NHS South West London
Integrated Care Board

Meeting Pack

South West London Integrated Care Board

15 March 2023
10:00 – 13:00

MS Teams

NHS
South West London

NHS South West London Integrated Care Board

Wednesday 15 March 2023
10.00 am to 13:00 pm
Location: MS Teams

The ICB has four core purposes. These are to:
- Improve outcomes in population health and healthcare;
- Tackle inequalities in outcomes, experience and access;
- Enhance productivity and value for money; and
- Help the NHS support broader social and economic development.

	Time	Agenda Item	Sponsor	Enc
01	10.00	**Welcome, Introductions and Apologies**	Chair	
02		**Declarations of Interest** *All members and attendees **may** have interests relating to their roles. **These interests should be declared in the register of interests.** While these general interests do not need to be individually declared at meetings, interests over and above these where they are relevant to the topic under discussion should be declared.*	All	01
03	10.10	**Minutes, Action Log and Matters arising** Minutes and actions arising from the SWL ICB Part 1 meeting held on the 18 January 2023	Chair	02
04	10.20	**Decisions Made in Other Meetings**	CEO	03
		IN FOCUS		
05	10.25	**Update on Cancer**	Dame Cally Palmer	04
06	10.55	**South West London Enhanced Health in Care Homes Programme Overview**	Tonia Michaelides	05
	11.25	**COMFORT BREAK (10 MINUTES)**		

	Time	Agenda Item	Sponsor	Enc
		FOR DECISION		
07	11.35	**Joint Working Model with NHSE for Specialised Services to 2023/2024 and ICB Signature of the Joint Working Agreement**	Jonathan Bates	06
08	11.45	**Pharmacy, Optometry and Dental Delegation**	Mark Creelman	07
09	11.55	**Delegation of the Annual Report and Accounts/Committee Update Report**	Helen Jameson	08
		ITEMS FOR DISCUSSION		
10	12.00	**Board Assurance Framework**	Ben Luscombe	09
11	12.05	**ICB Reports** • SWL ICS Quality & Oversight a. System Quality Report b. Performance Report • Finance Report Month 10	Gloria Rowland Jonathan Bates Helen Jameson	10 11 12
12	12.25	**Chief Executive Officer's Report**	CEO	13
13	12.35	**Items for information only – not for discussion** **Board Committee Updates** • Finance & Planning Committee • Quality & Oversight Committee		14
14	12.36	**Questions from SWL Voluntary Community and Social Enterprise and Healthwatch England**	Simon Breeze Alyssa Chase-Vilchez	Verbal
15	12.45	**Any Other Business**	All	
	12.50	**Meeting close**	Chair	
16	12.51	**Public Questions -- in writing only** Due to the fact that the meeting is being held virtually, members of the public are only able to ask questions relating to the business being conducted today, in advance, in writing.	Chair	

Next Meeting: 17 May 2023, 10.00 to 13.00, Civic Suite, Wandsworth High Street, SW18 2PU

NHS SOUTH WEST LONDON INTEGRATED CARE SYSTEM - REGISTER OF DECLARED INTERESTS (3.3.23)

Name	Current position (s) held in the ICB .	Do you have any interests to declare? (Y or N)	Declared Interest (Name of the organisation and nature of business)	Financial Interest	Non-Financial professional Interest	Non-Financial Personal Interest	Indirect Interest	Nature of Interest	From	To	Action taken to mitigate risk
Mercy Jeyasingham	**Non Executive Member** ICB Board Member Chair of the Quality Oversight Committee Member of the Remuneration and Nominations Committee Chair of the People and Communities Engagement Assurance Committee	Y	1 Medicines and Healthcare products Regulatory Agency (MHRA).	1				1 Non Executive Director Medicines and Healthcare products Regulatory Agency (MHRA)	May-20	ongoing	Recuse from all discussion
Dick Sorabji	**Non Executive Member** ICB Board Member Chair of the Finance & Planning Committee Member of the Audit and Risk Committee	N	Nil Return								
Ruth Bailey	**Non Executive Member** ICB Board Member Chair of the Remuneration & Nominations Committee Member of the Audit and Risk Committee Chair of the People Board	Y	1 Executive Director (Job Share) of People and Organisational Effectiveness for Nursing and Midwifery Council 2 Husband is Director in UK Health Protection Agency. 4 Non-Executive Member on Hertfordshire and West Essex ICB		1 3		2	1 Executive Director (Job Share) of People and Organisational Effectiveness for Nursing and Midwifery Council 2 Husband is Director in UK Health Protection Agency. 3 Non-Executive Member on Hertfordshire & West Essex ICB	1 November 2022 2 October 2016 3 July 2022	1-3 Present	Declared and discussed where relevant with Conflicts of Interest Guardian
Martin Spencer	**Non Executive Member** ICB Board Member Chair of the Audit & Risk Committee	Y	1. NHS Counter Fraud Authority 2. Ofsted 3, Achieving for Children 4. Civil Service Commissioner 5. Education Skills and Funding Agency	1 2 3 4 5				1 Non Executive Director and Chair of the Remuneration Committee 2 Non Executive Director and Chair of the Audit Committee 3.Non Executive Director and Chair of the Audit and Risk Committee 4. Civil Service Commissioner 5. Chair	1. 09/18 2. 07/19 3. 11/20 4. 10/21 5. 10/18	1. 09/24 2. 07/23 3. 11/23 4. 10/26 5. 10/24	Recuse from all discussions
Sarah Blow	**ICB Chief Executive** ICB Board Member ICP Board Member Attendee of the Remuneration and Nominations Committee Member of Recovery & Sustainability Board	Y	1. LAS				1	1. My son is a band 3 call handler for LAS outside of SWLondon	Jan-22	Present	Individually determined
Karen Broughton	**Deputy Chief Executive / Director of People & Transformation** ICB Board Member ICP Board Member Attendee of the Remuneration and Nominations Committee People Board Member Member of Recovery & Sustainability Board	N	Nil Return								
Dr Gloria Rowland	**Chief Nursing and Allied Professional Officer and Director for patient outcomes** ICB Board Member ICP Board Member Member of the Quality Oversight Committee Member of the Finance and Planning Committee People Board Member Member of the People and Communities Engagement Assurance Group (PCEAG)	Y	1. Nursing and Midwifery Council 2. Care Embassy Consultancy & training Ltd - Director 3. Grow Nurses & Midwives Foundation 4. NHSE&I (London Region) 5.Turning the Tide 6. BG Healthcare Group	2 6	1 4 5	3		1 Associate Council Member (2 days a month) 2. Director (Husband owns the Company) 3. Chair of Trustee for a charity 4. Chair of Maternity & Neonatal critical review implementation programme 5. Report Author and founder 6. Director	1. 08.12.20 2. 21.01.17 3. 15.11.21 4. 15.11.21 5. 15.11.21 6. 27.10.22	1-6 Present	Ensure Board dates do not conflict
Dr John Byrne	**Executive Medical Officer** ICB Board Member ICP Board Member Member of the Quality Oversight Committee Member of the Finance and Planning Committee Member of Recovery & Sustainability Board Member of the People and Communities Engagement Assurance Group (PCEAG)	N	Nil Return								
Helen Jameson	**Chief Finance Officer** ICB Board Member ICP Board Member Attendee of the Finance and Planning Committee Attendee of the Audit and Risk Committee	N	Nil Return								
Dame Cally Palmer	**Partner Member Specialised Services** Member of the ICB Board Member of Recovery & Sustainability Board	Y	1. Chief Executive The Royal Marsden NHS Foundation Trust 2. NHS England/Improvement (national)	1 2				1. CEO of a Provider Trust in SWL 2. National Cancer Director	1. 2. April 2015	Present	Declared and discussed where relevant with Conflicts of Interest Guardian
Vanessa Ford	**Partner Member Mental Health Services** Chief Executive SWL & St. Georges Mental Health NHS Trust Member of the ICB Board	Y	1. Chief Executive SWL & St Georges Mental Health NHS Trust and a CEO member of the south London Mental Health and Community Partnership (SLP) 2. Co-Chair of NHS Confederation Mental Health Digital Group 3. Senior Responsible Officer (SRO) of ICS Digital Programme 4. Merton Place Convenor 5. SRO for Regional NHS 111 programme for Mental Health	1	02-May			1. CEO of Provider Trust in SWL and a CEO member of the south London Mental Health and Community Partnership (SLP) 2. Co-Chair of NHS Confederation MH digital group 3. SRO of ICS digital programme 4. Merton Place Convenor 5. SRO for Regional NHS 111 programme for Mental Health	1 August 2019 2. August 2018 3.January 2021 4.July 2022 5.August 2021	Present	Declared and discussed where relevant with Conflicts of Interest Guardian
Jo Farrar	**Partner Member Community Services** Member of the ICB Board Member of ICP Board Richmond Place Member People Board Member	Y	1. Chief Executive Kingston Hospital NHS Foundation Trust	1				1. CEO of Provider Trust in SWL	1 2019	Present	Declared and discussed where relevant with Conflicts of Interest Guardian

Name	Current position (s) held in the ICB .	Do you have any interests to declare? (Y or N)	Declared Interest (Name of the organisation and nature of business)	Financial Interest	Non-Financial professional Interest	Non-Financial Personal Interest	Indirect Interest	Nature of Interest	From	To	Action taken to mitigate risk
Jacqueline Totterdell	**Partner Member Acute Services** Member of the ICB Board Member of Recovery & Sustainability Board	Y	1 Group Chief Executive Officer St George's, Epsom and St Helier University Hospitals and Health Group	1				Group Chief Executive Officer of Provider Trust in SWL	01-Aug-21	Present	Declared and discussed where relevant with Conflicts of Interest Guardian
Dr Nicola Jones	**Partner Member Primary Medical Services** ICB Board Member ICP Board Member Member of the People and Communities Engagement Assurance Group (PCEAG)	Y	1. Managing Partner Brocklebank Practice, St Paul's Cottage Surgery (both PMS) and The Haider Practice (GMS) 2. Joint Clinical Director, Brocklebank PCN 3. Brocklebank PCN is part of Battersea Healthcare (BHCIC) 4. Convenor, Wandsworth Borough Committee 5. Primary Care Representative, Wandsworth 6. Co-Chair Cardiology Network, SWL ICS 7. Clinical Director Primary Care, SWL ICS	1 3 4 5	2 6			1. Practices hold PMS/GMS contracts. Dr Nicola Jones holds no director post and has no specific responsibilities within BHCIC other than those of other member GPs.	1. 1996 2. 2020 3. 2018 4. 2022 5. 2022 6. 2022 7. 2022	1-7 Present	Adherence to COI policy
Ruth Dombey	**Partner Member Local Authorities** ICB Board Member Joint Chair of the ICP	N	Nil return								
Matthew Kershaw	**Place Member Croydon** Member of the ICB Board	Y	1. Chief Executive of Croydon Healthcare Services NHS Trust	1				Chief Executive of a provider Trust in SWL	1. 19/10/2019	Present	Declared and discussed where relevant with Conflicts of Interest Guardian
Dr Annette Pautz	**Place Member Kingston** Member of the ICB Board	Y	1 Holmwood Corner Surgery 2 Kingston General Practice Chambers Ltd. 3 NMWP PCN	1 2 3				1 Partner at Holmwood Corner Surgery 2 Member of Kingston General Practice Chambers Ltd. 3 Board Member NMWP PCN	1 01.04.21 2 01.04.21 3 01.04.21	1-3 Present	Declared and discussed where relevant with Conflicts of Interest Guardian
Dr Dagmar Zeuner	**Place Member Merton** Member of the ICB Board Member of the People and Communities Engagement Assurance Group (PCEAG)	Y	1. Director of Public Health, LBM In this role potential / perceived conflict of interest re any decision about future of St Heller's Hospital. 2. Partner is owner of ZG publishing (publishes the magazine: "Outdoor Swimmer"). 3. Honorary senior lecturer at the London School of Hygiene and Tropical Medicine. 4. Research advisor (occasional) for University of London/Institute of Child Health.	1 3			2		1. Feb 2016 2. Feb 2011 3. Apr 2006 4. Apr 2010		1. Not being a member of the CIC, being excluded from any decision making on the future of St Helier, which includes circulation of related unpublished papers.
Ian Dodds	**Place Member Richmond** ICB Board Member ICP Board Member	N	Nil Return								
James Blythe	**Place Member Sutton** ICB Board Member	Y	1.Managing Director , Epsom and St.Helier University Hospitals Trust 2.Spouse is a consultant doctor at Surrey & Sussex Healthcare NHS Trust		1		2		1.02/22 2. 01/22	Present	Recuse from discussions relating to relevant speciality and provider
Mark Creelman	**Place Member Wandsworth** ICB Board Member Member of Recovery & Sustainability Board	N	Nil return								
Jonathan Bates	**Chief Operating Officer** Participant of the of the ICB Board Member of the of the Quality Oversight Committee Member of the of the Finance and Planning Committee Member of Recovery & Sustainability Board	Y	1. Spouse provides primary care consultancy and interim support to a range of organisations.				1	Spouse provides primary care consultancy and interim support to a range of organisations.	Autumn 2020	Present	Highlighted potential conflict to the Accountable Officer
Charlotte Gawne	**Executive Director for Communications, Engagement and strategic stakeholder relations** Participant of the of the ICB Board Member of the People and Communities Engagement Assurance Group (PCEAG)	N	Nil Return								
Ben Luscombe	**Chief of Staff** Participant of the of the ICB Board Attendee of the of the Audit and Risk Committee Attendee of Remuneration and Nominations Committee Attendee Quality Oversight Committee Member of Recovery & Sustainability Board	N	Nil Return								
Mike Jackson	**Participant Member Local Authorities** **CEO of Richmonad & Wandsworth LA** ICB Participant ICP Member	N	Nil return								

NHS South West London
Integrated Care Board

MINUTES
SWL ICB Board Meeting
Wednesday 18 January 2023
09.45 – 13.00
Clarendon Hall, 42 York Street Twickenham, TW1 3BW

Chair: Ruth Bailey, Non-Executive Member

Members:	**Designation & Organisation**
Non-Executive Members	
Ruth Bailey (RB)	Non-Executive Member, SWL ICB
Dick Sorabji (DS)	Non-Executive Member, SWL ICB
Mercy Jeyasingham (MJ)	Non-Executive Member, SWL ICB
Martin Spencer (MS)	Non-Executive Member, SWL ICB
Executive Members	
Sarah Blow (SB)	Chief Executive Officer, SWL ICB
Karen Broughton (KB)	Deputy CEO/Director of People & Transformation, SWL ICB
Helen Jameson (HJ)	Chief Finance Officer, SWL ICB
Dr Gloria Rowland (GR)	Chief Nursing and Allied Health Professional/Director for Patient Outcomes, SWL ICB
John Byrne (JBy)	Executive Medical Director, SWL ICB.
Partner Members	
Vanessa Ford (VF)	Partner Member, Mental Health Services (Chief Executive Officer, South West London & St. Georges Mental Health Trust)
Jo Farrar (JF)	Partner Member, Community Services (Chief Executive Kingston Hospital NHS Foundation Trust & Hounslow and Richmond Community Healthcare NHS Trust; Executive NHS Lead for Kingston and Richmond)
Jacqueline Totterdell (JT)	Partner Member, Acute Services (Group Chief Executive Officer St George's, Epsom and St Helier University Hospitals and Health Group)
Dr Nicola Jones (NJ)	Partner Member, Primary Medical Services (Wandsworth GP)
Place Members	
Matthew Kershaw (MK)	Place Member, Croydon (Chief Executive Officer and Place Based Leader for Health Croydon Healthcare Services NHS Trust)
Dagmar Zeuner (DZ)	Place Member, Merton (Director of Public Health, London Borough of Merton)
James Blythe (JBl)	Place Member, Sutton (Managing Director Epsom & St Helier NHS Trust)
Dr Annette Pautz (AP)	Place Member, Kingston (Kingston GP)
Mark Creelman (MC)	Place Member, Wandsworth (Executive Locality Lead, Merton, and Wandsworth)
Ian Dodds (ID)	Place Member, Richmond (Director of Children Services Royal Borough of Kingston upon Thames & London Borough of Richmond upon Thames)
Attendees	
Jonathan Bates (JBa)	Chief Operating Officer, SWL ICB
Charlotte Gawne (CG)	Executive Director of Stakeholder & Partnership Engagement and Communications, SWL ICB
Mike Jackson (MJ)	Participant, Local Authorities (Joint Chief Executive Richmond upon Thames & Wandsworth Council)

Observers	
Alyssa Chase-Vilchez (ACV)	SWL HealthWatch Representative
Simon Breeze (SBr)	SWL Voluntary Sector Representative.
In attendance	
David Williams (DW) (Item 9)	Director of Acute Provider Collaborative (APC)
Ben Luscombe (BL)	Chief of Staff, SWL ICB
Maureen Glover (MG)	Corporate Services Manager (ICS)
Apologies	
Dame Cally Palmer (CP)	Partner Member, Specialised Services (Chief Executive Officer, The Royal Marsden NHS Foundation Trust)
Ruth Dombey (RD)	Partner Member, Local Authorities (London Borough of Sutton).
Ian Thomas (IT)	Participant, Local Authorities (Chief Executive, Royal Borough of Kingston upon Thames)

No.	AGENDA ITEM	Action by
1	**Welcome and Apologies**	
	RB welcomed everyone to the meeting and noted that this was the first meeting for ACV the Board's new HealthWatch observer and MJ the new Local Authority participant. RB also noted the Board's thanks and best wishes to Ian Thomas as the outgoing Local Authority representative. Apologies received were noted, and the meeting was quorate.	
2	**Declarations of Interest**	
	A register of declared interests was included in the meeting pack. There were no further declarations relating to items on the agenda and the Board noted the register as a full and accurate record of all declared interests.	
3	**Minutes, Action Log and Matters arising**	
	The Board **approved** the minutes of the meeting held on 16 November 2022. The action log was reviewed and **noted**. There were no matters arising not on the agenda.	
4	**Chief Executive Officer Report**	
	SB provided an overview of the written report and gave a verbal update on the industrial action. As mentioned in the report the ICB had a duty to develop its 5-year Joint Forward Plan before the start of each financial year and SB asked for people's support in completing this work within the tight timescale. The Board **noted** the report.	
5	**Equality Delivery System (EDS) 2022 Reporting**	
	GR presented the paper. In response to a question from SB about the process for assessing other categories, GR advised that the number of projects would be increased next year. Opportunities had been provided through the Health Inequalities Fund and 54 health projects had been approved across SWL.	

	MJ suggested maternity could be a good domain to look at and she would be interested to see what progress was made. In response to a comment by JT that maternity focused more on process and staff rather than culture, GR noted that this would be reported in more detail during agenda item 7. The Board **approved** the completed SWL EDS 2022 report and supported the publication of the report on the ICB's website.	
6	**2022/23 Better Care Fund Section 75s & Wandsworth Section 256 (Adults)**	
	JBa presented the report. SB noted that an additional £200m, non-recurrent funding, had been made available to the end of this financial year. The £500m national fund next year had now been confirmed as £600m and the allocation had been received. JT thought it would be helpful to understand the impact of the investment, whether it had made a difference and improved services and, where more money than planned had been invested, whether better services were being provided. MK noted that this was already happening at Place and JBa added that work would take place with Health and Wellbeing Boards to assess this. In response to this, RB asked that a report be brought back to a future Board assessing the impact of this money. **ACTION 180123-01** JBa to report to a future Board meeting, particularly assessing the impact on services of the Better Care Fund investments. The Board **approved:** • The 2022/23 Section 75 agreement and values. • The 2022/23 Wandsworth Section 256 Adults agreement and values.	**JBa**
7	**SWL Local Maternity & Neonatal System (LMNS) Kirkup Update Report**	
	GR presented the paper. The Board noted a number of areas that were important, for example, the training of obstetricians and midwives together; ensuring that not only was a unit performing well in inspections but being well-led, that leaders had the right skillset to do so and were supported, ensuring that the culture was right (psychological safety, freedom to speak up and if people felt able to raise concerns). The Board also recognised the need to share learning across the system and make the link between Acute and Community settings. RB noted that the Board would continue to seek assurance on the areas it agreed should be prioritised and after a seminar discussion it would be helpful to come back to the Board with a clear set of proposals about how to the address the issues. **ACTION 180123-02** GR to bring a report with a clear set of proposals to address the issues identified in the Kirkup review to a future Board meeting. The Board **noted** the report.	**GR**

8	**Patient Safety Incident Response Framework (PSIRF) Update**	
	GR presented the paper. The Board noted the new approach and in response to a number of questions, GR provided assurance on the current mechanisms and opportunities to share learning across organisations in relation to patient safety, and to engage with clinical staff and partners, in a different way. The Board also noted the patient engagement requirements, particularly the recruitment to Patient Safety Partners in each organisation and work with the voluntary sector. JF confirmed that the framework was being used as an opportunity to shift the thinking about culture, noting that work had been undertaken at Kingston Hospital and Hounslow & Richmond Community Healthcare (HRCH) on compassion and kindness. This new approach is expected to be rolled out in Primary Care in due course. The importance of engaging Primary Care stakeholders to raise awareness of any systemic changes was accepted. The Board **noted** the report.	
9	**South West London Acute Provider Collaborative (SWL ACP) Update**	
	JT provided context around the development of the SWL APC and DW provided an overview of the report. system.. The Board noted the importance of the clinical networks and pathways working across acute and primary care and ensuring that the patient journey was right first time. With regard to the integration of services, and potential changes to models of care, there was agreement that there is a need to ensure clinicians were aware of the available services across all sectors to support system transformation. In response to a comment from DZ, JT agreed to follow up areas where Public Health could be involved with the work of the APC, particularly in relation to prevention in secondary care and on the green agenda. It was noted that, whilst the APC did not have a quality dashboard, it used quality improvement methodology, and that quality was overseen by individual organisations. The Board **noted** the update.	
10	**Winter Update**	
	JBa provided a verbal update, noting the challenges, pressures across the system, improvements in performance and external scrutiny in relation to Urgent and Emergency Care (UEC). Attention was also drawn to the impact of the winter fund and adult social care allocations. Board members noted the learning from the industrial action and plans to implement lessons learned with the engagement of the London Ambulance Service and the UEC Board. The Board **noted** the verbal update.	

11	**Operational Planning Guidance 2023/24**	
	JBa presented the paper and HJ provided an overview of the draft Financial Planning Guidance. In response to a comment from MS, JBy noted that he was leading a digital transformation programme which would oversee a digital transformation investment plan to support service transformation and achieve efficiencies, whilst also focussing on quality and patient experience measures. JBa confirmed that further updates on planning would be provided to the Board. The Board **noted** the report.	
12	**Integrated Care Partnership Board Update**	
	KB presented the report on behalf of RD and provided an overview of the last meeting of the Integrated Care Partnership (ICP). SB noted this was an opportunity for all organisations in the system to provide feedback on the priorities. DS noted the financial constraints on the NHS and the risk this placed on delivering some of these priorities. In addition, DS noted the need for good engagement and collaboration to deliver the agreed priorities, underpinned by a financial case for transformation. KB agreed the points raised would require further consideration, agreed on the importance of delivery, and that resource would be required from a number of sources to focus on the priorities, providing examples of the recent Investment Fund and the Health Inequalities Fund. The Board **noted** the report.	
13	**ICB Committee reports**	
	<u>SWL Quality Report</u> GR presented the report advising that a range of proposed metrics had been included in the report following discussion at the previous Board meeting. RB asked Board members to provide feedback on the metrics to GR. MC provided an update regarding the Special Educational Needs and Disabilities (SEND) outcomes, advising that Merton had received notification that it now met sufficient progress. The Board **noted** the report. <u>SWL Performance Report</u> JBa provided an overview of the areas of progress and challenge. Responding to a question from SB about the Children and Young People (CYP) access rate for mental health services, KB confirming that the deterioration in performance was due to a change in the target	

	VF added there was significant challenge relating to fragmentation in pathways and workforce pressures which were being worked through as part of the Mental Health Strategy. The Board **noted** the report. <u>SWL Finance Report</u> HJ provided an overview of the SWL NHS system position at Month 8, including the challenge to deliver the financial position. DS noted the issues around agency costs and the need for the ICB to be equipped for scale of transformation needed to meet the financial and workforce challenges ahead. In response to NJ, HJ agreed to check whether prescribing was included in the Primary Care figures SB commented that the financial position in SWL had been difficult this year and it would not be possible to achieve the year end budget, which would impact on next year. In addition, SB noted that the ICB's allocation would be lower next year, which would require significant change in a pressurised landscape to meet the financial target over the next 12 months. **ACTION 180123-03** HJ to confirm whether prescribing is included in the Primary Care figures and respond to NJ. The Board **noted** the report.	**HJ**
14	**Items for information only – not for discussion**	

	Papers presented for information only were:
	• Vaccination Uptake Update
	• Board Committee Updates:
	  o Finance and Planning Committee
	  o Quality and Oversight Committee
	  o Audit and Risk Committee	

15	**Questions from SWL Voluntary Community and Social Enterprise and Healthwatch England**	
	In response to a question from SBr, GR advised that maternity data was taken to the Local Maternity Group and then to the Quality and Oversight Committee. In response to a question from ACV regarding the system patient experience panel, GR noted the work that had been undertaken regarding patient engagement in SWL and provided information on the role of the panel to support patient experience and safety. JBa responded to a question from ACV regarding whether it was possible to present patient outcomes and experience metrics by protected characteristics to address inequalities. It was noted that a suite of high-level metrics were brought to the Board, but the Board's sub-committees had this detail. JBa offered to discuss with AVC outside of the meeting and consider what information could be shared with HealthWatch.	

	ACTION 180123-04 JBa to determine appropriate sharing agreements prior to providing data on waiting lists to ACV.	**JBa**
16	**Any Other Business**	
	There was no other business to conduct, and RB brought the meeting to a close.	
17	**Public Questions**	
	RB advised that members of the public were invited to ask questions by email in advance of the meeting. A detailed question had been received from Christopher Coll regarding training opportunities for Allied Health Professionals within providers which will be answered outside of the meeting. The following questions were received from Eyall Gelbart (EG) (Chair Merton, Sutton, and Wandsworth Local Optical Committee) who was present at the meeting: 1. With reference to system working as part of the Operational Planning Guidance (2023/24) and the delegation of Pharmacy, Ophthalmology and Dentistry services to ICBs by April 2023, will there be an opportunity for the Local Optical Committee (LOC) to discuss this with the ICB? MC advised that the delegation of pharmacy, ophthalmology and dentistry services was happening at pace and meetings will be held with SWL representatives from all three areas in the next few weeks. The ICB was currently working through the Memorandum of Understanding for the delegation, effective from 1 April 2023. MC said he would welcome a conversation with EG outside of the meeting. 2. With regard to reaching out to hard-to-reach groups and patients with learning disabilities EG noted that Sutton had a scheme for an enhanced service for sight tests for people with learning disabilities and asked whether the ICB would consider extending this service across the ICS? MC responded that this was a locally commissioned service in Sutton based on the assessment need of learning disability patients, and this would be shared with all boroughs and SWL colleagues. It was noted that ophthalmology services would not be delegated until 1 April and there would be time to work this through. 3. EG asked if the ICB could advise on the progress of business cases from the SWL ophthalmology network for post cataract assessment at optical practices and pediatric services. MC responded that it was not appropriate to discuss individual business cases at the meeting but would be pleased to have a conversation with EG outside of the meeting. Wendy Micklewright (MW) (Richmond Hearing voices Network) commented that she had spoken with VF and agreed to await the information relating to the Freedom of Information request relating to Elective Compulsive Treatment (ECT) from South west London and St George's Mental Health Trust. WM made several points relating to issues around human rights in mental health services to minimize distress and the wider determinants of housing and poverty which impact on mental health.	

	In response to a number of questions from Wendy Micklewright (WM), VF thanked her for her continued commitment to raise prominent issues on the mental health agenda. In response to WM's comment on Electroconvulsive Treatment, VF agree to provide further information to the Board. VF acknowledged that WM was actively engaged in the development of the Mental Health Strategy in SWL and encouraged her to continue to be so. In relation to reducing restrictive practices across the Mental Health Act, Mental Capacity Act, and restraint, it was noted that these are reported through Board reports. VF and CG agreed to consider the accessibility of the Board papers.	

ACTION LOG

Date	Minute Ref	Action	Responsible Officer	Target Completion Date	Update	Status	Committee	Type
01.07.22	2	A Primary Care Strategy for SWL will be developed and brought to a future Board meeting for approval.	Mark Creelman	30.6.23	Primary Care Strategy is on the ICB agenda for June 2023.	Open	ICB Pt1	Action
13.10.22	1	Long Term Strategy for Urgent and Emergency Care to be reported to a future meeting of the ICB.	Jonathan Bates Matthew Kershaw	May-23	JB to discuss with the ICB CEO Update 23.3.23: Significant work will take place to develop the strategy during spring 2023 when current operational pressures are expected to have mitigated to some degree, allowing time for focused work across the urgent and emergency care pathway and to facilitate alignment with the expected publication of the national Urgent & Emergency Care Strategy.	open	ICB Pt1	Action
18.1.23	6	BCF: Jba to report to a future Board meeting particularly assessing the impact on services of the Better Care Fund investments.	Jonathan Bates	Jul-23		Open	ICB Pt1	Action
18.1.23.	7	GR to bring a report with a clear set of proposals to address the issues identified in the Kirkup review to a future Board meeting.	Gloria Rowland	Jul-23		Open	ICB Pt1	Action
18.1.23	13	HJ to confirm whether prescribing is included in the Primary Care figures and respond to Nicola Jones.	Helen Jameson	31.1.23		Closed	ICB Pt1	Action
18.1.23	15	JBa to determine appropriate sharing agreements prior to providing data on waiting lists to Alyssa Chase-Vilchez.	Jonathan Bates	31.1.23	A report reviewing NHS waiting list information and health inequalities is planned to be shared with Healthwatch prior to the March Board.	Open	ICB Pt1	Action

NHS South West London
Integrated Care Board

NHS South West London Integrated Care Board			
Name of Meeting	ICB Board		
Date	Wednesday, 15 March 2023		
Title	Decisions made in other meetings		
Lead Director Lead (Name and Role)	Sarah Blow, Chief Executive Officer, SWL ICB		
Author(s) (Name and Role)	Jitendra Patel, ICB / ICP Secretary		
Agenda Item No.	04	**Attachment No.**	03
Purpose	Approve ☐	Discuss ☐	Note ☒

Purpose

To ensure that all Board members are aware of decisions that have been made, by the Board, in other meetings.

