

Agenda Item 16

Report to B&H Health Overview & Scrutiny Committee

November 2025

NHS Sussex Integrated Care Board (ICB) Update

Summary

This paper summarises the progress in implementing change across the NHS to enable us to improve the health outcomes, reduce the health inequalities and secure the best value for money from the delivery of high-quality NHS services.

The paper outlines several key foundations to enable this; through the organisational change and our transition to a Surrey and Sussex ICB; through our operational delivery such as our winter plans, and through planning for the future and service transformation such as ICT development and a major services review, and commissioning intentions for 2026-27.

Recommendation(s) to the Board

The B&H Health Overview & Scrutiny Committee is asked to note the update.

1 NHS Sussex Transition

Earlier this year on 13 March, the Government announced significant changes to the structure of the NHS, aimed at strengthening roles and reducing duplication so more funding can be directed to the frontline care of patients.

As part of this NHS reform, Integrated Care Boards (ICBs) had been directed to significantly reduce their operating costs by an average of 50% and focus on their critical role as strategic commissioners.

After careful consideration, the Boards of the NHS Sussex and NHS Surrey Heartlands ICBs concluded in May 2025 that the only practical way to reliably fulfil their statutory and legal duties within the nationally-determined running cost allocation of £19 per head of weighted population, was to expand their geographical footprint across Sussex and the whole of Surrey (including the Surrey Heath and Farnham areas of Surrey currently covered by the NHS Frimley ICB).

A joint ICB Transition Programme has been established across Surrey and Sussex to lead and coordinate the organisational change required to deliver the nationally required reforms and mandated savings. There are two clear areas of focus – the work to create a new Surrey and Sussex Integrated Care Board from 01 April 2026, and the work to reduce the current organisations' collective workforce to operate within the national ICB allocations.

Progress on the reductions remain dependent upon some national decisions and funding for the staff redundancies. These dependencies have introduced unavoidable

delays to the commencement of formal staff consultation and has limited our ability to meet the original timescales of completing the ICB restructuring by December 2025.

However, progress continues towards the establishment of the new Surrey and Sussex ICB. Following the recent announcement of the appointment of Ian Smith as the Chair of NHS Surrey Heartlands and NHS Sussex Integrated Care Boards from 1 October 2025, Karen McDowell has now been appointed as Chief Executive Officer and started in role on 15 October 2025. Karen has been the Chief Executive Officer at NHS Surrey Heartlands for the last two years, having also been Deputy Chief Executive prior to this. Karen's career in the NHS spans more than 30 years where her extensive experience covers a breadth of areas and includes Deputy Chief Executive and Chief Finance Officer roles across Surrey, south west London and Manchester. As well as being a member of the Chartered Institute of Management Accountants (CIMA), Karen is also a strong advocate for tackling health inequalities, which includes her work as a trustee and volunteer for a voluntary organisation that works to tackle multiple disadvantage in east Surrey.

Further to this Karen has appointed Mark Smith as Deputy Chief Executive of the two organisations, and Ian is currently undertaking a recruitment process for Non-Executive Directors to support the transition to a new organisation.

An Executive consultation has been launched across Surrey Heartlands and Sussex ICBs for a joint Executive team, with posts expected to be confirmed by mid-December.

A Mutually Agreed Resignation Scheme launched in September has now concluded across the NHS Sussex and NHS Surrey Heartlands ICBs. The ICBs are working to manage the impact of these departures, including careful consideration of the work that needs to be prioritised, so that we can continue to deliver for our population.

In addition to workforce schemes, the Joint Transition Committee is overseeing the formal preparations and assurance processes for the launch of a new ICB and the shutdown of the two existing organisations. This includes work on systems and processes, governance, and ways of working.

Supporting staff remains a key commitment, and we continue to take proactive steps to engage staff. This includes the availability of practical advice, training and support. We are working closely with our Staff Networks and Trade Unions to ensure our staff feel heard, valued, and supported throughout this time.

2 Delivering our operational plans for this year

2.1 Winter Plans

Over the summer, the system has been working to prepare our [winter plans](#) for the months ahead.

