS Sussex – core purpose (2 of 2)

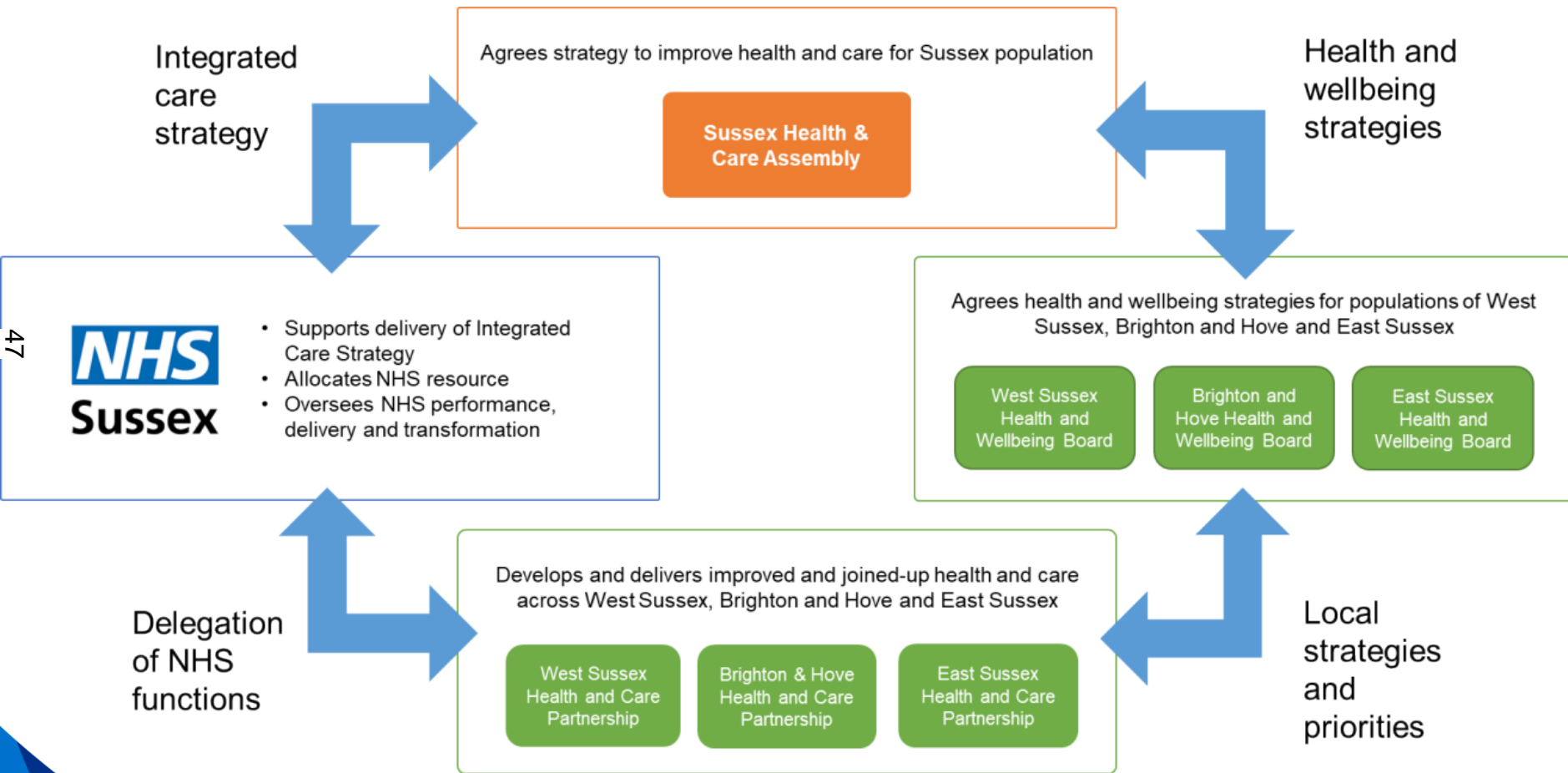


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NHS Sussex – statutory duties

1	Duty to promote NHS Constitution	8	Duty to promote innovation
2	Duty as to effectiveness, efficiency etc	9	Duty in respect of research
3	Duty as to improvement in quality of services	10	Duty to promote education and training
4	Duties as to reducing inequalities	11	Duty to promote integration
5	Duty to promote involvement of each patient	12	Duty to have regard to wider effect of decisions
6	Duty as to patient choice	13	Duties as to climate change etc
7	Duty to obtain appropriate advice		

Sussex Health & Care System Functions and Decisions Map



Better health and care for all

Principles informing how NHS Sussex 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 joint forward plan that delivers the Assembly’s Integrated Care Strategy. The principle of subsidiarity is paramount – NHS Sussex’s joint forward 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 joint forward 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.