Executive Summary

Part 2 meetings are used to allow the Board to meet in private to discuss items that may be business or commercially sensitive and matters that are confidential in nature.

At its Part 2 meeting on 15 February 2023 the Board approved the recommendation to begin a mini-competition procurement process through the Increasing Capacity Framework. The Board also agreed the delegation for approval of the procurement award to the Finance and Planning Committee in March.

Recommendation

The Board is asked to:

- Note decisions made in the 15 February 2023 Part 2 meeting.

Conflicts of Interest
N/A

Corporate Objectives This document will impact on the following Board Objectives	Overall delivery of the ICB's objectives.

Risks This document links to the following Board risks:	N/A

Mitigations Actions taken to reduce any risks identified:	N/A

Financial/Resource Implications	Contract awards have been through the appropriate ICB governance processes, including Finance and Planning Committee.

Is an Equality Impact Assessment (EIA) necessary and has it been completed?	N/A

What are the implications of the EIA and what, if any are the mitigations	N/A

Patient and Public Engagement and Communication	N/A

Previous Committees/Groups Enter any Committees/Groups at which this document has been previously considered	**Committee/Group Name**	**Date Discussed**	**Outcome**
		Click or tap to enter a date.	
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Supporting Documents	N/A

NHS South West London
Integrated Care Board

NHS South West London Integrated Care Board			
Name of Meeting	ICB Board		
Date	Wednesday, 15 March 2023		
Title	Update on Cancer		
Lead Director Lead (Name and Role)	Dame Cally Palmer, CEO, The Royal Marsden Foundation Trust; Chair, RM Partners Cancer Alliance; National Cancer Director		
Author(s) (Name and Role)	Dr Emma Kipps, Clinical Director RMP Susan Sinclair, Managing Director RMP		
Agenda Item No.	05	**Attachment No.**	04
Purpose	Approve ☐	Discuss ☒	Note ☒

Purpose

This paper is being brought to the Board to update members on the current performance and focus of the Cancer Alliance who serves SWL, RM Partners. Cancer Alliances deliver the local and national cancer priorities in order to achieve the ambitions set out in the NHS strategy (Long Term Plan).

Executive Summary

Cancer is a key priority nationally and for SWL ICS. The key aspiration nationally is to increase the number of people being diagnosed with early-stage cancer to 75%, as this gives the biggest benefit in terms of 5 year survival.

To achieve this RM Partners have developed a strategy which sets out the work programmes required to deliver this, which include:

- Reducing inequalities across the cancer pathway.
- New Screening approaches to find cancer earlier and working with National Screening programmes to improve screening uptake.
- Working with Place teams and Primary care to improve early detection.
- Ensuring diagnosis is faster.
- Innovations around diagnosis and management of cancer.
- Ensuring cancer is holistic and personalised.

Key Issues for the Board to be aware of:

Services have responded to significant additional demand over the last year which has helped to restore cancer treatments across SWL. Meeting the cancer standards is a key priority for SWL. To manage the changes in demand different models of care are being developed to ensure those with a high risk of cancer are able to be managed quickly.

NHS South West London
Integrated Care Board

Recommendation **The Board is asked to:** • Note the contents of this report.

Conflicts of Interest N/A

Corporate Objectives This document will impact on the following Board Objectives	Cancer is a key priority for the ICB, and delivery of the NHS strategy is a core expectation for ICBs.

Risks This document links to the following Board risks:	The RMP cancer programme supports recovery from Covid.

Mitigations Actions taken to reduce any risks identified:	

Financial/Resource Implications	Cancer Alliances use innovation and transformation funding to deliver their objectives.

Is an Equality Impact Assessment (EIA) necessary and has it been completed?	n/a

What are the implications of the EIA and what, if any are the mitigations	

Patient and Public Engagement and Communication	RM Partners has a patient advisory group who helped us to shape our strategy.

Previous Committees/Groups Enter any Committees/Groups at which this document has been previously considered	**Committee/Group Name**	**Date Discussed**	**Outcome**
		Click or tap to enter a date.	
	Click or tap to enter a date.		

Supporting Documents	Up Date on Cancer Report

RM Partners
West London Cancer Alliance

Hosted by The Royal Marsden NHS Foundation Trust

RM Partners Cancer Alliance: Update on SWL

Dame Cally Palmer: CEO, The Royal Marden Foundation Trust, Chair RM Partners Cancer Alliance and National Director for Cancer

Working in partnership, ***we will achieve world class cancer outcomes*** *for the population we serve*

Aims & Objectives of Cancer Alliances

RM Partners
West London Cancer Alliance
Hosted by The Royal Marsden NHS Foundation Trust

The role of the 21 Cancer Alliances in England is to improve cancer outcomes by:

- Diagnosing 75% of cancers early and faster and improving survival
- Eliminating variation and inequalities in cancer pathways
- Optimising care through innovation and improvement
- Improving patient experience and quality of life

In SWL, the Cancer Alliance is RM Partners, which is hosted by the Royal Marsden Hospital. RM Partners leads the cancer strategy across both NWL and SWL.

We work across the whole cancer pathway. Our partners include **boroughs, each Acute hospital Trust, primary care and screening teams and the acute provider collaborative. Our strategy is agreed with the ICBs.**

Strategic Delivery Programmes

RM Partners
West London Cancer Alliance
Hosted by The Royal Marsden NHS Foundation Trust

We have **six strategic delivery programmes**, designed to achieve our strategic ambitions of:

✓ **Diagnosing people earlier and faster and improve survival**.

Improving the early diagnosis rate by 4% by 2025.

✓ **Removing variation and optimising care**.

Tackling the variation in early diagnosis across NWL and SWL, so that 940 more people have their cancer diagnosed early over the next three years.

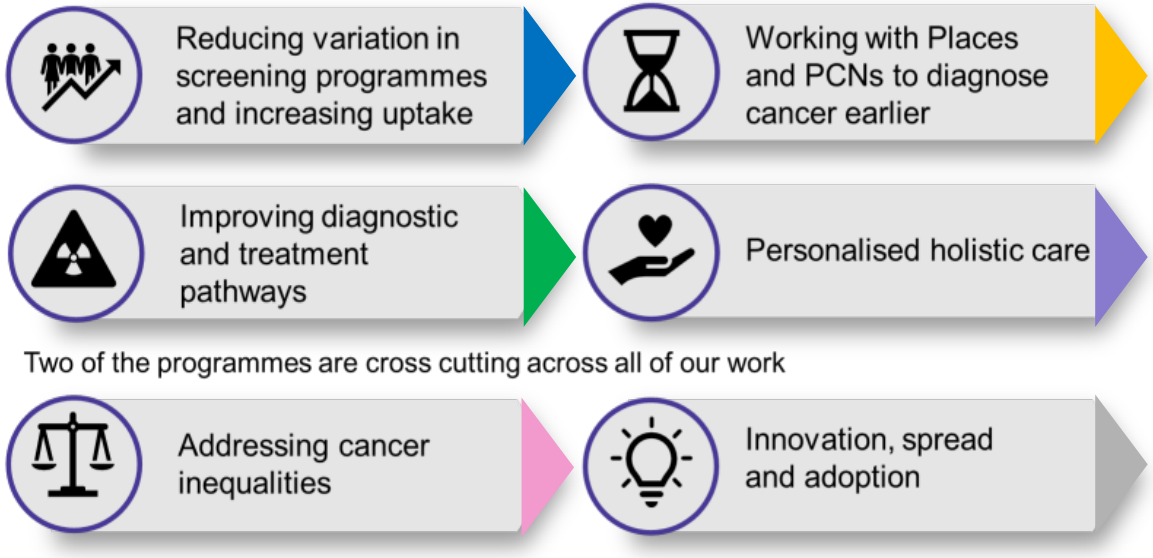
Targeting people with the highest need and tackling inequality.

Adopting innovations that improve cancer care and outcomes.

✓ **Improving patient experience and quality of life**

Improving access to care and ensuring it is personalised and holistic.

Six Strategic Delivery Programmes



Where are we now?

RM Partners
West London Cancer Alliance
Hosted by The Royal Marsden NHS Foundation Trust

Diagnosing cancer at an early stage

- 58% of those with cancer are diagnosed at stage 1/2, compared to 51% Nationally.
- However we have significant variation by borough of stage of diagnosis.

Borough	% Stage 1/2
Sutton	61%
Wandsworth	60%
Richmond	58%
Kingston	58%
Croydon	57%
Merton	56%
Average	**58%**

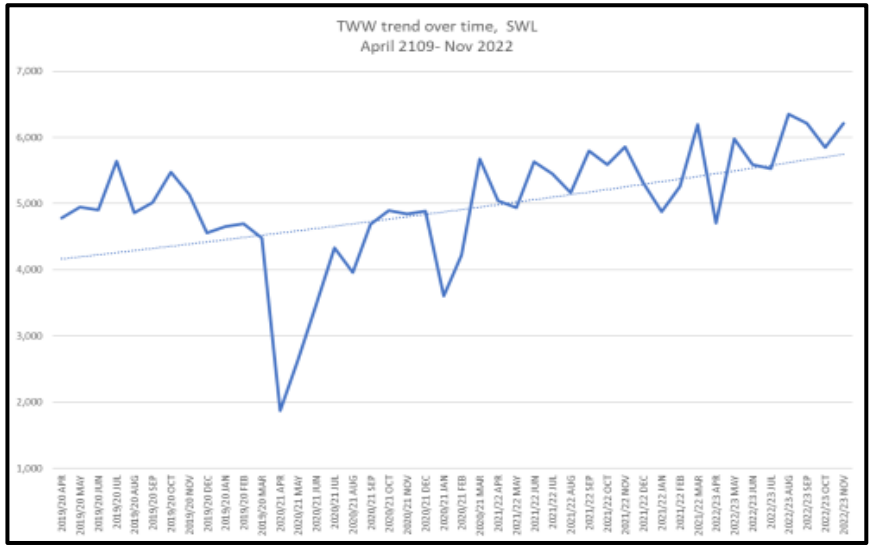
Operational Delivery

- **A significant focus since covid has been on the restoration of pathways and supporting additional capacity to enable recovery**
- We have recovered urgent suspected cancer referrals and seen patients since COVID 19, when referrals dropped significantly

	2019/20	2020/21	2021/22	2022/23
TWW referrals SWL	59,146	49,087	65,108	68,397
% change from 19/20		-17%	10%	16%

In 22/23 we have treated 8% more patients than in 19/20:

	Urology	Breast	Skin	Lower GI	Lung	Haem	Upper GI	Gynae	Head & Neck	Total
Additional first treatments compared to 19/20	+101	+65	+32	+32	+12	+62	+18	+7	+35	+414

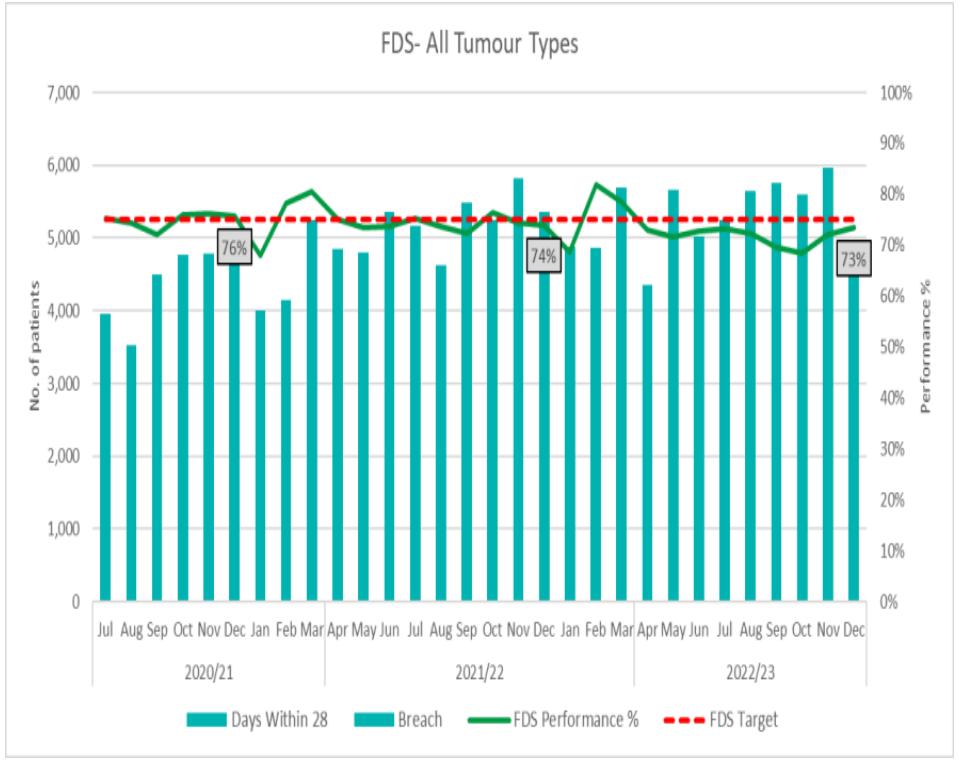


Where are we now?

RM Partners
West London Cancer Alliance
Hosted by The Royal Marsden NHS Foundation Trust

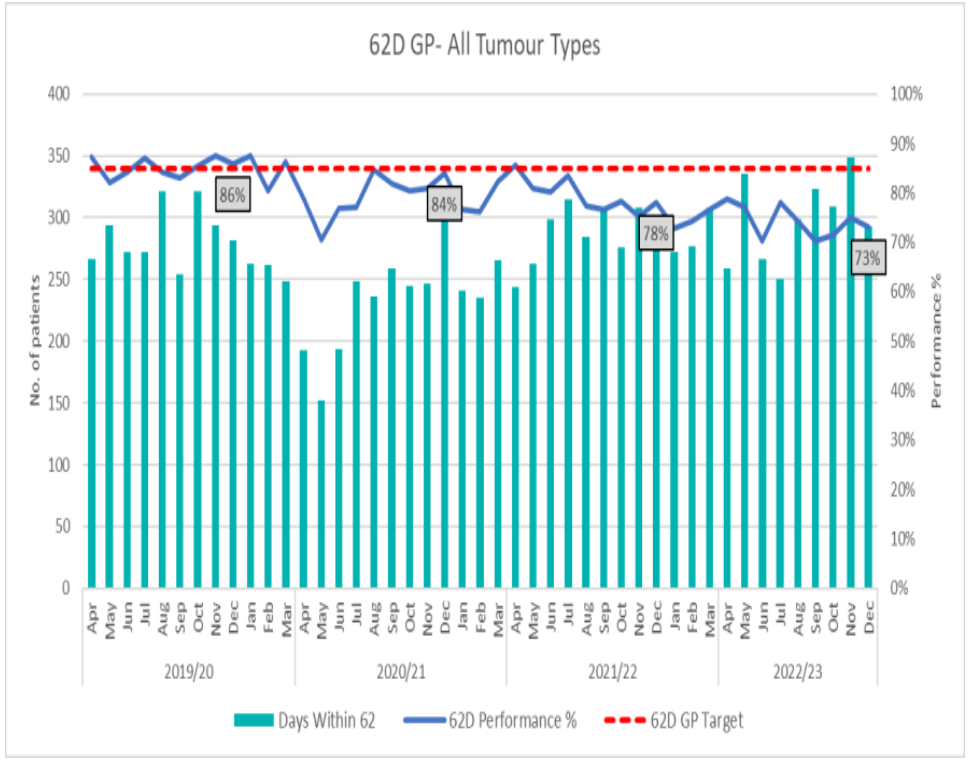
Performance: Faster diagnosis

SWL remains a high performer in National terms, despite far more people going through cancer pathways. It is expected that the ICS will deliver this target from Q2 2023/24



Performance: 62 Day

SWL remains a high performer compared to peers, with Highest performance in London (Dec 22), and in top 3 Nationally

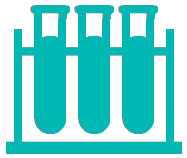


Our Recent progress in SWL

RM Partners
West London Cancer Alliance
Hosted by The Royal Marsden NHS Foundation Trust

During Covid:

Provided Alliance wide response to covid, ensuring access to time critical cancer surgery through the set up of the Cancer Hub. This ensured during the pandemic to ensure access and equity of access for patients receiving curative treatment



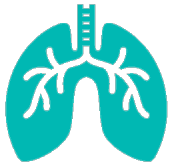
Established FIT (pre referral test to understand risk of bowel cancer) testing - currently 70% of our patients have a FIT test pre urgent GI referral

Post-Covid:

Supported the Covid recovery across SWL. Despite the challenges around elective and surgical access, SWL continues to have one of the top 62 day performance in the country, and ensured recovery of Two week wait referrals

Rolled out the Vague Symptom Rapid Diagnostic Clinics across SWL, to enable with suspected cancer but unclear site of origin access to rapid review and diagnostics- the first clinic went live in March 2021, and we achieved population coverage by August 2022, with over 1,500 people assessed in 22/23

Reviewed inequalities across the whole cancer pathway to ensure our workplan will deliver for all our residents



Rolled out the National Targeted Lung Health checks, which increases the likelihood of early diagnosis in Lung Cancer, thereby increasing 5 year survival.
All patients who are eligible have been invited in Sutton, and this year 5,500 health checks have been carried out in this population (up to November 2022). With Merton and Wandsworth now live.

Implemented National trials on new approaches to early diagnosis, such as Colon Capsule Endoscopy and Cytosponge, at Epsom and St Georges & Croydon

Supported nationally funded, locally led research: eg the use of ctDNA to diagnose pancreatic & biliary cancer

Supported RMP funded research: eg genetic testing in lung cancer patients to improve early diagnosis in family members

Work Programme Focus: 23/24 & 24/25

Reducing Variation in Screening Programmes & Increasing Uptake

RM Partners
West London Cancer Alliance
Hosted by The Royal Marsden NHS Foundation Trust

Deliver new types of screening, which identify tumours at an earlier stage:

- Roll out of targeted lung health checks to all of SWL
    - starting with the geographical wards with the highest smoking rates by the end of 23/24
- Roll out of genetic testing for all new colorectal and endometrial cancers to identify at those with a higher family risk of cancer
- Commence roll out of management of people at high risk of Liver and Pancreatic cancer
- When nationally requested support the clinical testing for new ways of diagnosing cancer with just a blood test (GRAIL)
- Test and implement new methods of screening people with Baretts Oesophagus using 'Cytosponge' at Croydon, ST Georges & Epsom St Helier

Work with borough (place) teams and the **National Screening Programme** regional teams to reduce variation in existing cancer screening programmes, bowel, cervical and breast screening

Inequalities:

Create clear population health dashboards to understand more about our screening uptake in real time to allow rapid interventions to reduce inequality

Working with Places & PCNs to Diagnose Cancer Earlier

RM Partners
West London Cancer Alliance
Hosted by The Royal Marsden NHS Foundation Trust

Working with Place teams to:

- Engage with our populations, particularly those less likely to come forward with cancer symptoms to develop interventions which reduce this issue

Working with Primary care to

- to reduce differences in early stage diagnosis by working in the areas (boroughs, populations and GP's) with less cancers diagnosed and treated through the urgent cancer pathway
- **Continue to embed Urgent Cancer Referral guidance**
- **FIT testing** in primary care to reach threshold of 80% compliance
- Continuation of our **cancer population health** approach to generate actionable insights by GP practice, age, sex, ethnicity and deprivation

WHO, 2017

Improving Diagnostic & Treatment Pathways

RM Partners
West London Cancer Alliance
Hosted by The Royal Marsden NHS Foundation Trust

1. Continue to support trusts in South West London to diagnose and treat patients diagnoses with cancer, **within 62 days**

1. **Faster Diagnosis target** (75% of people told their cancer diagnosis by day 28 following referral) in line with National requirements, by focussing on:
    I. **Breast pain pathway-** to create a new service for people who have breast pain only, based in the community with expert assessment teams,
    II. **Urology pathway** to ensure more nurse led diagnostic and imaging capacity
    III. **Lung cancer diagnostic pathway** to improve the speed of diagnosis, and make sure specialist diagnostics (PET and EBUS) are available locally

2. Ensure all patients with a sign or symptom of cancer have a clear diagnostic pathway into secondary care by continuing to increase the volume of patients referred to Vague Symptom clinics, to meet the aspiration of 4% of cancer referrals
3. Ensure **all Trusts record cancer staging**
4. **Ensure every patient gets the most appropriate treatment** through clinical pathway groups; chemotherapy and radiotherapy networks

Personalised Holistic Care

RM Partners
West London Cancer Alliance
Hosted by The Royal Marsden NHS Foundation Trust

- Demonstrate that all patients across RMP are offered a consistent personalised care through **Holistic Needs Assessment (HNA), Personalised Care and Support Planning (PCSP) and End of Treatment Summary (EOTS)**
- Refresh **patient initiated follow up pathways** for priority tumour types ensuring fully operational in Breast, Colorectal, Prostate and Endometrial
- Develop **RMP patient and public involvement programme** - involving patients and public in the codesign, oversight and scrutiny of RMP programmes
- Drawing on the programme of patient and public involvement - codesign an innovative, whole system approach for cancer **prehabilitation and rehabilitation** drawing on the best practice – establishing a sustainable funding model.

End of presentation

NHS South West London
Integrated Care Board

NHS South West London Integrated Care Board			
Name of Meeting	ICB Board		
Date	Wednesday, 15 March 2023		
Title	South West London Enhanced Health in Care Homes Programme Overview		
Lead Director Lead (Name and Role)	Tonia Michaelides – SWL Director of Health and Care in the Community		
Author(s) (Name and Role)	Viccie Nelson - Associate Director of Transformation: Ageing Well		
Agenda Item No.	06	**Attachment No.**	05
Purpose	Approve ☐	Discuss ☒	Note ☒

Purpose

The purpose of the paper is to provide the ICB with an overview of the South West London (SWL) Enhanced Health in Care Homes (EHCH) programme. The paper highlights the SWL EHCH transformation work being delivered, the positive impact these initiatives are having and the next steps.

Executive Summary

One of the priority areas in the NHS Long Term Plan (LTP) is Ageing Well. The LTP identifies three core components for Ageing Well – EHCH, Community Urgent care response and Proactive care. This paper focuses on the SWL EHCH programme.

The 2022/23 NHS Operating Plan directed all ICSs should implement the national EHCH framework.

The national EHCH framework was developed from the learning from the new models of care Vanguard Programme launched in 2015. Across England six sites were selected for the ECHC Vanguards, one of which was Sutton. This means that the SWL EHCH programme has been able to adopt the learning from Sutton and the ECHC framework from its inception. The benefits of the early adoption are demonstrated in the paper.

One of the key factors of our success has been the relationships we have built with care home providers, using the approach we developed during the pandemic. This includes regular and consistent communication with all care home providers. An example of this is through the regular webinars we hold which has 80% of the care homes in SWL in regular attendance.

Key Issues for the Board to be aware of:

- **Workforce**

  Within the care home sector there is a workforce challenge in both recruitment and retention. The high rate of vacancies, together with high staff turnover rates, lead to several issues. For example, care homes are not always able to open all their beds due to staff capacity. Also, with the high staff turnover rates training to support new ways of working needs to be offered frequently. The number of training sessions available are limited by capacity.

- **System Development Funding**

  The delivery of the SWL EHCH programme has been supported by £1.89m nationally allocated System Development Funding (SDF) money. This money is confirmed for 2023/2024 but not for future years. If these funds were to end this will impact on the delivery of the programme.

- **Changing Needs**

  Over the last few years, the needs of people who need a care home placement has change with an increase in complexity. This has meant that for a small but growing cohort of patients it has been difficult to find a care home. This has led to patients remaining in hospital beds longer than necessary. To address this change in needs the SWL EHCH has a number of initiatives such as Behaviour that Challenges training.

Recommendation

The Board is asked to:

- Note the contents of the paper particularly:
  - The key transformation priorities of the SWL EHCH programme.
  - The achievements of the programme, particularly the reduction in the number of non-elective hospital admissions by care home residents.

- To support the continuing development and delivery of the SWL EHCH programme.

Conflicts of Interest No conflicts of interest have been identified in relation to this paper.

Corporate Objectives This document will impact on the following Board Objectives	The SWL EHCH programme aligns to the ICB priorities and will meet the objective to improve outcomes in population health and healthcare.

Risks This document links to the following Board risks:	No specific risks have been identified for the current delivery of the SWL EHCH programme.

Mitigations Actions taken to reduce any risks identified:	N/A

Financial/Resource Implications	The SWL EHCH programme is funded by nationally allocated System Development Funding (SDF) of £1.89m. This funding is confirmed for 23/24. If national funding is not confirmed for future years this programme will be a cost pressure for the ICB.

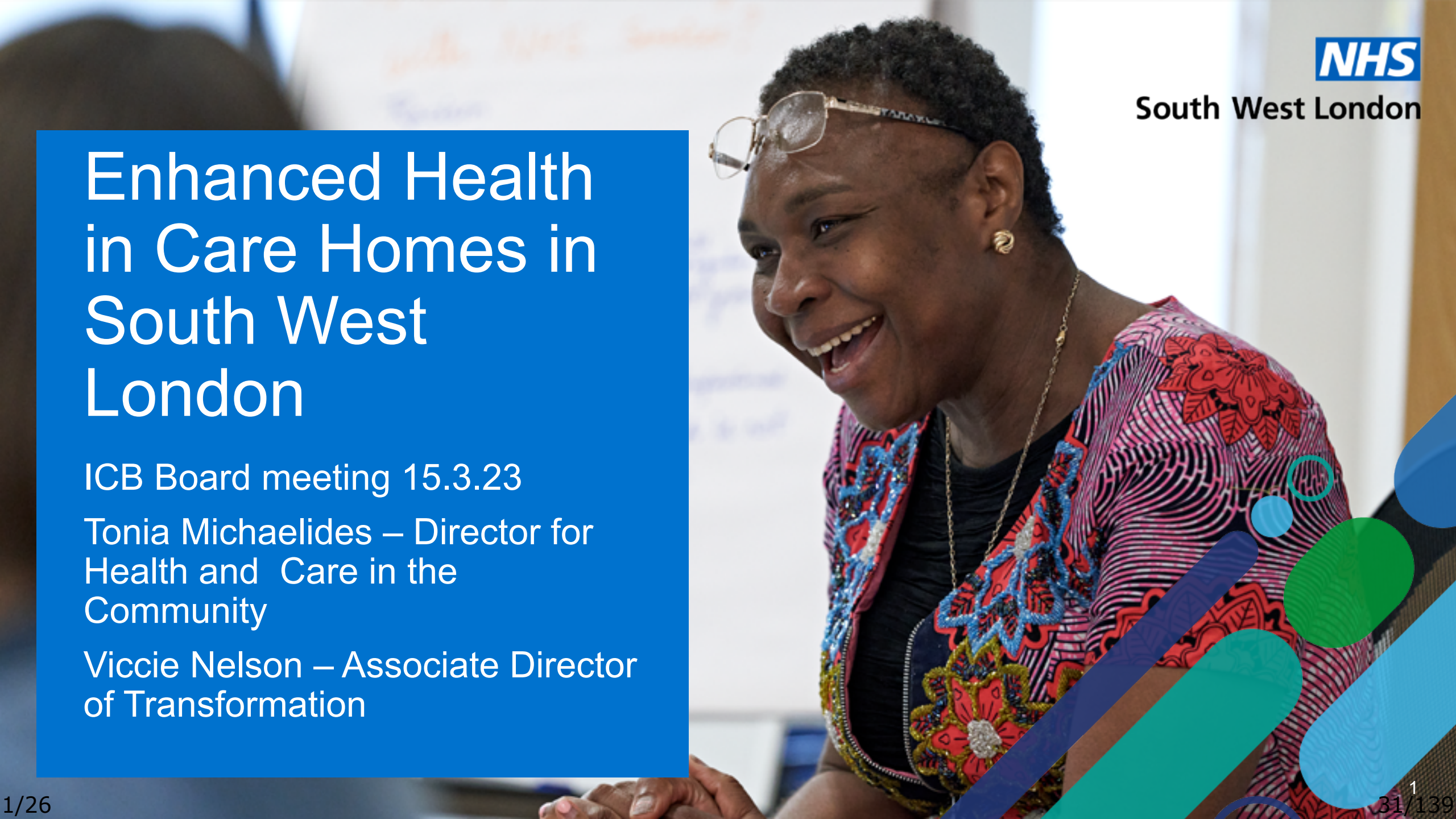
Is an Equality Impact Assessment (EIA) necessary and has it been completed?	An EIA has not been completed as the programme is open to all care home residents and staff. The EHCH framework was developed nationally and from the Vanguard sites who completed EIAs.

