

Sussex Health and Care System

Establishing our New System Leadership

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Strategic Ambition in Sussex

VISION 2025

Better Health and Care For All

System Imperatives

Better & Equal Outcomes

Financial Sustainability

Social & Economic Growth

Strategic Goals

Starting Well

Children will have the best start in life

Living Well

People will stay healthy for longer, with a reduction in inequalities

Ageing Well

People will be supported in their own homes and communities by integrated services

Waiting Less

People will wait less to access the services they need

Priority Enablers

System Leadership and Change

Digital, Data and Analytics

Workforce Transformation

Research and Innovation

Public Involvement and Communication

Core Principles of System Leadership

- ▼ Mutual **respect** for the professional expertise, statutory responsibilities, internal accountabilities and approval processes of each partner organisation
- ▼ An **inclusive** approach where contributions are sought pro-actively from multiple contacts within partner organisations and within the diverse communities we serve
- ▼ **Ambitious** about the opportunities for innovation, change and improvement at every level of the health and care system
- ▼ Willing to **collaborate** to find mutually acceptable solutions that improve the outcomes, access or experience for the users of our services
- ▼ Act with **integrity**, listen to different opinions and make **decisions based on data**, with an understanding of the impact this will have on the patients and users of our services

New Legal Framework

- ▼ The Health and Care Bill introduced in Parliament on 6 July 2021 confirmed the Government's intentions to introduce statutory arrangements for Integrated Care Systems (ICSs) from July 2022
- ▼ Subject to legislation being agreed each ICS will comprise an:
 - ▼ an ICP (a committee, not a body) at system level established by the ICB and relevant local authorities as equal partners and bringing together
 - ▼ an ICB, established as new statutory organisations to lead integration within the NHS.

The Integrated Care Partnership

- ▼ The ICP will have the following legal duties:-
 - ▼ It must develop an '**integrated care strategy**' for its whole population (covering all ages) using the best available evidence and data, covering health and social care (both children's and adult's social care), and addressing health inequalities and the wider determinants which drive these inequalities.
 - ▼ The strategy must set out how the needs assessed in the Joint Strategic Needs Assessment(s) for the ICB area are to be met by the exercise of NHS and local authority functions. This will be complemented by the Joint Health and Wellbeing Strategy prepared by each Health and Wellbeing Board in the geographical area of the ICS.
 - ▼ Each ICP should champion **inclusion and transparency** and challenge all partners to demonstrate progress in reducing inequalities and improving outcomes.

Sussex Health & Care Assembly

— a joint committee responsible for bringing together a broad range of system partners

Members	Role
3 x NHS Sussex Members	Chair, NHS Sussex Chief Executive Officer, NHS Sussex Chief Delivery Officer, NHS Sussex
3 x Local Government Members	Chair, Brighton & Hove Health & Wellbeing Board Chair, East Sussex Health & Wellbeing Board Chair, West Sussex Health & Wellbeing Board
3 x Local Authority Officers	Officer of Brighton & Hove City Council Officer of East Sussex County Council Officer of West Sussex County Council
3 x Place Executive Members	Lead Executive, Brighton & Hove Health & Care Partnership Lead Executive, East Sussex Health & Care Partnership Lead Executive, West Sussex Health & Care Partnership
3 x Place Clinical Members	Lead Clinician, Brighton & Hove Health & Care Partnership Lead Clinician, East Sussex Health & Care Partnership Lead Clinician, West Sussex Health & Care Partnership
3 x Voluntary, Community & Social Enterprise Members*	VCSE Member, Brighton & Hove VCSE Member, East Sussex VCSE Member, West Sussex
3 x Independent Health and Social Care Champion Members	Chief Executive, Healthwatch Brighton & Hove Chief Executive, Healthwatch East Sussex Chief Executive, Healthwatch West Sussex
3 x University Members	Vice Chancellor, University of Brighton Vice Chancellor, University of Chichester Vice Chancellor, University of Sussex
3 x Specialist Members*	Further Education Member Housing Member Local Enterprise Member

Core purpose: to agree the strategic direction and facilitate **joint action** across a broad alliance of organisations to improve the outcomes, equality of access and patient experience of health and care services for all communities across Sussex.