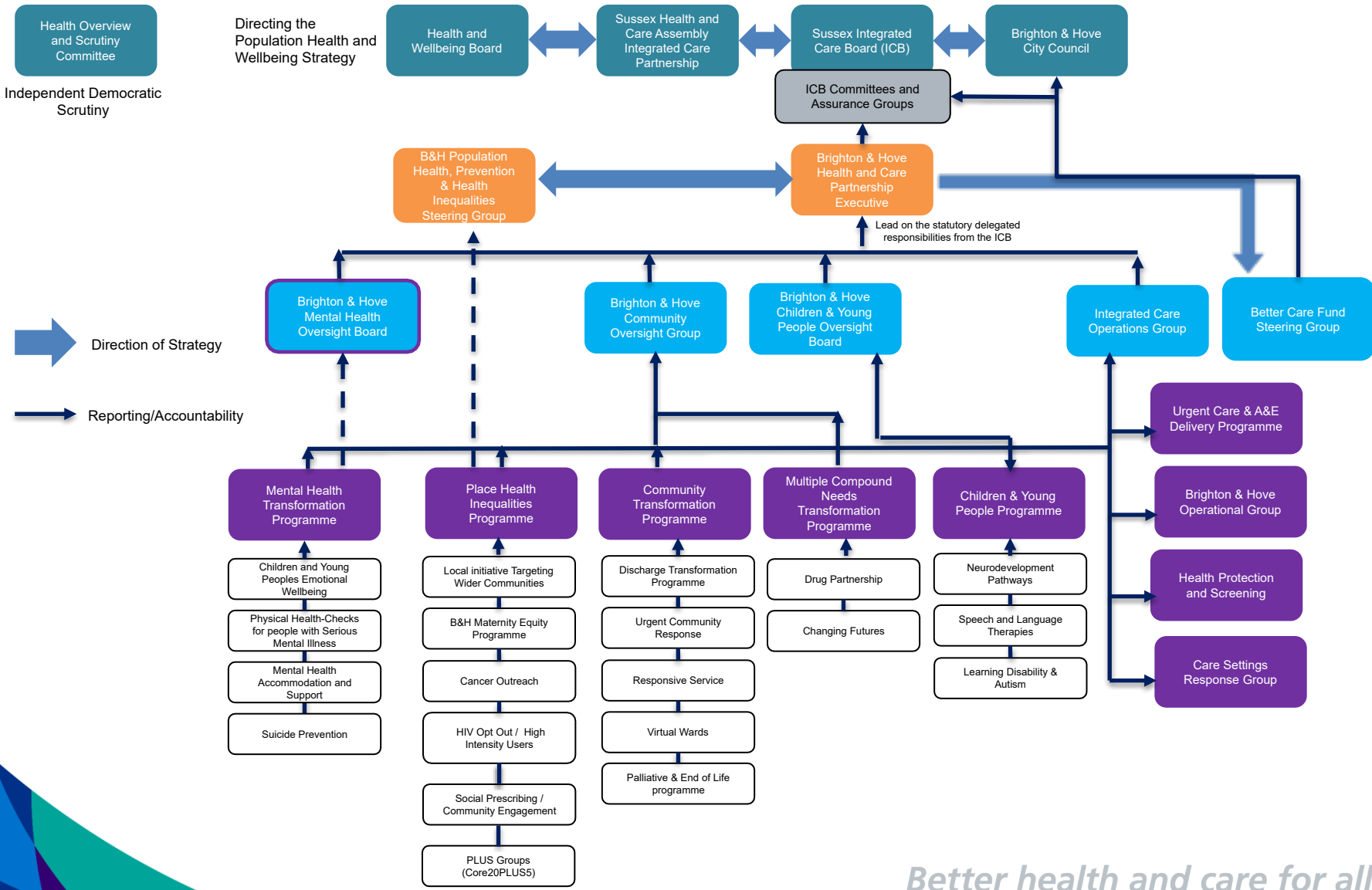
Brighton & Hove Health & Care Partnership

