

Public Document Pack

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6 May 2022

Cabinet

A meeting of the Cabinet will be held at **10.30 am** on **Tuesday, 17 May 2022** at **County Hall, Chichester, PO19 1RQ**.

Becky Shaw
Chief Executive

The meeting will be available to watch live via the Internet at this address:

<http://www.westsussex.public-i.tv/core/portal/home>.

Agenda

- 10.30 am 1. **Declarations of Interest**
- Members and officers must declare any pecuniary or personal interest in any business on the agenda. They should also make declarations at any stage such an interest becomes apparent during the meeting. Consideration should be given to leaving the meeting if the nature of the interest warrants it. If in doubt please contact Democratic Services before the meeting.
- 10.35 am 2. **Minutes** (Pages 3 - 10)
- Cabinet Members are asked to agree the minutes of the meeting held on 15 March 2022 (cream paper).
- 10.40 am 3. **Urgent Matters**
- Items not on the agenda which the Chairman of the meeting is of the opinion should be considered as a matter of urgency by reason of special circumstances.
- 10.45 am 4. **Report of Urgent Action**
- The Cabinet is asked to note that the Director of Law and Assurance, in consultation with the Deputy Leader and the Chairman of the Communities, Highways and Environment Scrutiny Committee, has used his delegated powers under Standing Order 3.45 to appoint Councillor Noel Atkins to fill the vacancy on the Littlehampton Harbour Board for the remainder

of the Council term (May 2025).

Background Papers

[CAB20 \(21/22\) Outside Body Appointment to Littlehampton Harbour Board.](#)

Contact Natalie Jones-Punch, 033 022 25098

- 10.50 am 5. **Health and Care Act: Proposals for Integrated Care System arrangements (CAB01_22/23)** (Pages 11 - 20)

Report by the Director of Adults and Health.

The Chairman of the Health and Adult Social Care Scrutiny Committee will be invited to speak for up to three minutes on the Proposals for Integrated Care System arrangements report.

Each of the main Minority Group Leaders will be invited to speak for up to three minutes on the Proposals for Integrated Care System arrangements report.

The Cabinet will then discuss the report prior to taking any decision.

- 11.25 am 6. **Emerging Issues**

Cabinet Members are invited to provide any verbal updates on current significant issues for their respective portfolios which may benefit from discussion.

- 11.35 am 7. **Date of Next Meeting**

The next meeting of the Cabinet will be held on 21 June 2022.

To all members of the Cabinet

Webcasting

Please note: this meeting is being filmed for live and subsequent broadcast via the County Council's website on the internet. The images and sound recording may be used for training purposes by the Council.

Generally the public gallery is not filmed. However, by entering the meeting room and using the public seating area you are consenting to being filmed and to the possible use of those images and sound recordings for webcasting and/or training purposes.

Cabinet

15 March 2022 – At a meeting of the Cabinet held at 10.30 am at County Hall, Chichester, PO19 1RQ.

Present: Cllr Marshall (Chairman)

Cllr Crow, Cllr J Dennis, Cllr Hunt (joined virtually), Cllr A Jupp, Cllr N Jupp, Cllr Lanzer, Cllr Urquhart and Cllr Waight

Also in attendance: Cllr Baxter (joined virtually, left at 12pm), Cllr Boram (left at 12.40pm), Cllr Britton (joined virtually), Cllr Hillier (joined virtually), Cllr Johnson (joined virtually), Cllr Lord and Cllr Montyn

Apologies were received from Cllr Russell and Cllr Wall

Part I

43. Declarations of Interest

43.1 No declarations of interest were made.

44. Minutes

44.1 Resolved – that the minutes of the meeting held on 1 February 2022 be approved as a correct record and that they be signed by the Chairman.

45. Performance and Resources Report - Quarter 3 2021/22 (CAB16_21/22)

45.1 Cabinet considered a report by the Chief Executive and Director of Finance and Support Services. The report was introduced by Cllr Jeremy Hunt, Cabinet Member for Finance and Property who outlined progress against Key Performance Indicators (KPIs) and year end projections.

45.2 Cllr Stephen Hillier, Chairman of the Children and Young People's Services Scrutiny Committee said the Committee was pleased with the continued improvement in the service particularly in areas of re-referrals, phase 2 of foster carer recruitment and early help plans. Some concerns were expressed about the increasing staff vacancy level and outcomes were awaited from the national review of Special Educational Needs and Disabilities.

45.3 Cllr Kevin Boram, Chairman of the Fire and Rescue Service Scrutiny Committee said the Committee continues to review the KPIs. Whilst Safe and Well visits continued to be low, the service aims to look at high risk areas and numbers were improving. A Task and Finish Group will consider the issues facing retained firefighter

capacity. Delivery of the Horsham Fire Training facility continues to be reviewed by the Committee.