What are the implications of the EIA and what, if any are the mitigations	

Patient and Public Engagement and Communication	As part of the development of the EHCH transformation plans residents and their families and staff are engaged with. We regular communicate with care homes through webinars and information cascades

Previous Committees/Groups Enter any Committees/Groups at which this document has been previously considered	**Committee/Group Name**	**Date Discussed**	**Outcome**
	SWL SMT	26/01/2023	The SMT noted the contents of the paper and supported the focus of the SWL EHCH programme
		Click or tap to enter a date.	
		Click or tap to enter a date.	

Supporting Documents	South West London Enhanced Health in Care Homes Programme Overview



NHS
South West London

Enhanced Health in Care Homes in South West London

ICB Board meeting 15.3.23

Tonia Michaelides – Director for Health and Care in the Community

Viccie Nelson – Associate Director of Transformation

Content

NHS
South West London

- Setting the scene: National Drivers, SWL Care Homes
- The SWL Programme: principles, governance, the team
- 21/22 Achievements & 22/23 Ambitions
- Impact of the SWL Enhanced Health in Care Homes Programme
- Next steps & Any Questions

NHS
South West London

Setting the Scene

Enhanced Health in Care Homes Framework

Ageing Well is one of the core areas under The Long Term Plan; it is comprised of 3 focus areas: Enhanced Health in Care Homes (EHCH), Community Services Transformation and Anticipatory Care (now ProActive Care).

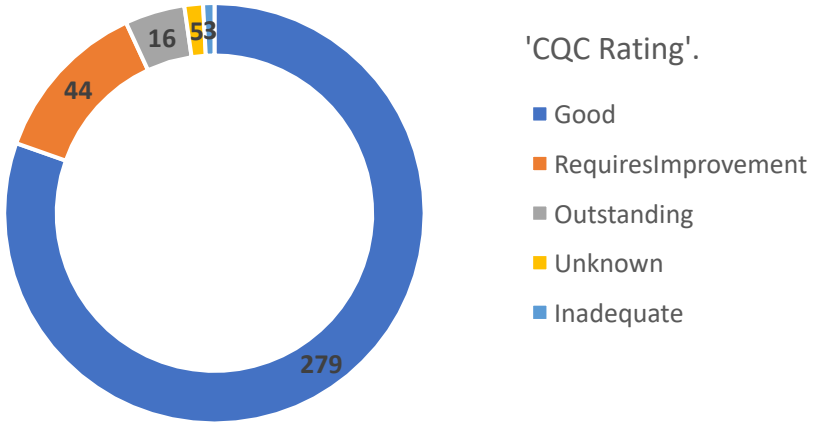
The SWL programme is based on the national Enhanced Health in Care Homes Framework. The 22/23 Operating Plan set a directive for Systems to implement the framework.

Enhanced Primary Care Support	Multi-disciplinary team (MDT) support including coordinated health and social care	Falls prevention, reablement and rehabilitation including strength and balance	High quality palliative and end-of-life care, Mental Health and Dementia care	Joined-up commissioning and collaboration between health and social care	Workforce Development	Data, IT and technology
PCN/care home alignment	Expert advice and care for those with the most complex needs	Rehabilitation	Palliative and End of Life care	Co-production with providers and networked care homes	Training and development for social care provider staff	Linked health and social care data sets
Medicine reviews	**Continence promotion and management**	***Falls, strength and balance***	***Mental Health Care***	**Shared contractual mechanisms to promote integration + CHC**	Joint workforce planning across all sectors	Access to the care record and secure email
Hydration and support	Flu prevention and management	Developing assets to support resilience and independence	***Dementia Care***	Access to appropriate housing options		Better use of technology in care homes
Oral Health care	**Wound care – leg and foot ulcers**					
Access to out of hours	Helping professionals, carers to navigate the health care system					

SWL Care Home Landscape

South West London

- 6 boroughs: Croydon, Kingston, Merton, Richmond, Sutton. Wandsworth
- Population of 1.7m
- 343 Care Homes
- 8472 Resident beds
- 10,816 staff (927 Bank/Agency)
- 97 Nursing Homes
- 59 Residential homes
- 187 Care Homes for people with a learning disability or Mental Health
- High % of independent self funders



*Figures based on report from Capacity Tracker – retrieved 30th August

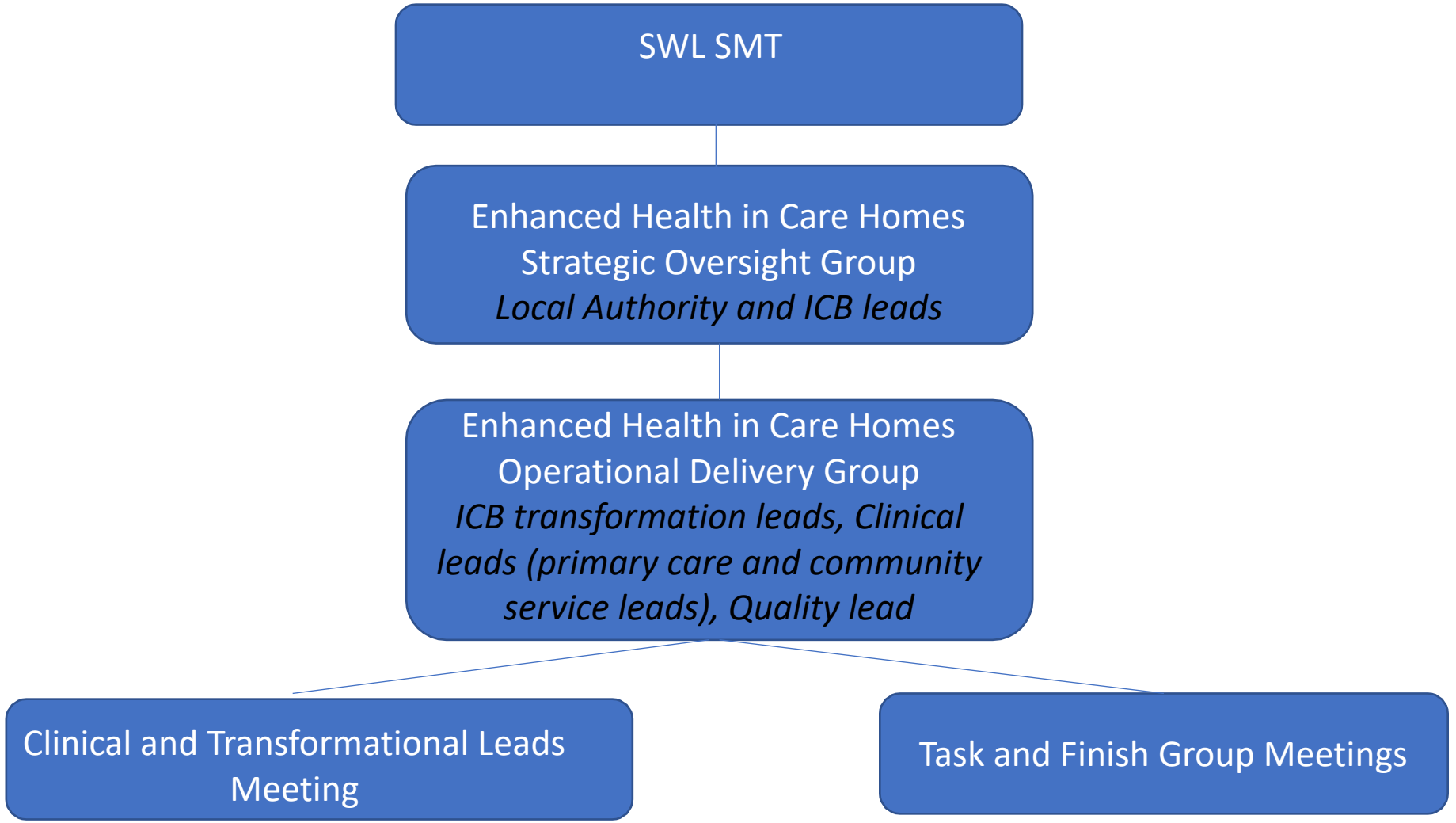
Our principles

Our aim when working with care homes is:

- “Do with not do to”
- Great care is a partnership
- Championing upwards
- No care home is left behind
- Valuing residents: frail, complex and need support
- Working in collaboration with LA colleagues
- Tailor our support to ensure equal access to opportunities
- Embedding the EHCH framework

EHCH Governance

South West London



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Transformational Projects

SWL Transformational Project Targets – to achieve by 31 March 2023

Scheme	Performance Against Target at 28/02/23	Scheme	Performance Against Target At 28/02/23
Care Homes Using Red Bags Target: 75%of care homes using red bags Actual: Audit TBC estimate 60% overall. All Nursing and Residential, rolling out to LD/MH CH	80%	**MDT meetings for every care home** Target: 100% of care homes Actual: Audit to be undertaken in 23/24 against guidance	100%
Hydration Bid Target: 6 Care Homes using hydrate mugs Actual: 0 *NB: Recruitment and procurement delayed project. Care Homes identified and engaged.	0*	**RESTORE2/NEWS2** **21/22 Baseline:** 98% of CH trained Target: RESTORE2/NEWS2 training embedded at place level Actual: embedded in 5 of 6 boroughs	83%
Access to the London Urgent Care Plan (UCP) **21/22 Baseline:** 12 CHs with access to CMC Target: 10% (35) care homes supported on access UCP Actual: 22	62%	**Enhanced MH/ LD Services** Target: Access to Leadership dev for MH/LD staff Actual: Agreement reached with HIN to extend training to LD/MH CHs in 23/24	100%
Care Home Workforce Development Target: ongoing training and development Actual: Training programs underway- RESTORE2/NEWS2, EOLC, Challenging Behavior, Falls, Leadership	BAU	**Making a Difference Alerts for Care Home Staff** Target: 100% care homes to be introduced to the MKaD tool Actual: Comms to 100% and estimate 80% are aware. Continue to encourage uptake	100%
Falls Target: 30 CHs training booked Actual: training commenced February 23; 11 Care homes booked/received training	37%	**Behaviours that Challenge** Target: 33 CHs trained Actual: 17 trained at 28/02. Further sessions booked.	52%

Additional Winter Resilience outlined on slide 8

National Targets

Winter Resilience Work in Care Homes

NHS South West London

Joint working across the SWL ICS with Providers and SWL Enhanced Health in Care Homes Team

- Mapping of Falls and UCR Services by borough, all care homes reminded how to access support
- Update and review of Restore2/NEWS2 Escalation Protocols
- Promoting Urgent Community Response Contacts and Referral Criteria
- Bids to support Care Homes and CHSTs
    - Capital equipment to respond to falls
    - Developing Falls Training package for CHs
    - ASC Education Fund
    - Intensive Support Service (PoC) to support discharge

NHS
South West London

Digital Projects

Digital Integration Project Targets – 31 March 2023

Scheme	Performance against target at 28/02/23	Scheme	Performance against target at 28/02/23
Remote Monitoring in Care Homes (CHs) **21/22 Achieved:** 85 CHs Target: 4050 beds/162 CHs Actual: 3635 beds/ 114 CHs	90%	**Data Security Protection Toolkit** **21/22 Achieved:** 41.4% at DSPT Standards Met Target: 75% at DSPT SM Actual: 85.5% at DSPT SM	114%
eRed Bag **21/22 achieved:** 8% of Care Homes set-up Target: 30% care homes set-up Actual: 27% care homes set-up	90%	**Digitising Social Care Records** **21/22 Achieved:** 29.7% Target: 55% CHs approved Actual: 51% approved	93%
Sensor based falls technology **21/22 Baseline:** 0% Care Homes Tech installed Target: 10% care homes Actual: 5.3% care homes. Plans in place to achieve 9.1% by 31/03/23	53%	**Proxy Ordering Medication (or EMAAR)** **21/22 Achieved:** 33 CH with Proxy Ordering Target: 98 CH with Proxy Ordering Actual: 57 CH with Proxy Ordering Program transitioning to EMAAR	58%
Digital equipment & connectivity Target: all Care Homes to have and equipment and connectivity to integrate with NHS Actual: ongoing levelling up	N/A	**Access to Shared Care Records (SWL)** **21/22 Baseline:** 0 CH access to Records Target: 10 care homes pilot Actual: 9 in pilot	90%
NHS Mail & virtual MDTs Target: ongoing support to utlise tools Actual: 91% CH have NHS Mail, 65% using regularly. All CH have a device/s to enable virtual MDTs	N/A	**Digital Readiness Survey** Target: 90% (Feb '22 Baseline) Actual: 90% pending survey in Feb 23	TBC

- National Targets

SWL ICS road map to digital integration

NHSmail & MS Teams

Video consultations and virtual MDTs

Remote monitoring & electronic ordering of prescriptions

Sharing information from care homes & viewing NHS records

Creating shared care & support plans in same digital system

Digital and data integration across care homes and the NHS

We believe in an inclusive and innovative approach to care

Achievement Highlight

The Red Bag scheme was an initiative developed as part of the Vanguard programme in Sutton Homes of Care in 2015, however, a series of issues were identified whilst conveying care homes residents to the hospital. These included:

- An estimated 260 bags had gone missing
- Lack of confidence amongst care home staff due to Red Bags going missing
- Lack of awareness by hospital staff of the importance of the Red Bag
- Lack of medicines information reviews as a result of missing bags
- Poor communications between the hospital, the care home and the London Ambulance Service
- At the height of the pandemic pressures, the Red Bag was rarely used, and residents were conveyed to hospitals without the relevant information

Ageing Well funding was agreed to be prioritised for recruiting red bag coordinators working in the 4 acute hospitals to embed systems and processes for the successful operation of the pathway.

The recruitment of the coordinators have impacted very positively on the service in several ways. This includes:

- An agreed information governance pathway between SWL and the IG teams of the four hospitals
- 0% of lost Red Bags
- Improved communications between the care homes and the hospital
- Recovery of about 70 missing Red Bags
- Awareness has been raised in the hospitals about the Red Bag
- Easy to track every red bag between the care home and hospital

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Impact of the Programme

Impact of the Programme

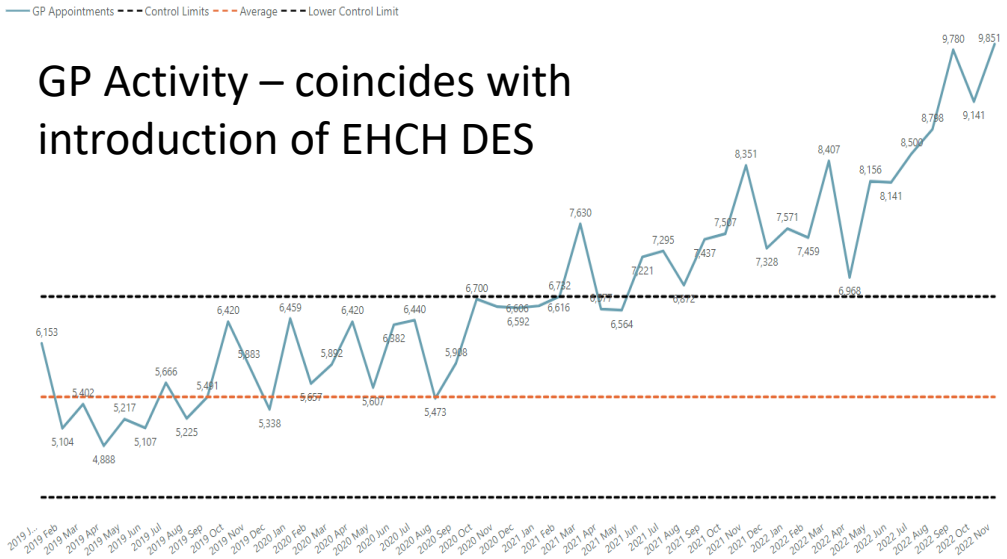
NHS South West London

- Data on following slides outlined trends.
- NB complexity of residents is increasing, medical advances extending life
- Anticipate growth in activity
- Data tells one part of the story
- Need to capture and build the anecdotal feedback of staff, carers and residents

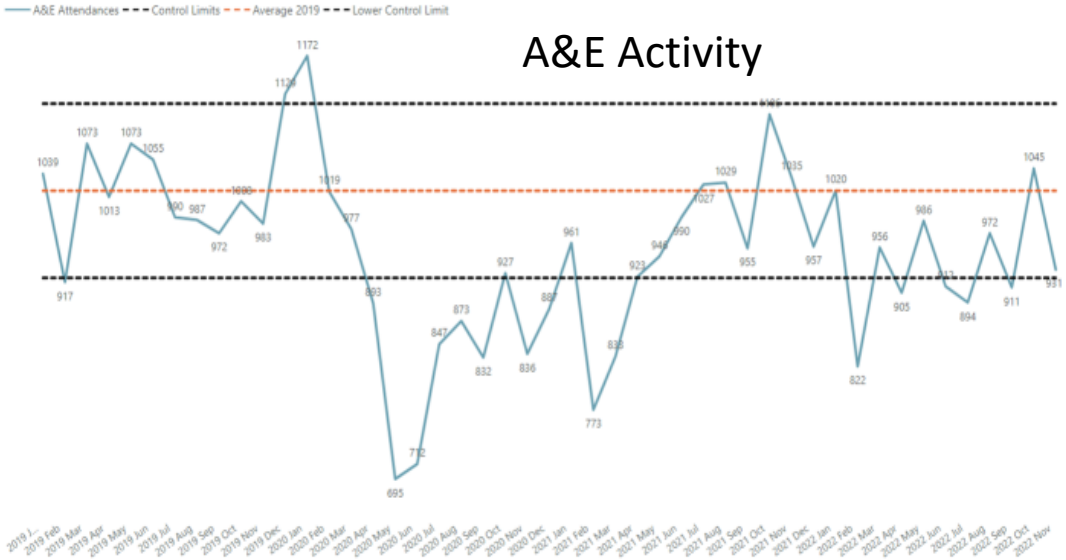
Impact on Activity: Jan 19 – Nov 22

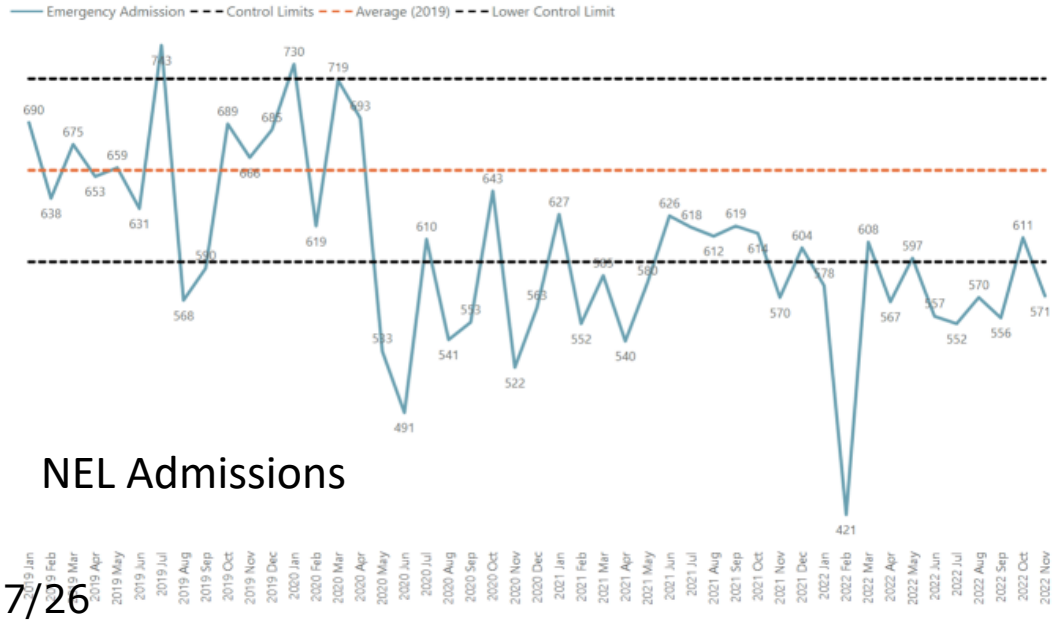
South West London

GP Activity – coincides with introduction of EHCH DES



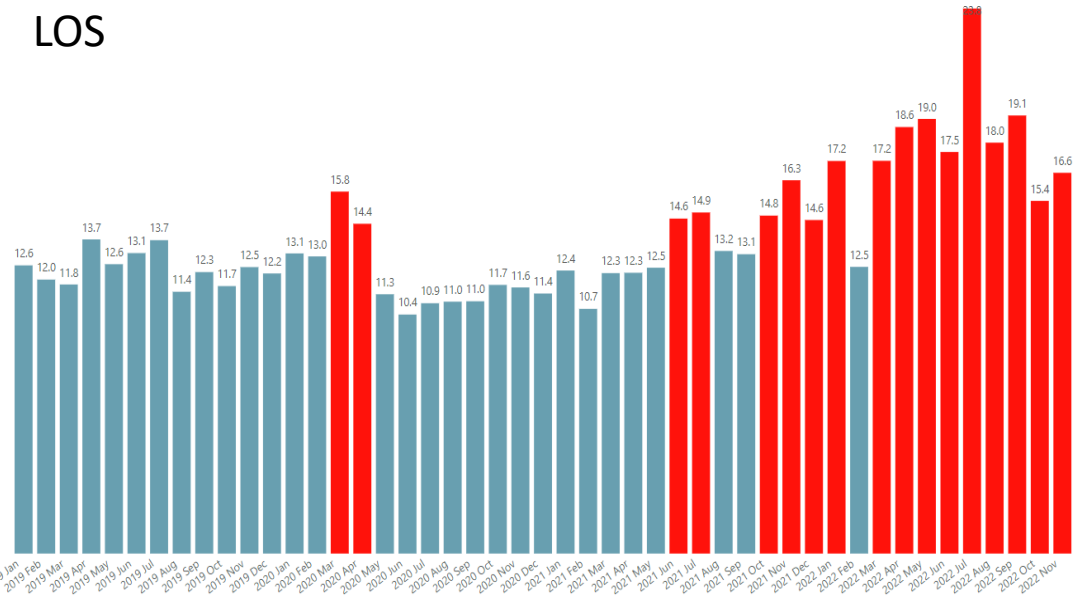
A&E Activity





NEL Admissions

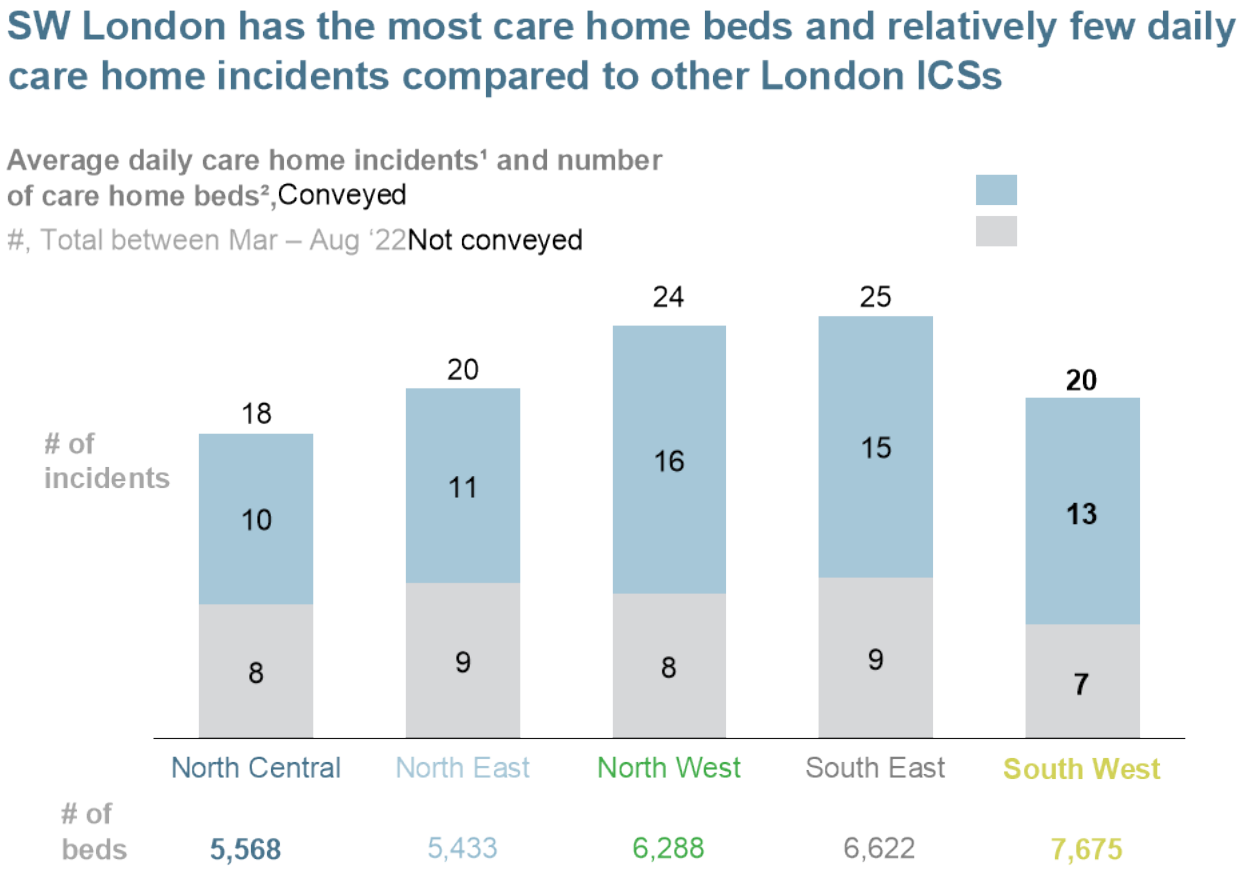
LOS



LAS Activity

South West London

- As part of Winter Resilience focus, NHSE commissioned an external provider to analyse LAS data across London for Care Homes



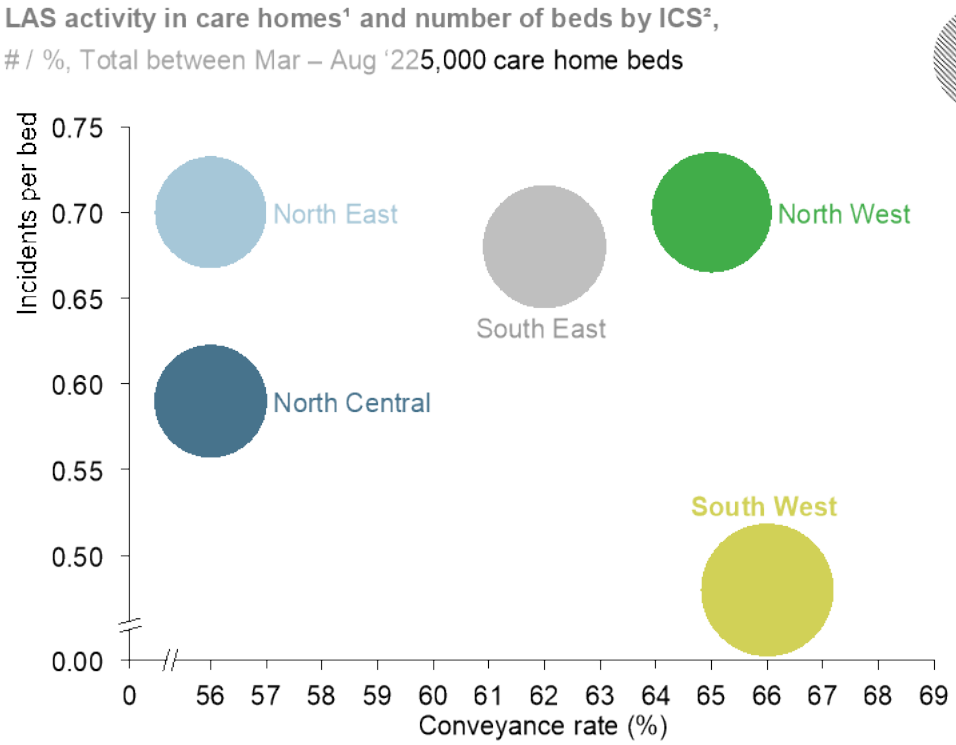
LAS Activity continued.