Key decisions made by the Sussex Health & Care Assembly will include:

- approval of an integrated care strategy for Sussex, built from the three health and wellbeing strategies for each of our places
- approval of the next iteration of the Sussex 2025 Vision when it needs updating
- approval of a consistent and prioritised list of health and care needs across Sussex

It is proposed that the Sussex Health & Care Assembly will **meet in public at least two times per year** and will be chaired by the Chair of NHS Sussex, with the meeting administration provided by NHS Sussex.

It is proposed that the conclusions from each meeting of the Sussex Health & Care Assembly are reported to the **Health & Wellbeing Board** of each local authority.

* Specialist and VCSE Members will be appointed through an open and competitive recruitment process by an Appointments Panel who will set out a role specification for each member, advertise the roles publicly, interview the candidates who most closely fit the role specification and then make the appointments.

Legal Functions of the Integrated Care Board

- 1 Developing a plan to meet the health and healthcare needs of the population (all ages) within their area, having regard to the Partnership's strategy.
- 2 Allocating NHS resources to deliver the plan across the system, determining what resources should be available to meet population need in each place and setting principles for how they should be allocated across services and providers (both revenue and capital). Financial rules will apply to ensure delivery of key national commitments, such as the Mental Health Investment Standard and the primary medical and community health services funding guarantee.
- 3 Establishing joint working arrangements with partners that embed collaboration as the basis for delivery within the plan.
- 4 Establishing governance arrangements to support collective accountability between partner organisations for whole-system delivery and performance, underpinned by the statutory and contractual accountabilities of individual organisations.
- 5 Arranging for the provision of health services in line with the allocated resources across the ICS through a range of activities including:
 - a) putting contracts and agreements in place to secure delivery of its plan by providers
 - b) convening and supporting providers (working both at scale and at place) to lead major service transformation programmes to achieve agreed outcomes
 - c) support the development of primary care networks (PCNs) as the foundations of out-of-hospital care and building blocks of place-based partnerships, including through investment in PCN management support, data and digital capabilities, workforce development and estates
 - d) working with local authority and voluntary, community and social enterprise (VCSE) sector partners to put in place personalised care for people, including assessment and provision of continuing healthcare and funded nursing care, and agreeing personal health budgets and direct payments for care.
- 6 Leading system implementation of people priorities including delivery of the People Plan and People Promise by aligning partners across the ICS to develop and support 'one workforce', including through closer collaboration across the health and care sector, with local government, the voluntary and community sector and volunteers.
- 7 Leading system-wide action on data and digital: working with partners across the NHS and with local authorities to put in place smart digital and data foundations to connect health and care services to put the citizen at the centre of their care.
- 8 Using joined-up data and digital capabilities to understand local priorities, track delivery of plans, monitor and address unwarranted variation, health inequalities and drive continuous improvement in performance and outcomes
- 9 Through joint working between health, social care and other partners including police, education, housing, safeguarding partnerships, employment and welfare services, ensuring that the NHS plays a full part in achieving wider goals of social and economic development and environmental sustainability.
- 10 Driving joint work on estates, procurement, supply chain and commercial strategies to maximise value for money across the system and support wider goals of development and sustainability.
- 11 Planning for, responding to and leading recovery from incidents (EPRR), to ensure NHS and partner organisations are joined up at times of greatest need, including taking on incident coordination responsibilities as delegated by NHS England and NHS Improvement.
- 12 Functions to be delegated by NHS England and NHS Improvement include commissioning of primary care and appropriate specialised services.

NHS Sussex

– accountable for strategic planning, resource allocation and performance of NHS organisations in Sussex

Core purpose: to agree the strategic priorities and resource allocation for all NHS organisations in Sussex, and then lead the improvement and integration of high-quality health and care services for all communities across Sussex.

