



Although a formal committee of Brighton & Hove City Council, the Health & Wellbeing Board has a remit which includes matters relating to the Integrated Care Board (NHS Sussex,) the Local Safeguarding Boards for Children and Adults and Healthwatch.

Title:

Brighton & Hove Shared Delivery Plan Report

Date of Meeting:

8 April 2025

Report of: Steve Hook Director Health & Adult Social Care & Tanya Brown-Griffith NHS Sussex Director for Joint Commissioning and Integrated Community Teams – Brighton and Hove

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Wards Affected: All

FOR GENERAL RELEASE

Executive Summary

The report provides the Health & Wellbeing Board with review of our performance against the 2024-25 Shared Delivery Plan Objectives with a focus on our Place-based partnership objectives. The report also sets out a draft set of Shared Delivery Plan objectives for 2025-26 for the Board to approve.

The Shared Delivery Plan is a statutory requirement that each Integrated Care Partnership across the Country has an Integrated Care Strategy, which includes an annual Joint Forward Plan (what we call a Shared Delivery Plan). The Sussex Integrated Care Strategy includes the aims and objectives of each of the three Place partnerships and their Joint Health & Wellbeing Strategies. This is translated into local Place-based Shared Delivery Plans that support both the delivery of the Joint Health & Wellbeing Strategies and the delivery of the Sussex Integrated Care Strategy.



We can confirm to the Board that in respect of the Shared Delivery Plan objectives we set for 2024/25 that we have achieved all the objectives set out in the Shared Delivery Plan.

Decisions, recommendations and any options

Brighton & Hove Health and Wellbeing Board is recommended to:

1. Note the performance of our delivery of the 2024-25 Shared Delivery Plan objectives
2. Approve the draft Shared Delivery Plan Objectives for 2025/26

1. Background & context

- 1.1. The Sussex Integrated Care Strategy *Improving Lives Together* is a five-year strategy that was established in 2022. The strategy sets out the following ambition

Our ambition is to improve the lives of everyone living across Sussex now and in the future. We want local people to thrive to be the best they can be; to be healthier and feel supported; and have the best possible services available to them when and where they need them.

The strategy and associated Shared Delivery Plan (SDP) have four delivery areas- 1) long-term improvement priorities 2) immediate improvement priorities 3) continuous improvement areas 4) health & wellbeing strategies and local health & care partnerships

- 1.2. The Brighton & Hove Joint Health & Wellbeing Strategy was agreed in 2018 as a long-term strategy to 2030. The strategy sets out the following ambition:

Everyone in Brighton & Hove will have the best opportunity to live a healthy, happy, and fulfilling life

The strategy is based on a *life course* approach (starting well, living well, ageing well, dying well)

- 1.3. The SDPs are predicated on the five-year timescale of the Sussex Integrated Care Strategy and focus on delivering the ambition set out in the Integrated Care Strategy. In meeting the formal requirements of this Board the report focuses on the SDP objectives specific to our local health & care partnership. This is a link to the Sussex [Improving Lives Together Shared Delivery Plan](#)