The development of the plan has been clinically led and will have strong clinical oversight of its implementation. Based on lessons identified from the review of last year's plan and identification of areas of greatest impact, there is a firm focus within the plan on proactive care, risk stratification and vaccination programmes (particularly for staff), alongside other key actions that reflect key areas of focus such as managing patients in Emergency Departments who are awaiting Mental Health services.

Along with locally agreed actions to address the capacity challenges, the ICB has agreed four system focus areas that draw on best practice. These focused areas aim to reduce demand on our services, ensure people receive the right care from the right organisation at the right time and are supported to return to their normal place of residence at the earliest opportunity. The four focus areas are:

Pillar One Acute and in Hospital Care	Pillar Two Primary and Community Care	Pillar Three Sound Operational Management	Pillar Four Oversight, Governance, and Escalation
<ul style="list-style-type: none"> • Patients using Urgent and Emergency care services • Patients waiting for a Mental Health bed • Patients awaiting discharge • Managing elective care demand • Workforce 	<ul style="list-style-type: none"> • Improving vaccination rates, including health care professionals • Proactive identification and care planning for patients with highest needs (including care/nursing home residents) • Proactive approach to support patients at risk of respiratory illness • Improving Flow through intermediate care services • Increased utilisation of virtual health solutions. 	<ul style="list-style-type: none"> • Winter Operating Model • Effective clinical and operational management • Clear co-ordination across the system and rapid routes of escalation for operation issues • Operational Pressures Escalation Levels (OPEL) Framework utilisation • System MADE Event • Communications plan 	<ul style="list-style-type: none"> • Robust oversight of the delivery of the winter plan • Clear routes of escalation for strategic issues • Stress testing of the plan • Equality Health Impact Assessment (EHIA) • Quality Impact Assessment (QIA)

3 Delivery of the Sussex Health and Care Integrated Care System's Five-Year Strategy

3.1 Neighbourhood Health

The Sussex Health and Care Integrated Care System's five year strategy, [Improving Lives Together](#), outlines the commitment of all health and care partners in Sussex to work together to deliver integrated community teams (ICTs) through the provision of proactive and preventive care, to grow and develop the health and care workforce and to ensure they have the digital tools to enable them to provide the very best care for the Sussex population.

Since the last HWBB ICB update regarding the progress on the development of ICTs, all seven ICTs have held multi-disciplinary team workshops, which have been hugely productive. These workshops brought together our front-line colleagues in the 24 neighbourhood teams across West Sussex, with the primary goal to enhance their ways of working, particularly around supporting those with the highest and ongoing needs within our communities.

The workshops introduced the John Hopkins Adjusted Clinical Groups (JHACG) System, the NHS recommended tool for segmentation and risk stratification which will allow a standardised approach across Sussex using health and social care data. The initial focus of the Sussex-wide roll out is on adults aged 65 and older with evidence of two or more frailty concepts. The initial focus on a relatively small cohort is allowing teams to develop ways of working, with intentions for teams to move down the patient need groups once ways of working are developed, embedded and ready.

In Sussex, Hastings and Rother has been selected as one of the 43 pilot sites nationally for the National Neighbourhood Health Implementation Programme (NNHIP) and Crawley has been selected as part of a regional NHSE South East Regional Neighbourhood Health Accelerator programme. This programme provides an opportunity for our teams to be frontrunners in the implementation of neighbourhood health in line with the government's 10 Year Health Plan.

With regards to the NNHIP, it is important to reflect that each of the three Sussex 'Places' — Brighton and Hove, East Sussex, and West Sussex - submitted applications to the NNHIP. The applications included a total of 76 signatures from constituent organisations demonstrating wide endorsement and commitment of our ICT development. These included Chief Executives from NHS Sussex, local authorities, NHS Trusts, Primary Care Network (PCN) Clinical Directors, and leaders from Voluntary Community and Social Enterprise (VCSE) and hospice alliances, community pharmacy, and ambulance.

In addition, the NHSE South East Regional Neighbourhood Health Accelerator programme is aimed at developing collective leadership for integrated, community-focused health improvement; accelerating progress on neighbourhood health opportunities through evidence-based action learning and fostering collaboration across organisational boundaries to reduce inequalities and deliver joined-up care.