Key decisions made by the NHS Sussex board will include:

- approval of the NHS Sussex five-year delivery plan to address the prioritised health needs and integrated care strategy agreed by the Sussex Health & Care Assembly
- approval of the strategic commissioning arrangements for acute, community health, mental health, primary care and urgent care services in Sussex
- approval of the resource allocation for each NHS provider of acute, community health, mental health, primary care and urgent care services in Sussex
- approval of major system-wide investment programmes to integrate and transform health and care services across Sussex
- constructive support and challenge of the NHS Sussex Chief Executive Officer and Executive Committee on the actions being taken to deliver the strategic objectives and financial performance of NHS Sussex

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

The NHS Sussex board will be supported by **five Board Assurance Committees**

1 x Non-Exec Chair	Chair of Board	Stephen Lightfoot
5 x Executive Directors	Chief Executive Officer	Adam Doyle
	Chief Medical Officer	Dr Dinesh Sinah
	Chief Nursing Officer	Allison Cannon
	Chief Finance Officer	Hannah Hamilton
	Chief Primary Care Officer	Amy Galea
5 x Non-Executive Directors	Chair of Population Outcomes Committee	Louise Ansari
	Chair of Patient Experience Committee	Susan Marshall
	Chair of System Productivity Committee	Bola Lafe
	Chair of Workforce & Remuneration Committee	Ashok Soni
	Chair of Audit & Risk Management Committee	Paul King
1 x Associate NED	Associate Non-Executive Director	Faustina Bayo
5 x Partner Members	General Practitioner	
	Chair or CEO of NHS Provider	
	Director of Public Health*	
	Director of Adult Social Services*	
	Director of Children Services*	

Open and competitive recruitment process in line with national guidelines. The 7 Partner Members will be appointed by an Appointments Panel who will set out a role specification, request nominations from the membership of each professional group, consider the nominations received and make the appointment decision.

* Each Local Authority in Sussex nominates the member for one of these three roles

Population Outcomes Committee

Membership

3x NHS Sussex Non Executive Directors, one of whom will chair the Committee

NHS Sussex Chief Medical Officer

NHS Sussex Chief Primary Care Officer

Partner Member – Director of Public Health

The Chair of the Health Outcomes Committee will meet with the Chairs of the three Health & Wellbeing Boards on a six monthly basis to seek feedback and align the priorities for better and equal health outcomes in all communities across Sussex.

Core purpose: to provide oversight and seek assurance that NHS Sussex is delivering on its strategic commitments to deliver better and equal health outcomes, and is leveraging its impact on social and economic growth, in all the communities we serve across Sussex. The Committee will also make recommendations on those services or places where there is the biggest opportunity for improvements in outcomes for our population.

Key responsibilities:

- Provide assurance to the Board around the arrangements for discharging, and implications of, the ICB's responsibilities in respect of the following themes under the NHS System Oversight Framework:- ***Preventing ill health and reducing inequality***
- Provide assurance to the Board that the equality objectives of NHS Sussex are being effectively met, with a particular focus on the ICB's impact on health inequalities
- Ensuring ICB plans include co-ordinated action on the wider determinants of health including employment and poverty
- Ensuring plans engage the most marginalised communities in setting, delivering and monitoring health inequality priorities

Patient Experience Committee

Membership

3x NHS Sussex Non Executive Directors, one of whom will chair the Committee

NHS Sussex Chief Nursing Officer

NHS Sussex Chief Communications Officer

Independent Health and Social Care Champion Member of the Sussex Health & Care Assembly

The Chair of the Patient Experience Committee will meet with the Non-Executive Chairs of the NHS Provider Quality Committees and a Primary Care lead from each Place on a six monthly basis to seek feedback and align the priorities for improving patient safety and experience across Sussex.

Core purpose: to provide oversight and seek assurance that patients are receiving safe, high-quality and timely healthcare with equal access to services and seamless handovers between different parts of the Sussex system. The Committee will also make recommendations on those services or places where there is the biggest opportunity for improvement in patient safety or experience.