2. Performance against our Place-based Shared Delivery Plan objectives 2024-25

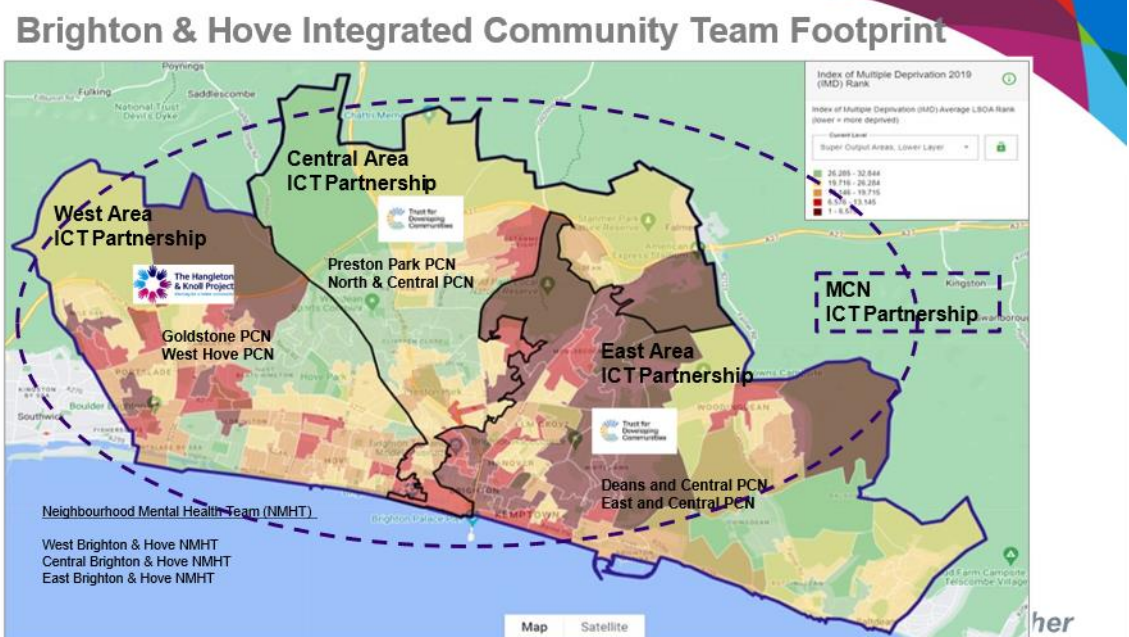
- 2.1. The table below sets out the agreed SDP priorities for 2024/25:

What we will do	What we will achieve	When
We will further support people with multiple compound needs.	<p>We will develop a Multiple compound needs (MCN) community frontrunner.</p> <p>As part of our Central ICT we will use the learning from the MCN transformation programme to establish an MCN Integrated Community Team.</p> <p>We will complete the external evaluation of the multidisciplinary team pilot.</p> <p>We will develop the detailed business case for the MCN Integrated Community and Integrated commissioning approach.</p> <p>We will signoff the MCN partners compact agreement.</p>	March 2025
We will progress the development of Integrated Community Teams.	<p>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.</p> <p>We will map our local ICT community assets across the four ICT footprints.</p> <p>We will align ICT development with our Healthy Communities, Family Hubs and Community Mental Health programmes.</p> <p>We will establish four Health Forums and test two ICT partnership pilots across our four ICT areas.</p>	March 2025

We will maintain a focus on reducing health inequalities across the city	<p>We will continue to address health inequalities and deliver on the Core20PLUS5 approach, for adults and children and young people.</p> <p>We will develop the learning from last year's health inequality programmes as part of our local ICT development.</p> <p>We will implement locally the priorities set out in the new Sussex Health Inclusion Framework.</p>	March 2025
We will ensure support for children and young people	<p>Develop a joint triage for Wellbeing Service, CAMHS and Schools mental health service</p> <p>Develop a joined up approach between Family Hubs and the development of ICTs</p> <p>Deliver the SEND health & care partnership priorities as set out in the city's SEND Strategy 2021-26</p>	March 2025
We will maintain a focus on mental health	<p>We will continue to implement the recommendations of the 2022 B&H Mental Health & Wellbeing JSNA, aligning our local community mental health transformation programme with ICT development.</p> <p>We will test Neighbourhood Mental Health Teams with at least two PCN (primary care networks) populations/ICT partnerships.</p> <p>We will reduce demand on urgent and crisis care, improve system flow and reduce the numbers of inappropriate out of area placements.</p> <p>We will increase the number of people both on SMI (Serious Mental Illness) registers and having a physical health check.</p>	March 2025
We will continue our work across the city to support early cancer diagnosis and appropriate support	<p>Cancer - We will continue our work to improve early diagnosis of cancer with a particular focus on Core20 and Health Inclusion groups.</p> <p>We will increase screening rates across our Core 20 communities and health inclusion groups.</p> <p>We will improve performance against the headline 62-day standard.</p> <p>We will improve performance against the 28-day Faster Diagnosis.</p>	March 2025
We will help people with multiple long term conditions	<p>We will develop our cardiovascular disease reduction priorities, including hypertension, and restore the NHS health checks programme through a health inequalities lens.</p> <p>We will develop a cardiovascular disease reduction action plan.</p> <p>We will increase the percentage of patients with hypertension treated according to NICE guidance.</p> <p>We will increase the percentage of patients aged 25–84 years with a CVD risk score greater than 20% on lipid lowering therapies.</p>	March 2025
We will work with our partners to support appropriate and timely hospital discharge	<p>We will implement the 2024-25 Discharge Transformation Plan.</p> <p>We will improve patient waiting times to meet NHSE targets for patients seen within 4 hours (through generating flow, thereby increasing front door capacity).</p> <p>We will roll out a new Care Transfer Hub model.</p> <p>We will improve outcomes for patients through the same day discharge team at front access, preventing admission.</p>	March 2025