South West London

SW also has the lowest incident per bed rate and highest conveyance rate

LAS activity in care homes[1] and number of beds by ICS[2],

/ %, Total between Mar – Aug '225,000 care home beds

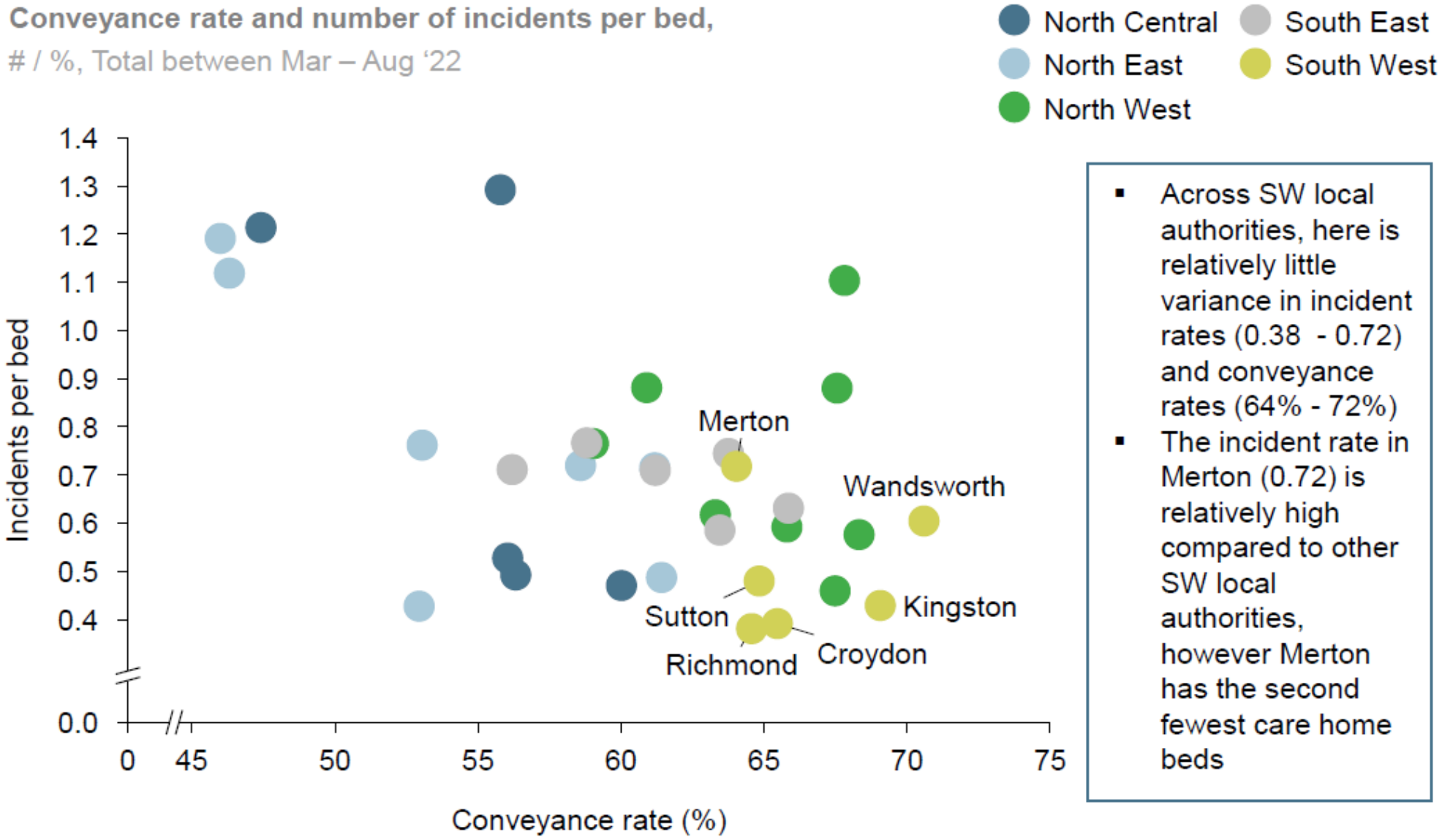


- The relatively low incident rate in SW could indicate that these care homes call 999 less frequently
- The high conveyance rate may indicate that SW care homes call 999 when acute care is most likely to be required

SW local authorities appear to have relatively low incident rates and high conveyance rates compared to local authorities within other ICSs

Conveyance rate and number of incidents per bed,

/ %, Total between Mar – Aug '22



- Across SW local authorities, here is relatively little variance in incident rates (0.38 - 0.72) and conveyance rates (64% - 72%)
- The incident rate in Merton (0.72) is relatively high compared to other SW local authorities, however Merton has the second fewest care home beds

New Staffing to the NHS

NHS
South West London

- Digital programme has created opportunities for temporary staff from different backgrounds to gain experience in the NHS
- Specialist skills are required and time/training has been invested in staff to develop these. No recognised courses – have built our own.
- Valuable skillsets brought in to build the Band 6 and Band 7 staff structure from other industries.

Impact

NHS
South West London

- Strengthened the relationship between the health care system and care homes - we are there only by their invitation
- Digital readiness/capability in a care home has improved and the gap has narrowed between the least and most digital care home
- Knowledge and skills within the care home workforce has increased through transformation projects and support from Digital Social Care who are a group of organisations working together to support digital transformation in social care providers
- Communication between care homes and other parts of the care system has been enhanced through the use of Restore2 and new digital care technology
- Average non elective, emergency admissions from a care home are down

Challenges

NHS South West London

- These improvements are not widespread or embedded in every care home.
    - **How can we ensure no care home (resident) gets left behind?**
- The workforce in care homes is transient, the demand for non mandatory refresher training is constant.
    - **How do we deliver this so that it is both meaningful and cost effective?**
- Transformation takes a long time and requires intensive support. We have introduced new roles: Digital Integration Support Officers, Clinical Digital Educator, Red Bag Coordinators
    - **How do we continue to embed and sustain this change, what is the BAU model?**
- Length of Stay has been above average for the majority of the year 2022/23
    - **Need to continue to review – reduced short stay admissions and contributing factors**

NHS
South West London

Next Steps and Any Questions

Next Steps

NHS
South West London

- Progress has been made, but still more to do and ongoing support due to staff and resident turnover.
- Workforce issues mean ongoing support is needed both in Care Homes but also in the program team
- Independent organisations, but need support: akin to Primary Care
- Most vulnerable people in society, moral obligation to support, but also highest risk of pressure on the system
- Need to intertwine clinical and digital programmes into a single unified programme.

NHS
South West London

NHS South West London
Integrated Care Board

NHS South West London Integrated Care Board			
Name of Meeting	ICB Board		
Date	Wednesday, 15 March 2023		
Title	Joint Working Model with NHSE for Specialised Services for 2023/2024 and ICB Signature of the Joint Working Agreement		
Lead Director Lead (Name and Role)	Jonathan Bates, Chief Operating Officer		
Author(s) (Name and Role)	Lucie Waters, Programme Director – Specialised Services (South London ICBs)		
Agenda Item No.	07	**Attachment No.**	06
Purpose	Approve ☒	Discuss ☐	Note ☐

Purpose

To provide clarity on the joint working arrangements between SW London ICB and NHSE for the 2023/24 financial year.

Executive Summary

On 2 February, at its Board meeting, NHS England approved plans to commission jointly with Integrated Care Boards, 59 service areas from 1 April 2023.

From 1 April 2023 NHS England and multi-ICB collaborations, covering nine geographical footprints, will establish statutory joint committees that will oversee and take commissioning decisions related to these 59 specialised services, although NHS England will remain accountable for the commissioning of all specialised services in 2023/24. This will coincide with the introduction of population-based budgets for these services from April 2023.

Commissioning responsibility for all other specialised services will be retained by NHS England. For some services this will be on a permanent basis and for others this will be temporarily until they are considered ready for delegation.

The arrangements in 2023/2024 represent a stepping-stone to delegating full commissioning responsibility for suitable services from April 2024.

Key Issues for the Board to be aware of:

- **Joint Working Agreement**
  The Joint Working Agreement has been developed nationally to legally underpin the joint working model in 2023/2024 for statutory joint committees between multi-ICBs and NHS

England for the 59 services that are appropriate for more integrated and delegated commissioning. The joint working model will be implemented to "go live" from April 2023 and will:

- Confirm that, to support a managed transition towards full delegation, for 2023/2024 finances, liability and contracting will remain with NHS England, albeit overseen by the joint committee and that commissioning teams will remain within NHS England in 2023/24 to support the transitional arrangements.
- Allow the committees to be consulted on specialised services that are being retained by NHS England.

- **London Arrangements**
  Following discussion between ICB Chief Executives and NHSE London through the existing Partnership Board it was agreed that London will have a single joint committee; this will allow London Partnership Board and following discussion with Specialised Commissioning ICB for co-ordinated decision making between ICBs and NHSE during this transitional year. The Joint Working agreement has been amended for London following discussion. As a national document used by all 7 regions, there are only a few schedules and clauses open for local amendment.

- **Ways of Working**
  In London it was also decided that the agreement of further principles to underpin our planned 'ways of working' would be helpful.

Recommendation

The Board is asked to:

- Approve the joint working model for the commissioning of specialised services in 2023/2024 and authorise the ICB Chief Executive to sign the Joint Working Agreements on behalf of South West London ICB to enable new commissioning arrangements to 'go live' from April 2023.

Conflicts of Interest
In the event of conflicts of interest, these will be managed through the joint committee.

Corporate Objectives This document will impact on the following Board Objectives	This proposal supports the ICB in taking responsibility for end to end pathway care for patients.

Risks This document links to the following Board risks:	The joint committee arrangements currently limit risk for the ICB in 23/24.

Mitigations Actions taken to reduce any risks identified:	A risk log is maintained at a South London level to ensure senior leaders are aware of the risks associated with the joint committee and pathfinder.

Financial/Resource Implications	At this stage the financial and resource risks are limited to managerial commitments in supporting the new working arrangements and pathfinder.

Is an Equality Impact Assessment (EIA) necessary and has it been completed?	No specific EIA given the working arrangements have been established by NHSE.

What are the implications of the EIA and what, if any are the mitigations	Through closer working with NHSE there is the potential to tackle access inequalities in how specialised services are currently provided.

Patient and Public Engagement and Communication	No specific patient engagement in SWL given the working arrangements have been established by NHSE.

Previous Committees/Groups Enter any Committees/Groups at which this document has been previously considered	**Committee/Group Name**	**Date Discussed**	**Outcome**
	None	Click or tap to enter a date.	
		Click or tap to enter a date.	
		Click or tap to enter a date.	

Supporting Documents	Joint working model with NHSE for Specialised Services for 2023/2024 and ICB signature of the Joint Working Agreement

Joint working model with NHSE for Specialised Services for 2023/2024 and ICB signature of the Joint Working Agreement

1. Background

On 2 February at its Board meeting, NHS England approved plans to commission jointly with Integrated Care Boards, 59 service areas (some but not all specialised services) from 1 April 2023.

It is anticipated that jointly commissioning specialised services across the agreed service areas will enable the delivery of more joined-up care for patients, improving their experiences and outcomes from treatment. Integrated commissioning supports a focus on population health management across whole pathways of care, ultimately aimed at improving the quality of services, tackling health inequalities and ensuring best value.

From 1 April 2023 NHS England and multi-ICB collaborations - covering nine geographical footprints – will establish statutory joint committees that will oversee and take commissioning decisions related to these 59 specialised services, although NHS England will remain accountable for the commissioning of all specialised services in 2023/24. This will coincide with the introduction of population-based budgets for these services from April 2023.

Commissioning responsibility for all other specialised services will be retained by NHS England - for some services, this will be on a permanent basis and for others this will be temporarily until they are considered ready for delegation.

These delegation plans, which were first set out in the *Roadmap for Integrating Specialised Services within Integrated Care Systems*, have been developed in close collaboration with NHS England's regional teams, ICBs and specialised service providers. They represent the outcome of a thorough assessment of ICB system readiness, and a comprehensive analysis of services to determine their suitability and readiness for more integrated commissioning.

As above the arrangements in 2023/2024 represent a stepping-stone to delegating full commissioning responsibility for suitable services from April 2024. This will be subject to further Board consideration and decision.

2. The Joint Working Agreement

The Joint Working Agreement has been developed nationally to legally underpin the joint working model in 2023/2024 for statutory joint committees between multi-ICBs and NHS England for the 59 services that are appropriate for more integrated and delegated commissioning. These arrangements will be implemented using NHS England's powers under section 65Z5 of the NHS Act 2006.

This model will support the transition to fully delegated commissioning arrangements for appropriate services in future years.

The joint working model will be implemented to 'go live' from April 2023 and will:

a) Introduce joint decision-making between NHS England and ICBs for specialised services that are suitable and ready for greater ICB involvement.
b) Require the establishment of a joint committee of NHS England and ICBs to facilitate collaboration and decision-making in relation to the services.
c) Confirm that, to support a managed transition towards full delegation, for 2023/2024 finances, liability and contracting will remain with NHS England, albeit overseen by the joint committee.
d) Confirm that commissioning teams will remain within NHS England in 2023/24 to support the transitional arrangements.
e) Provide decision-making safeguards for NHS England, recognising that this is a transitional year and liability remains with NHS England.
f) Allow the committees to be consulted on specialised services that are being retained by NHS England, although they will not have any decision-making powers relating to these services. In accordance with the NHS England Scheme of Delegation, the decisions to introduce arrangements under section 65Z5 and 65Z6 of the NHS Act 2006 are matters reserved to the NHS England Board.

The joint working agreement is a national document, ensuring consistency across England. There are areas for local flexibility. The approach in London to these is set out below.

3. London Arrangements

Following discussion between ICB Chief Executives and NHSE London through the existing Partnership Board it was agreed that London will have a single joint committee; this will allow for co-ordinated decision making between ICBs and NHSE during this transitional year.

The South London and North London ICBs will continue to meet as South/ North London Programme Boards, reporting into the Joint Committee; this will establish an appropriate geographic footprint for planning multi-ICB services (i.e., paediatrics, neurosurgery, cardiac, specialist respiratory etc), particularly taking account of significant patient flows from other regions.

A Joint Working Agreement + (known as the Pathfinder Programme) has been established in South London, which aims to further test some of the more technical aspects of future delegation arrangements across finance, funding flows, business intelligence, activity and contracting. Progress reports and feedback from the Pathfinder Programme will be made to the joint committee ensuring that all ICBs in London learn from these developments in a consistent way and can participate in them as appropriate**.**

The London Joint Committee creates a decision-making forum for:

- London wide service issues e.g., cancer, neo-natal transport, resilience.
- Pan ICB quality issues, should they arise.
- The impacts of and any changes to patient flows from other regions.

- Developing a regional approach to nationally retained services and services identified as suitable but not yet ready for delegation to ICBs.

3.1 Amending the Joint Working Agreement for London

The Joint Working agreement has been amended for London following discussion at the London Partnership Board and following discussion with Specialised Commissioning ICB Leads and ICB Governance leads. As a national document used by all 7 regions, there are only a few schedules and clauses open for local amendment. The areas which were updated include:

a) **Schedule 2** – the template Joint Committee Terms of Reference for regions and ICBs to adapt. For London the key changes include:
   - A description of accountability and oversight reporting to the London Regional Executive as a means of ensuring appropriate levels of scrutiny.
   - Decision-making where consensus is not reached by the membership of the Joint Committee. The London Partnership board agreed that there will be equal voting rights with NHS England holding a casting vote. Each ICB has a single vote and NHS England has a number of votes equal to the number of ICB votes. Where there is deadlock, NHS England has a casting vote at the meeting of the Joint Committee.
   - A description of the roles and responsibilities of the membership including the London approach to clinical representation. ICBs have agreed representation at Chief Executive level. A provider representative from North and South London has been included, and two ICB Chief Financial Officers representing North and South London. It has also been agreed to offer ICB chief medical officers (CMOs), chief nursing officers (CNOs) and allied health professional leads (AHPs) a single place each a place on the Joint Committee, should they wish to take this up. CMOs, CNOs and AHPs have been written to, to ask if they collectively wish to take up this place, who they would like to nominate and through what mechanism the nominee will keep their colleagues informed of what is discussed at the Joint Committee (each is expected to represent their professional area on behalf of all 5 ICBs in the meetings).

b) **Schedule 9 – local terms** - A schedule for local partners to adapt to detail additional governance arrangements including sub-committees. For London the key changes include:
   - An organogram showing the regional governance meetings that support the Joint Committee
   - A description of the Joint committee subgroups; The “Finance Advisory Group”, The “Delegation, Planning & Commissioning Committee” and the “Integrated Specialised Quality & Patient Safety Committee”
   - A description of the extended specialised services governance for North and South London including a description of the “North London Programme Board for Specialised Services”, the “South London Specialised Executive Management Services Board” and the “South London Pathfinder Programme”

4. Ways of working

In London it was also decided that the agreement of further principles to underpin our planned ‘ways of working’ would be helpful. Specifically, we have agreed that:

1. NHSE and ICBs will work in a transparent collaborative way as co-commissioners of specialised services. The Joint Committee will not be used as a forum to performance manage ICBs, as this would confuse NHSE’s regulatory role with that of its commissioner function.
2. Where there are breaches of the agreement by either NHSE or the ICBs, Partners can raise their concerns either individually or collectively through the Joint Committee.

5. Recommendation

To ensure the agreements are in place for 1st April 2023, ICB Boards are being asked to authorise ICB Chief Executives to sign the Joint Working Agreement with NHSE.

The Board is asked to: Approve the joint working model for the commissioning of specialised services in 2023/2024 and authorise ICB Chief Executives to sign the Joint Working Agreements on behalf of SW London ICB to enable new commissioning arrangements to ‘go live’ from April 2023.

NHS South West London
Integrated Care Board

NHS South West London Integrated Care Board			
Name of Meeting	ICB Board		
Date	Wednesday, 15 March 2023		
Title	Pharmacy, Optometry and Dental Delegation		
Lead Director Lead (Name and Role)	Mark Creelman, Place Executive Merton and Wandsworth		
Author(s) (Name and Role)	Mark Creelman, Place Executive Merton and Wandsworth		
Agenda Item No.	08	**Attachment No.**	07
Purpose	Approve ☒	Discuss ☐	Note ☒

Purpose

This paper sets out the key areas of agreement and consideration for South West London ICB in the delegation of Pharmacy, Optometry and Dental (POD) commissioning functions ahead of 1 April 2023 and agree the recommendations below.

Key Issues for the Board to be aware of:

- NEL ICB will host the POD commissioning functions.
- There will be a POD London Oversight Group across London with South West London representation.
- South West London will still hold accountability and responsibility for the delegated function and allocated finances.

Recommendation

The Board is asked to:

- Note the agreed London operating model that Northeast London (NEL) are the host ICB for a POD hub.
- Note the South West London ICB Chief Executive will sign the Memorandum of Understanding between South West London ICB and North East London (NEL) ICB.
- Agree the establishment of a London POD oversight Group with South West London ICB representation as the key management group for POD.
- Note the delegation of POD commissioning functions from NHSE to South West London as of 1 April 2023

Corporate Objectives This document will impact on the	Overall delivery of the ICB's objectives.

following Board Objectives	

Risks This document links to the following Board risks:	Key risks are identified in the paper but key risks are: • Suitable governance to manage the functions at each ICB • The transition to new arrangements • Understanding and expertise at ICB level

Mitigations Actions taken to reduce any risks identified:	Key mitigations are: • An MOU between ICB hosts and South West London ICB • A focus on safe landing of current arrangements • A London oversight group and local steering groups

Financial/Resource Implications	Each ICB has an allocated amount for POD commissioning. In 2022/23 the South West London allocation for POD is £127.9m. Delegation is based on a lift and shift of allocations and staff. A member of the SWL finance team has been on the delegation finance working group.

Is an Equality Impact Assessment (EIA) necessary and has it been completed?	This is a change in commissioning structure not service change. Regional colleagues have undertaken an EIA in relation to staff transfer and is proposed that an EIA is undertaken post delegation at an ICB level.

What are the implications of the EIA and what, if any are the mitigations	N/A

Patient and Public Engagement and Communication	As we receive delegation on 1 April, there is wealth of patient feedback on all aspects of POD which will be used to inform the future direction of travel.

Previous Committees/Groups Enter any Committees/Groups at which this document has been previously considered	**Committee/Group Name**	**Date Discussed**	**Outcome**
	Board Seminar	21/09/2022	Agreed direction of travel and delegated PDAF and Operating Model decision to CEO.
	SMT	26/01/2023	Agreed governance proposal
	London Steering groups and Finance Working groups	Various	

Supporting Documents	The following documents have been summarised in the paper but are available in full to Board members on request: 1. Letter of Comfort' in place with NHS England. 2. The Memorandum of Understanding between NEL ICB and South West London. 3. The delegation agreement with NHS England and the Scheme of Delegation for South West London ICB.

The delegation of Pharmacy, Optometry and Dental Services (POD) to South West London and London ICBs from NHSE

1. Purpose

SWL ICB has been working with other London's ICBs and NHSE London to prepare for the delegation of POD services. This paper provides the context and brings together the key elements required for approval and sign off by South West London ICB in advance of delegation taking place on 1 April 2023.

This paper provides a set of agreements and considerations for South West London ICB to ensure appropriate governance is in place to manage the commissioning functions of POD services in London. These are to:

- **note the establishment of the new London operating model** with North East London (NEL) ICB as the host commissioner.
- **note that the South West London ICB CEO can agree the memorandum** of understanding between NEL ICB and South West London from 1 April 2023.
- **agree the establishment of a London-wide POD oversight group** through which the five London ICBs will oversee the work of the newly established POD Hub within NEL ICB.
- **note the sign off by South West London ICB CEO of the delegation agreement** with NHS England and the Scheme of Delegation for South West London ICB to be updated accordingly.

All these areas are described in more detail below, and the summaries of key documents are provided in the appendices.

Finally, the London ICBs have set out some of the key risks and their mitigations as we move towards the delegation of POD services and identifies some learning of the collaborative process. These risks, mitigations and learning are set out in Appendix 2.

2. Background and context

From 1 April 2023, NHSE will delegate responsibility to all ICBs for all pharmaceutical, general optometry and dental (POD) commissioned services. This means that there needs to be an agreement between NHSE and South West London ICB that enables the ICB to take on the responsibility for delivering these functions.

Certain POD functions will be retained by NHSE such as national contract development and negotiations, performers list management, wider aspects of professional regulation and national transformation programmes.

The 2022/23 current POD financial allocation for South West London ICB is £127.9m

In September 2022, South West London ICB, along with the other four London ICBs, submitted a pre-delegation assessment framework (PDAF) to NHS England. The framework was developed in collaboration across London and provided an assessment of readiness to receive delegation by each system. This was considered and approved at the NHS England moderation panel on the 13 October 2022.

Our Board received a presentation at the Board seminar in September on the delegation process and agreed the PDAF and operating model would be agreed by the CEO and SRO for primary care. The Delegation Agreement with NHS England,

and the subsequent changes required to the ICB's Scheme of Delegation are summarised in Appendix 1 and a copy of the full agreement is available.

The Board is asked to: agree to the proposed delegation of these services from 1 April 2023.

Since October, London ICBs and the regional team have worked closely to prepare for delegation.

3. The operating model for POD Services Commissioning in London

NHSE London Region currently hosts the POD Commissioning Team of 26 people. Within the team, individuals operate across all three of the POD Services and across all areas of London. In the delegation of POD Services Commissioning, the funding for the current establishment, as well as one post from the central finance team, will also be transferred to the ICBs.

Following two options appraisals conducted in September 2022, the five London ICBs, along with the London Regional Team, agreed a 'Lead Commissioner' operating model, with Northeast London (NEL) ICB taking this lead role on behalf of all the London systems. The lead commissioner arrangements will be managed under a Memorandum of Understanding to articulate the operating model within which London's ICBs will work.

The focus since then has been on achieving a safe landing of the business-as-usual aspects of POD services commissioning.

The transfer the POD team into NEL ICB will transfer on 1 July 2023 and the proposed arrangements from 1 April 2023 will be:

- The NHS England commissioning and contracting functions for the POD will transfer to South West London ICB on the 1 April 2023. There will be a delegation agreement between the ICB and NHSE to cover this arrangement (Appendix 1)
- The POD team will remain employed by NHSE from the 1 April 2023 until the 30 June 2023. There will be a 'letter of comfort' in place between NHSE and NEL ICB for this period to cover roles and responsibilities (Appendix 1)
- The POD team will then transfer over to NEL ICB from the 1 July 2023 as the host organisation, forming a POD Hub.
- There will be an MOU in place between NEL ICB and the four London ICBs from 1 April onwards (Appendix 1).

The Board is asked to:

- note the lead commissioner arrangements
- note the South West London ICB CEO to sign the Memorandum of Understanding

4. London-wide governance and reporting to underpin the delivery of POD Services Commissioning

The London ICBs have worked together to develop the appropriate governance. A POD steering group has drawn up governance and reporting arrangements that mean all ICBs can assure themselves that NEL ICB is appropriately supported and overseen to discharge the commissioning responsibilities on their behalf.

A **London POD Commissioning Oversight Group** will be formed to provide oversight of the delegation and lead arrangements as set out in the MOU, specifically the contract management function, the commissioning activity they undertake and the commissioning advice they provide to ICBs. The POD Commissioning Oversight Group is accountable to the South West London Integrated Care Board and supporting committees and other London ICBs local arrangements.

Each ICB would have executive representation on this group. **This is important as individual ICBs remain accountable to their populations and to NHSE for these services.**

Terms of Reference for the POD Commissioning Oversight Group has been developed (available on request) and scenario testing in February 2023 allowed us to stress-test these terms of reference in a simulated environment.

To complement this governance, a set of reporting templates have also been developed and, again, tested through the scenarios in February 2023.

South West London ICB is establishing local steering groups across the individual POD functions initially, but will rely on our existing governance routes such as the Finance and Planning Committee or the Quality Oversight Committee to ensure that the ICB is sufficiently informed about and managing the operations of the POD Hub

The Board is asked to: agree the POD Oversight Group as the key governance group managing the POD delegated function

Appendix 1

Each of the supporting documents are summarised in the sections below, and the full documents can be provided.

1. The 'Letter of Comfort' between NEL ICB and NHSE London Region

This letter describes the relationship between NHSE London Region and NEL ICB, while the NHSE London Region continue to employ the POD Team. Under these arrangements London's ICBs are fully responsible for the POD services, and this includes the staff who are delivering this, despite their employer being NHSE. The letter allows NEL ICB to mobilise the POD Hub and enact the arrangements in place under the MoU NEL ICB has with the remaining London ICBs.

As such the following elements are of particular importance:

- Agreement that NHSE London will not make changes to the POD Commissioning Team in the three-month period without the agreement of NEL ICB.
- Agreement that NHSE will provide full disclosure of any employer issues associated with the POD Commissioning Team, should they materialise in the three-month period.
- Agreement that NHSE as the employer will direct employees to comply with the reasonable requests of nominated officers of NEL ICB in pursuance of the ICB role as lead of the POD Commissioning function for London and, if necessary, take appropriate action as employer to ensure compliance of the POD Commissioning Team and with relevant individual staff members with any such requests.

2. The Memorandum of Understanding between NEL ICB and all other ICBs

The MOU between NEL ICB and the four London ICBs (including South West London) will be locally agreed and will require sign off. A full copy of this MoU can be provided on request.

This MoU establishes that the five ICBs have determined that NHS NEL ICB will act as the "Host ICB", hosting the central POD Hub, that will be responsible for co-ordinating the commissioning and contracting of POD services on behalf of all five ICBs.

The MOU is not intended to be a legally enforceable contract and it does not replace or supersede any legal obligations that will apply to each ICB from 1st April 2023 following delegation of POD services.

The aim of the MOU is to set out how all five ICBs will work together to:

i. provide an initial 'lift and shift' of the POD Commissioning Team to secure a safe landing of the commission function to ICBs.
ii. share information and commission POD services with a Pan-London perspective.
iii. discharge their delegated responsibilities effectively.

The MoU sets out principles for managing commissioning risks, including financial, service delivery, reputational, political and contract performance risks.

Governance and decision making is reflected in the MoU and this has been described above with the detailed terms of reference for the POD London-wide Oversight Group *provided in* Appendix 3*.*

Key points *of the MoU include:*

- Each ICB shall receive its own Financial Allocation for POD Services.
- Income and Expenditure for POD services shall be recorded and managed on the Accounting Ledgers of each individual ICB, and each individual ICB shall be responsible for appropriately reporting such spend against its allocation to NHS England.
- All payments for POD services shall be made directly from the relevant bank accounts of each ICB.
- Each ICB shall be responsible for undertaking any necessary:
    - Accounting Ledger reconciliations.
    - Elements of financial audit associated with transactions on its financial ledger.
    - Adjustments for accruals/prepayments to its own Accounting Ledger.
    - Reporting of spend/income recorded on its own Accounting Ledger.
    - Loading of budgets onto its own Accounting Ledger.
- The budget allocations for each individual ICB shall be based on the expenditure net of income (where applicable) for Financial Year 2022/23 of:
    - General Dental Practitioners located within their geographical boundaries
    - Clinical Pharmacists located within their geographical boundaries
    - General Ophthalmic Service providers with their geographical boundaries
    - For Acute and Community Dental Services, patients registered with that ICB plus a fair share of expenditure relating to patients registered outside of the five ICBs. The fair share shall be based on the ICB's percentage of the total spend for the five London ICBs.
- The POD Hub in NEL ICB shall be responsible for providing any necessary contractual information to support the ICBs in their financial reporting. The POD Hub will also liaise as appropriate with third party payments agencies, responsible for DOPs payments (for example, NHS Business Services Authority and NHS Primary Care Support England (PCSE))
- Decisions regarding the re-distribution of the Financial Allocations for POD Services between the five ICBs, either non-recurrently for a given Financial Year or recurrently, **cannot** be made by the POD London-wide Oversight Group. Instead, an escalation would be made to NHS England London Region in such a case where re-consideration of the distribution of allocations across London was required. **ICBs remain responsible for their allocation**

3. The Delegation Agreement with NHS England

The delegation agreement between the South West London ICB and NHS England is a nationally agreed format and wording and will require sign off by the CEO of South West London ICB. This document formally outlines the roles and responsibilities of both parties of the delegated functions. A full copy of the Delegation Agreement can be provided

The Delegation Agreement between South West London ICB and NHS England reflects the following principles:

- Autonomous commissioning – conferring on ICBs the maximum amount of flexibility regarding the use of their delegated functions.
- Consistency between functions – ensuring that the delegation's parameters are as consistent as possible for all delegated functions and being mindful to avoid setting requirements which would be unhelpful for other NHSE functions which may be delegated in future.
- Building on precedent – aligning the content with all related policy guidance and established national policy frameworks.
- Adaptive to development – with the flexibilities in the Health and Care Act 2022 and given possible outputs from the Hewitt Review, ICBs' system operating models may alter over time. This agreement provides a number of mechanisms – variation, change-via-guidance, and a flexible assurance regime – to respond in a targeted way to changes in ICB maturity and the evolving role of NHSE and systems.

