



Brighton & Hove Health Overview & Scrutiny Committee

25<sup>th</sup> January 2023

**Integrated Health & Care Strategy Implementation** 

Better health and care for all

How the Integrated Health & Care Strategy was developed in partnership with stakeholders including citizens and workforce

#### **Sussex Strategy Development Principles**

The Sussex Health and Care Assembly and System Leadership Forum (bringing together executive leadership of all statutory partners) agreed the following key principles to guide the strategy development process:

- a) Place and population first: We took an approach that considers the principles of place-based working that have been agreed across the system.
- **b) Data and evidence**: We ensured that our approach was based on evidence, comparative data and responded to population need in line with the above principles.
- c) Co-production: Our communities were central to the creation of the plan. To achieve this, we ensured that every organisation was actively involved and led in the engagement with our communities.
- **d) NHS plan**: The NHS National Mandate was included within the strategy but did not drive its framing. Health and Wellbeing Strategies underpinned the strategy development process.

Further design principles were considered as part of the process:

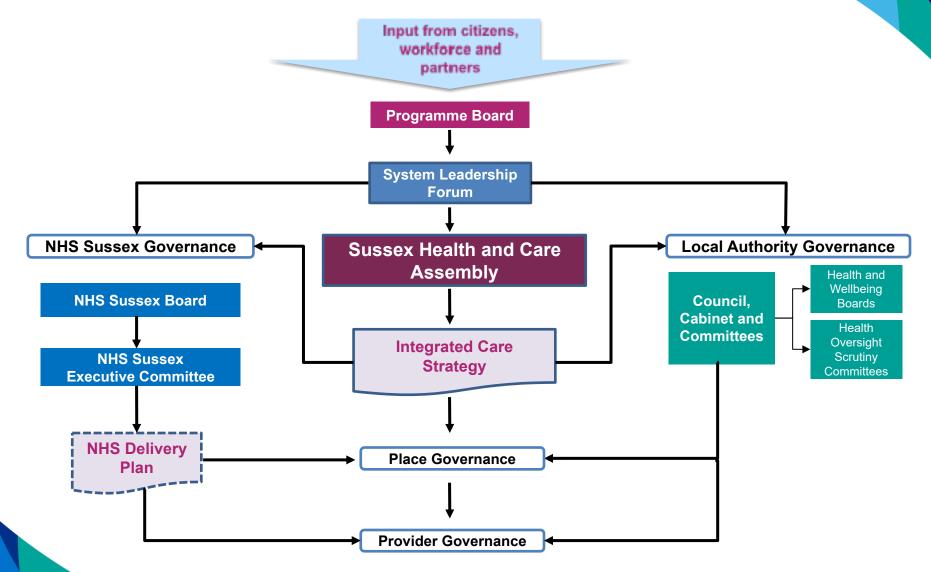
Ensuring the most appropriate geography was considered in framing strategic priorities:

- Neighbourhood (i.e. town or local community)
- Place (i.e. local authority footprints of Brighton & Hove, East Sussex or West Sussex)
- Sussex Wide (i.e. overall footprint of NHS Sussex)

The Sussex Health and Care Assembly was responsible for signing off the strategy, with full upport and engagement from system partners. This was achieved at the Health and Care Assembly's Meeting in public 14 December 2022.

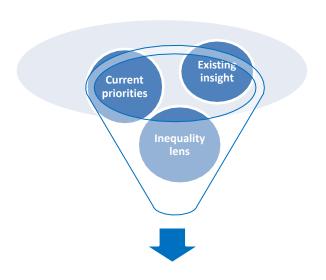
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## Simplified governance structure for development and sign off of the Integrated Care Strategy



## Our engagement approach – endorsed by the Programme Board made up of Directors of Adult and Children's' Services and Directors of Public Health

- Built on existing insight not re-engage
- Sense checked themes and priorities
- Underpinned by collaboration and partnership across the health and care system
- Independent and peer review ensured process was systematic & meaningful
- Clarity on "what's next" for ongoing engagement and review after Strategy publication
   Insight report Priorities for our people & communities
- Strategy underpinned by a comprehensive Equality and Health Inequalities Impact Assessment (EHIA) and Quality Impact Assessment (QIA)



Reference group oversight



Final strategy

Sense check: key public stakeholders @ system/place



Ongoing insight capture and review

# How we have engaged with local people

We have collated feedback from local people over the last two years to help shape our ambition. This includes:



Direct feedback from

18,000

people.