- 45.4 Cllr David Britton, Chairman of the Communities, Highways and Environment Scrutiny Committee said the Committee was supportive of the initiatives to prevent fuel poverty. KPIs of concern were highway defects and repairs and the number of road fatalities. The Committee recognised the recently announced budget increase.
- 45.5 Cllr Pieter Montyn, Chairman of the Performance and Finance Scrutiny Committee said the Committee wants to see the best use of council assets for communities. The appointment of the new Director of Human Resources and Organisational Development was welcomed and the Committee expects to receive information on his plans in due course. Assurances were sought and received on children in care in unregulated placements. The Committee supports the rollout of gigabit butr emphasised the need to focus on rural areas. The Committee noted the red KPI around employee disclosure rates and the lower completion rate of staff induction.
- 45.6 Cllr Kirsty Lord, Leader of the Liberal Democrat Group was concerned at the number of high risk rated KPIs, particularly in the areas of keeping people safe from vulnerable situations. Cllr Lord noted KPI 39 and the percentage of adults with a learning disability in paid employment and highlighted that voluntary roles should also be recorded. Cllr Lord noted that no further action is planned for KS2 pupils achieving the expected standard and the attainment gap of disadvantaged children although the pandemic was still having an impact. Cllr Lord noted the rise in performance in the Fire and Rescue Service.
- 45.7 Cllr Caroline Baxter, Leader of the Labour Group welcomed the positives in the report and highlighted concerns about the Dedicated Schools Grant (DSG) overspend and associated risks. Cllr Baxter has concerns about outsourcing jobs and the importance of supporting residents as a local employer. Cllr Baxter said more should be done for road safety, including expansion of the team.
- 45.8 The following points were made by Cabinet Members in discussion:
- Cllr Steve Waight, Cabinet Member for Support Services and Economic Development was pleased to report that measures in the support services area of his portfolio were all on track and that work to deliver savings was ongoing. Cllr Waight highlighted the serious nature of cyber attacks and the introduction of stronger passwords.
 - Cllr Bob Lanzer, Cabinet Member for Public Health and Wellbeing said that activity to promote flu vaccines had reduced incidence. The service is working with partners to reinstate group exercise classes halted by the pandemic.
 - Cllr Joy Dennis, Cabinet Member for Highways and Transport reported planned savings had been achieved with a balanced budget. Inflation could be a challenge going forward.

Workstreams are in place to deal with KPI 41 (killed and seriously injured casualties). Cllr Dennis advised a road safety manager had been appointed and two more members to the team would be recruited.

- Cllr Duncan Crow, Cabinet Member for Community Support, Fire and Rescue said the projected overspend in the service continued to decrease and savings were on course, or had been delivered. All 7 KPI areas had seen improvement and the Community Risk Management Plan (CRMP) would contribute to improving these further.
- Cllr Nigel Jupp, Cabinet Member for Learning and Skills said that, at the end of December, the percentage of schools in West Sussex rated Good or Outstanding was at the highest level in recent years. Cllr Jupp noted the attainment gap indicator relates to numbers of children off school due to Covid, and that it is hoped the DSG situation would improve in the later part of the year.
- Cllr Amanda Jupp, Cabinet Member for Adults Services advised there continue to be close working relationships with care providers and that the service remains on track to reduce admissions and enable more people to live at home for longer. The Adult Social Care Strategy was developed during this quarter which will set priorities and guide future plans.
- Cllr Deborah Urquhart, Cabinet Member for Environment and Climate Change highlighted the income from solar farms, the high fuel costs in schools without solar energy and that the service had been asked to fast-track these projects.
- Cllr Paul Marshall, Leader of the Council advised of the progress made in building a network of digital and gigabit capability and he updated on growth deals and their good outcomes. Work continues with improvement plans and support had been given to residents and to businesses to protect the local economy, whilst sustaining the underpinning theme of the Council Plan of Climate Change.

45.9 Resolved – that Cabinet note the Q3 Performance and Resources report.

46. National Highways Consultation A27 Arundel Bypass: Approval of WSCC consultation response (CAB17_21/22)

46.1 Cabinet considered a report by the Assistant Director of Highways and Transport. The report was introduced by Cllr Urquhart who said that congestion at various locations represents a barrier to growth. The report highlights areas of concern and urges National Highways to provide additional information prior to the proposal's submission for a Development Consent Order (DCO). The Cabinet Member acknowledged the impact the proposal had on the road network and communities and, in proposing to support in principle as the only option available from National Highways, that work with stakeholders, residents and the local MP is crucial in order to seek

increased mitigations of the effects of the bypass. Lee Harris, Director of Place said that the DCO process was lengthy and referred to the Council's role as a statutory consultee and the importance to WSCC of the de-trunking of the current route.