Key responsibilities:

- Provide assurance to the Board around the arrangements for discharging, and implications of, the ICB's responsibilities in respect of the following themes under the NHS System Oversight Framework:- **Quality of care, access and outcomes**
- Provide assurance to the Board around the arrangements for discharging the ICB's responsibilities in relation to securing continuous improvement in the quality of medical services
- Provide assurance that public involvement activities are being carried out effectively and meet the statutory duties placed on the ICB
- Ensure equality and patient experience and feedback is embedded throughout the work of the ICB and within the Sussex Health and Care System

System Productivity Committee

Membership

3x NHS Sussex Non Executive Directors, one of whom will chair the Committee

NHS Sussex Chief Delivery Officer

NHS Sussex Chief Innovation, Digital & Transformation Officer

Specialist Member of the Sussex Health & Care Assembly

The Chair of the System Productivity Committee will meet with the Non-Executive Chairs of the NHS Provider Finance or Resources Committees on a six monthly basis to seek feedback and align the priorities for improving the productivity and accelerating the transformation across the Sussex system.

Core purpose: to provide oversight and seek assurance that NHS Sussex is maximising value for money from the use of its public funding, expertise, technology and estates to deliver services. The Committee will also make recommendations on those services or places where there is the biggest opportunity for innovation or transformation to accelerate delivery of strategic goals.

Key responsibilities:

- Provide assurance to the Board around the arrangements for discharging, and implications of, the ICB's responsibilities in respect of the following themes under the NHS System Oversight Framework:- **Finance and use of resources, Local, strategic priorities**
- Ensure financial management achieves value for money, efficiency and effectiveness in the sustainable use of resources with a continuing focus on cost reduction and achievement of efficiency targets.
- Support the development and implementation of innovation strategies that will help the Board and the broader Sussex Health and Care System achieve their strategic priorities

Workforce & Remuneration Committee

Membership

3x NHS Sussex Non Executive Directors, one of whom will chair the Committee

NHS Sussex Chief People Officer

One of the University Members of the Sussex Health & Care Assembly

A Chair of a NHS Provider who is not a member of the Board

The Chair of the Workforce & Remuneration Committee will meet with the Non-Executive Chairs of the NHS Provider Workforce or People Committees on a six monthly basis to seek feedback and align the priorities for the recruitment, development and retention of the NHS workforce in Sussex.

Core purpose: to provide oversight and seek assurance on the recruitment, development and retention of the NHS workforce in Sussex, and to recommend the biggest opportunities to secure “more people, working differently, in a compassionate and inclusive culture” in the Sussex system. The Committee will also be responsible for approving the NHS Sussex remuneration and pay frameworks for all employees and Board Members (excluding the NHS Sussex Chair whose remuneration is determined by NHS England).

Key responsibilities:-

- Provide assurance to the Board around the arrangements for discharging, and implications of, the ICB’s responsibilities in respect of the following themes under the NHS System Oversight Framework:- **People, Leadership and Capability**
- Determine and agree with the Board a framework and policy for the appropriate remuneration of Board members and other ICB VSMs
- Provide assurance on the workforce recruitment, development and retention plans across the Sussex integrated care system;
- Review the outcomes of the Board performance evaluation process that relate to the performance and effectiveness of the Board.

Audit and Risk Management Committee

Membership

3x NHS Sussex Non Executive Directors, one of whom will chair the Committee

NHS Sussex Chief Finance Officer

NHS Sussex Chief of Staff and Corporate Affairs

The Chair of the Audit & Risk Management Committee will meet with the Non-Executive Chairs of the NHS Provider Audit Committees on a six monthly basis to seek feedback and align the priorities for audit and risk management across the Sussex system.

Core purpose: to provide oversight and seek assurance on the adequacy of governance, risk management and internal control processes within NHS Sussex. The Committee will also make recommendations on those areas of system audit or risk management where there is the biggest opportunity for improvement.

Key responsibilities:-

- To review the adequacy and effectiveness of the system of integrated governance, risk management and internal control across the whole of the ICB's activities that support the achievement of its objectives, and to highlight any areas of weakness to the Board.
- To ensure that there is an effective internal audit function that meets the Public Sector Internal Audit Standards and provides appropriate independent assurance to the Board.
- To review and monitor the external auditor's independence and objectivity and the effectiveness of the audit process.
- To assure itself that the ICB has adequate arrangements in place for counter fraud, bribery and corruption (including cyber security)
- To receive regular updates on IG compliance (including uptake & completion of data security training), data breaches and any related issues and risks.
- To monitor the integrity of the financial statements of the ICB and any formal announcements relating to its financial performance.