A thorough check has taken place to ensure alignment between the Delegation Agreement and the MoU between the London ICBs. The following positions will apply across all delegated functions:

- Liability moves to the ICB:
    - The Health and Care Act 2022 locates liability with the body exercising delegated functions (for all functions).
- Onward Delegation:
    - Delegation from an ICB to another (relevant) body is permitted within the agreement, subject to some parameters.
    - Onward delegation to providers (NHS Trusts or Foundation Trusts) or joint committees including providers is not permitted.
    - Onward delegation to joint committees of ICBs is permitted and does not require NHSE approval.
    - Other delegations or joint committees are permitted subject to approval by NHSE.
    - 'Triple delegation' – the further delegation of a function from a body which has delegated functions from the ICB – is prohibited.
    - Internal arrangements – i.e. when an ICB chooses to exercise a function through a place-based subcommittee of the ICB board – does not constitute a form of delegation. This is the case even if external bodies participate in the arrangement.
- Financial Flexibility:
    - ICBs will have the ability to shift monies from the Delegated Budget to their wider budgets (and vice versa), while meeting their contractual

obligations, including those through nationally agreed contracts, such as the Community Pharmacy Contractual Framework.

- Duty to comply with Guidance:
    - ICBs now need to comply with a list of specified guidance when exercising the functions. This includes guidance such as the Primary Care policy manuals.
- Planning and Reporting:
    - The ICB is now required to include its plans for exercise of the delegated functions and a report on its performance against these plans in their ICS plan and annual report.
- Assurance:
    - The current approach (which relies almost exclusively on the SOF) is being replaced by a broader and more flexible assurance arrangement. Where appropriate, the agreement has been adapted to refer to any “any applicable assurance frameworks”.

Appendix 2: Managing the risks

The recommended operating model seeks to manage and mitigate the risks of delegation. Below we provide updates to the pertinent risks

1.1 The risks of the transition itself

The proposed operating model, first and foremost, seeks to achieve a safe-landing for the POD Team into NEL ICB, and preserve the business as usual commissioning activity for London's ICBs. We are actively managing and mitigating the following risks:

- **Lack of information pertaining to the contractual and commissioning arrangements leading to the ICBs not fully understanding the functions that they are taking on.**
  This risk has been partly mitigated through the roll out of a series of masterclasses for ICBs, working groups to develop the operating model and continues to be mitigated through due diligence. Using the safe delegation checklist, and working with the leads within each ICB to ensure that there are robust arrangements in place, with all parties, to ensure the safe discharge of the delegated functions.
- **Lack of understanding of the requirements on ICBs to enact their role as commissioners of POD services, leading to ICBs being unable to plan for the necessary resourcing.**
  This risk has been mitigated through the series of masterclasses, the working groups to develop the operating model and the scenario testing that has allowed us to stress-test our arrangements. NHS England also confirmed the transition of the full allocation of resource from the existing POD Team into the ICBs, and as we developed our operating model we built in an additional finance post to ensure the ICB Finance teams are supported in taking on these new responsibilities.
- **Disruption over the transition period risks the retention of the experts within the POD Team. This expertise is in scarce supply, and so the loss of key people could put the delivery of the POD Services Commissioning at risk.**
  This risk is being mitigated through a close working relationship with the Head of the POD Team, who sits on the Steering Group, so that information can quickly and easily be passed back to the POD team. The conclusion of the options appraisals has led to more clarity for the POD Team themselves.

1.2 Risks from day one, following a "safe landing"

The following themes make up the risks from day one, following a "safe landing":

- **Inefficient or misaligned governance and decision making, or a lack of clarity around roles and responsibilities, leading to delays and non-value adding pressure on system capacity.**
  The MoUs between the ICBs, and the ICBs and NHSE London Region, has been key to establishing robust governance and decision making arrangements. A series of simulations has helped to identify scenarios where the governance is not working as well as it could so this can be rectified before delegation takes place.

- **ICBs have not developed a sufficient understanding of the required resources to oversee the commissioning of POD services, and so are unable to effectively and efficiently support the POD team, or future ambitions for transformation.**
  This risk has been managed partly through the transition of the POD Team, as is, and the focus on achieving a safe landing such that they can continue their business-as-usual activity. This risk is being further managed by the regular attendance of our Primary Care SRO at all London-wide steering group meetings which enables the South West London ICB to respond in a timely way to required actions.
- **The transition itself, or the future transfer, severs links with key infrastructure for the POD team, such as the complaints function, clinical networks or public health consultants.**
  The development of the MoU between the London ICBs and the NHSE London Region articulates the necessary infrastructure for the POD Team, and how this will continue to be provided after 1 April.

2 Learning from our collaboration on the delegation of POD services

The delegation of POD services marks the first time that London's ICBs have come together in a collaborative effort to achieve the delegation of a service from NHS England. This has been a positive learning experience and has demonstrated that London's ICBs are able to work effectively and coherently together to achieve a common goal.

The ICB Leads for the delegation of POD Services created a senior steering group through which they developed a common operating model and utilised a series of coordinated working groups of experts to refine and agree the details. They also reported and engaged effectively with senior colleagues within the broader ICS ensuring buy-in, support and a means for feedback as the operating model developed.

At least three other services (Specialised Commissioning, Primary Care Complaints and Section 7A) will be delegated to ICBs in the coming months, and so it is important to reflect on what we have learned from this delegation to support and improve future programmes.

Below are some of the key reflections from the Programme Team:

- There is a need for dedicated programme management capacity and leadership in both NHSE and across the ICBs – this is a complex process involving a wide range of stakeholders and there is a need to ensure that decisions are made, communications are clear, and timelines are met throughout the processes.
- There are clear phases, processes, and deliverables for the delegation process that will be common to all programmes, creating the opportunity for consistency in the way we approach them.
- The programme may be required to adapt quickly - there are likely to be significant changes to policy and process as it progresses (national policy changes, time required for ICBs to gather information required to make informed decisions, etc), as a result, running the programme using an 'Agile' approach has been successful.
- A wide range of subject matter experts, functional and clinical leads will be required to input into the process (the service leads plus reps from workforce,

finance, comms, contracting, etc); this will require PMO coordination and clear governance / workstream structures.

- Significant knowledge transfer needs to take place between NHSE and ICBs; this needs to be organised and facilitated (via Masterclasses, Demos to enable knowledge sharing, etc).
- Delegation requires the development of a wide range of different documentation, much of which can be drawn in for subsequent programmes (e.g., MoUs, Scenario Planning, Options Appraisal, EQIAs).

A more comprehensive After-Action Review is planned for April so that more detailed feedback can be gathered across the wide range of stakeholders who have participated in this work.

NHS South West London
Integrated Care Board

NHS South West London Integrated Care Board			
Name of Meeting	ICB Board		
Date	Wednesday, 15 March 2023		
Title	Delegation of the Annual Report and Accounts/Committee Update Report		
Lead Director Lead (Name and Role)	Helen Jameson, South West London Integrated Care Board Chief Financial Officer Martin Spencer, Non-Executive Member		
Author(s) (Name and Role)	Ben Luscombe, Chief of Staff		
Agenda Item No.	09	**Attachment No.**	08
Purpose	Approve ☒	Discuss ☐	Note ☐

Purpose

The report provides a summary of the activity and items of interest to the Board that were discussed at the last Audit and Risk Committee. As a part of this work the Board is asked to delegate approval of the Annual Report and Accounts to the Audit and Risk Committee.

Executive Summary

The Committee last met on 7 February 2023 and the key highlights from the meeting are outlined below:

- The Committee reviewed its Terms of Reference and agreed to move its meeting schedule to a quarterly basis.
- The Committee discussed and reviewed the latest Board Assurance Framework and Corporate Risk Register and discussed the ICB's relative position in developing its risk profile compared to other ICBs and the risk position across the system.
- The Committee reviewed both the ICB's Internal and External Audit positions and progress against plan. It also received an update on the ICB's latest Counter Fraud Position.
- The Committee discussed the plan and work towards the production of the Annual Accounts and Report for this year. **As a part of this work the Board is asked to delegate approval of the Annual Report and Accounts to the Audit and Risk Committee, see below.**

Key Issues for the Board to be aware of:

Under the ICB's Constitution and Scheme of Reservation and Delegation, approval of the Annual Report and Accounts is reserved to the ICB Board. However, the Constitution states that the Board may authorise delegation of the powers which are conferred on it, to a Committee.

The Audit Committee has the relevant knowledge, and experience of this area, and will provide an update to the ICB Board regarding the progress of the Annual Report and Accounts, through the Audit Committee Chair's report.

Therefore, the Board is asked to delegate this function to the Audit and Risk Committee.

Recommendation:

The Board is asked to:

- Note the contents of this report and agree the delegation of sign-off of the Annual Report and Accounts to the Audit and Risk Committee.

Conflicts of Interest

None

Corporate Objectives This document will impact on the following Board Objectives	Overall delivery of the ICB's objectives
Risks This document links to the following Board risks:	N/A
Mitigations Actions taken to reduce any risks identified:	N/A
Financial/Resource Implications	N/A
Is an Equality Impact Assessment (EIA) necessary and has it been completed?	N/A
What are the implications of the EIA and what, if any are the mitigations	N/A
Patient and Public Engagement and Communication	N/A

Previous Committees/Groups Enter any Committees/Groups at	**Committee/Group Name**	**Date Discussed**	**Outcome**
		Click or tap to enter a date.	

which this document has been previously considered		Click or tap to enter a date.	
		Click or tap to enter a date.	

Supporting Documents	None

NHS South West London
Integrated Care Board

NHS South West London Integrated Care Board			
Name of Meeting	ICB Board		
Date	Wednesday, 15 March 2023		
Title	Board Assurance Framework		
Lead Director Lead (Name and Role)	Karen Broughton, Deputy Chief Executive/Director of Transformation and People		
Author(s) (Name and Role)	Ben Luscombe, Chief of Staff Leigh Whitbread, Head of Risk		
Agenda Item No.	10	**Attachment No.**	09
Purpose	Approve ☐	Discuss ☒	Note ☒

Purpose

This paper informs the Board of the current high-impact risks on the Corporate Risk Register, which are considered part of the Board Assurance Framework (BAF).

The Board is asked to note the overall BAF position.

Executive Summary

The Board Assurance Framework (BAF) provide the basis for the Board to assess the risks to the achievement of its corporate objectives. It uses principal risks to achieve those objectives as the foundation for assessment and considers the current level of control alongside the level of assurance that can be placed against those controls.

The BAF represents our highest-scoring risks across the organisation and forms part of our regular risk reporting cycle. This cycle ensures that we are identifying and reviewing risks with all the teams and Executive Directors across the organisation.

The Corporate Risk register and the BAF are regularly reviewed by our Committees and our Senior Management Team and is overseen by the Audit and Risk Committee.

The BAF is a living document and is continuously evolving. At this point in the life of the ICB our BAF is still developing as we work with our committees to ensure we are capturing and accurately reflecting our ICB risk profile.

An NHS standard risk scoring matrix (CASU 2002) has been used to determine the impact and likelihood of adverse events scales. The scale is scored from 1-25 (with one being the least severe and 25 being the most).

Key Issues for the Board to be aware of:

In total, there are five risks that we wish to bring to the Board's attention, all with a score of fifteen plus.

- RSK-037 - Urgent and Emergency Care
- RSK-001 - Delivering Access to Planned Care
- RSK-011 - Failure to modernise and fully utilise our estates
- RSK-025 - Workforce capacity well-being and availability
- RSK-014 - Financial Sustainability

Since the last report in October 2022, the following changes have been made:

Risks added:

None.

Closed and Removed:

Risk 027 – *Mental Health demand in SW London Emergency Departments (all ages)*

This risk has been closed as work on the risk has resulted in the residual score dropping to meet the target risk score, therefore closing the risk. The risk will be reviewed, and incorporated into risk RSK-037, Urgent & Emergency Care.

Risk 010 – *Provider Oversight General*

The risk is no longer included on the BAF but is included on the Quality Directorate's risk register and reviewed by the Quality and Performance Committee.

Key

- The BAF scoring under the Residual Risk Score reflects the change in score from the previous reporting cycle in brackets.
- The arrows to the right of the Risk Number reflect the trend of the score from the previous month.

Recommendation:

The Board is asked to:

- Notes the overall BAF position.

Conflicts of Interest
No specific issues or information giving rise to conflicts of interest are highlighted in this paper.

Some members responsible for raising risks from localities within SWL ICB have joint roles with provider organisations.

Corporate Objectives This document will impact on the following Board Objectives	Identifying risks is essential to delivering all the ICB's objectives

Risks This document links to the following Board risks:	A summary of ICB risks is listed on the risk register.

Mitigations Actions taken to reduce any risks identified:	

Financial/Resource Implications	None

Is an Equality Impact Assessment (EIA) necessary and has it been completed?	N/A

What are the implications of the EIA and what, if any are the mitigations	N/A

Patient and Public Engagement and Communication	N/A

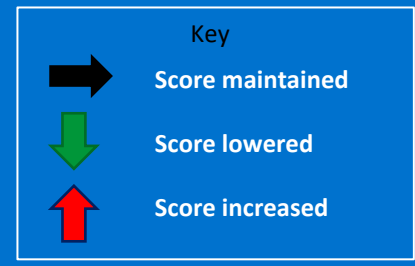
Previous Committees/Groups Enter any Committees/Groups at which this document has been previously considered	**Committee/Group Name**	**Date Discussed**	**Outcome**
	Audit and Risk Committee	07/02/2023	
	Quality Oversite Committee (QOC)	08/02/2023	
	Senior Management Team (SMT)	23/02/2023	

Supporting Documents	South West London Board Assurance Framework – Board – March 2023

NHS
South West London

Board Assurance Framework South West London ICB March 2023

Ben Luscombe



RSK-037 ➡ Risk Title: Urgent and Emergency Care — Jonathan Bates

Inherent Impact	Inherent Likelihood	Inherent Risk Score
5	5	25

Cause & Effect

Risk Description:
There is a risk that the ICS is unable to deliver a consistently effective and high-quality urgent and emergency care service (spanning 111 services through to the Emergency Departments and admission to hospital), which meets national targets and minimises delays to patient care while balancing risks for people waiting to receive care against the risk of poorer care for those already in receipt of care. Staffing in all parts of the system is fatigued and less resilient to seasonal demand fluctuations.

Cause:
The inability to discharge patients promptly from the hospital when their need for acute care has been met. The beds remain occupied by people ready to go home or onward care, meaning people waiting for a bed in ED cannot be admitted. Lack of space in the Emergency Department then leads to delays in the handover of patients from ambulance services. Consequently, it impacts the ability of ambulance services to attend to those waiting for their services in the community.

Difficulty recruiting and retaining a sufficient workforce, ranging from band four call handlers in the 111 services to nursing staff and middle-grade doctors, results in staff working under significant and constant pressure with little headroom for improvement or innovation. In particular intense competition for lower-banded staff from other sectors offering potentially less stressful jobs impacts the ability to recruit to these non-clinical but vital roles.

Effects:
- Patients are waiting too long to receive UEC services, and there is good evidence to show that long waits adversely impact patient outcomes. - Staff morale is adversely impacted by delivering a poorer standard of care over a long period, resulting in high staff turnover and sickness rates.
- Staff morale is adversely impacted by delivering a poorer standard of care over a long period, resulting in high staff turnover and sickness rates.
- The system's ability to work in partnership and innovate to meet emerging patient needs is compromised, reducing the potential for efficiency and productivity gains.

Residual Impact	Residual Likelihood	Residual Risk Score
4	5	20

Risk Control

- South West London (SWL) has established a system-wide Urgent and Emergency Care Board and an A&E Delivery Board for each Hospital System with senior representation across hospitals, South West London Boroughs and other work programmes (such as workforce and primary care) to ensure ongoing focus on performance improvement in this area.
- A winter plan has been co-developed across the system to alleviate the impact of the additional seasonal demand and includes additional investment into a wide range of hospital, community, local authority and voluntary sector organisations that will step up resources between November and February.
- A longer-term plan is being created to set out a series of ambitions for urgent and emergency care in South West London. This work will inform the UEC Programme and train longer-term actions to help address workforce and capacity issues.
- A "Harm Review" has been set in train by the Quality team across South West London to establish the broader impact of delays on patient care and to identify learning and opportunities for improvement across the system.
- Winter funding has been allocated to support winter plans this year.
- Winter Plan actions must be monitored for effectiveness and reported to the UEC Board.

Target Impact	Target Likelihood	Target Risk Score
3	3	9

Action Required

- The longer-term "UEC blueprint" and implementation plan to be finalised and the UEC Programme reorientated to deliver against the ambitions. This will include supporting programmes in developing and delivering aligned plans, including a further emphasis on improving discharge and flow through the hospital, workforce development, improving the urgent care response through 111 and primary care, reducing ambulance handover delays and a better understanding of the patient experience.
- New performance metrics to be collected and better forecasting implemented, providing greater insight into the nature of the problem to be solved.
- The system has undertaken an exercise post-Christmas to consider "what one more thing" we could do to help improve system flow and ED performance.
- A high-level dashboard of six key indicators has been implemented to enable the system to monitor whether there is an improvement in flow through the system. This will report to the UEC Board regularly.

Person responsible: Caroline Morris
To be implemented by: 31 March 2023

- Complete the "Harm Review" process and feedback learning to the system

Person responsible: Christopher Benson
To be implemented by: 31 March 2023

RSK-001 ➡ Risk Title: Delivering access to care (NHS Constitution Standards) Jonathan Bates

Inherent Impact	Inherent Likelihood	Inherent Risk Score
4	5	20

Cause & Effect

Risk Description:
Backlog and waiting times on service delivery for patients create a delay in patient treatment and an increase in waiting times. Providers will need to meet national and local quality and performance standards. The ICS population does not have constitutional pledges honoured by providers, e.g. emergency. Department waits, Cancer waits for standards, referral to treatment (RTT) waiting times and list size, healthcare-associated infections, improving access to Psychological Therapy (IAPT) access and recovery rate.

Cause:
- Reduced capacity due to workforce issues (incl diagnostic).
- Cessation of non-urgent elective activity during the peak of the COVID-19 pandemic and a slow restart of elective activity while adhering to Guidance (limiting numbers of patients in areas for patient safety).
- Compromised recording systems in the implementation phase.
- Complexities and challenges of system implementation.
- Inaccurate and untimely reporting output.
- Reduced capacity for elective work due to management of Infection Prevention Control (IPC) limitations.
- Reduced patient appetite to attending hospital for elective treatment through concerns related to COVID-19 infection.
- Prolonged waits in primary care, prioritising newer patients over stable long-waiters.
- The underperformance of providers against quality and performance standards.

Effects:
- The impact of backlog and waiting times on patient service delivery.
- Patients wait longer than required for treatment, resulting in poor performance and potential harm to patients.
- Unable to provide accurate patient information to GPs.
- Decreased volume of patients seen.
- Poor performance and quality monitoring.
- Patient's reluctance to engage with services following COVID-19 may create a longer-term issue.
- Prioritising urgent newer patients over long waiters - deterioration and potential harm to the long waiters.
- ICB is not meeting constitutional, reputational, and performance standards that adversely impact patient care.

Residual Impact	Residual Likelihood	Residual Risk Score
4	4	16

Risk Control

- Individual providers have validated their patients tracking lists and included clinical prioritisation for all patients on the surgical waiting list based on the recommendation of the Royal College of Surgeons. This ongoing work enables efficient prioritisation of patients for capacity in case of further surges.
- Clinical prioritisation is also taking place, following the recommendation by NHS England in July 2021 of patients on the diagnostic waiting list. Further work focussing on *Priority coding is ongoing, and weekly reviews at the Trust level of Priority 2s.
- Service changes have been implemented to enable adherence to IPC guidance. Providers have communicated these changes to the public and patients. These changes will remain part of business as usual until it is felt clinically appropriate to step these down.
- Tracking of actual weekly activity allowing monitoring against Business as Usual (BAU) activity levels (as per NHSE instructions) and implementing the locally agreed Elective Recovery Fund performance framework (including touchpoint meetings).
- Weekly monitoring of key Planned Care indicators (for example, long waiters, % activity levels) are being formally monitored and discussed with Provider and Recovery workstream leads and feed into the new ICB elective recovery governance process. This was previously being monitored on an ‘unofficial’ basis.
- Regular Performance, Quality meetings to monitor and manage performance against the Constitutional standards. Regular reports are produced for performance and quality, reviewed at this meeting and the ICB Board, and shared within the ICS.
- Quality and Service delivery are reviewed bi-monthly at South West London ICB Quality and Oversight Committee meetings.
- Long, medium and short-term operational and clinical opportunities are being explored and implemented as part of recovery to ensure improved and sustained achievement of constitutional standards.

Target Impact	Target Likelihood	Target Risk Score
2	2	4

Action Required

- Weekly meetings with acute provider collaboration and ICB Performance team to discuss risks/issues with providers to have early sight of any risks to trajectory/plan.
- Weekly conversations between provider recovery leads and the performance team to ensure managing long waiting patients.
- Data Quality improvement actions are being stepped up by establishing a weekly South West London-wide group meeting. The priority will be reducing data quality errors around long-waiters and the completeness of priority coding.
- South West London system-wide 2022/23 planning meetings and supporting analysis and trajectory setting are underway to deliver the national targets around elective recovery, including a 104% increase in elective work, 25% reduction of follow-ups (and delivery of targets around Advice and Guidance and Patient Initiated Follow-Up to support these plans).
- Regular review at Joint Recovery Delivery Group.

Person responsible: Suzanne Bates
To be implemented by: 31 March 2023

*Priority coding (a patient is assigned a priority between 1 and 4 depending on the nature of their condition).

RSK-011 ➡ Risk Title: Failure to modernise and fully utilise our estates — Helen Jameson

Inherent Impact	Inherent Likelihood	Inherent Risk Score
4	4	16

Residual Impact	Residual Likelihood	Residual Risk Score
4	4	16

Target Impact	Target Likelihood	Target Risk Score
2	2	4

Cause & Effect

Risk Description:
If we fail to modernise and utilise our estate fully, the capacity of services may not be fully optimised, ICB and provider cost bases may be adversely affected, backlog maintenance requirements may increase, and the ICB could be liable for void costs in return for no services being provided. There is also the risk that certain national accounting policies will be enforced, either leaving the ICS and Department for Health and Social Care (DHSC) with a significant capital budget hit or leaving the ICB with void costs on a longer-term basis. There is a risk that these policies will be slow to influence and change.

Cause:
- Historically, organisations have planned locally based on organisational requirements rather than population needs and access. So a systemwide database on estates hasn't been available to date. This could lead to ineffective use of space across the whole system, reduced value for money/poor prioritisation in investment decisions.
- Current national Public Finance Initiative (PFI) and accounting policies
- limit expenditure and changes to the nature of use in PFI buildings - this
- may limit additional work to convert vacant space to make it fit for incoming services (e.g. Queen Mary's Hospital QMH)). If the National policy is triggered, the PFI building comes onto the balance sheet for the Whole Government Accounts and hits the DHSC capital budget, which may be passed down to SWL.

Effects:
- An increase in the cost of voids passed onto the ICB and the wider system, contributing to the challenging financial environment.
- Lack of flexibility in PFI space may limit the ability to enable service change.
- Significant impact on SWL ICS capital planning if system prioritisation processes don't align with population needs and minimise the backlog maintenance required.
- A lack of understanding of the estate and the system priorities may mean the system isn't able to successfully access national funding for specific projects and new hospital builds.
- Old estate that is impacted by infection control and ventilation guidance changes may lead to reduced patient activity or increased risk of infections.

Risk Control

- The ICB is working closely with One Public Estate to explore opportunities across the wider public sector that could better utilise the existing footprint, and that could better configure the colocation of services to serve the local population's needs.
- An effective data collation exercise is underway to better understand our primary care estates and potential requirements. So investments can be prioritised, to ensure better use of our current estates and any vacant spaces.
- Regular conversations with NHS Property Services to review any void space and associated opportunities.
- We have agreed to work in partnership with St Georges to ensure that we manage the PFI contractual obligations as closely as possible with NHS Property Services and the PFI Provider. NHS Property Services is leading the discussions with DHSC and Her Majesty's Treasury (HMT) regarding the national policies that limit the conversion of space in PFI buildings.
- Discussions are ongoing through the QMH Strategy Group and with membership from the ICB and providers regarding the potential use of existing and future void space, which may also serve as a supporting rationale for a change to PFI policy in national discussions.
- All capital prioritisation processes include critical infrastructure investment criteria to minimise the old estate's impact on patient care.
- Opportunities to address old estates are being sought via the New Hospital Programme and the targeted investment funds.

Action Required

- Ensure that using QMH is built into any future recovery programme for SWL.
- Continue to work with regional and national teams to understand funding opportunities that will support the needs of the population and reduce costs for the system.
- Continue to work with the future hospital programme to support the development of the estate.

Person Responsible: Piya Patel
To be implemented by: 31 March 2023

- Link in with NHS Property Services to understand and influence progress with national colleagues.
- Develop a primary care prioritisation framework for estate investment to align population needs.

Person Responsible: Piya Patel
To be implemented by: 31 March 2023

- Working with NHSE to develop the ICS estates strategy to support national guidance development and address local needs.
- Review and update the capital investment prioritisation process to ensure its fit for purpose and aligns to the ICS/P strategy.

Person Responsible: Piya Patel
To be implemented by: 31 March 2023

RSK-025 ➡ Risk Title: Workforce capacity wellbeing and availability — Karen Broughton

Inherent Impact	Inherent Likelihood	Inherent Risk Score
4	5	20

Residual Impact	Residual Likelihood	Residual Risk Score
4	4	16

Target Impact	Target Likelihood	Target Risk Score
3	4	12

Cause & Effect

Risk Description:
There is a risk that workforce capacity, well-being and availability will be affected, as SWL providers may need more staff to meet demand.

Cause:
- Staff wellness/sickness.
- Availability of trained staff.
- Supply routes of the workforce and the need to bring staffing numbers back in line with 19/20 figures.
- Current concerns about the cost of living increases impacting: staff on lower bands; staff may opt to work in other sectors that pay more; and staff mental health and well-being.
- Industrial action affecting NHS staff since December and expected to continue during 2023 relating to pay and patient safety.

Effects:
Patients will only receive timely care based on the availability of the workforce. Organisations could see an increase in employee relations cases and staff engagement and morale – grievances, possible serious incidents and industrial action (strikes). We could also see an increase in agency use, despite our focus on reducing this, if substantive or bank staff are not available to temporarily fill vacant positions/shifts.

Risk Control

- Recruitment and retention/workforce committees in place in providers.
- Regular workforce reports are given to provider boards.
- Mutual aid culture and processes in place across SWL partners and digital passport and London MOU to support the movement of staff.
- South West London infrastructure was developed and introduced earlier in the year to support the surge in activity; this can be reintroduced to enable the movement of NHS and primary care colleagues.
- Recruitment campaigns and activity is exhaustive – local, national and international campaigns in place. Providers are adopting fast-track recruitment processes.
- Trust's Human Resource Directors are working to determine priorities to support supply and retention, reviewing their approach to pay enhancements, bank and agency staff and reward systems.
- Health and wellbeing hubs in place across South West London.
- Trusts and management focus on health and well-being support and facilities (this includes financial well-being).
- Occupational Health and specialist support in place across all South West London provider organisations to support staff.
- South West London vaccination centres have sufficient capacity to vaccinate any currently unvaccinated staff.
- Appointment of a Lead Nurse focusing on nursing supply across SWL, including Return to Practice, Internationally Educated Nurses and Trainee Nurse Associates. In addition, an outline plan for the system has been devised, shared, and handed over to the ICS Chief Nurse.
- SWL Industrial Action meetings in place for oversight and support.

Action Required

- Individual conversations among providers with senior leaders to understand their plans and further joint work to support supply across the system.
- SWL ICS workforce team is working with HEE to develop an SWL workforce report - further iterations are being worked on to refine and expand the data also to include social care) and will be shared at the People Board.
- SWL ICS is working with the acute provider collaborative and HEE colleagues on emerging workforce priorities, including the emergency department, AHP through the lens of frailty and diagnostic staffing to identify creative supply routes and future workforce design to determine the future workforce requirement and plan for those essential areas. In addition, recent Ernst & Young workforce planning work will help shape our work programmes around planning and developing new roles/ways of working.
- Continued focus on staffing through the SWL people board. In addition, the Mayors Hub Programme is focused on improving supply and the social mobility of underserved residents in SWL.
- Continued to focus on apprenticeship across the system; regular apprenticeship network meetings are held across SWL to increase uptake by sharing resources and levy usage and increase the Trainee Nurse Associate role.
- Regular meetings are held with staff counsellors and health and well-being leads across the system to share resources and material and identify issues impacting staff health and well-being and funding sources.
- ICB attendance at Regional HR Director meetings has been organised to discuss how employers can support staff with the cost of living increases; suggested ideas /good practices will be reviewed and discussed within SWL and, where appropriate, suggested from implementation after the presentation SMT/People Board.
- Partnership work across the system with full-time trade union officers.
- Continued engagement with national, regional and local industrial action contingency plans and oversight whilst industrial action continues in NHS and other sectors that can indirectly impact on staffing.