46.2 Cllr David Britton, Chairman of the Communities, Highways and Environment Scrutiny Committee said the committee invited members for the divisions most impacted by the proposal to speak at the recent meeting on behalf of residents. The Committee was pleased that its recommendations had been considered and that some amendments had been made to strengthen the response, including reference to financial consequences to the county council.

46.3 Cllr Kirsty Lord, Leader of the Liberal Democrat Group felt that National Highways had not listened to residents and their preference for a different route and that the council was forced to accept the grey route or risk no bypass at all. Cllr Lord said the council could strengthen the argument for the inadequacy of the consultation in terms of ecological and other impacts. Cllr Lord said, whilst there were benefits to the de-trunking strategy, it was not clear what this would look like and that the response should in general be more robust and upfront around funding.

46.4 Cllr Caroline Baxter, Leader of the Labour Group supported the principle of a bypass but not the proposed one. She considered the impact on the wildlife and biodiversity and that without further detail of ongoing costs that no commitment should be made.

46.5 Cllr Donna Johnson, Leader of the Green and Independent Alliance Group felt a more robust response should be given and that the views of communities should be respected. Cllr Johnson said the proposal changes the character of the current settlement and, if approved, risks dispersing communities with fewer access routes to the wider transport network. She said trends indicating fewer car journeys meant this is not the safest or most sustainable route.

46.6 The following points were made by Cabinet Members:

- Cllr Lanzer said reappraising the scheme would mean waiting years for a new investment proposal. The option did not encroach on the South Downs National Park. The county population is increasing and there is a need for the bypass. Cllr Lanzer felt that National Highways should be given the chance to improve the proposals and that the opportunity should not be missed.
- Cllr Dennis felt the points raised which needed further clarity and investigation were made clear in the report and response to National Highways.
- Cllr Crow considered the need for the bypass had been a longstanding issue and that the opportunity may not return;

to do nothing isn't an option. He highlighted WSCC's role as a significant consultee and feels the response is thorough.

- Cllr N Jupp said the improvement the bypass would make would be felt in the immediate vicinity, but also in other parts of the county to help the general flow of traffic.
- Cllr Waight emphasised that this response did not signal the end of WSCC's involvement but was the start of a lengthy process which the council would still influence.
- The Leader felt the report addresses the sensitivities, particularly around Walberton. The council would work with National Highways to mitigate impact and find solutions. He highlighted the need for an infrastructure which could manage an improved economic landscape and the links with the Government's Levelling Up agenda, creating better opportunities for local residents and businesses. He felt it important not to undermine the opportunity for a huge investment in the county.

46.7 Cllr Urquhart summarised this is the first part of process and there is a lot of work ahead. She emphasised the council's role as consultee and not decision maker, but that work would take place with MPs and National Highways to find viable solutions.

46.8 Resolved – that Cabinet:

- (a) approve the comments in paragraphs 2.36-2.108 of the report and the detailed comments on the PEIR in Appendix C of the report as the County Council's formal response to the consultation on the A27 Arundel bypass;
- (b) authorise the Assistant Director of Highways, Transport, and Planning to respond to any further stages of pre-submission consultation, in consultation with the Cabinet Member for Environment and Climate Change - in support of the formal response approved under (a);
- (c) if an application for a Development Consent Order is submitted, authorises the Assistant Director of Highways, Transport, and Planning to:
 - (i) approve the County Council's 'adequacy of consultation' response;
 - (ii) prepare and submit the County Council's written representation and Local Impact Report; to negotiate with the applicant on the DCO requirements, any S106 Agreement, and the preparation of a Statement of Common Ground; and to comment on the written representations of third parties – all in support of the formal response approved under (a);
 - (iii) attend the examination hearings and answer the Examining Authority's questions in support of the County Council's position; and

- (d) if a Development Consent Order is made, approve 'in principle' the County Council becoming a relevant authority for the discharge of requirements.

47. West Sussex Fire and Rescue Service Community Risk Management Plan 2022-2026 (CAB18_21/22)

47.1 Cabinet considered a report by the Chief Fire Officer. The report was introduced by Cllr Crow who outlined the purpose of the Community Risk Management Plan (CRMP) and the objectives to meet the risks identified within the County, including six proposals for change which enable the service to do this effectively, all aligned with the Council Plan. The Chief Fire Officer advised the CRMP is focused on achieving statutory objectives and improving the Service. Consultation had taken place with the public and risks identified were responded to in the plan.