System Leadership Groups

NHS Sussex Executive Committee
Chief Executive Officer (Chair)
Chief Delivery Officer
Chief Finance Officer
Chief Medical Officer
Chief Nursing Officer
Chief Primary Care Officer
Chief Communications Officer
Chief Innovation, Digital & Transformation Officer
Chief People Officer
Chief of Staff & Corporate Affairs

Core purpose: to support the NHS Sussex Chief Executive Officer in discharging their statutory and executive accountabilities within NHS Sussex and across the broader Sussex Health and Care System

System Leadership Forum
CEO, NHS Sussex (Chair)
CEO, East Sussex Healthcare NHS Trust
CEO, Queen Victoria Hospital NHS Foundation Trust
CEO, South East Coast Ambulance Service NHS Foundation Trust
CEO, Surrey & Sussex Healthcare NHS Trust
CEO, Sussex Community NHS Foundation Trust
CEO, Sussex Partnership NHS Foundation Trust
CEO, University Hospitals Sussex NHS Foundation Trust
3 x Place Based Health & Care Partnership Executive Lead
3 x Local Authority Directors of Adult Social Services
Local Authority Director of Children's Services
Local Authority Director of Public Health (TBC)
NHS Sussex Chief Delivery Officer
NHS Sussex Chief Primary Care Officer

Core purpose: to operationally oversee the system, ensure system coordination and alignment, and shape development of system plans and strategies.

Strategic Alignment Forum
Chair, NHS Sussex (Chair)
Chair, East Sussex Healthcare NHS Trust
Chair, Queen Victoria Hospital NHS Foundation Trust
Chair, South East Coast Ambulance Service NHS Foundation Trust
Chair, Surrey & Sussex Healthcare NHS Trust
Chair, Sussex Community NHS Foundation Trust
Chair, Sussex Partnership NHS Foundation Trust
Chair, University Hospitals Sussex NHS Foundation Trust

Core purpose: to ensure alignment on the core objectives for the Sussex Health and Care System across the boards of the NHS partnership in Sussex

Principles that will inform how we will work at and with place

- ▼ The three place-based Health & Care Partnerships in Sussex are collaborative and non-statutory arrangements where all the organisations responsible for planning commissioning and delivering health and care services for the populations in that geographical area work together.
- ▼ In collaborating at place, individual statutory organisations are responsible for agreeing decisions relating to their budgets and services according to their existing practice and processes.
- ▼ The Joint Strategic Needs Assessments and the Health and Wellbeing Strategies agreed through the three Health and Wellbeing Boards set the evidence base and strategic framework within which priorities at place are identified.
- ▼ Place-based planning, commissioning and delivery will be focussed on a clear scope of services aimed at integrating care, improving health and reducing health inequalities. Wider partners in the voluntary, community, social enterprise (VCSE) and independent care sector, and Borough and District Councils where applicable, will be engaged to mobilise and support the best use of the resources collectively available.
- ▼ At a pan-ICS level, the Sussex Health and Care Assembly will be responsible for producing the Integrated Care Strategy for the system. This high level strategy will reflect the priorities in, and be built from, the three Health and Wellbeing Strategies.
- ▼ NHS Sussex is required to develop and implement a 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 and other key related decisions before those decisions are taken by the NHS Sussex Board or its executive.