- 2.2. **Multiple Compound Needs (MCN)**- is our agreed Place-based community frontrunner programme supporting the development of the Integrated Care Strategy. The focus this year was the evaluation of our original MCN pilot service (Changing Futures Multidisciplinary Team) and how the evaluation informs the development of our specific MCN partnership aims and our local Integrated Community Teams.
- 2.3. In November 2024 all MCN Partners came together for the day to review progress of the MCN Transformation Programme and to agree next steps. The partnership agreed to build on the learning from the MCN pilot service and establish a long-term MCN Integrated Community Team for the City.

- 2.4. At the Health & Wellbeing Board meeting on 8 April our external evaluation partner and Common Ambition lived experience group will present on the evaluation and development of the MCN programme. We will also provide more detail on the outputs from MCN Partnership Summit event in November and our agreed next steps.
- 2.5. **Integrated Community Teams (ICTs)**- as reported, and supported by this Board last year, we agreed with the Sussex Integrated Care Partnership a change to our original ICT Footprint. This moved from four separate ICT footprints to Brighton being a single ICT footprint based on our formal local authority boundary. Following this agreement our local health & care partnership has established three neighbourhood-based ICT partnerships, aligned to our existing community health forums and one MCN city wide ICT partnership. Below is a map of our ICT Partnerships



- 2.6. Each of our neighbourhood ICT partnerships have established formal leadership groups and these groups have agreed and implemented local ICT tests of change, in consultation with our community health forums, to build relationship and momentum in delivering the ambition of ICTs
- 2.7. We have agreed and established structures this year to ensure the alignment with existing Neighbourhood Mental Health Teams and our local authority Family Hubs
- 2.8. **Reducing Health Inequalities**- we have ensured the learning from the original Community Health Inequality Partnership, which drove locally our response to the national Core20PLUS5 model, has continued through the new Healthy Communities Programme. This programme has been specifically aligned to our three neighbourhood ICTs.
- 2.9. The Healthy Communities Programme has continued to deliver innovative approaches to supporting access to preventative health care across our core

20% most deprived communities. With specific deliverables around cardiovascular disease (CVD), Act Against Cancer Together, musculoskeletal (MSK) and the development of the East ICT partnership community health hub and the west ICT partnership wellbeing days.

- 2.10. Our local approach to delivering on the Sussex Inclusion Health Framework is through our multiple compound needs programme.
- 2.11. **Children & Young People-** we have established a partnership joint triage service delivered through our local Wellbeing Partnership and YMCA DownsLink Group children and young peoples mental health and emotional wellbeing service.
- 2.12. We have ensured health representation on our Family Help and SEND governance Boards to enable better alignment with the work of our health & care partnership.
- 2.13. **Maintaining a focus on mental health-** as a partnership we agreed to maintain a separate local mental health oversight board recognising that mental health prevalence is particularly high for both children and adults in the city.
- 2.14. The Partnership Board has supported the implementation of our new Neighbourhood Mental Health Teams this year. These teams share the same geography as our local Integrated Community Teams. We have continued to focus on delivering the recommendations of our 2022 Mental Health Joint Strategic Needs Assessment and the Partnership Board has overseen improving performance of people with serious mental illness accessing physical health checks.
- 2.15. **Long terms conditions-** as a local partnership we agreed a CVD action plan for the city, which aligns with the work of our Healthy Communities programme ensuring a focus on our most deprived communities in the city. We also supported the development of a Sussex CVD clinical outcomes model, which was presented to our health & care partnership last month.
- 2.16. **Early Cancer Diagnosis-** our local Act on Cancer Together Group continues to support early cancer diagnosis. As with our long-term conditions work we have aligned this with our Healthy Communities Programme to ensure a strong focus on our most deprived communities.
- 2.17. **Supporting timely discharge-** the aims of our local discharge plan were delivered this year through our urgent care partnership. This included the establishment of our new Transfer of Care Hub and associated discharge pathway model. Due to continuing pressures in our hospital system meeting national waiting time targets remain challenging.