47.2 Cllr Boram, Chairman of the Fire and Rescue Service Scrutiny Committee advised as part of the scrutiny process, the risks facing West Sussex were reviewed and the dynamic nature of the county was recognised. The Committee considered the change in response to unwanted false alarms in low-risk commercial properties and agreed with the approach of a risk based and managed approach. The Committee were happy to support the CRMP 2022-26.

47.3 Cllr Lord, Leader of the Liberal Democrat Group supported the increased firefighter and weekend cover and considered the importance of cultural behaviours for the service now and into the future. Cllr Lord questioned the impact of response times for real incidents in relation to the changes to the management of false alarms, and that changes to road infrastructure and the improved safety of waste and recycling sites could help alleviate pressures on the Fire service.

47.4 Cllr Waight felt the document is well laid out and accessible and that it clearly defines what it would deliver for residents. Cllr Waight advised the Cabinet Member for Community Safety, Fire and Rescue and Chief Fire Officer were well placed to answer any technical questions relating to the content of the plan and encouraged members to do so if they had queries. The Leader added the report demonstrated the diversity emerging in the county and how the service was responding to and prioritising this.

47.5 Resolved - that Cabinet approves the West Sussex Fire and Rescue Service Community Risk Management Plan 2022-26 for publication.

48. Strategic Options for Processing of Separate Food Waste and Other Waste Disposal Services (CAB19_21/22)

- 48.1 Cabinet considered a report by the Assistant Director of Environment and Public Protection. The report was introduced by Cllr Urquhart who outlined the requirement for the separate collection of food waste. A detailed review had shown that the council's existing mechanical biological treatment (MBT) facility could be adapted to process food waste separately and create refuse derived fuel. This kept jobs in West Sussex, disposes locally as opposed to exporting and was the best solution financially. It would also increase recycling rates, reduce landfill and operating costs and provide better use of the anaerobic waste digester.
- 48.2 Cllr Britton, Chairman of the Communities, Highways and Environment Scrutiny Committee advised the Committee supported the proposals and the modifications at Warnham. The need for effective communication with residents to enable their understanding of the requirement and benefits of separate food waste collection ahead of its introduction was highlighted.
- 48.3 Cllr Lord, Leader of the Liberal Democrat Group supported the decision which decreases carbon and provides a West Sussex solution for West Sussex waste. Cllr Lord endorsed the Scrutiny Committee's recommendation to keep pressure on the Government to confirm arrangements for the new duties in order to support and encourage the District and Borough Councils in committing to the new statutory requirements once the timetable and funding arrangements are clear.
- 48.4 Cllr Johnson, Leader of the Green and Independent Alliance Group was pleased to support the proposals and supported the efforts to reduce waste but said there is still some way to go and that more could be done to lead on informing communities on the impact of food waste.
- 48.5 Cllr A Jupp felt this was a good move forward and that everyone could contribute through composting and changing shopping habits.
- 48.6 The Leader advised the recycling rate for West Sussex is 53%, a good achievement when considering Government targets (55% by 2025). He felt this raises awareness and provides an opportunity to work with district and borough councils on this new scheme. He advised government funding would be available but it is not determined yet when this would be announced. If the opportunity arises to implement the scheme earlier then retrospective funding allocations would be sought to rollout the scheme in partnership with district and borough councils. Cllr Urquhart advised a successful trial had taken place in Arun. A further trial in Mid Sussex is about to commence, and the Cabinet Member had chased the Government for a response to recent letters seeking clarity around an implementation date and new burdens funding.
- 48.7 Resolved – that the Cabinet:

Agenda Item 2

1. Approves the variation of the Materials Resource Management Contract and associated capital investment to allow for:
 - a. processing of source-segregated food waste
 - b. production of loose Refuse Derived Fuel (RDF)
 - c. improvements for the capture, storage, and disposal of metal for recycling to achieve the income from metals
 - d. removal of redundant equipment
 - e. bulking of dry mixed recycling (DMR) for delivery to the materials recycling facility (MRF)

2. Approves the commencement of a procurement for the disposal of refuse derived fuel until 2035 with a possible extension until 2040, delegation of authority to commence (1) and (2) above to the Assistant Director of Environment and Public Protection at a time to be agreed in consultation with the Cabinet Member for Environment and Climate Change and the Directors of Finance and Law and Assurance.
In the event that either or both (1) and (2) are not exercised prior to 31st March 2024, to bring a further report to Cabinet no later than 30th June 2024.