Face-to-face and virtual workshops with

420

people.



**500** 

interviews and direct feedback through partners, including Healthwatch.



survey responses on our ambition priorities.



individual conversations in public engagement events during the summer and autumn of 2022.



Online communication that has reached more than

200,000

people across our website, social media and podcasts.



Engagement with communities who experience health inequalities and marginalised groups, working with the voluntary and community sector.

# Implementing the Sussex Integrated Care Strategy -Joint Forward Plan (JFP) Development Approach

Full NHS England Guidance: <a href="https://www.england.nhs.uk/wp-content/uploads/2022/12/B1940-guidance-on-developing-the-joint-forward-plan-december-2022.pdf">https://www.england.nhs.uk/wp-content/uploads/2022/12/B1940-guidance-on-developing-the-joint-forward-plan-december-2022.pdf</a>

#### **Purpose of the Joint Forward Plan – (National Guidance)**

- The Department for Health & Social Care have published guidance for ICBs to develop a fiveyear Joint Delivery Plan providing the integrated care system with a flexible framework which builds on existing system and place strategies and plans.
- The system has flexibility to determine their joint forward plan's scope, as well as how its
  developed and structured and is encouraged to use it to develop a <u>shared delivery plan</u> for
  the integrated care strategy and joint local health and wellbeing strategies that is
  supported by the whole integrated care system.
- As a minimum, the joint forward plan should describe how NHS Sussex and its partner trusts
  intend to arrange and/or provide NHS services to meet their population's physical and mental
  health needs. This should include the delivery of universal NHS commitments, address the
  Health and Care System's four core purposes and meet legal requirements.

#### **Principles**

Three principles describing the joint forward plan's nature and function have been co-developed with ICBs across the country, trusts and national organisations representing local authorities and other system partners. They include;

**Principle 1:** Fully aligned with the wider system partnership's ambitions.

**Principle 2:** Supporting subsidiarity by building on existing local strategies and plans as well as reflecting the universal NHS commitments.

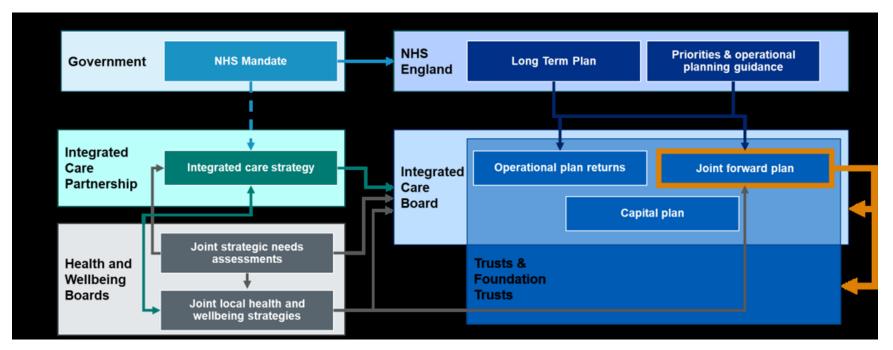
**Principle 3:** Delivery focused, including specific objectives, trajectories and milestones as appropriate.

