

ICS Member Working Group: 06 December 2022

Present: Cllrs Carmen Appich (Chair), Clare Moonan, Sarah Nield, Sue Shanks.

Officers attending: Rob Persey (Executive Director, Health & Adult Social Care), Andy Witham (HASC Assistant Director, Commissioning & Partnerships), Giles Rossington (Senior Policy, Partnerships & Scrutiny Officer).

Apologies: Alistair Hill

1 Notes of the Previous Meeting

- 1.1 Cllr Moonan noted that there was no reference to the HOSC in the minutes of the November meeting (which she had been unable to attend). Cllr Appich agreed that there seems to be little mention of HOSC in terms of Integrated Care System governance, but it does now appear on governance structure slides.
- 1.2 Cllr Moonan noted that a recent presentation on the Integrated Care System at HOSC had been short on detail. Cllr Moonan will request a more detailed presentation at the next (25 January 2023) committee meeting.

2 Sussex Health & Care Assembly – agenda for 14 Dec meeting

- 2.1 Cllr Shanks informed the Group that the 14 Dec Assembly meeting would focus on agreeing the Sussex Integrated Care Strategy (ICS) and on debating the future role of the Assembly. Cllr Shanks noted that it was still an early point in the evolution of the Assembly. Everyone seems very positive, which is good, but the tone does not necessarily reflect the seriousness of the problems facing the Sussex health and care system. While the Assembly may play a part in helping system partners work together more effectively, there are fundamental resource issues that will not be solved by better partnership working.
- 2.2 Cllr Moonan asked whether there would be a role for the Assembly in resource allocation.
- 2.3 Cllr Appich stated that she has concerns about any plans to align local authority and NHS budgets, given the tendency for major elements of NHS budgets (such as the Better Care Fund) to only be agreed mid-year.
- 2.4 Rob Persey told the Group that he understood their frustrations. However, it is important to recognise that this is not a short-term fix: the Integrated Care System offers an opportunity for local authority and community & voluntary sector voices to be heard, but we are still working within traditional NHS cultures, and it will take time for this culture to change – this is a five year plus project. There is some excellent and innovative work happening at an operational level and this has begun to trickle-up into system planning, but this will not happen overnight.
- 2.5 Cllr Shanks noted that, once the ICS is agreed, the Assembly will move on to considering Delivery Plans.

- 2.6 Cllr Moonan asked whether there was sufficient focus in the work of the Assembly on Brighton & Hove as a place with very specific characteristics and needs which may be very different from needs in the rest of Sussex. Rob Persey responded that this is indeed a focus of the Assembly and of the ICS, which was developed from the three Sussex Joint Local Health & Wellbeing Strategies. For example, Brighton & Hove has a place priority focusing on people with multiple compound needs (e.g. any three of: homelessness/rough sleeping; domestic violence; substance misuse; contact with the judicial system; mental health). The ICS is not a perfect document, but it is good enough to function as the basis for the development of place working.
- 2.7 Cllr Moonan noted that there was no reference in the ICS to dentistry or to recent critical CQC inspections of NHS services in Sussex. Cllr Shanks agreed to raise the absence of these issues at the Assembly meeting.

3 Sussex Integrated Care Strategy

- 3.1 Rob Persey told the Group that the ICS is not a typical NHS command & control strategy; it is much broader, with a focus on primary as well as secondary prevention, and also a major focus on partnership working. The ICS may be best viewed as a framework, and should be judged by whether it gives us the flexibility to address the local problems we have prioritised. For example, we know that there is a problem with accessing GP services in Brighton & Hove. This is not explicitly included in the ICS, but the Strategy does have a priority to improve access to services which would enable us to have a local priority to improve access to GPs. There is nothing in the ICS that we could really disagree with, and much that offers us potential levers with the Sussex system at a later date.
- 3.2 Cllr Appich accepted the point that the ICS may help us locally at a later date, but asked whether it also dealt with issues that are urgent now. Mr Persey responded that the ICS does address some specific urgent priorities. For example, the local priority on multiple compound needs is of particular relevance to the city and will enable us to focus support on a relatively small number of extremely vulnerable people, linking in with the Government's Changing Futures programme and with the local roll-out of the national drugs strategy. Another example is mental health, where work is ongoing to socialise the findings of the recently published mental health needs assessment with various partners and stakeholder groups across the city: City Management Board, BHCC Leadership Network, CVS organisations and so on.
- 3.3 Mr Persey outlined Integrated Care System governance, noting that the system level strategic goals tally well with our Joint Local Health & Wellbeing Strategy priorities. Mr Persey explained how the Sussex Health & Care Assembly, NHS Sussex, local Health & Wellbeing Boards and place Health & Care Partnerships will work together. In terms of place, members were told:

- Place arrangements are non-statutory.
- NHS Sussex/Sussex Health & Care Assembly will have no control of local authority finances.
- There will be a broad partnership at place.
- There will be active discussion of at what scale to delivery services and drive improvement. This could be at place level or at Primary Care Network, locality or community of interest level, depending on what works best.
- More work needs to be done on place structures, although a large part of the architecture is up and running.

3.4 Cllr Moonan thanked Mr Persey for his presentation, noting that this was the level of detail that members had been asking for and provided a good deal of assurance. While the ICS seems unobjectionable, it is very high level, and members will need to focus on the local delivery plans. Members agreed that future meetings of the MWG should focus on the development of local delivery plans.

3.5 Members agreed to note the Integrated Care Strategy and agreed that it would be helpful to refer the ICS to full Council for information (i.e. as part of the scheduled report to 15 December 2022 Council to approve Sussex Health & Care Assembly Terms of Reference).

4 Development of Place Structures

4.1 This item was covered in discussion of item 3 (see above)

5 AOB

5.1 There was none.