49. Emerging Issues

- 49.1 Cllr Crow provided an update on the 'Homes for Ukraine' and 'Ukraine Families' schemes supporting Ukrainians escaping conflict. WSCC is ready to work with national government and local partners to deliver schemes for people arriving to live and work in the UK for up to three years who can access services. The Communities Directorate is leading this work and coordinating the response across the county. Information is provided on how people can make contributions and donations by visiting the [dedicated pages on the website](#).

50. Date of Next Meeting

- 50.1 The next meeting of the Cabinet will be held on 12 April 2022.

The meeting ended at 12.59 pm

Chairman

**Key decision: No
Unrestricted
Ref: CAB01**

Report to Cabinet

May 2022

Health and Care Act: Proposals for Integrated Care System arrangements

Report by Director of Adults and Health (DASS)

Summary

The purpose of this report is to explain the implications for the County Council of the provisions of the Health and Care Act 2022, recently given royal assent, and to set out the proposals for how those implications are to be addressed.

The Act introduces new governance for the NHS nationally and locally and changes to partnership arrangements to enable greater integration within the NHS and collaboration between the NHS and social care. The report explains plans made in anticipation of the legislation for a Sussex Integrated Care System (ICS) and the proposals for the County Council's participation in the arrangements.

The establishment of the ICS represents a significant change to the way the different NHS bodies will work together under the national leadership of NHS England. It will also mean that social care authorities will work through new arrangements with the NHS in the planning and commissioning of services to meet health and care needs of the population of its area. The main changes are summarised in Appendix 1. A new 'duty to collaborate' requires the County Council to participate in the NHS Sussex Integrated Care Board (ICB) and in the proposed Sussex Health and Care Assembly, both organised to cover the whole of Sussex.

This will not change the County Council's sovereignty nor its statutory role and responsibilities nor the Health and Adults Social Care Scrutiny Committee. Some adjustments to the terms of reference of those forums will be needed due to NHS structural changes and other aspects of the legislation yet to be formalised.

Recommendations

Cabinet Members are asked to:

- 1.** Approve the appointment to the Sussex Health and Care Assembly of the Cabinet Member for Public Health and Wellbeing as the County Council's representative for the remainder of the County Council term to May 2025 and the addition of the Assembly to the list of outside bodies.
- 2.** Approve the proposals for appointments to the NHS Sussex Integrated Care Board set out in paragraph 2.1.

Agenda Item 5

3. Agree that the detail of governance arrangements for the Assembly and the Board be settled by the Director of Law and Assurance in liaison with the other local authorities and NHS agencies involved together with any consequential changes from the legislation referred to in the report that may be needed to the constitution and terms of reference of the Health and Adults Social Care Scrutiny Committee and the Health and Wellbeing Board.

1 Background and context

- 1.1 The County Council has a commitment to integrated working with the local NHS to deliver the best outcomes for residents and to make the best use of public funds in West Sussex. One part of this is continuing to strengthen community-based health and social care and to build on the progress made to date in working collaboratively.
- 1.2 The Health and Care Act 2022 has recently been passed into law. One of its principal outputs, the establishment of an Integrated Care System (ICS) for each area of England is required to be in place from 1st July 2022. This will be a system through which the NHS as an organisation will move to closer integration but also how social care authorities and the NHS will discharge a 'duty of collaboration' as required by the legislation. The main provisions in the legislation for the County Council are set out in Appendix 1.
- 1.3 The arrangements being brought in will mainly affect NHS governance and structures as they replace the current model of competition between providers of healthcare services with a new approach that encourages integration. The Government has also published a new integration White Paper '*Joining up care for people, places and populations*', which focusses on the way the NHS and Local Government should work together to deliver shared objectives at the level of the social care authority (i.e. West Sussex).
- 1.4 An ICS brings together the organisations planning, buying and providing publicly-funded healthcare – including mental health and community care services – to the population of a geographical area. These arrangements will need to involve local authorities and other partners. All forty-two ICSs covering England will be made up of two elements:
 - An NHS Integrated Care Board (ICB) will be responsible for strategic planning, resource allocation and performance of NHS organisations in the area of the ICS. These replace and involve merging Clinical Commissioning Group functions, as well as some functions from NHS England. In Sussex this will be called the NHS Sussex ICB and will cover East and West Sussex and Brighton and Hove.
 - An Integrated Care Partnership between the NHS Sussex ICB and the social care authorities within its area overseen by a forum which will be responsible for agreeing the strategic direction to meet the broader health, public health and social care needs of the population in the ICS footprint. In Sussex this will be called the Sussex Health and Care Assembly. It will comprise representatives of the Sussex ICB, WSCC, ESCC and B&HCC.
- 1.5 The NHS Sussex ICB will be responsible for a health budget of over £2bn and will absorb the current role and functions of the three Clinical Commissioning Groups in Sussex. The intention is to start operating the new Board in

shadow form, ahead of moving to the new governance structures on 1 July 2022. Both the NHS ICB and the Assembly will have duties to consider Health and Wellbeing Board plans.