We will be working to share the learning from these two programmes as well as rolling out a locally developed leadership development programme for all 13 ICT Leadership Groups.

3.2 Major Services Review

System partners, under the direction of the Sussex NHS Committee in Common (CiC), have also been leading a significant service change programme as part of a [major services review](#) (MSR). It follows the case for change which highlighted that without service transformation by 2034/35, activity volumes across all points of delivery would increase significantly. There is also recognition that the NHS system in Sussex remains materially over its fair-share allocation of funding as determined by NHS England (NHSE).

The MSR has become the Sussex-wide vehicle for delivering large-scale service transformation and marks a recognition from Sussex Health and Care system partners of the need to move from reactive, institution-centric models of care to integrated, prevention-focused delivery led at place and neighbourhood level.

In September the NHS Sussex Board approved the new care models for Rehabilitation and Intermediate Care (RIC) and Urgent and Emergency Care (UEC), including clarifying the role of ICTs within each of those models. The care models demonstrate clear benefits for our population alongside financial benefits achieved through more cost-effective use of resources.

The vision for RIC in Sussex is to enable and support individuals to recover or adjust, to achieve their full potential and to live as full and active lives as possible. The key shifts in the new model of care is to move from the current model where poor communication, lack of discharge support, and inconsistent follow-up care are common experiences, to one which achieves the following:

- Adopts an integrated needs led assessment approach to undertake triage, assessment and matching of need
- Clear pathways of care for hyperacute, acute and specialist rehabilitation
- Integrated intermediate care services (short term rehabilitation and reablement) with both bed-based and home-based support offers which can offer proactive step-up care and admission avoidance as well as support on discharge
- Clear pathways for ongoing care, with both community rehabilitation and self-care services
- Personalised care and support at its core

The vision for UEC is for everyone in Sussex to be able to easily access safe, high-quality and sustainable UEC, at the right place and time to best meet their needs. The key shifts in the new model of care is for both physical health and mental health services to address the current fragmented model of care, where our residents report poor care environments, long waiting times, poor communication, inequalities in access and poorly understood alternatives to attending an Emergency Department, to one which achieves the following:

- Supporting and directing the public to seek advice and guidance before choosing which service best meets their needs
- More effective, digitally enabled navigation and triage, early in the pathway (including consult and complete options)
- Easily accessible community care options, on offer 7 days per week to manage the majority of activity requiring face-to-face or virtual support
- Acute hospital services (e.g. Emergency Departments, Same Day Emergency Care (SDEC) or Assessment Units) reserved for the treatment of patients whose needs can only be met in that setting
- Access to specialist clinical advice and guidance where an individual's care pathway is unclear
- Neighbourhood health services which adopt active pull models to support known patients with the highest needs or ongoing needs, who present in acute settings, back into the community at the earliest opportunity

The new model of care is set out in the NHS Sussex Commissioning Intentions for 2026/27 setting out the formal expectations for ICTs and providers, taking account of the system readiness to adopt the new models and building on the existing improvement work underway in the system.

In addition, a pre-consultation business case (PCBC) will be developed to establish the service change required and potential options to be considered through public consultation.

3.3 Commissioning Intentions

NHS Sussex recently published its [Commissioning Intentions for 2026/27](#), following significant engagement over the last two months to engage partners, ensuring the intentions reflect the key issues of importance to our Sussex residents and ensure it is ambitious in our aim to improve outcomes for local people whilst ensuring it is achievable for next year.

The intentions are based on the direction set out in our jointly agreed system strategy *Improving Lives Together*, the major service review case for change and the 10 Year Health Plan. They focus on ensuring our commissioning supports delivery of the ambitions articulated within those strategies and in particular, how we accelerate neighbourhood health and deliver high performing, cost effective acute services.

The commissioning intentions are purposefully ambitious and reflect a desire to move forward at pace. They focus on the service transformations which we consider are necessary to address what our population needs from NHS services in Sussex and the changes in approach to service delivery which will support that.

4 Conclusion

Overall, there continues to be significant progress in implementing change across the NHS to enable us to improve the health outcomes, reduce the health inequalities and secure the best value for money from the delivery of high-quality NHS Services.