

Report to West Sussex Health and Wellbeing Board

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Sussex Health and Care Partnership Integrated Care System Development

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1.0 Introduction

- 1.1 The NHS Long Term Plan has reinforced the role of integrated care systems (ICSs) in establishing more collaborative working and joined-up care for patients and their local populations. ICSs will cover the whole of England by 2021.
- 1.2 ICSs are partnerships that bring together providers and commissioners of NHS services across a geographical area with local authorities and other local partners, to collectively plan and integrate care to meet the needs of their population. The central aim of ICSs is to integrate care across different organisations and settings, joining up hospital and community-based services, physical and mental health, and health and social care. They depend on collaboration and a focus on places and local populations as the driving forces for improvement.
- 1.3 Despite being effectively mandated in the NHS Long Term Plan, ICSs and STPs are currently voluntary partnerships as they have no basis in legislation and no formal powers or accountabilities. NHS planning guidance has, however, highlighted two key functions for integrated care systems:
 - **co-ordination of system transformation** – this means partners in the ICS working together to agree changes to local health and care services and develop supporting strategies, for example, around the development of digital infrastructure, estates and workforce.
 - **collective management of system performance** – this means partners in the ICS working together to collectively manage and improve the overall financial and operational performance of all the NHS organisations within the system.
- 1.4 In May 2020, Sussex was granted 'Maturing ICS' Status and was given the name Sussex Health and Care Partnership (SHCP). SHCP serves a population of 1.7m people and is responsible for £4bn of health and care spending, delivered by over 30,000 staff. Three 'places' form the ICS, and each 'place' is co-terminus with upper-tier local government and is overseen by a place-based Health and Care Partnership Executive.

- 1.5 Whilst the NHS Long Term Plan, published in 2018, effectively mandated ICSs, partners across Sussex have been working together as a Sustainability and Transformation Partnership (STP) since 2016 and prior to the establishment of SHCP as an ICS. Significant progress has been made over the period to 2020, both in terms of building the partnership infrastructure and, most importantly, in improving the quality and performance of health and care services across Sussex.
- 1.6 Our Sussex Strategic Delivery Plan, published in January 2020, and intended as a single response from all NHS and Local Authority organisations in Sussex, detailed a range of changes to support the development of more integrated systems of care and a 'population-health' based approach in line with the NHS Long Term Plan. For all health and care organisations, this means consideration of new ways of working which focus on outcomes and meeting population health needs at scale.
- 1.7 This paper sets out the current context of our developing ICS. It identifies some issues that we need to address as we change the ways we work across Sussex to focus on integrating care and on innovative approaches to prevention and wellbeing, and it sets out some priorities for strengthening how we work in partnership to improve outcomes for our population.

2.0 Our Developing ICS

- 2.1 In the *Sussex Strategic Delivery Plan*, SHCP has set out an ambition for a holistic approach to supporting our population's health and wellbeing, delivered through the structures and relationships of the Integrated Care System (ICS). The plan for the development of the ICS recognises that this will require new ways of working for health and care organisations and the communities with which they work.
- 2.2 These new ways of working will focus upon improving the health of our entire population. They will require organisations to focus on an approach which seeks to build partnerships alongside other agencies to address the wider determinants of health (i.e. income, housing, environment, transport, education, work and nutrition). They will be outcome-focused and designed to improve the physical and mental health outcomes and wellbeing of people while reducing health inequalities. They will include action to reduce the occurrence of ill health and will require working with communities and partner agencies to integrate care more comprehensively in order to reduce fragmentation and duplication.
- 2.3 Within our developing ICS we are responsible for both leading and improving population health and operational performance whilst also delivering transformational change for health and care across Sussex. To do this our ICS brings together all Sussex stakeholders to redesign care and improve population health as set out in the NHS Long Term Plan. Our ICS uses three levels to do this and these are:

- System – which means Sussex
- Place – In Sussex there are three areas, aligned to our top tier local authority boundaries:- East Sussex, West Sussex and Brighton & Hove
- Neighbourhood – covered by our Primary Care Networks (PCNs) and community services that link into them

2.4 We have an agreed set of design principles which define how all partners will work together and at what level. We have also developed an overall system governance and architecture model which reflects this principle. An SHCP ICS 'Partnership Agreement' has been developed to support the ongoing development of our ICS and to embed these principles.

3.0 Our Collaborative Networks and Enabling Programmes

3.1 Alongside other partners, we have spent the last few months strengthening and agreeing the scopes and resources for our Collaborative Networks and Enabling Programmes. We have clear programmes of work that are enabling us to collaborate on the restoration of the system as well as the delivery of our commitments from the Long Term Plan.

3.2 All the Collaborative Networks and Enabling Programmes have CCG representation in the programme teams and on the relevant Boards. The scopes have been agreed by the SHCP Executive and reported to the Governing Bodies through the Joint Committee. Regular reports on progress against the agreed milestones and deliverables are reported to the Joint Committee every month.

4.0 The Development of Place

4.1 The development of Integrated Care Partnerships (ICPs), where NHS, Local Authority (LA) and a broad range of other service providers work together to deliver improved outcomes for local people, will be an enabler in achieving the ambition for an integrated population health management approach.

