

What we will do	What we will achieve	When
Multiple compound needs (MCN) community frontrunner- as part of our Central ICT we will use the learning from the MCN transformation programme to establish an MCN Integrated Community Team	<ul style="list-style-type: none"> Complete the external evaluation of the multidisciplinary team pilot Develop the detailed business case for the MCN Integrated Community and integrated commissioning approach Sign off MCN partners compact agreement 	March 2025
NEW Integrated Community Teams (ICT)- to support the development of our new ICT footprints. We will establish a local ICT implementation plan that builds on our community development approach and establishes strong local partnerships	<ul style="list-style-type: none"> Map of our local ICT community assets across the four ICT footprints Align ICT development with our Healthy Communities, Family Hubs and Community Mental Health programmes Establish four Health Forums and test two ICT partnership pilots across our four ICT areas 	March 2025
Health inequalities- we will continue to address health inequalities and deliver on the Core20PLUS5 approach, for adults and children and young people .	<ul style="list-style-type: none"> Develop the learning from last years health inequality programmes as part of our local ICT development We will implement locally the priorities set out in the new Sussex Health Inclusion Framework 	March 2025
Children & young people (CYP) We will improve the health & care outcomes for children & young people across the city-.	<ul style="list-style-type: none"> Develop a joint triage for Wellbeing Service, CAMHS and Schools mental health service Through a joined up approach between Family Hubs and the development of ICTs Through delivering the SEND health & care partnership priorities as set out in the city's SEND Strategy 2021-26 	March 2025
Mental health- we will continue implement the recommendations of the 2022 B&H Mental Health & Wellbeing JSNA, aligning our local community mental health transformation programme with ICT development	<ul style="list-style-type: none"> Neighbourhood Mental Health Teams tested with at least two PCN populations/ICT partnerships Reduce demand on urgent and crisis care, improve system flow and reduce the numbers of inappropriate out of area placements Increase the number of people both on SMI registers and having a physical health check 	March 2025
Cancer - we will continue our work to improve early diagnosis of cancer with a particular focus on Core20 & Health Inclusion groups	<ul style="list-style-type: none"> Increased screening rates across our Core 20 communities & health inclusion groups Improve performance against the headline 62-day standard Improve performance against the 28 day Faster Diagnosis 	March 2025
Multiple long-term conditions- we will develop our cardiovascular disease reduction priorities including hypertension and the restoration of the NHS health checks programme with health inequalities lens	<ul style="list-style-type: none"> Cardiovascular disease reduction action plan Increase the % of patients with hypertension treated according to NICE guidance Increase the percentage of patients aged 25–84 years with a CVD risk score greater than 20% on lipid lowering therapies 	March 2025
Hospital discharge – implement 2024-25 Discharge Transformation Plan	<ul style="list-style-type: none"> Improve patient waiting times to meet NHSE targets for patients seen within 4 hours (through generating flow thereby increasing front door capacity) Roll out new Care Transfer Hub model Improve outcomes for patients through same day discharge team at front door, preventing admission 	March 2025