#### **Key Actions & Deadlines for NHS Sussex and key partners**

- NHS Sussex is required to provide a **first draft of the Joint Forward Plan by 1<sup>st</sup> April 2023.** However, for this first year NHS England have stated the final date for publishing and sharing the plan is 30<sup>th</sup> June 2023, allowing the process of engagement with the Sussex Health and Care Assembly, Health and Wellbeing Boards and NHS England to continue after 31<sup>st</sup> March but ensuring a **final iteration is signed off by 30<sup>th</sup> June**.
- NHS Sussex must involve all Health & Wellbeing Boards in preparing or revising the joint forward plan. This includes sharing a draft with each relevant Health and Wellbeing Board, and consulting them on whether the plan takes proper account of each relevant local health and wellbeing strategy.
- NHS Sussex should agree processes for finalising and signing off the plan. The final version
  must be published, and NHS Sussex should expect to be held to account for its delivery –
  including by their population, patients and their carers or representatives and through the
  Health and Care Assembly, Healthwatch and the local authorities' Health Overview
  and Scrutiny committees. Plans must be reviewed and, where appropriate, updated
  before the start of each financial year.
- We would therefore intend on engaging with Brighton & Hove Health and Wellbeing Board before and formally on 07 March on a draft and provide the plan to the Brighton & Hove HQSC after 30 June.

#### **Statutory Framework**

Relationship of the joint forward plan with other strategies and plans:



The joint forward plan must:

- Set out steps for delivering the Integrated Care Strategy;
- ▶ Be consistent with the NHS Sussex's capital plan;
- ▶ Describe delivery plans to meet the population health needs of people in the Sussex area;
- Describe the steps NHS Sussex proposes to take to implement any joint local health and wellbeing strategy.

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#### Developing the plan - engagement guidance

Close engagement with partners will be essential to the **development of Joint Forward Plans**. This includes working with:

- ▶ the Sussex Health and Care Assembly (ensuring this also provides the perspective of social care providers)
- primary care providers
- ▶ local authorities and each relevant Health and Wellbeing Board
- ▶ other ICBs in respect of providers whose operating boundary spans multiple ICSs
- ► NHS collaboratives, networks and alliances
- ▶ the voluntary, community and social enterprise sector
- ▶ people and communities that will be affected by specific parts of the proposed plan, or who are likely to have a significant interest in any of its objectives, in accordance with the requirement to consult described below.

#### Our proposed approach:

National guidance stipulates the local approach to be determined by NHS Sussex and partner trusts but should build on and reflect existing joint strategic needs assessments, joint health and wellbeing strategies and NHS delivery plans as well as local patient and public engagement exercises already undertaken.

Given the extensive and successful engagement approach to co-developing the Sussex Integrated Care Strategy, feedback and insight already gained from citizens and our workforce will be used to inform development of the Joint Forward Plan. In addition, a robust governance structure overseeing the development of the plan, will ensure that this insight is directly applied to the areas identified by the national guidance.

In line with the national guidance, key stakeholders and groups, such as Healthwatch, Health and Wellbeing Boards and the Sussex Health and Care Assembly will be actively engaged and the respective Health Overview and Scrutiny Committees to offer scrutiny to the final proposed plans.

#### Role of the Health & Wellbeing Board

- In preparing or revising the joint forward plan, NHS Sussex and partner trusts are subject to a
  general legal duty to involve each Health and Wellbeing Board.
- NHS Sussex and partner trusts must send a draft of the joint forward plan to each Health and Wellbeing Board when initially developing it or undertaking significant revisions or updates. They must consult those Health and Wellbeing Boards on whether the draft takes proper account of each joint local health and wellbeing strategy that relates to any part of the period to which the joint forward plan relates – describing how NHS Sussex proposes to implement the joint health and wellbeing strategies.
- A Health and Wellbeing Board must respond with its opinion and may also send that opinion to NHS England, telling NHS Sussex and its partner trusts it has done so (unless it informed them in advance that it was planning to do so).