4.2 ICPs in Sussex will work collaboratively with staff and communities to co-design new models of care and to set the strategic direction and outcomes for the population. They will be partnerships of health and care providers, including local authorities, acute hospital trusts, community providers, primary care networks (PCNs), and mental health providers. ICPs in Sussex will also, ultimately, include organisations and bodies which span populations, such as district and borough councils, the voluntary sector, schools, the police, and other providers of health and care.

5.0 The Development of Assurance

5.1 One of the key roles of the ICS is to manage our own system performance and improvement process, taking on the role of NHS England and

Improvement's regulatory role, to ensure the best achievement of constitutional standards and of the commitments in the Long Term Plan as we can.

- 5.2 In the past this process has at times been characterised by an 'us' and 'them' approach. A lengthy process that covers all areas of interest to regional, national and local colleagues that can absorb considerable resource and not always achieve a clear performance improvement. Our aim is to change this process to being a more focused and supportive process that delivers results.
- 5.3 SHCP ICS assurance will be a dialogue of equals focused on improvement for the population, system and organisation. The agenda will be led by each of our three places as they will hold the first level of assurance and be closer to the population. Each place will design the agenda to highlight the performance challenges and success and progress against improvements. The purpose of the meeting is for both the ICS Executive and invited members of NHSEI, our regulator, to have an open discussion on what is challenging and where necessary what support or system wide actions are necessary to deliver the improvements needed for our populations. We recognise we have to unlearn concerns of the past of a hierarchical approach, so the culture and environment of these meetings will also need to feel different for those attending and leading. We as an ICS are committed to delivering assurance that is based on partnerships for improvement.

6.0 Vision 2025

- 6.1 In September 2019 the SHCP Executive agreed the *Sussex Strategic Delivery Plan* and the three place base delivery plans for Brighton and Hove, East Sussex and West Sussex.
- 6.2 Since then we have continued to develop our delivery capability through our Collaborative Networks, Enabling Programmes and place-based delivery plans. Covid-19 has led us to review our programme scopes and revise them to include our work on Restoration and Recovery.
- 6.3 Building on this work, our extensive public engagement and our Health and Well Being Strategies, we have now developed our Vision 2025. This aims to reconnect our work, impacted so significantly by Covid-19, with the plans and aspirations set out in our strategic delivery plans. This Vision 2025 narrative provides a context and the case for change as well as our plans for 2025. It will allow us to communicate to stakeholders in a simple and clear manner our priorities for change over this period.
- 6.4 The narrative recognises the need to maintain our focus on the immediate needs of today to ensure our patients, residents and staff remain safe as we continue to manage the Covid-19 pandemic and ensure services are restored and are working in the best possible way in the short and medium term. It also recognises that we must look to the future and

continue to build on and strengthen our partnership working to develop a health and care system that we can be proud of in the long-term.

7.0 Concluding Remarks

- 7.1 Inevitably, and perhaps usefully, there is no “one size fits all” solution for how the ICS will be shaped to respond to its challenges. While our Sussex wide programmes have clear scopes, some are still in development. The three places are not at the same point in their development, the maturity of relationships differ across Sussex, and whilst partners are aligned to the *Sussex Strategic Delivery Plan*, the priorities and ambitions for local stakeholders will vary.
- 7.2 There has, however, been significant progress in terms of the development of partnership working and this has certainly been enhanced by learning and experience of the response to the pandemic.
- 7.3 All 3 places have established partnership executives and all 3 have a developing governance infrastructure to underpin local priorities which support plans established to deliver against the *Sussex Strategic Delivery Plan*. Regular reporting will continue to be provided to the SHCP Executive against these plans as a means of ensuring focused support to areas most in need of development.
- 7.4 The emerging infrastructure contains three key components that have implications for the way existing organisations work. The development of the ICS, the Care Collaboratives and our places each have an impact on how we as a CCG function and how our functions are, or could be, carried out. Each of these can change the way we lead and manage our teams and our organisation and how we discharge our functions.
- 7.5 These three components are also held together by processes and ways of working. These include:
- Assurance of the system
 - Governance of the system, and
 - Leadership of the system
- 7.6 If we are able to evolve our system effectively, we should be able to simplify these processes and cut out significant duplication. If we can enable a streamlined assurance process, unified governance processes and a simplified leadership structure, we have an opportunity to focus more time and resource on the performance improvement and system transformation work that impacts the population of Sussex.
- 7.7 It is necessary for us to think through how we can take greatest advantage of these changes to maximise our impact for the benefit of the population of Sussex. Following a discussion with the Chief Executive Officer and Interim Chief Officer on 10 September, we are beginning a process to work with the Executive Management Team and our Governing

Bodies, and other interested stakeholders, to review and make decisions on the next phase of system reform.

- 7.8 The Governing Bodies of Sussex CCGs will work together within the framework of wider ICS development to deliver a consensus for the future role of CCGs. The process will look at the context for change and consider the options for how commissioning organisations might apply themselves to the shifting external environment. Recommendations as to this next phase for system reform will be delivered to Governing Bodies for approval.