- 1.6 In the Sussex ICS, WSCC, ESCC and BHCC each have one seat on both the NHS Sussex ICB and the Sussex Health and Care Assembly. A national process was undertaken by NHS England to appoint chair designates and Chief Executive designates to all forty-two NHS ICBs. Stephen Lightfoot was appointed as Chair designate for the NHS Sussex ICB, and Adam Doyle the Chief Executive designate. Recruitment of the Executive Director and Non-Executive Director appointments to the NHS Sussex ICB has also taken place.

2 Proposals

- 2.1 To provide professional knowledge and perspective to operational planning it is proposed that Local Authority representation on the NHS Sussex ICB from the three Councils is made up of one Director of Adults' Social Services, one Director of Children's Services and one Director of Public Health. The representatives would be on the ICB on behalf of all three local authorities and would not act in a delegated capacity either for their organisation or their area of service responsibility. It will only discharge ICB functions. The selection of appointees and period of appointment will be settled by the three Chief Executives.
- 2.2 It is proposed that the Chairs of each of the three Health and Wellbeing Boards will be the Local Authority representatives on the Sussex Health and Care Assembly, supported by officers where this is helpful. For West Sussex this will be the Cabinet Member for Public Health.
- 2.3 In order for the County Council to meet new the requirements for the governance of the ICS the Cabinet's agreement is sought for these proposals. The role of the Assembly and its relationship to local authority functions and local partnership arrangements are summarised in paragraph 3.3 below.
- 2.4 Aside from the new duty to collaborate through participation on these forums there are no other changes to the County Council's statutory role and responsibilities for services and budgets, nor to the role of Health and Wellbeing Boards and the Health and Adults Social Care Scrutiny Committee. The County Council will remain responsible for setting the Authority's priorities and budgets through the Council Plan process. Changes may be required to the County Council's governance arrangements only as set out at paragraphs 3.4 and 3.5 below in relation to Health and Wellbeing Boards and scrutiny. It is proposed that authority be delegated to officers to enable these changes to be made.
- 2.5 The current focus for the Sussex ICS in this transition period is on setting out the arrangements between local NHS organisations, local authorities and other partners in Sussex. This will include:
- The ICS vision, principles and governance arrangements that will support oversight and assurance of the NHS parts of the system and collaboration between all ICS partners
 - How the three 'Place Partnerships' in West Sussex, East Sussex and Brighton and Hove can support delivery of our shared objectives.

3. Further Proposals for integration and the role of Place

3.1 On 9 February 2021 the Government published a new White Paper on health and social care integration called '*Joining up care for people, places and populations*'. This forms part of wider plans to reform the health and social care system building on the Health and Care Act and the Social Care Reform White Paper *People at the Heart of Care* (December 2021), which sets out the Government's ten-year vision for adult social care.

3.2 These set out a vision for integrated health and care services to be achieved at 'place' level, meaning the geography of each social care authority, and complement the direction of travel as an Integrated Care System (ICS) both for Sussex and at the local level in West Sussex, focusing on:

- Population health management using public health principles
- Addressing health inequalities
- Transformation of clinical pathways and health and care service models
- Primary care – accelerate the development of Primary Care Networks (PCNs) and neighbourhood working
- Priorities for social care and housing, and other services related to delivering outcomes for our community
- Operational issues and pressures

3.3 The following high-level principles have been produced to underpin how the NHS Sussex ICB will work with and, at Place, support close working between the three Local Authorities and the NHS in the ICS:

- The three place-based Health and Care Partnerships in Sussex are collaborative, non-statutory arrangements where the organisations responsible for planning, commissioning and delivering health and care services for the populations in that geographical area work together.
- Individual organisations are responsible for taking decisions relating to their budgets and services according to their existing governance and accountability.
- 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 for each place are identified.
- Place-based planning, commissioning and delivery will be focussed on services aimed at integrating care, improving health and reducing health inequalities. Wider partners in the voluntary, community, social enterprise (VCSE) and independent care sector, borough and district Councils (where applicable), will be engaged to ensure the best use of the resources collectively available.

