

Report to Cabinet

July 2021

Health and Social Care Integration and Appointment to NHS Hospital Trusts (Outside Bodies)

Report by Executive Director of Adults and Health (DASS)

Electoral division(s): N/A

Summary

There is a strong commitment to partnership working across health and social care in West Sussex and the foundations are in place to take forward increased integration of commissioning and delivery of services. Responding to the pandemic during 2020/21 has also changed the way partners work together as a health and social care system and has accelerated integration.

Proposals set out in the newly published Health and Social Care Bill will significantly change the way partners work together as a health and social care system to commission and deliver integrated care and improve the health of the population. Cabinet is invited to consider and agree recommendations for the County Council to discharge its role appropriately under these proposed arrangements. In doing so the County Council will ensure that the place-based health and social care partnership continues to work together to deliver a shared long term aim of improved health and integrated care, and make an effective contribution to social care and health restoration and recovery of services during 2021/22.

Cabinet is asked to note that the proposed legislation requires the County Council to be a member of the Sussex Integrated Care System (ICS) and the plans and timetable to operate the ICS's in shadow form from October 2021.

Linked to this the opportunity is being taken to make a number of appointments to NHS Hospital Trusts as listed on the County Council's Outside Bodies list.

Recommendations

Cabinet is asked to agree:

1. The approach set out in the report to maintain the County Council's lead role and commitment to integrated care and improving population health working where appropriate across Sussex and to develop further plans with the local NHS to maintain this approach.
2. That the Director of Public Health shall sit on the shadow NHS Sussex Integrated Care System Board to represent the County Council's full range of interests.

3. That the Executive Director Adults and Health (DASS) continues to sit on the Sussex Health and Care Partnership Executive to represent the County Council's full range of interests.
 4. To add the shadow Sussex Integrated Care System Partnership Forum to the County Council's Outside Body list and appoint Cllr Bob Lanzer, as Chairman of the West Sussex Health and Wellbeing Board, Cllr Amanda Jupp, as Cabinet Member for Adult Social Care and Cllr Garry Wall, as the Chairman of the Health and Adult Social Care Scrutiny Committee to represent the County Council on the Sussex Integrated Care System Partnership Forum, until the end of the term of the County Council in May 2025.
 5. To confirm the appointments to the NHS Hospital Trusts as listed in 2.11 of the report, until the end of the term of the County Council in May 2025.
-

Proposal

1 Background and context

- 1.1 The County Council is committed to integrated working with the local NHS, as this provides the strongest opportunity to deliver the best possible outcomes for local residents and achieves the best use of collective public funding in West Sussex. To date this has been delivered by the Council working closely with the local NHS to commission and deliver more integrated care and improved population health.
- 1.2 Work is delivered through a shared approach aimed at delivering integrated care and managing growing demand on social care and NHS, based on population needs across children and adults of all ages. So far this has delivered:
 - A comprehensive range of preventative services, and continuing strong performance against Better Care Fund targets
 - Successful implementation of Home First and discharge to assess (D2A) pathways, and collaborative system working on hospital discharge has meant that community bedded care achieved and maintained optimum treatment length of stays during the pandemic, to ensure timely discharge and appropriate care for patients, and strong performance overall with patients who are medically ready for discharge (MRD) from hospital
 - Close system working between adult social care and the Clinical Commissioning Group Continuing Healthcare Team has also been taking place to enable patients discharged under the original COVID-19 Hospital Discharge Scheme to be appropriately assessed and reviewed onto appropriate care and support, by the national target completion date of 31st March 2021
 - Existing system partnership governance which is accountable to the Health and Wellbeing Board was adapted to better enable our Covid-19 response where this required coordination at the local level, for example to support the local Outbreak Control Plan and test and trace, care home resilience plan

including infection prevention and control and the vaccination programme, in addition to hospital discharge pathways

- A collaborative approach to seasonal winter planning between social care and the NHS, described as 'exemplary' by NHS England
- A commitment from local NHS partners to work collaboratively with the County Council and District and Borough Councils within a Health, Housing and Social Care Memorandum of Understanding (MOU), developed from the national Housing MOU framework
- The development of six Local Community Networks which bring a new model of collaborative working within communities between primary care, Voluntary Community Organisations and district/borough local government.
- The use of an assets based approach to prevent ill health and promote wellness, tackle health inequality, and maintain a rich and diverse range of social prescribing support services and initiatives

1.3 The NHS White Paper *Integration and Innovation: working together to improve health and social care for all* was published on 11th February 2021, and has been followed by the publication of the Health and Care Bill in July which proposed to put Integrated Care Systems (ICSs) on a statutory footing by April 2022. This will represent the most significant reorganisation of the NHS since the 2012 Health and Social Care Act.