The composition of each place-based Health & Care Partnership will vary according to the needs of the local population and the partners involved in delivering health and care services in that geography. However, each place-based partnership should be set up to meet the following requirements:

- **A Lead Executive**
- **A Lead Clinician**
- **An Executive Partnership Leadership Team**
- **A Partnership Consultative Group** will be set up and chaired by the Lead Executive with as many representatives and stakeholders from the health and care sector in that place as required.

The governance and work programme priorities supporting implementation of Joint Strategic Needs Assessments, Health and Wellbeing Strategies and place-based plans is described in detail on slides to follow (slides 18 and 19). The Sussex, Integrated Care Strategy builds on these existing strategies and plans.

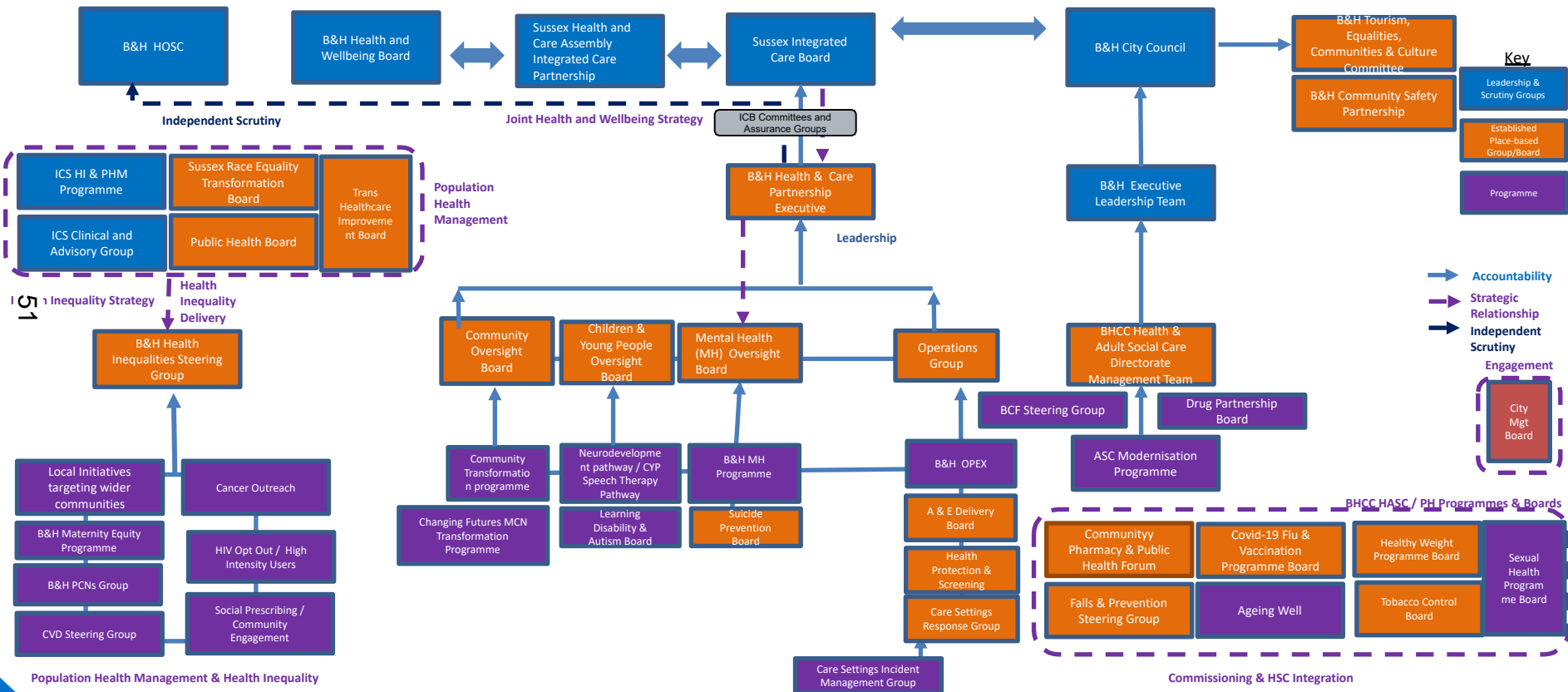
B&H Place Based Structure and Work Programmes