Links to the Sussex ICS – Assembly and Board

- At 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, through the ICB 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 before decisions are taken by the NHS Sussex Board or its executive.
- 3.4 There is system partnership governance in West Sussex to support delivering this approach and which reports into the Health and Wellbeing Board. The West Sussex Health and Wellbeing Board currently brings together the County Council, NHS West Sussex Clinical Commissioning Group, University Hospitals Sussex NHS Trust, Sussex Community NHS Foundation Trust and Sussex Partnership NHS Foundation Trust, and our wider system partners including Primary Care Networks, West Sussex Voluntary, Community and Social Enterprise partners, Healthwatch and our Borough and District Councils. Some changes will be required to the composition of the Health and Wellbeing Board as a result of the structural changes within the NHS described above. Arrangements can be made for these to ensure they reflect the new models of NHS governance.
- 3.5 The legislation will also lead to changes to the powers of the Secretary of State in relation to proposals for significant changes to NHS services. Both these provisions, once in force, and the NHS governance arrangements described above will also require changes to the constitution and terms of reference of the Health and Adults Social Care Scrutiny Committee. It is proposed that steps be taken to ensure that the necessary changes are made once these provisions are all in place.
- 3.6 The shared priorities and joint work are set out in our West Sussex Health and Wellbeing Board Strategy 2019-2024 and is delivered through our integration programme. Update reports are provided to the West Sussex Health and Wellbeing Board. These of course are driven by the outcomes and priorities set out in the West Sussex Plan. **Appendix 2** provides an indicative representation of the governance arrangements described in the report.

4. Other options considered (and reasons for not proposing)

- 4.1 There are other options for the appointments to the Board and to the Assembly being proposed and which Cabinet is able to consider but these would need to align with the arrangements settled by the other two authorities. The current proposals align with those arrangements.

5. Consultation, engagement and advice

- 5.1 Details contained within this report have been drafted in consultation with local NHS partners and both of the other Sussex social care authorities.

6. Finance

- 6.1 There are no financial or resource implications in relation to the recommendations contained within this report. Governance and administration of the proposed Board and Assembly are expected to be resourced by the NHS.

7. Risk implications and mitigations

- 7.1 There are no risk implications in relation to the recommendations contained within this report save that they concern steps needed to meet anticipated legislative requirements and the need for effective local working.

8. Policy alignment and compliance

- 8.1 The proposals are in line with corporate and social care objectives within the County Council Plan.
- 8.2 The public sector equality duty is not applicable in relation to the outlined recommendations, as this report focuses on partnership governance arrangements only rather than the impact on services on individuals or groups within the community. There are no social value, crime and disorder, climate change or human rights implications for the same reason.

Keith Hinkley

Director of Adults and Health (DASS)

Contact Officer: Mr Chris Clark, Assistant Director – Health Integration
chris.clark@westsussex.gov.uk

Appendices

Appendix 1 - Summary of the key changes under the Health and Care Act (integration)

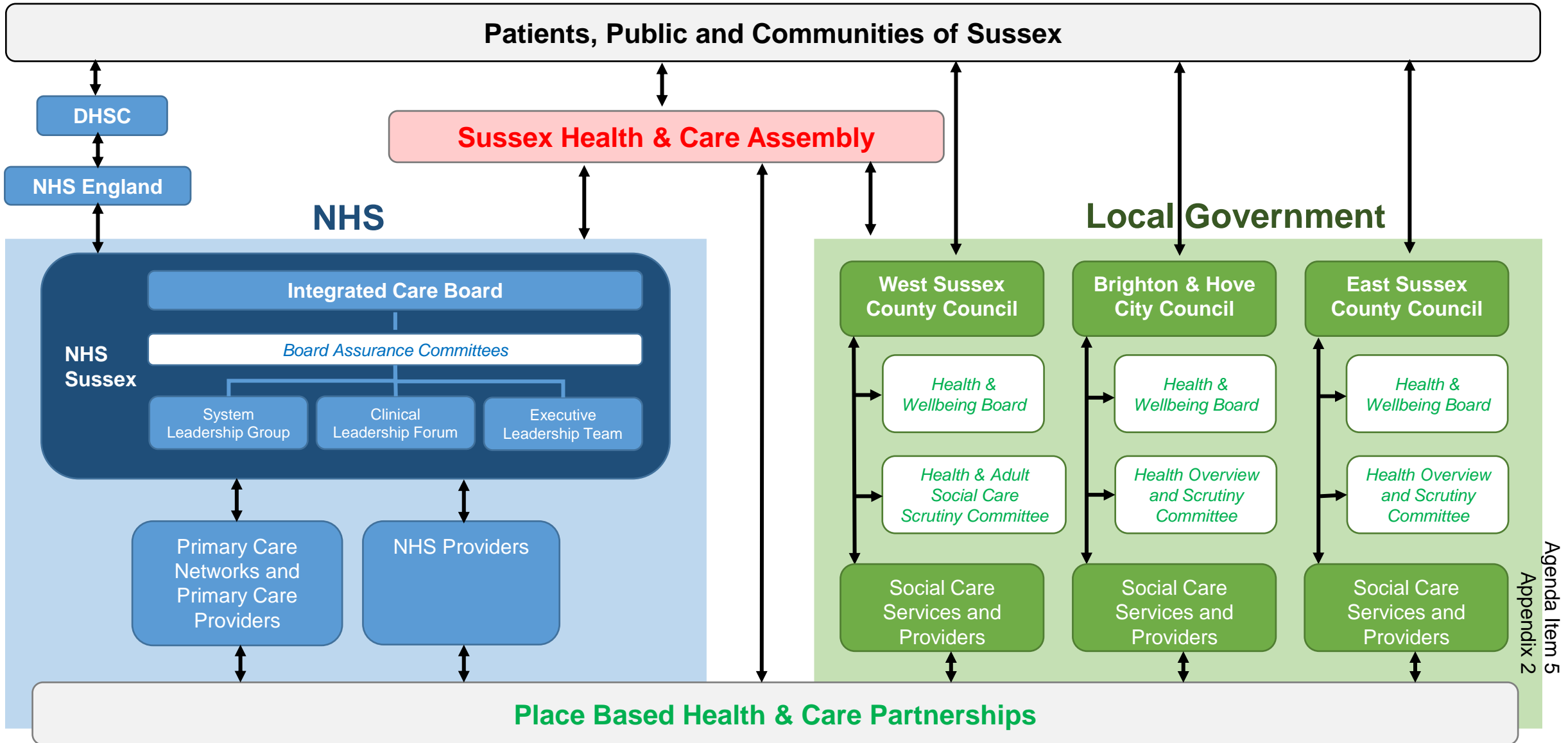
Appendix 2 - Draft Sussex ICS Structure Diagrams for West Sussex health and care partnership governance structure