2 Proposal details

Health and Social Care Bill

- 2.1 The Government's NHS White Paper builds on policy and commitments previously set out by NHS England (NHSE) in the Five Year Forward View and the NHS Long Term Plan, and in *Integrating Care: next steps to building strong and effective integrated care systems* (NHS England and Improvement, November 2020). A summary is contained in Appendix A. The Health and Social Care Bill has now been introduced in the current Parliamentary session.
- 2.2 The Bill aims to remove some of the barriers to integration within the NHS and between the NHS and Local Government and wider partners. It sets out a range of specific changes to accelerate improvements that need primary legislation. It includes provisions for putting ICSs on a legislative footing in England by April 2022, through setting them up as corporate NHS bodies with a mandatory membership to commission healthcare services, thereby taking on the existing functions of Clinical Commissioning Groups. There is an expectation that NHS commissioners and NHS providers will work together more collaboratively, supported by payment reforms and a move away from competition rules.
- 2.3 This is not a comprehensive package of reforms and these proposals should be seen alongside wider reforms to Public Health, Mental Health and Social Care. There is still no clear timetable set by national Government for social care reform. The key areas of the Bill that explicitly relate to social care are:
- A new duty to collaborate will be placed on NHS organisations (both ICSs and providers) and local authorities. There will be specific Guidance as to

what delivery of this duty means in practice in recognition of the fact that collaboration may look very different across different kinds of service

- A new duty for the Care Quality Commission to assess local authorities' delivery of their Adult Social Care services
- New requirements for the care market to share data on capacity
- A new legal framework for discharge to assess (D2A) to replace the existing legal requirement for all assessments to take place prior to discharge from hospital

- 2.4 The Bill also sets out an expectation that the NHS will work with local government beyond the scope of integrated care to improve population health and address health inequalities more broadly, for example across housing and other services that impact on the broader determinants of health. This will also be supported by local NHS organisations taking a more active role in supporting social and economic wellbeing, for example as Anchor Institutions, as well as joined up approaches with local authorities and their Public Health functions.
- 2.5 The Bill envisages that Primary Care Networks will enable General Practitioners to support delivery of improved population health, and to work in partnership with community health and social care services to ensure proactive wrap around care is provided to those who need it.

Sussex Integrated Care System

- 2.6 The County Council is currently a member of the Sussex Health and Care Partnership (SHCP), alongside the West Sussex Clinical Commissioning Group (CCG), University Hospitals Sussex NHS Trust (UHS), Sussex Community NHS Foundation Trust (SCFT), Queen Victoria Hospitals Trust (QVH), Sussex Partnership NHS Foundation Trust (SPFT), and the upper tier and unitary Authorities, Primary Care, Clinical Commissioning Groups and NHS Provider Trusts in East Sussex and Brighton and Hove. To date this has been a voluntary partnership arrangement. Through West Sussex Place the SHCP also maintains a collaborative relationship with Surrey and Sussex Healthcare NHS Trust, which is part of the neighbouring Sussex Integrated Care System but services many of the residents of Crawley and Mid-Sussex.
- 2.7 The SHCP was formally awarded Integrated Care System (ICS) status in April 2020. The Bill will establish ICSs covering the whole of England as being legally responsible for commissioning healthcare services for their populations by April 2022. There are no proposed changes to existing statutory responsibilities for Councils' social care and public health services, or the role of Health and Wellbeing Boards and Health Overview and Scrutiny Committees.
- 2.8 The Bill acknowledges the strong role of place within ICSs. In Sussex the ICS is made up of three places aligned to upper tier Local Authority and Health and Wellbeing Board populations i.e. West Sussex, East Sussex and Brighton and Hove. In West Sussex this has been built around the existing place-based health and social care partnership arrangements (shown in Appendix B). The Sussex Vision 2025 sets out the aims and outcomes that the SHCP would like to deliver for all populations in Sussex. A summary is included in Appendix C. Place-based plans will align with Sussex Vision 2025 and reflect the County Council's priorities to:
- Keeping people safe from vulnerable situations

- A sustainable and prosperous economy
- Helping people and communities to fulfil their potential
- Making the best use of resources.