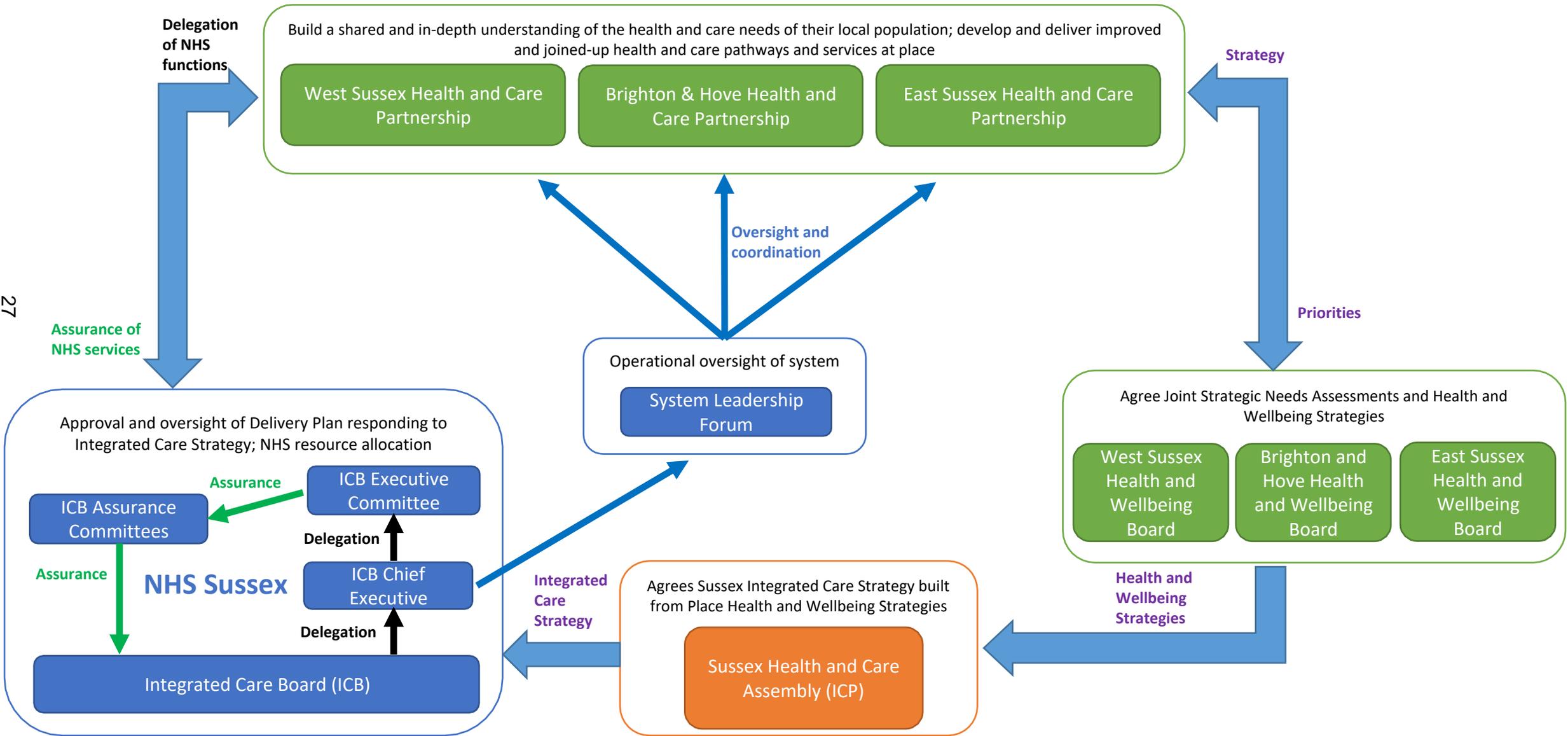
Principles informing place based delegation and accountability

- ▼ Each place based health and care partnership is expected to appoint a lead executive who will be jointly appointed by NHS Sussex and the relevant local authority
- ▼ Within NHS Sussex the lead executive at place will be accountable to the Chief Delivery Officer; they will also be accountable (ultimately) to the Chief Executive of the respective local authority
- ▼ Delegation of NHS Sussex functions to place will therefore flow through the NHS Sussex Chief Executive, to the Chief Delivery Officer, who will then delegate those functions to the relevant place lead executive
- ▼ Reporting on the use of those delegations and accountability for delivery etc will flow from the place lead executive to the Chief Delivery Officer and be reported to the Executive Committee (via the Integrated Performance and Assurance Group)
- ▼ The integrated performance report and balanced scorecard methodology for the ICB will facilitate this reporting as its content will be generated around each place, and will reflect the priorities and outcomes agreed by the place based health and care partnerships