#### **Role of NHS England**

NHS England will review and comment on the draft joint forward plan, and recommend this is
done in parallel with the review by Health and Wellbeing Boards. This is not a formal
assurance process but an opportunity to support NHS Sussex and their partner trusts to
develop their plans.

#### **Role of Health Overview and Scrutiny Committees**

NHS Sussex and their partner trusts should expect to be held to account for its delivery –
including by their population, patients and their carers or representatives and in particular
through the Sussex Health and Care Assembly, Healthwatch and the local authorities' health
overview and scrutiny committees who NHS Sussex have a legal duty to consult as per the
Working in Partnership with People & Communities statutory guidance.

• NHS Sussex and their partner trusts should agree processes for finalising and signing off the joint forward plan. The final version must be published.

#### Annual updates & revision of the plan

- NHS Sussex and partner trusts should review their joint forward plan before the start of each financial year, by updating or confirming that it is being maintained for the next financial year. It may also revise the plan in-year if considered necessary.
- The annual refresh of joint forward plans allows them to be iterated and provides the opportunity for further engagement and collaboration, as well as the opportunity to continue to reflect the most appropriate delivery mechanisms and partners' actions.
  - If NHS Sussex and its partner trusts update the joint forward plan, in a way they consider to be significant, the same requirements regarding engagement and consultation will apply.

## Statutory Requirements for content of the Joint Forward Plan

Legislative requirement	Detail
Describing the health services for	As a minimum, the plan should describe how the ICB and its partner trusts intend to arrange and/or provide
which the ICB proposes to make	NHS services to meet the physical and mental health needs of their population.
arrangements	The convicts to most the physical and montal median modes of their population.
Duty to promote integration	Plans should describe how ICBs will integrate health services, social care and health-related services to
buty to promote integration	improve quality and reduce inequalities.
Duty to have regard to wider effect	The plan should articulate how the 'triple aim' was considered in its development. It should also describe
of decisions	approaches to ensure the triple aim is embedded in decision-making and evaluation processes.
	approaches to chours the triple annie simbodded in decision making and evaluation processes.
Financial duties	The plan must describe how the financial duties under sections 223GB to 223N of the NHS Act 2006 will be
	addressed.
	It should also set out how the efficiency and productivity of NHS services will be improved in line with the
	core purpose to 'enhance productivity and value for money'.
	purpose to dimense productivity and value for money.
Implementing any JLHWS	The plan must set out steps the ICB will take to deliver on ambitions described in any relevant JLHWSs,
	including identified local target outcomes, approaches and priorities.
Duty to improve quality of services	The plan should contain a set of quality objectives that reflect system intelligence, including clearly aligned
	metrics (on processes and outcomes) to evidence ongoing sustainable and equitable improvement. Quality
	priorities should go beyond performance metrics and look at outcomes and preventing ill-health, and use the
	Core20PLUS5 approach to ensure inequalities are considered.
	The plan should align with the National Quality Deeped principles
	The plan should align with the National Quality Board principles.
Duty to reduce inequalities	The plan should set out how the ICB intends to deliver on the national vision to ensure delivery of high-
	quality healthcare for all, through equitable access, excellent experience and optimal outcomes.
	The ICP must also be mindful of and comply with the requirements of the Public Sector Equality Duty
	The ICB must also be mindful of, and comply with, the requirements of the Public Sector Equality Duty, section 149 of the Equality Act 2010.
	Section 143 of the Equality Act 2010.
Duty to promote involvement of	The plan should describe actions to implement the Comprehensive model of personalised care, which
each patient	promotes the involvement of each patient in decisions about prevention, diagnosis and their care or
	treatment.