2.9 In summary the Bill includes the following specific legislative proposals to establish ICSs in law:

- Each statutory ICS will be made up of an ICS NHS Body and a separate wider ICS Health and Care Partnership, bringing together the NHS, local government and other partners. Partnerships at place level will support integration and develop plans across the health, public health and social care system
- The ICS NHS body will be responsible for healthcare services and the day to day operation of the ICS. The ICS NHS Body will take the form of a single board for Sussex with officer level membership alongside and appointed non-executive members.
- In the Sussex ICS this will be delivered through the three place-based partnerships in West Sussex, East Sussex and Brighton and Hove
- A wider ICS Health and Care Partnership forum will bring together systems to consider wider Sussex matters. In Sussex it is suggested that this can include the Chairs of Health and Wellbeing Boards and Health and Adults and Scrutiny Committees, Chairs of NHS organisations, and Healthwatch and Voluntary and Community and Social Enterprise sector representation.
- Existing arrangements for Health and Wellbeing Boards and Health and Adults Scrutiny Committees remain unchanged, and the partnership forum will not replace any of the independent and statutory roles that Councils have.

2.10 An independent Chair and Chief Executive will be formally appointed to the SHCP ICS before the start of a shadow operating model from October 2021. In order for the County Council to meet new the requirements the following nominations are proposed:

- The Director of Public Health is nominated to represent West Sussex County Council on the shadow Sussex ICS NHS Board
- Executive Director Adults and Health continues to sit on the Sussex Health and Care Partnership Executive to represent the County Council's full range of interests
- The Chairman of the Health and Wellbeing Board, Lead Member for Adults and the Chairman of the Health and Adults Scrutiny Committee are nominated to represent West Sussex County Council at the meetings of the shadow Sussex ICS Health and Care Partnership Forum.

2.11 The County Council also nominates Members to sit on NHS bodies. In undertaking these roles Members are expected to fulfil the role set out by the body concerned but also to gain an understanding of the operation, aims and objectives of these NHS bodies in relation to the area they serve and to ensure that the County Council, especially the Cabinet are advised of any matters of interest or relevance to the business of the Council particularly, in relation to its work with the NHS and other partners. The proposed appointments to NHS Hospital Trust Outside Bodies, as listed in the table below, are recommended for Cabinet approval until the end of the term of the County Council in May 2025.

Outside Body	No. Required	Proposed Appointments
Queen Victoria Hospital NHS Trust – Stakeholder Governor	1	Cllr Liz Bennet
Surrey and Sussex Healthcare NHS Trust	1	Cllr Richard Burrett
Sussex Community NHS Foundation Trust	1	Cllr Andrew Baldwin
Sussex Partnership NHS Foundation Trust Council of Governors	1	Cllr Sarah Payne
University Hospitals Sussex NHS Foundation Trust (formerly Western Sussex Hospitals NHS Foundation Trust and Brighton & Sussex Universities Hospital NHS Trust)	1	Cllr Alison Cooper

2.12 The proposed arrangements do not affect the County Council’s sovereignty and it will continue to decide its own priorities, plans and allocation of resources, as set out in the Council Plan.

Place and place-based partnerships

2.13 The Bill and the NHSE&I’s *Integrating Care* have both underlined the important role of thriving place-based partnerships within ICSs. The key functions of place-based partnerships have been set out by the Kings Fund as follows:

- Understanding and working with communities
- Joining up and coordinating services around people’s needs
- Addressing social and economic factors that influence health and wellbeing
- Supporting the quality and sustainability of local services

2.14 In West Sussex the County Council has established a clear commitment to be a lead partner in the West Sussex health and social care partnership alongside West Sussex CCG, UHS, SCFT, SPFT, SASH District and Borough Councils and Voluntary, Community, Social Enterprise (VCSE) partners, with oversight and accountability to the West Sussex Health and Wellbeing Board for our system working.

2.15 To discharge the role of place set out in the Bill, it has been agreed through Sussex ICS leadership discussions that the focus of place based partnership plans will be on the coordination and delivery of the following:

- Operational issues and pressures
- Population health management using public health principles
- Health inequalities
- Transformation of clinical pathways and health and social care service models
- Primary care
- Priorities for social care and housing, and other services related to delivering outcomes for our community