3. Draft Shared Delivery Plan objectives for 2025-26

- 3.1. The draft SDP objectives, set out below, build on this years achievements and challenges. As a partnership our work to review 2024-25 highlighted the current pressures and resource constraints all partners are currently operating under and the need to balance being ambitious and transformational with being realistic in setting objectives for 2025-26.

3.2. In drafting the SDP objectives our health & care partnership has considered the new NHSE 2025/26 operating guidance with particular reference to the new national neighbourhood guidance and NHS Sussex new ICT Neighbourhood Health Plan, which responds specifically to this guidance. The plan sets out three key priority areas of

- Embedding a proactive frailty approach across our Integrated Community Teams
- Preventing ill health, maintaining health and reducing future demand on our health & care services
- Our neighbourhood first transformation programmes

3.3. Draft Shared Delivery Plan Objectives for 2025-26

What will you deliver in 25/26 (Y3)	Delivery Date
Priority 1 - Embedding Frailty As agreed through the Multiple Compound Needs Partner summit Nov 24 we will: <ol style="list-style-type: none"> 1. Establish the Brighton & Hove Multiple Compound Needs Integrated Community Team (MCN ICT) 2. Action the recommendations, via the MCN ICT, of the external evaluation of the MCN pilot service 3. Deliver the agreed outputs from the MCN partner summit through the new MCN ICT partnership Through the development of our local ICT partnerships, we will: <ol style="list-style-type: none"> 4. Embed the learning from our neighbourhood ICT 65+ frailty pilots as part of the development of our local ICTs 	Mar 26
Priority 2 - To prevent ill health, maintain health and reduce future demand Through the development of our local ICT partnerships, we will: <ol style="list-style-type: none"> 5. Develop a local ICT plan that supports System aims for CVD, Tobacco cessation, falls prevention and Act on Cancer 6. Ensure our Local ICT Plan targets our core20plus5 communities across the city 7. Deliver locally on aims of the Sussex Health Inclusion Framework through our MCN programme Deliver the agreed priorities of our local Health & Care Partnership and its local Health & Wellbeing Strategy, we will <ol style="list-style-type: none"> 8. Focus on children & young people's mental health & emotional wellbeing with a 	Mar 26

specific focus on transition to adult services 9. Respond to the B&H Health Counts Data and insight	
Priority 3 - Our neighbourhood first transformation programmes Through our Place Delivery Group and local ICT partnerships, we will: 10. Align our local family hubs with our ICTs to improve our health & care offer to children, young people & families 11. Continue to embed and integrate the work of our Neighbourhood Mental Health Teams with our Integrated Community Teams 12. Establish the new women's health hub through our Integrated Community Teams 13. Deliver Work-well programme pilot through our East Integrated Community Team Partnership	Mar 26

- 3.4. The draft SDP objectives support the continuing development of our multiple compound needs local community frontrunner partnership programme. They focus on establishing our new ICT partnerships to support NHS Sussex priorities around frailty, population health, health inequalities and prevention.
- 3.5. The draft SDP objectives also build on and support our local joint health & wellbeing strategy. Partners are proposing a focus on children and young peoples mental health and utilising the new Health Counts Survey data and insight to inform the work of our health & care partnership.
- 3.6. In agreeing these draft objectives, it is important to note the significant level of change in our health & care system. This is especially pertinent for our NHS partners as they adapt to a national and local reconfiguration of NHS England and Integrated Care Boards. As the year progresses, we will need to keep our priorities under review as these changes take shape.

7. Important considerations and implications

Legal:

- 7.1. The Shared Delivery Plan objectives support the statutory duties of the Joint Health & Wellbeing Board in relation to the Sussex Integrated Care Strategy and the Brighton & Hove Joint Health & Wellbeing Strategy

Lawyer consulted: Sandra O'Brien

Date: 31/03/2025

Finance:

- 7.2. The Shared Delivery Plan objectives are supported through existing budget commitments across both BHCC and NHS Sussex with specific support through the agreed Better Care Fund for 2025-26.

Finance Officer consulted: Jane Stockton

Date: 31/03/2025



Equalities:

- 7.3. Equalities is built into the Shared Delivery Plan and is referenced in detail within the main report

Sustainability:

- 7.4. None

Health, social care, children's services and public health:

- 7.5. The roles and implications for all partners are set out in detail in the main report

8. Supporting documents and information