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Detailed Structure of the Brighton & Hove Health and Care Partnership System & Work Programmes



Better health and care for all

B&H Health Inequalities Programme

Children and Young People	Adults	Over 65's
Targeted Interventions		
<p>52</p> <ul style="list-style-type: none"> Neuro Development Pathway Maternity & Perinatal Equity and Inequality Plan Delivery Young Carers – PLUS Group Mental Health Transitions 	<p>Social Prescribing & Social Prescribing Plus</p> <ul style="list-style-type: none"> Cancer Awareness – Brighter Outlook Mental Health Inequalities Services Homelessness Outreach Clinic ED HIV Opt Out Mobile Fibroscan Service High Intensity Users CORE20PLUS – PLUS Groups 	<ul style="list-style-type: none"> Ageing Well Service
General Health Needs		
	<ul style="list-style-type: none"> Hypertension Case Finding Long Term Conditions Smoking Cessation Active Lives – Healthy Weight 	
<p>Thematic Priorities across the patients life</p> <p>Neighbourhood Development - Experts by Experience – Communities of Practice – Data & Information – Workforce Development – Population Health Management</p>		

NHS funded Health Inequalities Schemes for Core20PLUS5

Scheme Name	Scheme Description
CORE 20 Schemes	
Community Development Team delivery	<p>This project will commission grants to local community and voluntary sector organisations, funding Community development and engagement services activities to increase access to health and wellbeing services and reduce health inequalities targeting most deprived neighbourhoods, BAME and priority groups including PLUS group LGBTQ+ with a disability lens across all the cohorts. The funding will assist to develop capacity / skills in the community for people to take better control of their lives and health and wellbeing. This will build on existing work in communities working alongside PCNs to build capacity in communities to strengthen prevention for health and wellbeing including prevention for Cardiovascular Disease, Covid19, Flu and other vaccinations, healthy lifestyle services, social prescribing and support with cost-of-living challenges such debt advice.</p>
Developing Neighbourhood model	<p>In alignment with the Government white paper on health and social care integration, all Integrated Care Systems must develop place-based partnerships which include a neighbourhood model for community integration and health inequality. The 4 Localities in Brighton & Hove have been agreed as the Neighbourhood footprint. This work needs to be progressed through a collaborative approach including all partners to develop the model that is best fit for the city and the many communities of interest within it. Neighbourhoods working requires leadership to develop and mature as well as being the main delivery vehicle for the ICS and Place-based Core20 Plus groups targeted health inequality improvement. Places are expected to have their neighbourhood model established by March 2023, with the following year to be used for maturing partnerships and developing governance arrangements, as well as delivering on health inequality objectives.</p>
PLUS Schemes	
Homeless Roving Clinic for Podiatry and Wound care	<p>Targeted Podiatry and Wound care Support through a roving clinic with inclusion of social prescribing will support a reduction in hospital admissions and attendance to A&E. Static and roving clinics in locations that meet the needs of the service users providing specialist wound care , Specialist Podiatry care, holistic support, sign posting and advocacy , First Aid, Safe space, LGBTQ+ inclusive space and welcoming minority groups, Flu Vaccinations, Sexual health advice and pregnancy testing, Smoking cessation</p>
Globally Displaced Communities - Refugees/Asylum Seekers Social Prescribing Service.	<p>This scheme will support the provision of outreach to asylum seekers to increase access to health and care services and support migrants navigate complex health and care systems and access health checks and vaccinations as required</p>
Clinical '5'Schemes	
Hypertension Case Findings Heart Health - Community Nurses/ Pharmacist role	<p>The aim of this service is to improve access to hypertension treatment and behaviour change for cardiovascular disease prevention and healthy lifestyles for those most at risk and to improve both case-finding and management in underserved communities.</p>