- 2.16 Improving population health will be central to the role of the place based partnerships, with Directors of Public Health having a lead role in leading the development of partnership plans across the range of services and activity that support this.
- 2.17 Ways of working at place level will be approached through the same overall model to ensure a level of standardisation across all three places and the aim is for this to be consistent across the NHS and Local Authorities in Sussex. Each place-based partnership will report to both the Health and Wellbeing Board and for health services to the ICS NHS Board.
- 2.18 In 2021/22 local NHS and social care system business has continued to be focussed on supporting the management of the ongoing pandemic response and the risks and challenges around capacity, and restoration and recovery. This has included the role of social care services in enabling the discharge of patients from hospital and into onward care settings through the integrated commissioning and delivery of Home First pathways and Discharge to Assess, enabling our hospitals to restore elective care capacity.
- 2.19 In West Sussex work is taking place to set out how our place-based health and social care partnership arrangements can be strengthened by April 2022, in line with the expectations set out in the Bill and shared NHS and County Council priorities for integrated care. This will cover:
- Integrated strategic planning to make the best use of our collective resources for our population
 - Developing shared priorities and plans that reflect the needs of West Sussex residents
 - Increased levels of provider collaboration and integration across health and social care services to support early intervention and prevention and increased experience of joined up personalised care
 - Supporting broader partnership working with District and Borough Council and voluntary, community and social enterprise (VCSE) sector partners, on housing and the wider determinants of health and wellbeing
 - Our shared priorities for improving services through a joint programme covering children and young people, mental health, community services, urgent care and NHS planned care and ensuring a clear focus on health inequalities

Integrated commissioning and delivery

- 2.20 There are longstanding integrated commissioning arrangements in place with the NHS that support delivery across health and social care for children, young people and adults and mental health services. This includes:
- Pooled and aligned budgets
 - A range of shared arrangements for commissioning voluntary and community sector services
 - Local implementation of Sussex-wide work on learning disability and autism services and mental health services for children and adults
 - The Proactive Care and Communities of Practice models of multi-disciplinary health and social care teams working with communities to develop care plans and support people living with long-term conditions

- The Integrated Community Response and Reablement Programme, providing a joint health and social care model for community admission avoidance, and supported hospital discharge to provide more care to people at home
- Integrated NHS and social care support for people living with mental illness, to support a better experience of discharge from hospital and longer term support for people at home

2.21 Strong operational collaboration between NHS providers and the County Council has been an important part of delivering an effective response to the Covid-19 pandemic. There is the potential for a more integrated care for our population which can be progressed through shared senior leadership and management arrangements, development of an overarching operating model for community services across health, social care and primary care. Work in these areas will now be undertaken and all proposals will be presented to Cabinet for consideration.

2.22 The proposed changes in the Bill mean that NHS commissioners and providers will have a different role in collaborating to plan, commission and deliver services at both at a Sussex-wide and West Sussex level. For example, this includes Sussex network arrangements to support the recovery and delivery of planned care services, secondary care mental health services and other specialist services where there will be benefits gained through working at scale.

2.23 There is acknowledgement that a shared approach will be required at a West Sussex level within the Sussex ICS to ensure planning and deployment of resources are aligned to population needs, so that people have access to a joined up offer of health and social care and support in their community or near to where they live. This will be important in enabling the County Council to contribute to a set of shared plans that delivers against the priorities set in the Council Plan. It will also be important in continuing to contribute effectively to the shared agenda for maintaining strong performance on hospital discharge and flow and thereby supporting the delivery and recovery of NHS services required as a result of the pandemic.

3 Other options considered (and reasons for not proposing)

3.1 In terms of appointments to NHS Hospital Trusts, the Cabinet may choose not to appoint, as per the recommendations in the report, but should consider whether there are any implications arising for the County Council by not making those appointments.

4 Consultation, engagement and advice

4.1 NHS Trusts have been contacted for information and terms of reference regarding related outside body appointments. Details contained within this report have been drafted in consultation with partners in the Sussex Health and Care Partnership.

5 Finance

5.1 There are no financial or resource implications in relation to the recommendations contained within this report.

6 Risk implications and mitigations

Risk	Mitigating Action (in place or planned)
Conflicting interests	All councillors appointed to an outside body must declare a personal interest in any business of the county council where it relates to a body to which they are appointed to by the county council.
Ineffectiveness in the role	Appointees should obtain key documents regulating the organisation - constitution or terms of reference - to ensure they are aware of what the body does and receive a briefing on it and their role within it

- 6.1 There is a risk in not making such appointments as this could hinder the County Council in furthering its interests and priorities, and not develop the wider community role of Members.

7 Policy alignment and compliance

- 7.1 The equality duty is not applicable in relation to the outlined recommendations, as this report focuses on strategic service planning and collaboration rather than the impact on individuals or groups within the community. There are no social value, crime and disorder, climate change or human rights implications.

Keith Hinkley

Executive Director of Adults and Health (DASS)

Contact Officer: Mr Chris Clark, Joint Strategic Director Joint Commissioning (Adults and Health) chris.clark@westsussex.gov.uk

Appendices

Appendix A – NHS White Paper Summary

Appendix B – Sussex Health and Care Partnership (ICS) Governance structure chart

Appendix C – Sussex Vision 2025 Summary

Background papers

[Developing place-based partnerships, the foundation of effective integrated care systems](#) (The Kings Fund, April 2021)