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Functions and Decision Map

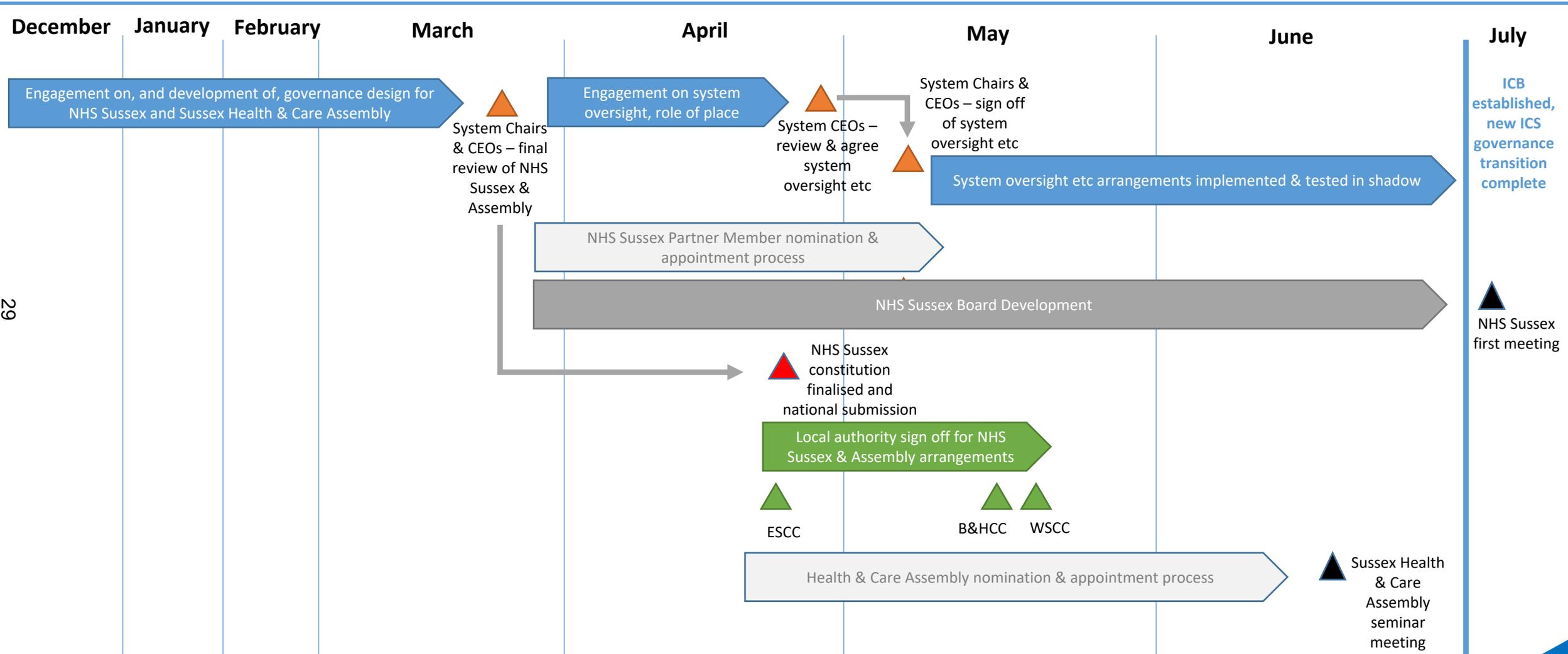
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Next steps

- ▼ Review and agreement of place based principles and system oversight arrangement (by end April)
- ▼ Submission of final draft NHS Sussex Constitution (22 April)
- ▼ Local authority cabinet and council approvals (April-May)
- ▼ Nomination and appointment of ICB partner members (post local government elections – tbc.)
- ▼ Nomination and appointments to Sussex Assembly (late May)
- 28 ▼ Induction and development of NHS Sussex Board (March – June)
- ▼ Shadow meeting of Sussex Assembly (June tbc)
- ▼ Establishment of NHS Sussex – 1 July 2022

Overall governance development timeline



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