Summary of key changes under the Health and Care Bill (integration elements)

	Current position	From 1st July 2022
1	Informal voluntary partnership arrangements exist at a pan-Sussex level (Sussex Health and Care Partnership) to support joint planning, commissioning and delivery of health and broader care services on a pan-Sussex footprint	<ul style="list-style-type: none"> • Sussex Health and Care Partnership becomes the 'Sussex Health and Care System', which is the Integrated Care System for the population of Sussex. • The Duty to Collaborate comes into being, WSCC will be a statutory partner member of two bodies that make up the ICS: <ul style="list-style-type: none"> ○ The NHS Sussex Integrated Care Board (ICB) ○ The Sussex Health and Care Assembly
2	West Sussex Clinical Commissioning Group (CCG) is responsible for commissioning the majority of healthcare services for the population of West Sussex	<ul style="list-style-type: none"> • NHS Sussex Integrated Care Board is responsible for commissioning the majority of healthcare services for the population of Sussex (1.7million people) • The 106 Clinical Commissioning Groups in England will no longer exist and will be replaced by 42 ICBs covering England • NHS England continues to commission some specialist services
3	West Sussex Health and Care Partnership exists as an informal voluntary partnership arrangement to support and enable planning, commissioning and delivery of health, social care and public health services at a Place level	<ul style="list-style-type: none"> • West Sussex Health and Care Partnership continues to operate as an informal voluntary partnership arrangement from 1st July 2022 • In line with the new White Paper Place partnerships will need to consider and adopt by Spring 2023 more formal arrangements to support joint accountability for delivering outcomes. This will be subject to agreement by Cabinet and the decision-making bodies of the other statutory partners.
4	West Sussex Health and Wellbeing Board (HWB) has a statutory role to provide whole system leadership for the health and wellbeing of the people of West Sussex and the development of sustainable and integrated health and care services	<ul style="list-style-type: none"> • No change to the statutory role of the HWB • The membership will be reviewed to reflect the transition of West Sussex CCG to the NHS Sussex Integrated Care Board
5	West Sussex Health and Adults Scrutiny Committee (HASC) has a statutory role in relation to health services and can propose ways that health services might be improved in West Sussex. The Committee does this by scrutinising the work of NHS Clinical Commissioning Groups (CCGs), NHS Trusts, and other independent providers of healthcare. This covers: <ul style="list-style-type: none"> • major changes to health services • select reviews of health issues • local health services in need of improvement 	<ul style="list-style-type: none"> • No change to the statutory role of HASC • The membership of HASC will be reviewed to reflect the transition of West Sussex CCG to the NHS Sussex Integrated Care Board • The Secretary of State will be able to intervene earlier in decisions about changes to local services.

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Sussex ICS Arrangements



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