Person Responsible: Karen Broughton, Lorissa Page
To be Implemented by: 31 March 2023

RSK-014 ➡ Risk Title: Financial Sustainability — Helen Jameson

Inherent Impact	Inherent Likelihood	Inherent Risk Score
5	4	20

Cause & Effect

Risk Description:
As the NHS financial framework changes with the creation of new population-based allocations (including specialised services), there is a risk that the ICB will be unable to deliver its strategy and the objectives of the Long Term Plan from within the financial envelope.

Cause:
- A new financial framework has been introduced in the NHS for 2022/23 and is continuing to be developed during the year, impacting the funding that flows to ICBs. This framework has been developed because COVID-19 countermeasures would no longer be required; there may be excessive inflation due to the current crisis in Ukraine, which has led to increased inflation in energy and fuel prices.

- As the healthcare system works to reduce the patient backlogs, this may have unintended consequences of increasing costs over and above those funded, partly due to the delivery of the services in line with the additional infection control guidelines due to the ongoing impact of COVID-19.

Effects:
- As funding allocations reduce back to pre-pandemic levels, costs are increasing through pay awards and inflationary pressures. This makes financial sustainability a much greater challenge. Consequently, the ICB and the system may have reduced flexibility to invest in priority areas during the year and beyond.

- The increased pressure may lead to the ICB breaching its control total, which could mean historic deficits are reinstated that will need to be addressed

Residual Impact	Residual Likelihood	Residual Risk Score
5	3	15

Risk Control

- The ICB undertook a planning and budget-setting process to ensure resources were prioritised appropriately, including developing a savings programme to support the delivery of financial balance whilst minimising running costs. South West London ICB Finance Committee oversees the reported financial position and any mitigations required.

- The ICB reports the finances monthly through budget holders, the Senior Management Team meetings (including Place leads), and The Finance & Planning Committee to the Board. The ICB Board reviews the financial position at each meeting. Furthermore, monthly NHSE assurance meetings are held, and the Chief Financial Officer attends regional ICB meetings to assure assumptions and that the ICB approach aligns with the regional and national approaches.

- Recognising the ongoing financial challenges, the governance structures have been reviewed and a Recovery & Sustainability Board created to oversee the development/delivery of savings programme and a financial recovery plan. This reports to the ICB Finance and Planning Committee.

- Further to this, support has been secured to enable a swifter analysis of the opportunities and their prioritisation to ensure the system is focussed on improving services for the population whilst reducing costs.

Target Impact	Target Likelihood	Target Risk Score
4	2	8

Action Required

- Ensure robust reporting and scrutiny are provided at the budget holder level, SMT and South West London ICB Finance Committee and oversight of the delivery of saving plans.

- Review updates to the financial frameworks 2022/23, understanding implications of ICB performance, including elective recovery funding and workforce controls.

- Complete the Healthcare Financial Management Association financial controls self-assessment to identify areas of improvement/ best practices to be implemented.

Person Responsible: Neil McDowell
To be implemented by: 31 March 2023

- The South West London ICB pharmacy leads weekly, informing finance leads when issues arise regarding price increases. Every month, the pharmacy leads in each borough communicate any financial risk or pressure to the Finance Leads. They then make the appropriate financial adjustments by considering the contingency reserve for this speciality. For example, funding for devices such as continuous glucose monitoring will come from reserves: active management of patients should lead to reduced patients being admitted/seen in the hospital.

Person Responsible: Neil McDowell, Nick Beavon
To be implemented by: 31 March 2023

- Close working with local boroughs to develop CHC and discharge controls and monitor expenditure.

Person Responsible: Geoff Price, Clover Fernandez, Jennifer Sinnot, Marion Johnson
To be implemented by: 31 March 2023

NHS South West London
Integrated Care Board

NHS South West London Integrated Care Board			
Name of Meeting	ICB Board		
Date	Wednesday, 15 March 2023		
Title	System Quality Report		
Lead Director Lead (Name and Role)	Dr Gloria Rowland, Chief Nurse & Allied Health Professional Officer & Executive Director for Patient Outcomes		
Author(s) (Name and Role)	June Okochi, Deputy Programme Director for Quality Improvement		
Agenda Item No.	11	**Attachment No.**	10
Purpose	Approve ☐	Discuss ☐	Note ☒

Purpose

The purpose of this report is to provide the Board with oversight and assurance in the relation to the overall quality of services and health care provided to the populace of South West London. The report highlights the current operational and strategic areas for consideration.

Executive Summary

The subjects covered in this report include:

- **Infection prevention and control (IPC)** – increase in e-coli and c-difficile infections across SWL and nationally. A system-wide IPC group is seeking to establish common root causes of healthcare-associated infections.
- **Serious Incidents (SI)** – decreased in December 2022 and January 2023 (9%) with the main theme being infection control.
- **Children Looked After (CLA)** – drop in initial health assessments (IHAs) by 7% (39% - previous year 46%) due to staff capacity; the ICB is working with Local Authorities to explore different ways of working and is meeting in March 2023.
- **Patient Experience and Engagement** – Patient Safety Partners (PSPs) are currently being employed by Trusts across the system as part of the PSIRF and patient engagement initiatives. Patient experience/engagement groups are being resumed and some Trusts are co-developing their Carer Charters.
- **Staffing** – vacancy and turnover levels remain constant, with work being undertaken in nursing, midwifery, and allied health professionals to improve recruitment and retention.
- **Special Educational Needs and Disabilities** – local area inspection framework commenced in January 2023 with the emphasis on lived experience of service users.

Key Issues for the Board to be aware of:

1. Infection rates have increased across the system.
2. Staffing remains a challenge across the system.

3. It continues to be a challenge to complete initial health assessments for Children Looked After in a timely manner.

Recommendation

The Board is asked to:

- Consider this report and to be assured that work is ongoing in many areas to alleviate the issues that have been raised.
- Provide any feedback and/or recommendations as appropriate.

Conflicts of Interest
n/a

Corporate Objectives This document will impact on the following Board Objectives	Our system quality approach aligns to the ICS/ICB objectives and will meet these objectives: • Improve outcomes in population health and healthcare. • Tackle inequalities in outcomes, experience, and access. • Enhance productivity and value for money. • Help the NHS support broader social and economic development.
Risks This document links to the following Board risks:	• Quality risks are included in the SWL ICB Corporate Risk Register and escalated to the Board Assurance Framework where appropriate. • Key areas impacting quality metrics for the Board to note include: (1) Increasing health care acquired infections. (2) Delays in IHAs for Children Looked After and the overall impact this has on their care and health outcomes. (3) General workforce challenges specifically in nursing, midwifery, and allied health professionals.
Mitigations Actions taken to reduce any risks identified:	As detailed in the quality risk register.
Financial/Resource Implications	To deliver quality requirements for the ICS there will be financial and resource implications for the following areas: • Infection and control prevention initiatives to establish common root causes of infection may require resources system-wide to impact on this challenge. • The ambition for SWL to deliver IHA for all Children Looked After and meet national timeframes requires resources and capacity to cover the overall system requirements. • There will probably be a developing need to employ more PSPs to assist with the implementation of PSIRF and other patient engagement activities. • Whilst vacancy and turnover levels remain constant, there is a need to continue using bank staff with the associated costs to ensure safe staffing and patient safety.

Is an Equality Impact Assessment (EIA) necessary and has it been completed?	Yes

What are the implications of the EIA and what, if any are the mitigations	The impact assessment on quality includes any equality impact on: • Patient safety • Patient experience • Workforce We have assessed the impact on patient safety as set out in the requirements of the revised NHS Patient Safety Strategy 2019 (updated 2021). This is currently a workstream sitting within the ICS health inequalities programme of work and has been presented to the Health Inequalities Delivery group. We have reviewed 2228 serious incidents over five years recorded by SWL providers for the period of 1 April 2017 – 31 March 2022 and findings show: • Male patients had the highest numbers of reported serious incidents. • Croydon borough had the highest number of residents/patients who experienced a serious incident. Black patients and mixed ethnicity patients are disproportionally impacted by harm compared to Asian and White patients.

Patient and Public Engagement and Communication	We are working with Safety and Quality Patient Partners, patients and public, including specific impacted communities linking with our Voluntary Care Sector organisations to ensure we are listening to the voices of our population and using this insight to improve quality.

Previous Committees/Groups Enter any Committees/ Groups at which this document has been previously considered	**Committee/Group Name**	**Date Discussed**	**Outcome**
	System Quality Council	24/02/2023	Information

Supporting Documents	SWL System Quality Report

NHS South West London
Integrated Care Board

South West London ICB Board Meeting
15 March 2023
System Quality Report

The SWL ICB Quality Report provides a summary of exceptions outlining system quality issues between December 2022 and January 2023 covering high-level summary of quality metrics across the safe, responsive, well-led and effective domains.

Key areas of focus include:

- Infection prevention and control (IPC)
- Serious Incidents (SI)
- Children Looked After (CLA)
- Patient Experience and Engagement
- Staffing
- Special Educational Needs and Disabilities

Quality Metrics Summary

Table below highlights to the Board key quality standards, RAG of SWL's position since the last reporting period - indicating Red (worse than last reporting period) Amber (remains consistent with last reporting period) Green (has improved since last reporting period)

Quality domain	Standard	SWL Position compared to last reporting period	Commentary
Safe	Never events reported by SWL providers		Two never events (NE) declared in M9. No Never Events since M5. The two Never Events were retained foreign object and misplaced Naso-Gastric Tube. Seven never events year to date.
	Serious incidents reported by SWL providers		SIs numbers remain below average by 9% in M9.
	Make a Difference quality alerts		Discharge related concerns have decreased by 86% in M9 compared to M8.
	Mortality		All Trusts' mortality rates are within the normal range except Epsom and St Helier (ESH). Continuous work is ongoing with the Trust to improve the position.
	Hospital Falls		Between M7-M8, falls increased by an average of 2% across SWL. SWL is working with frailty transformation team to ensure reduction in hospital and care home falls.
	Infection and prevention control rates (IPC)		E-coli and C-diff rates remain high. Covid and flu rates increased in M9 in Trusts and Care Homes. This has impacted delayed discharge. Work continues with care home transformation and IPC team to improve rates.
	Children Looked After (CLA)		Annual CLA borough reports approved by Quality and Oversight Committee for 2021/22. Statutory health assessments performance is below commissioned targets.
	Medicines Optimisation Safety		Since June 2022 SWL has remained below the 0.871 threshold of Antibacterial items per STAR-PU in primary care, and the 10% threshold for broad spectrum antibacterial use.

Caring	Number of Provider Complaints		No increase in number of complaints despite Trust facing high pressures.
	Friends and Family Test: Emergency Department (ED) (Recommending organisation)		There is a decline in number of people recommending services in SWL EDs.
Well Led	Staffing		Turnover rates for all providers with exception to Croydon exceed their individually calculated targets, with improvement plans in place
	GP Care Quality Commission (CQC) Ratings		Out of 175 practices, in M10 there are seven rated as 'requires improvement'. Since M8, two of practices were re-inspected, and ratings improved to 'good' (Bedford Hill Family Practice and Auckland Surgery).
Effective	Special Educational Needs and Disabilities (SEND)		New local area inspection framework commenced in M10, with system wide designated Clinical/Medical Officer Forum established.

1. Safe

1.1. Infection prevention and control

There is an increase in e-coli and c-difficile infections across SWL, which is a similar picture across the country. Last year, SWL saw a steady increase in Klebsiella spp which has significantly improved for SWL providers as a result of long-term improvement actions from both Trusts and the system.

- SWL level IPC group continues to review the support and action plans across SWL to establish common root causes of Health Care Associated Infections.
- Weekly surveillance of provider prevalence and reporting of IPC events continues.

Table 1 Apr – Nov 22	C. difficile case threshold for 2022/23	E. coli case threshold for 2022/23	P. aeruginosa case threshold for 2022/23	Klebsiella spp. case threshold for 2022/23
CROYDON HEALTH SERVICES NHS TRUST	Thresholds Annual: 20 Quarter: 5 YTD: 24	Thresholds Annual: 42 Quarter: 10 YTD: 34	Thresholds Annual: 10 Quarter: 2 YTD: 10	Thresholds Annual:41 Quarter: 10 YTD: 18
EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST	Thresholds Annual: 50 Quarter: 12 YTD: 26	Thresholds Annual: 55 Quarter: 13 YTD: 40	Thresholds Annual: 6 Quarter: 1 YTD: 8	Thresholds Annual: 36 Quarter: 7 YTD: 21
KINGSTON HOSPITAL NHS FOUNDATION TRUST	Thresholds Annual: 27 Quarter: 6 YTD: 16	Thresholds Annual: 32 Quarter: 8 YTD: 44	Thresholds Annual: 13 Quarter: 3 YTD: 6	Thresholds Annual: 29 Quarter: 7 YTD: 13
ST GEORGE'S UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	Thresholds Annual: 43 Quarter: 10 YTD: 47	Thresholds Annual: 93 Quarter: 23 YTD: 71	Thresholds Annual: 29 Quarter: 7 YTD: 14	Thresholds Annual: 76 Quarter: 8 YTD: 49
ROYAL MARSDEN HOSPITALS	Thresholds Annual: 53 Quarter: 13 YTD: 43	Thresholds Annual: 47 Quarter: 11 YTD: 33	Thresholds Annual: 15 Quarter: 3 YTD: 19	Thresholds Annual: 20 Quarter: 5 YTD: 21

1.2. Serious incidents (SIs)

A total of 29 serious incidents have been declared between December 2022 and January 2023, highlighting a decrease of 9% from the months of October and November 2022.

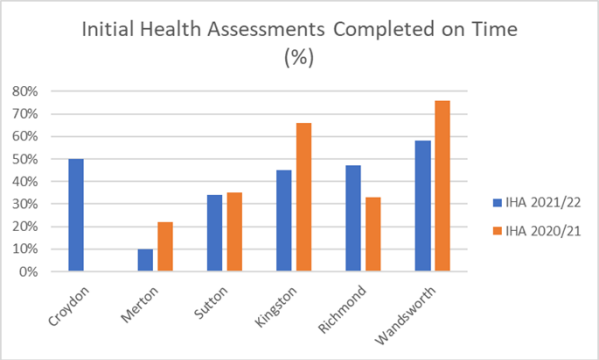
Themes around serious incidents include infection control which can be triangulated to the increase in HCAIs as seen above.

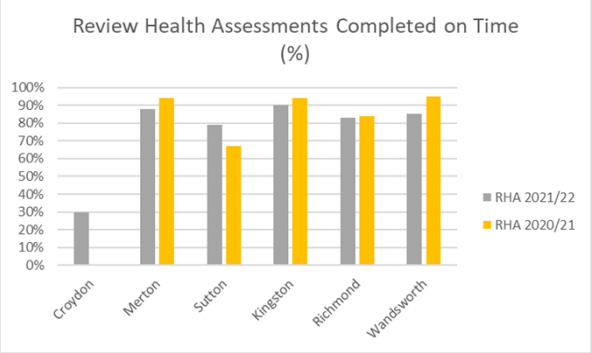
Work continues to transition the system into the Patient Safety Incidents Response Framework (PSIRF) which will replace the current Serious Incident Response Framework by Autumn 2023.

1.3. Children Looked After (CLA)

The annual CLA reports for SWL 2021/2022 have been circulated and approved at Quality Oversight Committee. Compared to 2020/21 data, the overall compliance with Initial Health Assessment (IHA) and Review Health Assessment (RHA) targets fell across SWL ICS. Performance and findings below:

- IHAs- Reduction in compliance from 46% to 39% (-7%) compared to previous year
- RHAs- Reduction in compliance from 87% to 85% (-2%) compared to previous year





**No 2020/21 data available for Croydon*

- Paediatrician capacity directly impacted on the timeliness of statutory Initial Health Assessments (IHAs).
- Teenagers continue to be overrepresented in CLA, often entering care later and having more complex needs. MH transformation work in SWL ICS includes this group of patients.
- Numbers of care leavers are increasing, this group's health and access to services deteriorates when they leave care. SWL is rolling out care leaver prescriptions to support.

- CLA patients are high risk of poor oral health. NHS England's 'healthy smiles' programme aims to address this, as well as the devolved dental services commissioning coming to the ICB.

Statutory health assessments were below commissioned targets, SWL ICB continues to work closely with Local Authorities and partners to unblock system issues and explore different ways of increasing capacity. A meeting is planned in March 2023 with CLA designated professionals to ensure the system has robust plans in place to meet our targets.

2. Responsive

2.1. Improving Quality of Patient Experience and Engagement

Despite the ongoing decline in people recommending SWL Emergency Department (EDs) using the Family and Friends Test (FFT), there are numerous workstreams underway in SWL to improve patient experience and engagement. The SWL Patient Experience and Engagement Group met on the 7 February 2023 to share best practice across SWL and discuss improvement plans.

Providers are collaborating with community partners to co-produce the scope, support, and direction of their public engagement and patient safety programmes. Patient Safety Partners (PSPs) are in the process of being employed across all Trusts in SWL. Trusts continue to work with patient and family representatives to design complaint response templates, communications, and emails.

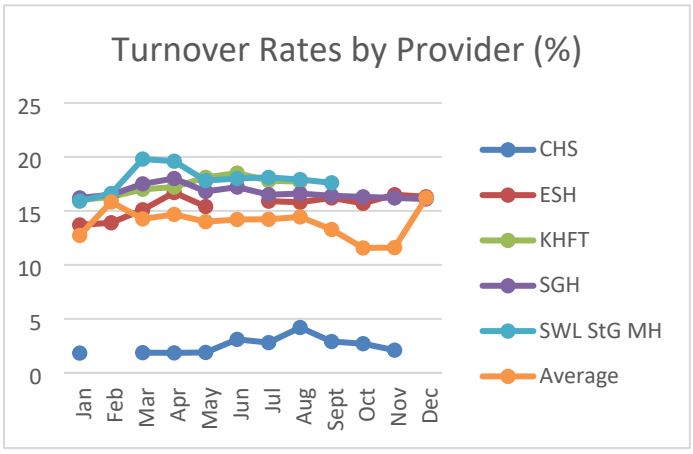
Quality improvement plans include leveraging technology to reach a wider audience and improve response rates via dedicated software, dashboards, and texting services. Trusts are developing specialised data tools to generate patient experience insights across service areas with the aim that this will improve responsive and timely care.

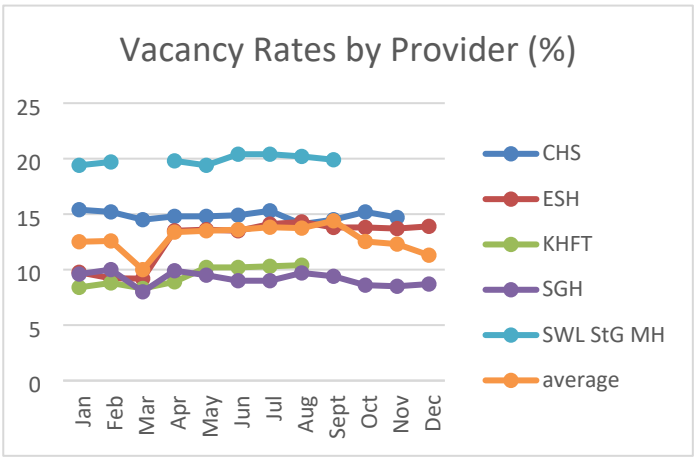
There is a focus on building relationships with service users' families and carers by reinvigorating patient experience groups and advice services that were on hiatus due to demand on services across Trusts. Some Trusts are co-developing Carers Charters and strategies with representatives to ensure the patient voice is embedded at a policy level and that patient stories are integrated into design.

3. Well-led

3.1. Staffing

Vacancy and turnover rates for SWL acute providers have remained stable with minimal variation between October-December 2022. Turnover rates for all providers with exception to Croydon exceed their individually calculated targets, with improvement plans in place. This is the same for vacancy rates, except for St Georges Hospital which is meeting their target (8.6% out of a target of 10%). Work continues with SWL's workforce transformation team and the nursing, midwifery, and allied health professional team to ensure improved rates of recruitment and retention.





4. Effective

4.1. Special Educational Needs and Disability (SEND) 0-25 years

New SEND Local Area Inspection framework commenced January 2023. Purpose of the inspection was to provide an independent, external evaluation of the effectiveness of local area partnership arrangements for children and young people with SEND. The aim was to provide where appropriate recommendations to local area partnerships for improvement. Focus will be on "Lived Experience" of service users.

Designated Clinical/Medical Officer Forum established, with clinical supervision arrangements and development programme.

Richmond is working towards the Written Statement of Action with a focus on transition between children and adult services in health services.

Recommendations

The Board is asked to:

- Note the **key quality issues** in this reporting period:
  a) Infection control rates have increased across our Trusts.
  b) Staffing remains a challenge for all our providers across the system.
  c) Work continues with designated professionals, paediatricians, Local Authorities and wider system partners to ensure the system has robust plans in place to meet our assessment targets for Children Looked After.

NHS South West London
Integrated Care Board

NHS South West London Integrated Care Board			
Name of Meeting	ICB Board		
Date	Wednesday, 15 March 2023		
Title	South West London ICB Performance Report (February 2023)		
Lead Director Lead (Name and Role)	Jonathan Bates, Chief Operating Officer		
Author(s) (Name and Role)	Suzanne Bates, Director of Performance Oversight Leo Whittaker, Deputy Director of Performance Oversight		
Agenda Item No.	11	**Attachment No.**	11
Purpose	Approve ☐	Discuss ☒	Note ☒

Purpose

The SWL performance report provides Board Members with a high-level update on performance against NHS Constitutional Standards and locally agreed metrics. It aims to identify issues that may require additional focus and providing high level commentary on actions undertaken to improve both quality and performance outcomes.

Executive Summary

The South West London (SWL) ICB performance report presents published and unpublished data assessing delivery against the NHS Constitutional standards and locally agreed on metrics.

These metrics relate to acute, mental health, community and primary care services as well as other significant borough/Place level indicators.

Three areas we would like to draw the boards attention to:

- **UEC performance:** Though the position is still considerably challenged, performance against a number of core urgent and emergency care metrics improved in January. Two illustrations would be the four-hour standard performance improved to 75% and the percentage of abandoned 111 calls reduced to 12.6% in January.
- **Waiting lists:** After sustained growth (a London-wide trend), the waiting list plateaued in November and decreased for the first time in December, despite the seasonal reduction in elective activity.
- **Long waiters:** SWL has the lowest number of long waiters in London. However, 52 week waits have grown at a system level, largely driven by urgent and emergency care pressures. This masks the improvement at St George's, where 52 week waits have reduced from 713 in October to 535 in February (25% reduction).

Areas that have moved positively:

- **Severe mental illness health checks:** Quarter 3 shows an increase of 4.5% since Quarter 2 for Severe Mental Illness patients having received all six annual health check elements.
- **Against the 62 day cancer backlog standard** SWL providers were the highest performing in London, reporting 74.0% in December 2022.
- **Cancer faster diagnosis standard:** Performance was 72% against the 75% standard, the third highest position in London. This continues to improve.

Areas of concern and mitigations:

- **12-hour A&E breaches and ambulance handover delays:** Although 12-hour breaches decreased since the December peak, SWL was still the fourth highest nationally and second highest in London. Correspondingly, ambulance handover delays also improved in January, though intensive work is required to continue to build on this given the unacceptable delays for patients. Mitigations include:
  - Substantial investment and close monitoring of winter schemes totalling £13m (which has previously been shared with the Board).
  - Additional investment through the Adult Social Care Discharge Fund (previously shared with the Board) and other national resources announced to assist timely discharge of patients and support to maximise services in the community.
  - New initiatives locally, such as acute respiratory hubs in primary care and the rapid expansion of the virtual ward programme to alleviate urgent care system pressure.
  - Urgent Care Board focus on continuous flow within hospitals, including the regular review of progress and learning against six key metrics.

- **Childhood immunisations:** The rate of uptake fell below the London average for the first time in recent years in Quarter 2. Mitigations are:
  - The London-wide Catch-up Campaign began on 27 February.
  - Demographic cohorts driving this decline in SWL have been identified. Work continues to understand why these groups are not coming forward and to form targeted strategies for improved uptake.
  - There is continued focus on data quality. Following a successful pilot in Sutton focused on pre-school boosters, this is being rolled out across the system.

Recommendation

The Board is asked to:

- Note the contents of this report.

Conflicts of Interest No specific conflicts of interest are raised in respect of this paper.

Corporate Objectives This document will impact on the following Board Objectives	Meeting performance and recovery objectives across the SWL ICS.

Risks This document links to the following Board risks:	Poor performance against constitutional standards is a risk to the delivery of timely patient care, especially in the current climate of recovery following the COVID pandemic.

Mitigations Actions taken to reduce any risks identified:	Action plans are in place within each recovery workstream to mitigate poor performance and enable a return to compliance with the constitutional standards, which will support overall patient care improvement.

Financial/Resource Implications	Compliance with constitutional standards, particularly following the pandemic will have financial and resource implications

Is an Equality Impact Assessment (EIA) necessary and has it been completed?	N/A

What are the implications of the EIA and what, if any are the mitigations	Work has begun to identify the inequality issues associated with elective waiting lists

Patient and Public Engagement and Communication	N/A

Previous Committees/Groups Enter any Committees/Groups at which this document has been previously considered	**Committee/Group Name**	**Date Discussed**	**Outcome**
	None	Click or tap to enter a date.	
		Click or tap to enter a date.	
		Click or tap to enter a date.	

Supporting Documents	Performance Report

South West London Integrated Board Report

February 2023 (Month 10 Data)

SRO: Jonathan Bates

NHS
South West London

Commentary on Data

- The South West London (SWL) Integrated Board report presents the latest published and unpublished data assessing delivery against the NHS Constitutional standards and locally agreed on metrics. These metrics relate to acute, mental health, community and primary care services and other significant borough/Place level indicators.
- Data is sourced through official national publications via NHS England, NHS Digital and local providers. Some data is validated data published one month or more in arrears. However, much of the data is unvalidated (and more timely) but may be incomplete or subject to change post-validation. Therefore, the data presented in this report may differ from data in other reports for the same indicator (dependent on when the data was collected).
- The report contains current operating plan trajectories.
- This is the current iteration of the Integrated Care Board Performance Report and the number of indicators will continue to be reviewed and refined as work progresses to develop reporting within the Integrated Care Board (ICB).