Statutory Requirem	
Legislative requirement	Detail
Duty to involve the public	The plans should describe how:
	the public and communities were engaged in the development of the plan
	the public and continuinces were engaged in the development of the plan
	• the ICB and partner trusts will work together to build effective partnerships with people and communities,
	particularly those who face the greatest health inequalities, working with wider ICS stakeholders to achieve this
	activity at neighbourhood and place level informs decisions by the system and how public involvement legal duties
	are met and assured.
Duty to patient choice	The plan should describe how ICBs will ensure that patient choice is considered when developing and implementing
Daty to patient energy	commissioning plans and contracting arrangements, and delivering services.
	The plan should also describe how legal rights are upheld and how choices available to patients are publicised and
	promoted.
Duty to obtain appropriate	The plan should outline the ICB's strategy for seeking any expert advice it requires, including from local authority
advice	partners and through formal governance arrangements and broader engagement.
Duty to promote innovation	The plan should set out how the ICB will promote local innovation, build capability for the adoption and spread of
	proven innovation and work with academic health science networks and other local partners to support the
ນ ວ	identification and adoption of new products and pathways that align with population health needs and address health
<u> </u>	inequalities.
Duty in respect of research	The plan should set out how the ICB will facilitate and promote research, and systematically use evidence from
	research when exercising its functions. The plan should address the research needs of the ICB's diverse
Duta to manage a decation	communities.
Duty to promote education	The plan should describe how the ICB will apply education and training as an essential lever of an integrated
and training	workforce plan that supports the delivery of services in the short, medium and long term.
	The plan should articulate the role of education and training in securing healthcare staff supply and responding to
	changing service models, as well as the role of trainees in service delivery.
Duty as to climate change, etc	The plan should describe how the ICB and its partner trusts will deliver against the targets and actions in Delivering a
	'Net Zero' NHS , including through aligning the JFP with existing green plans.
Addressing the particular	The plan must set out any steps that the ICB proposes to take to address the particular needs of children and young
needs of children and young	persons under the age of 25.
persons	
Addressing the particular	The plan must set out any steps that the ICB proposes to take to address the particular needs of victims of abuse
needs of victims of abuse	(including domestic and sexual abuse, whether children or adults). It must have due regard to the provisions of the
	Domestic Abuse Act 2021 and accompanying statutory guidance, and relevant safeguarding provisions.

#### Other recommended content:

**Workforce** - Evidence-based, integrated, inclusive workforce plans that ensure the right workforce with the right skills is in the right place to deliver operational priorities aligned to finance and activity plans.

**Performance** - Specific performance ambitions with trajectories and milestones that align with NHS operational plan submissions and pay due regard to the ambitions of the NHS Long Term Plan, as appropriate.

**Digital/data** - Steps to increase digital maturity and ensure a core level of infrastructure, digitisation and skills.

**Estates** - Steps to create stronger, greener, smarter, better, fairer health and care infrastructure together with efficient use of resources and capital to deliver them. Aligned with and be incorporated within forthcoming ICS infrastructure strategies.

\_Procurement/supply chain - Plans to deliver procurement to maximise efficiency and ensure aggregation of spend, છ\lemonstrating delivery of best value.

**Population health management -** The approach to supporting implementation of more preventative and personalised care models driven through data and analytical techniques such as population segmentation and financial demand modelling.

**System development -** How the system organises itself and develops to support delivery. This could include: governance; role of place; role of provider collaboratives; clinical and care professional leadership; and leadership and system organisational development.

**Supporting wider social & economic development -** How the ICB and NHS providers will support the development and delivery of strategies to influence the social, environmental & economic factors that impact on health and wellbeing. This could include the anchor institution role.

### Next steps and key dates

- Complete planning approach and principles
- Confirm planning governance, (including place-based)
- Confirm planning working group senior responsible officers
- Confirm membership of planning working groups
- Arrange and coordinate planning working groups
- Work with Local Authority leads and Health and Wellbeing Boards to review the plan itself, (Brighton & Hove Health & Wellbeing Board - 07 March) with Chairs asked to provide a written statement to accompany the plan when NHS Sussex formally submits to NHS England at the end of June 2023.
- Post June 2023, submit to Brighton & Hove Health Overview and Scrutiny Committee.