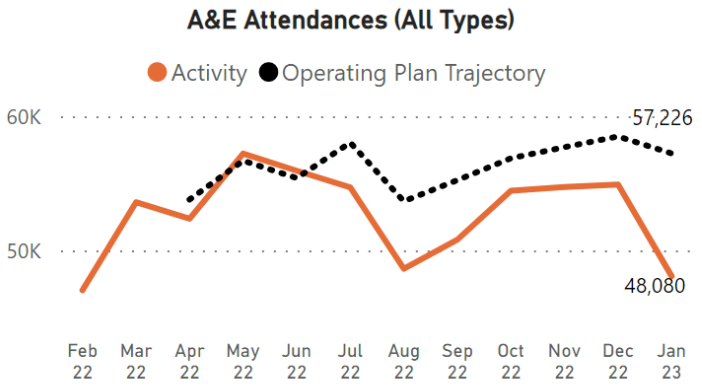
Key Findings

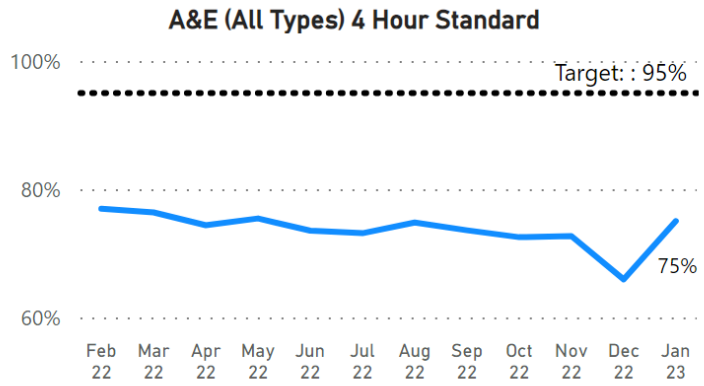
NHS South West London
Integrated Care Board

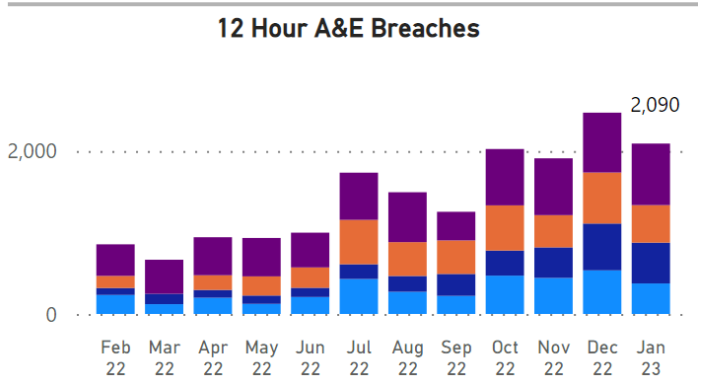
- **Planned Care:** Progress to increase elective activity levels in December was hampered by a significant increase in winter pressures and the seasonal period. Elective Ordinary spells have continue to report to just below plan, with Neurosurgery, Gynaecology, Maxillofacial Surgery and Ear, Nose & Throat (ENT) driving the position. Diagnostic activity (as measured by 7 key tests) was also impacted by winter pressures and the seasonal period, however remained 3% above plan; ongoing challenges in Non-Obstetric Ultrasound, Echocardiology and Endoscopy continue to impact delivery.
- **52 Week Waits:** There were 1080 patients waiting over 52 weeks for treatment at SWL providers against a trajectory of 980 for December. More recent unpublished data shows that the growth in 52ww from November to December – a London-wide trend – has flattened off in January. SWL continue to have the fewest patients waiting over 52 weeks in London. 55 patients were waiting over 78 weeks against a trajectory of 10. The majority of the waiters (39) were at St George's NHS Trust, mainly in Cardiology (17) and Plastic Surgery (9). No patients waited over 104 weeks for treatment in SWL. Plans are in place to eliminate all 78 week waits by the end of March, in line with the national expectation.
- **Cancer:** Performance against the two-week wait standard (target 93%) was 83.1% in December 2022. Against the 62-day standard of 85%, SWL was the highest performing sector in London, with 74.0% in December. On the 28-Day faster diagnostic standard (75% target), performance was 72%, the third highest position in London.
- **A&E 4 Hour Waits**: Accident & Emergency attendances at local providers decreased in January, and SWL performance was 75.0% against the 4-hour standard of 95%, above the London position of 67.0%. Only Epsom & St Helier's and St George's achieved above 70% (75.8% and 81.5% respectively). The percentage of abandoned 111 calls reduced to 12.6% in January, following a significant decrease in activity.
- **Physical care 12 Hour A&E Breaches**: 2,090 patients waited over 12 hours from decision to admit to admission in January, down from 2,469 in December. SWL had the second highest number of 12-hour breaches in London this month and the fourth highest nationally. There were 294 x 60-minute London Ambulance Service handover breaches, a significant decrease in comparison to December but still representing a very challenged position. Intensive action to manage the position takes place on a regular basis, often hourly. Regional escalation calls occur across London plus discussions via the Urgent and Emergency Care Delivery Board.
- **Mental Health 12 Hour A&E Breaches:** Unvalidated figures show that in January, 83 x 12-hour breaches were reported for Mental Health patients, mainly waiting for a bed.
- **Learning Disability Health checks:** SWL is currently on track to deliver against the national Annual Health Check target. Clinical leads in our boroughs continue to work with individual practices to maximise the number of people with a Learning Difficulty who have their health checks.
- **Mental Health Improving Access to Psychological Therapies programme :** Provisional data for December 2022 shows 2,434 clients entered treatment, below the trajectory of 3,548. The ICS continues to meet national thresholds for waiting times for first treatment within 6 weeks (75% standard) and 18 weeks (95% standard) of referral, with performance at 96.1% and 99.9% respectively. The ICS continues to work with providers to understand issues, including staffing levels, which remain the primary issue affecting access. Action plans are in place across all providers.
- **Severe Mental Illness Health checks:** Latest data available Quarter 3 (2022/23) reported an improved performance of 46.0% for SWL, with 7,173 patients having received all six annual health check elements. SWL ICS has established a new dedicated SMI health checks programme for 2022/23, continuing improvement towards the 60% national standard.
- **Childhood Immunisations:** SWL fell below the London average in Quarter 2 2022/23. The ICB has undertaken analysis to identify the demographic groups driving this trend. Immunisation Coordinators are also carrying out data quality checks in SWL practices with a particular focus on pre-school boosters. Alongside existing local work to improve uptake, the London-wide Catch-Up Campaign started on 27th February.

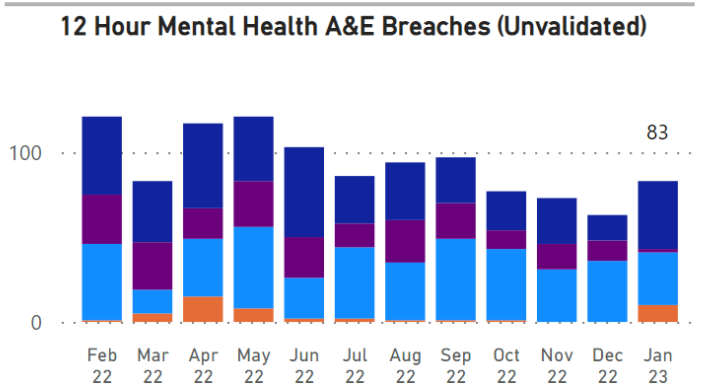
Domain: Urgent and Emergency Care

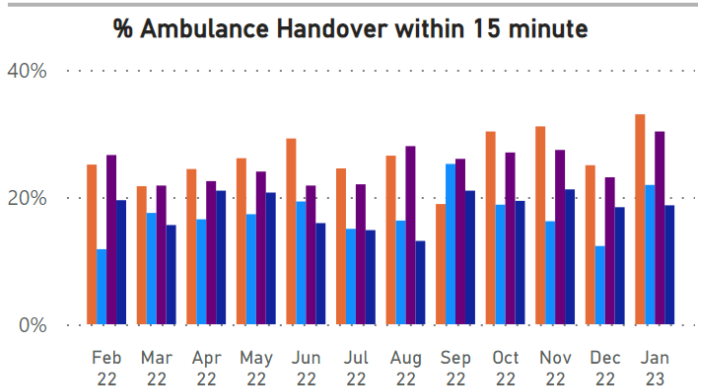
NHS South West London
Integrated Care Board

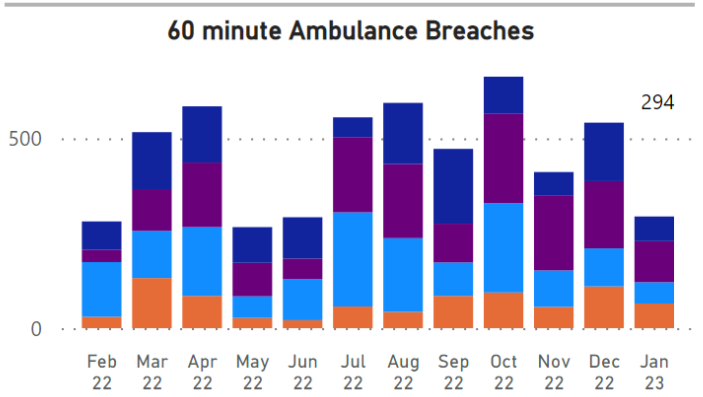












CHS ESTH KHFT RMH SGH

Summary

From unprecedented levels, pressure in the system appeared to reduce slightly in January with lower attendances at Emergency Department (ED) and a marked decrease in long ambulance waits. The additional pressure felt in early December with the Strep A outbreak was alleviated by the implementation of Acute Respiratory Hubs,. Calls to 111 reduced and the ambulance strikes appears to have impacted patient behaviour with fewer patients utilising Urgent Emergency Care (UEC) services on those days. Ongoing discharge delays continue to impact the non-elective admitted pathway. The SWL UEC Board continues to monitor local adaptations of the Continuous Flow model being piloted in SWL. Winter schemes funded through the Adult Social Care Fund, and through UEC, align to the ICB's winter demand and capacity plans, are in place with close monitoring.

A&E Attendances

A&E attendances remain below the planned trajectory and are much lower compared to the previous month. Performance continues to be below the 4-hour standard of 95%, but improved significantly since December to 75% which is just below the 76% target for March 2024 set in the new NHSE UEC Recovery Plan.

12 Hour breaches

The overall number of breaches decreased in January but increased for Mental Health, although numbers are proportionately much smaller. Physical health breaches are still much higher than previous years; almost all were due to lack of bed availability.

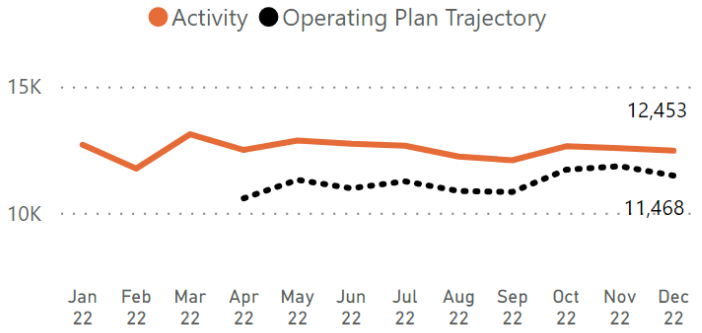
Ambulance handovers

Long ambulance waits (60+ minutes) saw a pronounced decrease in January though, of course, no patient should be waiting this long. Measures have been taken to improve the position such as cohorting and a new measure for immediate handover for waits over 45 minutes is in place. These measures have become routine practice to mitigate winter pressures. Further mitigations are under continuous review.

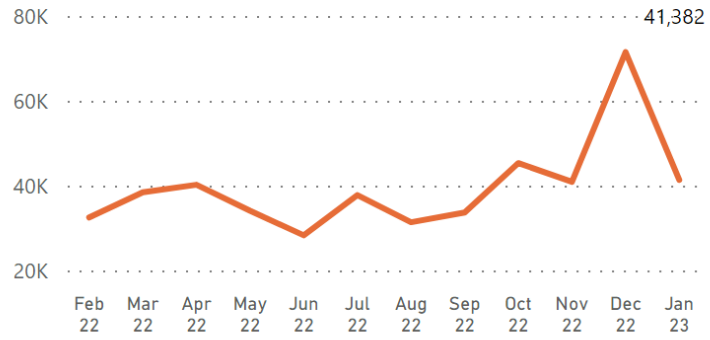
Domain: Urgent and Emergency Care

NHS South West London
Integrated Care Board

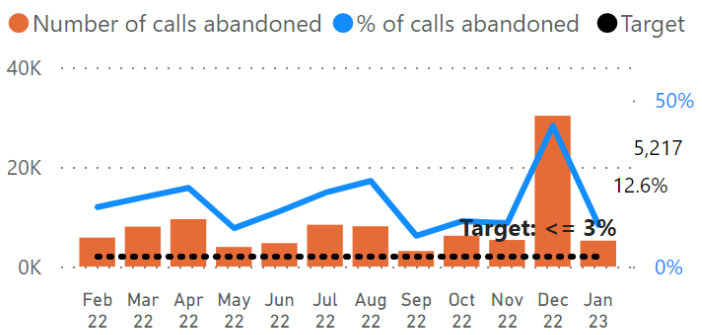
Total Non-elective Spells



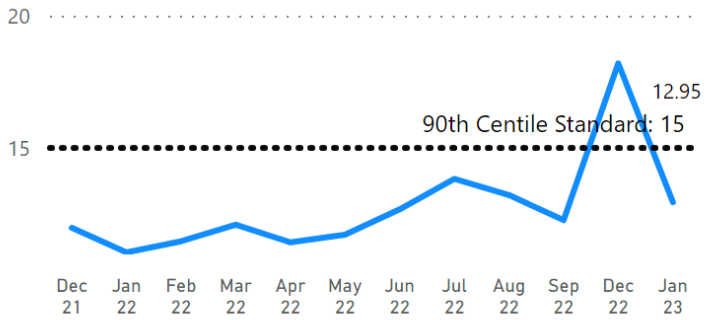
111 Call Volumes



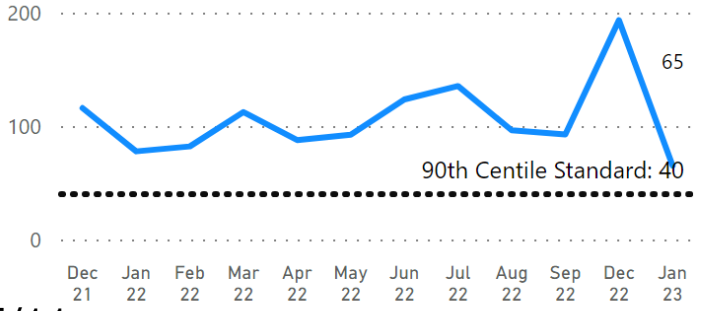
111 Calls Abandoned



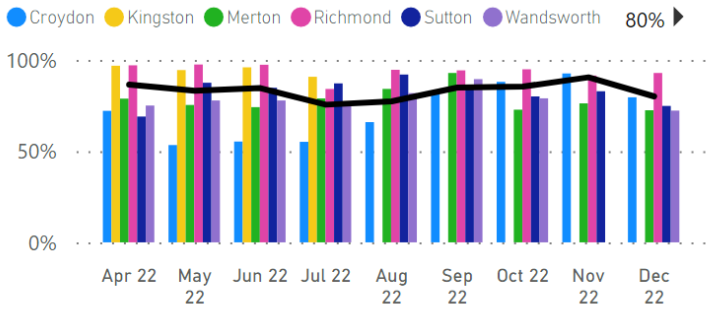
Ambulance Category 1 Emergency Response Times (minutes)



Ambulance Category 2 Emergency Response Times (minutes)



Community 2 Hour Urgent Response Performance - Provider



Non-Elective Spells
Non-elective admissions remained above plan, reflecting the need to admit more sick patients.

111 Calls
Call volumes decreased and returned closer to the average winter volume in January, however were still above plan. Following the national advertising campaign launched mid-December, usage of 111 online increased which helped to relieve front end call pressure. Reduced workforce sickness in January, in comparison to December, improved the average speed of answer; in the last week of January. The January strikes saw a drop in calls into the 111 service on these days. There were fewer 111 calls in January and the abandonment rate improved to 12.6%, however this is still above the 3% target.

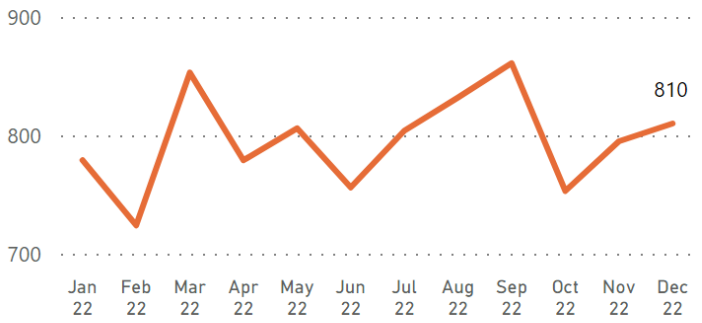
Ambulance Response Times
Response times peaked in December due to seasonal demand, hospital handover delays, the Strep A outbreak and industrial action. Continuous flow plans were implemented at all Trusts from early December, alongside LAS measures such as cohorting and rapid release. Response times in January for the sickest patients (Category 1) reduced to levels seen last August, and Category 2 response times are now the lowest seen in at least a year.

2-Hour Urgent Community Response
2-hour Urgent Community Response services are fully functional in all 6 SWL boroughs, running 8am to 8pm, 7 days a week (one borough is 24hr, with plans to extend 2 additional boroughs to 24hr). These services can accept the nationally set 9 clinical conditions and all have fall pick-up services, including equipment to lift patients from the floor. Engagement work continues with Care Homes and 111 to increase the volume of referrals to Urgent Community Response and to meet the requirements of the winter resilience plan. Kingston is now able to submit data into the system.

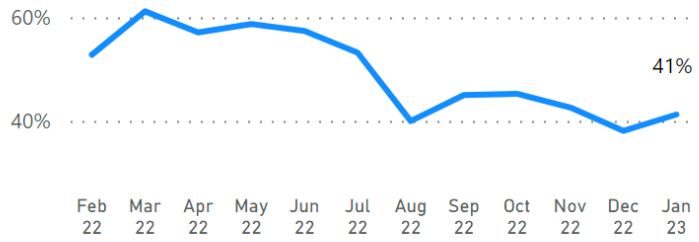
Domain: Integrated Care

NHS South West London
Integrated Care Board

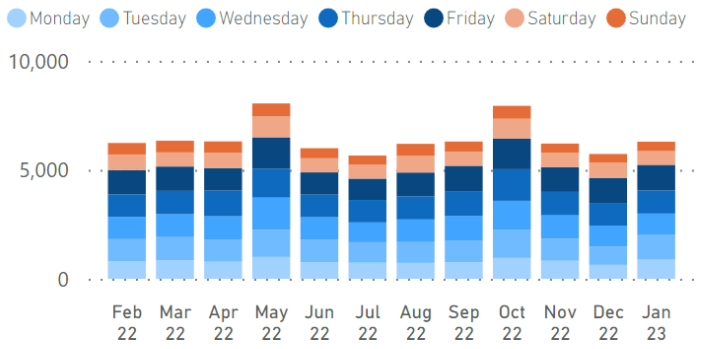
Number of Patients staying 21+ Days (Super Stranded)



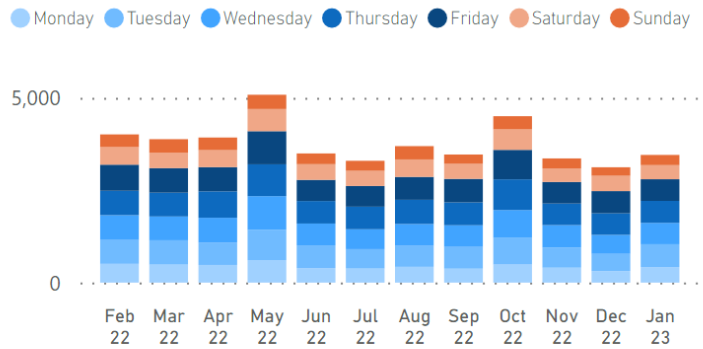
Daily discharges as % of patients who no longer meet the criteria to reside in hospital



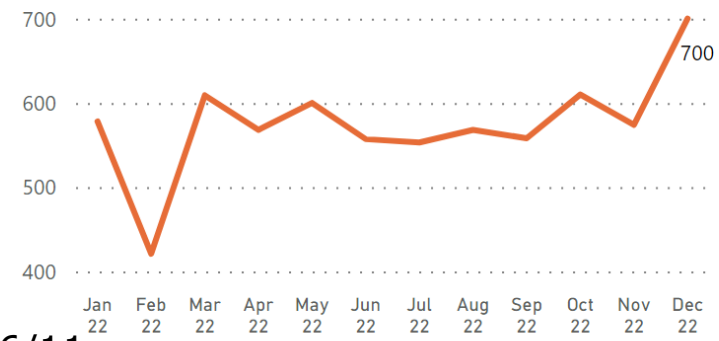
Total Discharges by Weekday



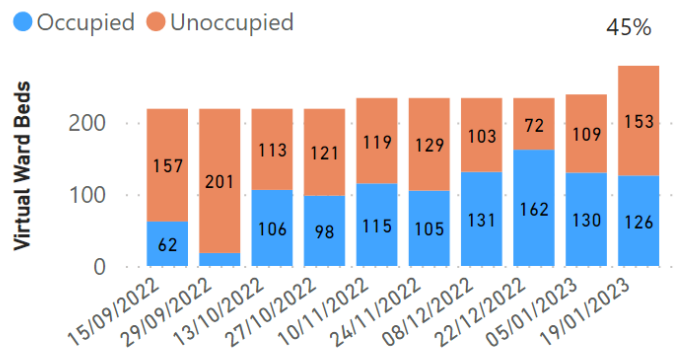
Total Discharges before 5pm by Weekday



Emergency Admissions from a Care Home



SWL Virtual Ward Capacity and Occupancy



Patients with a length of stay over 21 days
Pathway 3 delays continue to be the main cause of delayed discharges due to patients with complex needs. The bed bureau continues to increase capacity alongside the additional beds commissioned at the Queen Elizabeth Foundation until March, providing more options for transfer of care settings.

% patients not meeting the criteria to reside
Alongside Pathway 3 placement challenges, in-hospital delays are the main driver. Focussed work continues at Trusts to understand the operational issues as well discharge review which aims to improve discharge processes.

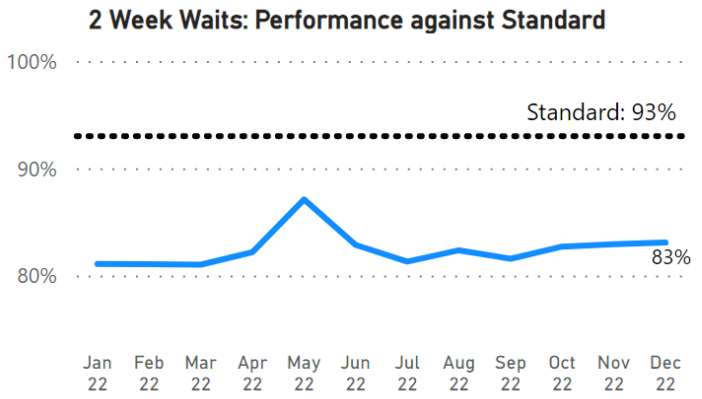
Total discharges by weekday and before 5.00pm
The percentage of patients discharged by 5pm increased this month following the challenges seen in December. Weekend discharges continue to be challenging, however Trusts are utilising the additional adult social care fund to improve this. A number of Trusts have also increased the hours of operation and functionality of their discharge lounges to further support.

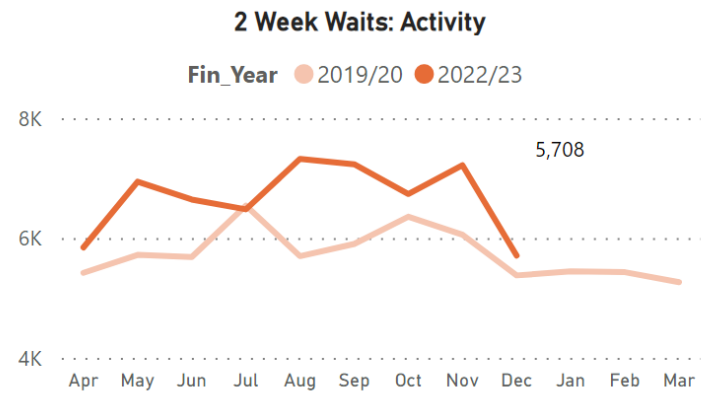
Emergency admissions from a care home
There has been a increase in admissions in December. The Enhanced Health in Care Home program continues to support Care Homes to manage their residents. In line with the Winter Resilience guidance, the Urgent Care Response, along with alternative services continue to be promoted to reduce non essential admissions. Further monitoring is required to assess impact.

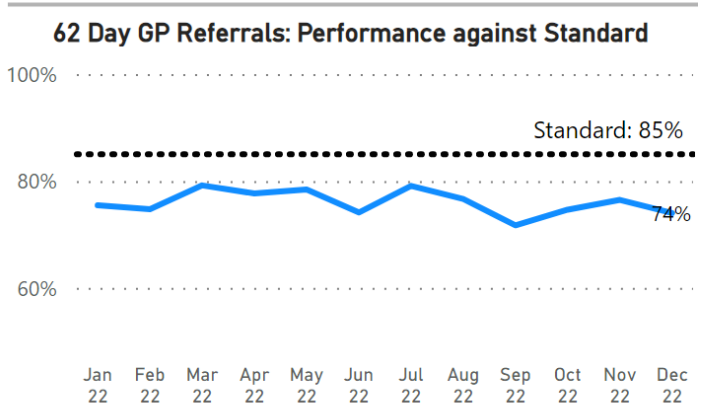
Virtual Ward
The Central Remote Monitoring Hub (CRMH) restarted on 5 January, with Sutton & Croydon local virtual wards, Kingston Hospital restarted on 13 January and Central London Health Care on 16 January. All are referring patients into the CRMH on an ongoing basis. Capacity of the virtual ward in January was reported at 279 with a utilisation rate of 45%. Winter pressures funding has been allocated to support the system with an aim to increase occupancy.

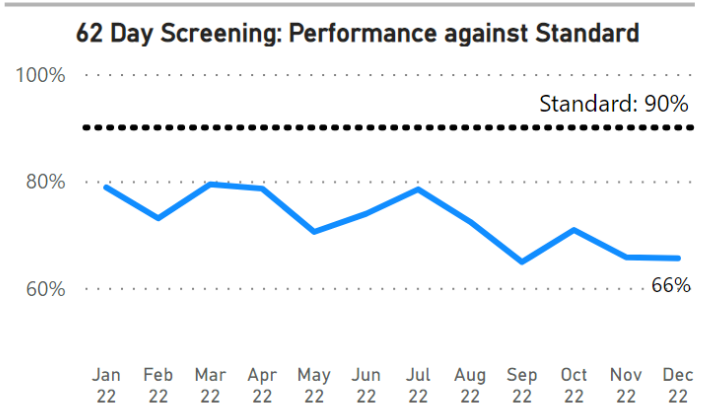
Domain: Cancer

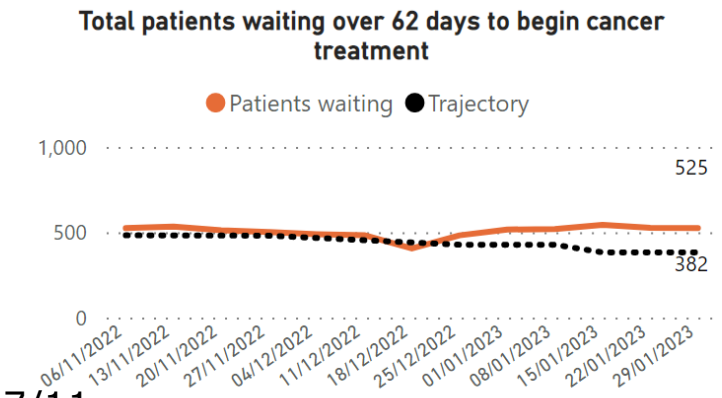
NHS South West London
Integrated Care Board

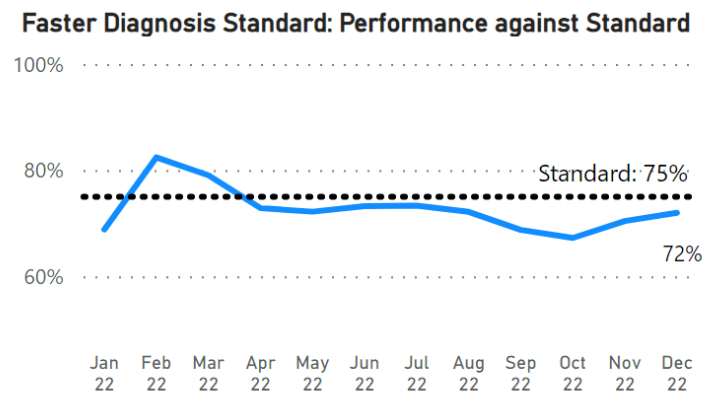












2 week wait performance and Activity
Performance continued to improve in December at 83.1%, but remains challenged due to continued increases in referrals when compared to 2019 levels. Croydon and Epsom & St Helier continue to report compliant positions. Breast pathway challenges across Kingston, St George's and Royal Marsden account for 60% of all SWL 2 week wait breaches. Royal Marsden's challenges around Sarcoma continue, the Trust continues to receive mutual aid from Croydon and out-of-sector support.

62-day GP referrals
SWL providers were the highest performing in London, reporting 74.0% in December 2022. However, this was below the Constitutional Standard of 85%.

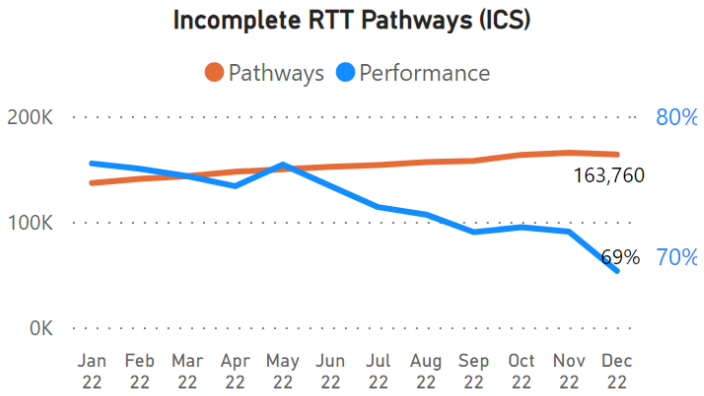
62-day Screening
December performance was 65.5% against the 90% standard, driven mainly by Breast Screening. The SWL Breast Screening Service achieved recovery in Q3 and is reinstating timed appointments to support increased uptake.

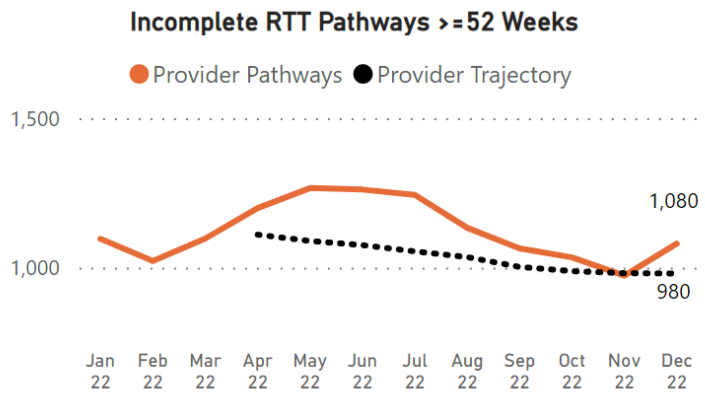
Total patients waiting over 62 days for treatment
The number of patients waiting over 62 days at the end of January was 525, against a trajectory of 382 (week ending 29/01/2023). This increase is a result of continued winter pressure particularly impacting across January. In response, Royal Marsden Partners will continue to support providers to deliver the key actions and mitigations to meet the revised trajectory during Q4.

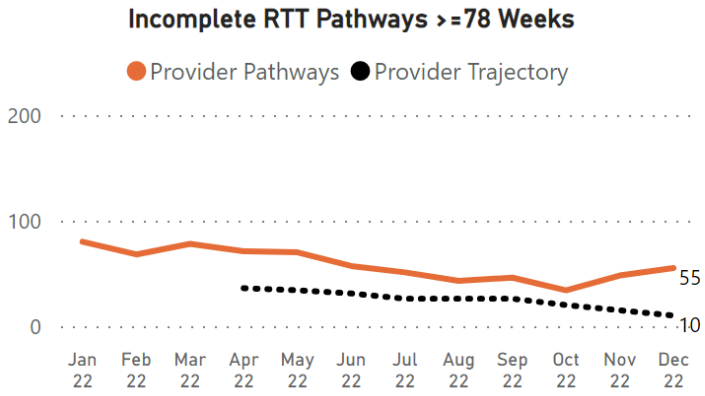
Faster diagnosis standard
SWL reported an improved but non-compliant position of 72% against the Faster Diagnosis Standard. Apart from Croydon (52.2%) and St. George's (64.3 %), all other SWL providers reported a compliant position. The ICS will continue to work with Royal Marsden Partners to support performance improvement in the Breast and Lower GI pathways, which continue to be the most challenged.

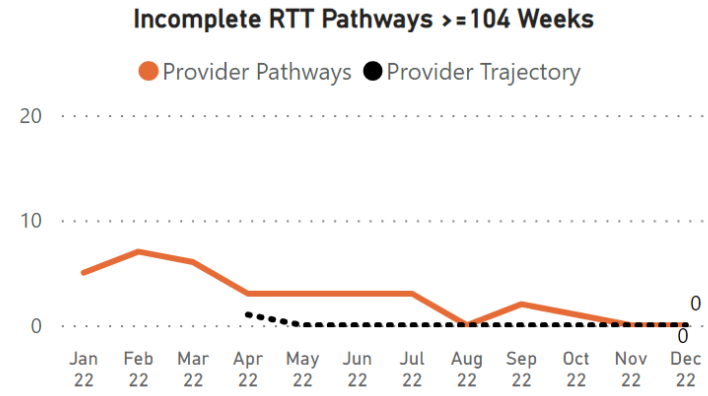
Domain: Planned Care

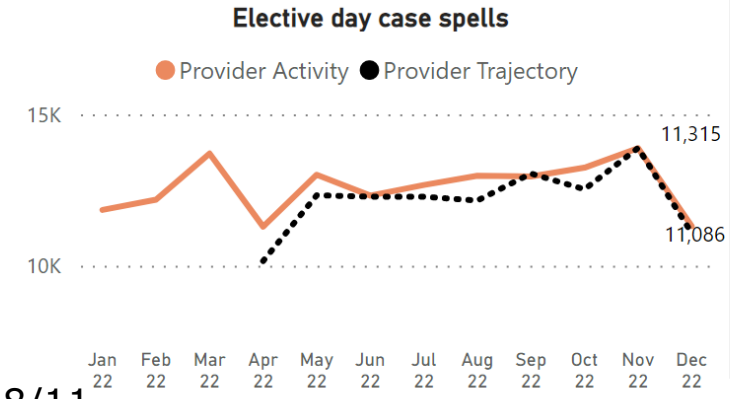
NHS South West London
Integrated Care Board

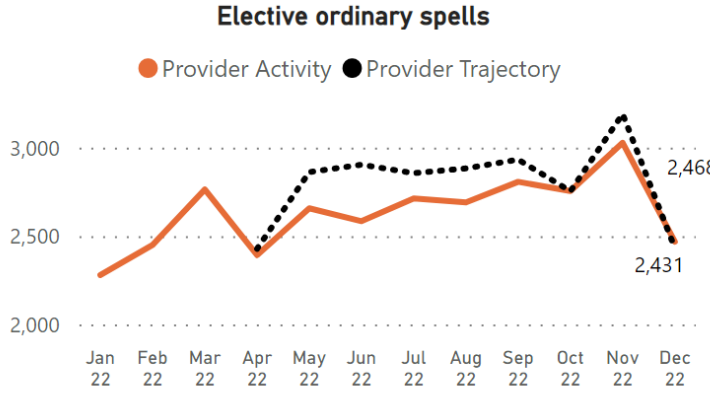












Incomplete waiting list pathways
There were 163,760 patients on an incomplete pathway across SWL providers, a decrease for the first time this financial year. 69% of patients were waiting under 18 weeks, down from 72% in November. The number of patients waiting in SWL has increased by 18.8% since December 2021, higher than the London increase of 14.3%. However, SWL ICS has the lowest waiting list in London and the fewest patients waiting over 52 weeks.

Long waiters – patients waiting over 52 weeks for treatment
There were 1,080 patients waiting over 52 weeks for treatment at SWL providers against a trajectory of 980 in December 2022. Unpublished January data shows that this Nov/Dec growth in 52ww (a London-wide trend) has flattened off.

Long waiters – patients waiting over 78 and 104 weeks for treatment
55 patients were waiting over 78 weeks for treatment against a trajectory of 10 for the end of December. The majority of the waiters (39) were at St George's NHS Trust, mainly in Cardiology (17) and Plastic Surgery (9). No patients waited over 104 weeks for treatment in SWL.

Elective day case spells
December day case has improved to above plan following a dip in November. This now brings the overall elective performance achievement to 102%. SWL continue to do well against the year-to-date plan (3% above plan).

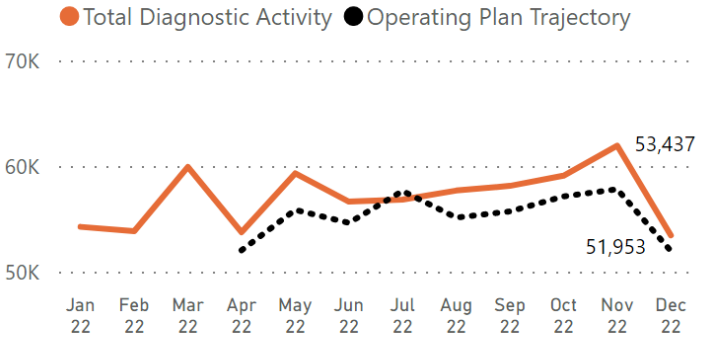
Elective ordinary spells
For December, Elective Ordinary Spells were just below plan, and the year-to-date performance is at -23%. Some of this is due to the shift to day case. Trusts are working on plans to close the elective gap, however winter pressures continue to impact recovery. The elective recovery programme is addressing Mutual Aid, productivity, referral management services and single waiting list for some specialities.

Domain: Outpatients and Diagnostics

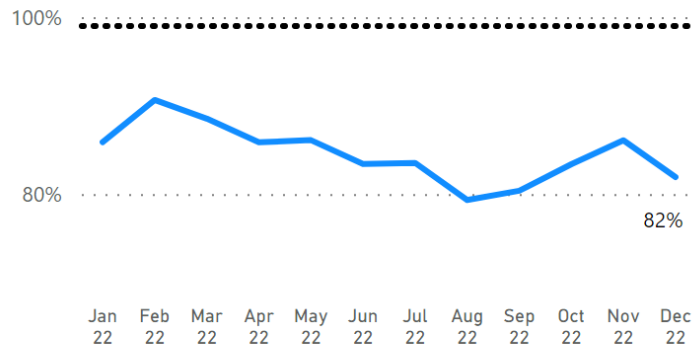
NHS South West London
Integrated Care Board

Powered by: Health Insights

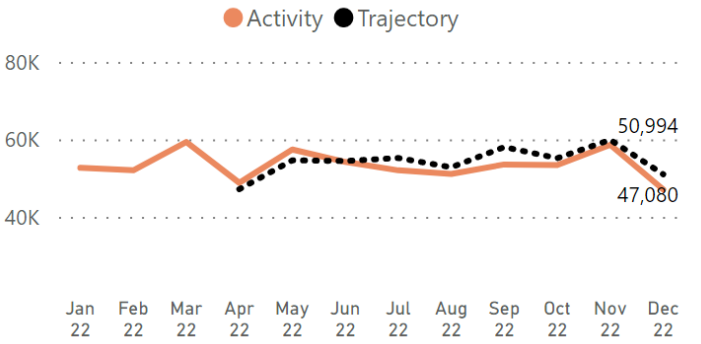
Diagnostic Tests (Activity)



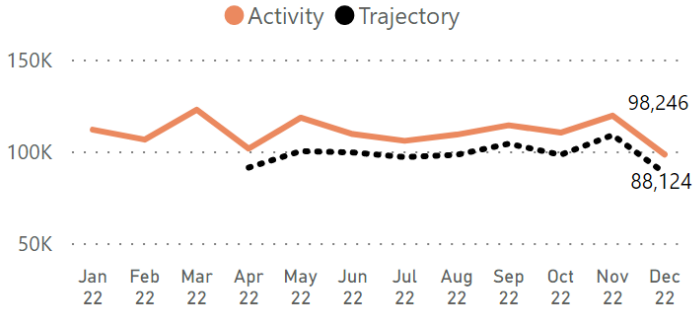
Diagnostics: % waiting less than 6 Weeks



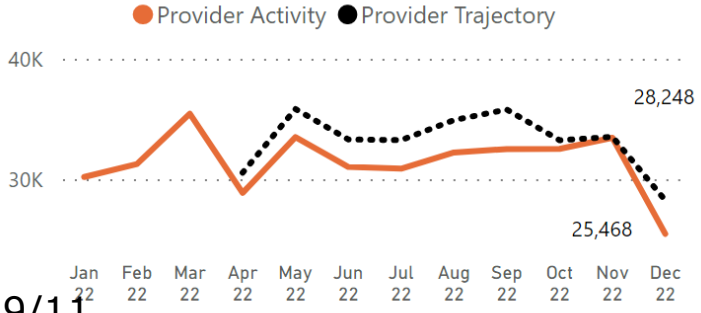
Consultant-led first outpatient attendances (Specific acute)



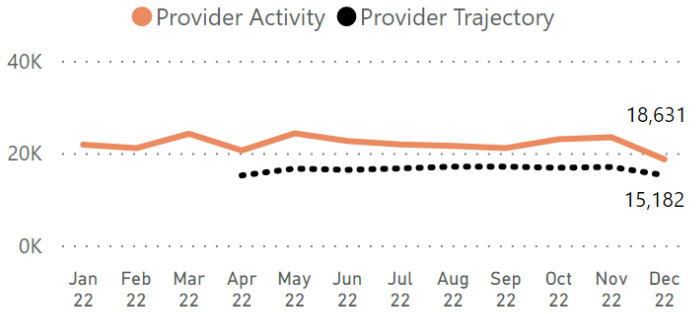
Consultant-led follow-up outpatient attendances (Specific acute)



GP Specific Acute Referrals made for a First Consultant-Led Outpatient Appointment (Provider)



Other Specific Acute Referrals made for a First Consultant-Led Outpatient Appointment (Provider)



Diagnostic Activity (7 tests)
December saw a steep decline in activity levels, with the position remaining slightly above trajectory. The position has been further impacted by strike action and the seasonal period. The system continues to experience significant challenge in terms of demand and workforce capacity. There is ongoing effort to identify opportunities to increase capacity and ensure appropriate clinical management of demand.

% waiting less than 6 weeks (All tests)
All modalities have seen a deterioration in the proportion of over 6 week waits. Work is ongoing to identify and embed sustainable solutions for improvement.

Consultant led first outpatient attendances (Specific Acute)
Performance in December fell below plan, contributing factors are strike action and workforce availability during the seasonal period. The system continues to focus on ensuring appropriate productivity measures across all Providers.

Consultant led follow up outpatient attendances (Specific Acute)
December performance remains above trajectory, and decreased in line with seasonality. Challenges remain in managing incoming demand against a backlog of activity. Patient Initiated Follow Up (PIFU) opportunities remain an area of focus in addition to waiting list validation processes.

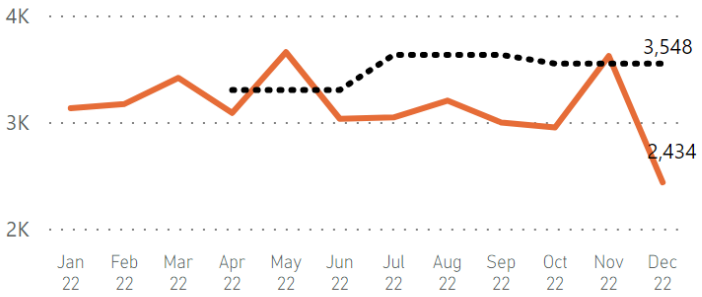
GP Specific referrals for first consultant led outpatient appointment
December saw a significant reduction in the number of referrals, tracking with trajectory and seasonality trend. Advice and guidance pre-referral pathways will be fundamental in supporting management of future increased demand.

Other Specific referrals for first consultant led outpatient appointment
Actual activity has continued to track above trajectory, despite the decline in referrals seen for December. Work is underway to understand pathway specific impact on consultant-to-consultant referrals and opportunities for standardisation and improvement.

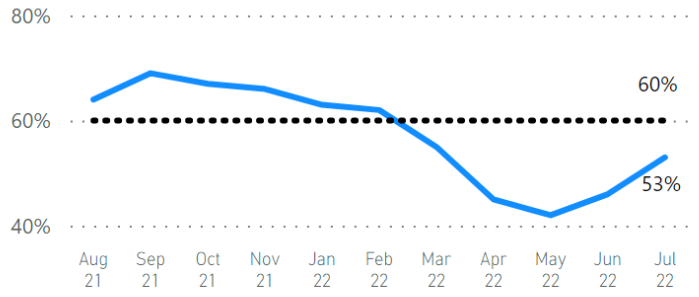
Domain: Mental Health Services

NHS South West London
Integrated Care Board

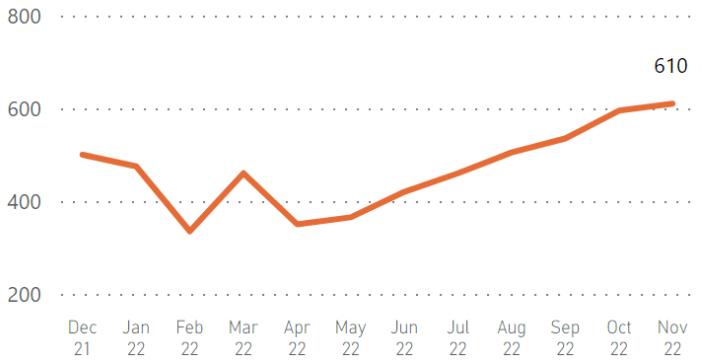
IAPT Access



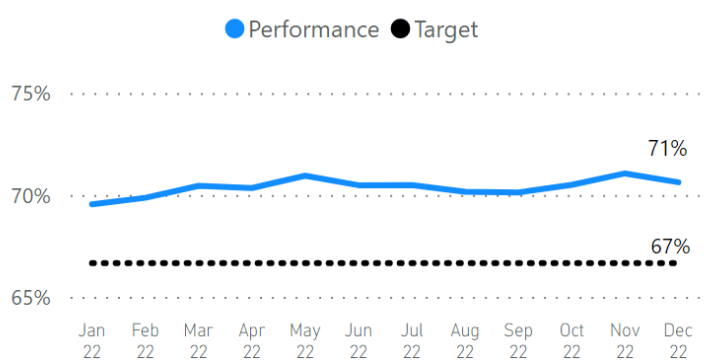
Early Intervention Psychosis (EIP)



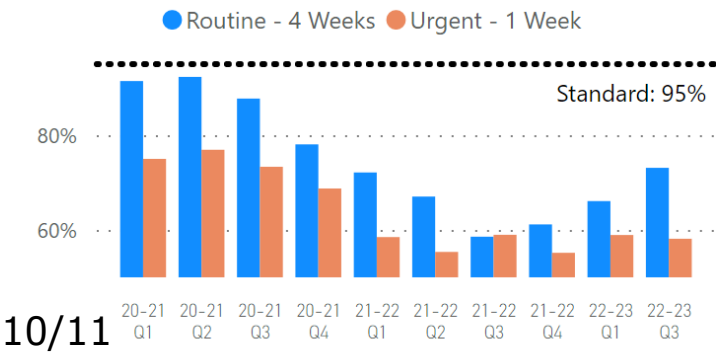
Number of Out of Area Placements



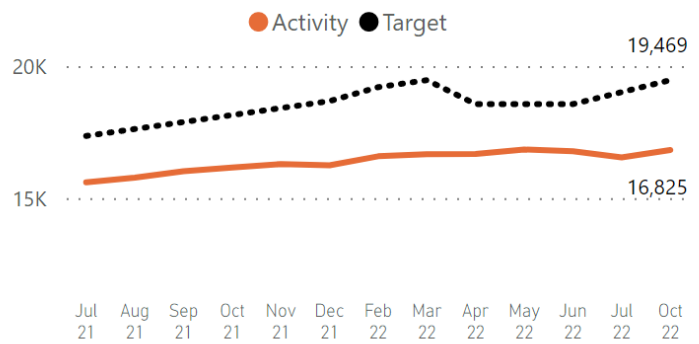
Dementia Diagnosis Rate



CYP Eating Disorders Seen within Target Time



CYP Access Rate - Rolling 12 Months



Improving Access to Psychological Therapies Access
November saw a significant improvement in access after several months below trajectory, however, activity decreased in December in line with the seasonal trend in previous years. An approach to increase capacity and to recruitment will be agreed as part of the planning process for 2023/24. The ICS continues to meet national thresholds for waiting times for first treatment within 6 weeks (75% standard) and 18 weeks (95% standard).

Early Intervention in Psychosis
Performance improved over recent months. Patient level data is reviewed for all breaches. South West London & St George's are reviewing options to better track referrals into Early Intervention Psychosis to ensure they are seen within the two-week period. The Trust are also exploring a digital solution to initiate a prompt in the electronic patient record upon entering a diagnosis of psychosis.

Out of Area Placements
There were 610 out of area placements reported in November 2022 for SWL. Demand and mental health provider bed availability impacts performance. Work continues on the delivery of the ten key interventions set out in the Mental Health 'Discharge Challenge' guidance to reduce 'out of area' placements to planned levels.

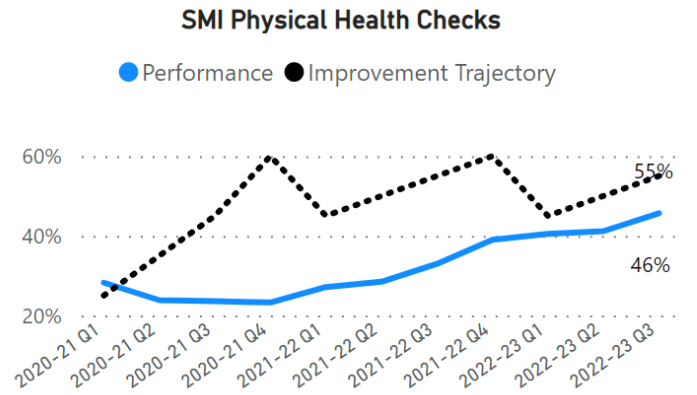
Dementia Diagnosis rate
SWL continues to maintain good performance levels (71%) which exceed the national threshold of ensuring that over 66.7% of people with suspected dementia are diagnosed. The ICS also met the 70% milestone ambition.

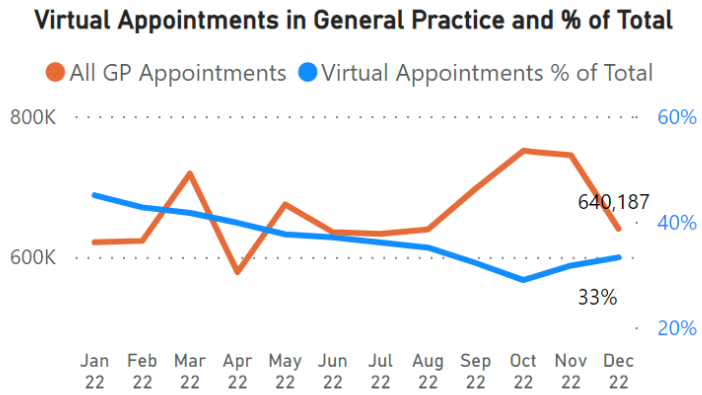
CYP Eating disorders
Demand and capacity issues within the service have led to long waits. There is ongoing recruitment with all vacant posts either out for advert or about to be advertised.

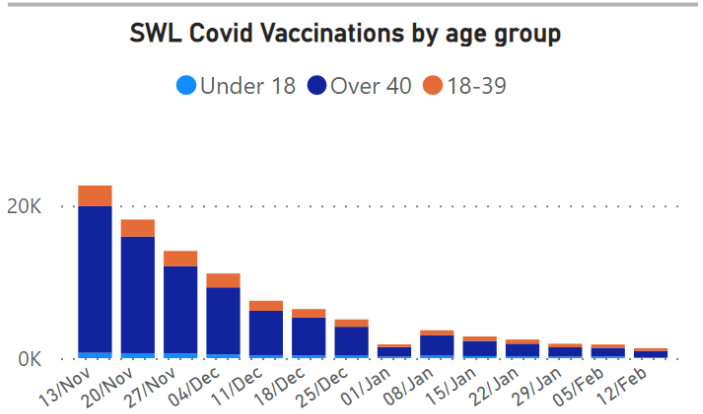
CYP Access rate
Latest data available (October 22) reports 16,825 children and young people having received at least one contact (rolling 12 month), against a target trajectory of 19,469 client contacts.

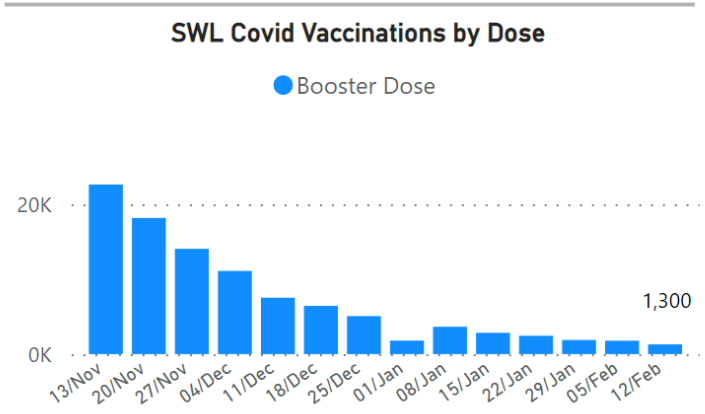
Domain: Primary Care

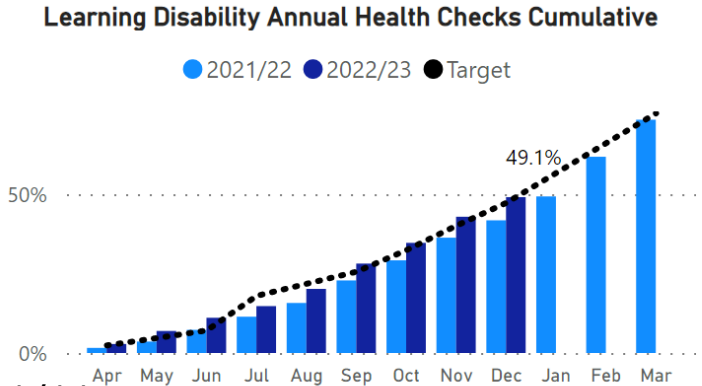
NHS South West London
Integrated Care Board

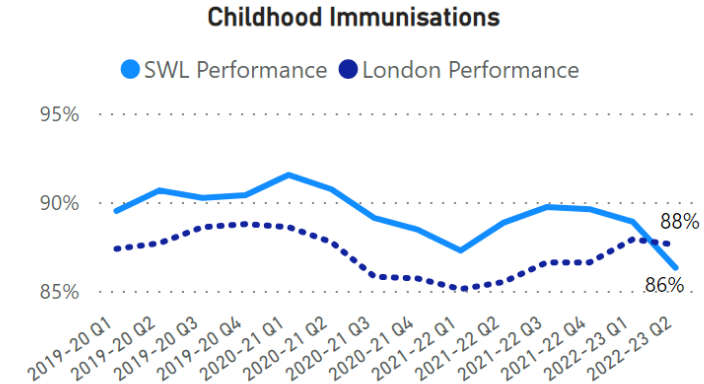












Severe Mental Illness Physical Health Checks
Quarter 3 shows 46% for SWL, with 7,173 Severe Mental Illness patients having received all six annual health check elements, this is an increase of 4.5% from Q2.

GP Appointments
General practice appointments have decreased nationally. Over 640,000 appointments were delivered in SWL in December 2022 (reduction of 104,000 compared to November, similar to 2021. 67% of appointments were provided as face-to-face consultations in December and SWL remain above the London average for delivery of face-to-face appointments. It should be noted that the GP Appointment Data only includes appointments provided by practices and it is unlikely that the appointments provided via a hub model (PCN or borough wide) are reflected in this, due to the activity not being coded at practice level.

SWL COVID Vaccinations
A total of 331,738 seasonal booster vaccinations have been administered in SWL with 52,773 co-administered with flu. An additional 12,948 primary doses were administered. Uptake reached 54% over all cohorts and 78.6% for those aged 65+.

Learning Disability Health Checks
Progress against plan is currently on track to deliver against national AHC target and ahead of the 21/22 position.

Childhood Immunisations
Over 64k children have received a polio booster, this phase ended in December. In terms of the routine vaccinations, figures have declined in the last reported quarter. Richmond has the lowest uptake across all immunisations, whilst Merton has the lowest uptake for Measles, Mumps, and Rubella (MMR2). Pre-school boosters continue to decline across the boroughs. Work continues to improve uptake across the ICS, and the Londonwide Catch-Up Campaign started on 27 February. Immunisation Coordinators are carrying out data quality checks in SWL practices, with a particular focus on pre-school boosters.

NHS South West London
Integrated Care Board

NHS South West London Integrated Care Board			
Name of Meeting	ICB Board		
Date	Wednesday, 15 March 2023		
Title	South West London ICB Finance Report month 10		
Lead Director Lead (Name and Role)	Helen Jameson, Chief Finance Officer		
Author(s) (Name and Role)	Neil McDowell/Joanna Watson – Deputy Chief Finance Officer		
Agenda Item No.	11	**Attachment No.**	12
Purpose	Approve ☐	Discuss ☒	Note ☒

Purpose

This report is brought to the Board to:

1. Update the ICB on the position against the ICB internal budget.
2. Update the ICB on the SWL system financial position.

Executive Summary

The report sets out the South West London ICS position as reported at Month 10.

The year-to-date financial position for the ICS is £60.5m deficit; driven by inflation and under delivery of savings, which have been highlighted throughout the year. It is now felt that the risks identified will not be mitigated to bring the system back to breakeven position by the end of March 2023. Therefore, in agreement with NHSE and in line with their protocol for adjusting the system forecast outturn, the ICS revenue position has moved to a deficit forecast of £57.5m at M10.

The report includes an update on the ICB position against the internal budget. The ICB internal budget forms part of the overall South West London (SWL) NHS system plan; alongside the other SWL NHS organisations. The ICB position is forecast to be £0.5m surplus for the year, against a plan deficit of £3.0m.

Key Issues for the Board to be aware of:

In agreement with NHSE and in line with their protocol for adjusting the system forecast outturn the ICS revenue position has moved to a deficit forecast of £57.5m at M10.

The ICB received a letter on 2 March 2023 from DHSC specifying that the ICB and its partner trusts need to produce and publish its annual joint capital resource plan for 2022/23 (it has been recognised that the requirement has been issued late in the year and guidance is still pending). This would reflect the 2022/23 plan collaboratively agreed for 1 April – 31 March for the system's delegated capital envelope of £138.3m.

Recommendation

The Board is asked to:

- Note the ICB internal month 10 position, in particular risks relating to prescribing and Continuing Healthcare (CHC).
- Note the ICS revenue month 10 position, in particular the change of forecast outturn.
- Note the ICS capital month 10 position and the requirement to publish the 2022/23 plan which is summarised in the finance board paper (£138.3m delegated capital envelope).

Conflicts of Interest

N/A

Corporate Objectives This document will impact on the following Board Objectives	Achieving Financial Balance

Risks This document links to the following Board risks:	Significant risks to in year breakeven have now crystallised in the revised system forecast outturn position.

Mitigations Actions taken to reduce any risks identified:	• Strengthening oversight by increasing efficiency reporting. • The finance efficiency working group meets weekly and has been set up to focus on the efficiency challenge. • All organisations completing and implementing, where appropriate, Monitor Grip and Control tool and the Healthcare Financial Management Association (HFMA) self-assessment. • Further system wide schemes are being explored. • Finance and Planning Committee will scrutinise the ICB's financial performance. • NHS Trust and ICB Chief Executive scrutiny and leadership is focused on financial delivery.

Financial/Resource Implications	Within the report.

Is an Equality Impact Assessment (EIA) necessary and has it been completed?	N/A

What are the implications of the EIA and what, if any are the mitigations	N/A

Patient and Public Engagement and Communication	N/A

Previous Committees/Groups Enter any Committees/Groups at which this document has been previously considered	**Committee/Group Name**	**Date Discussed**	**Outcome**
	SWL Senior Management Team (SMT)	23/02/2023	Noted
	SWL Finance and Planning Committee	28/02/2023	Noted
		Click or tap to enter a date.	

Supporting Documents	SWL ICB Finance Report Month 10

NHS
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SWL NHS Finance Report month 10

March 2023

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The ICB internal position at month 10

ICB financial overview month 10

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Key Messages:

1. The ICB's full year forecast has reported an improvement from £3m planned deficit to £0.5m surplus, resulting in an overall £3.5m improvement from previous months reported FOT. This has been achieved by de-risking the position given proximity to year end.
2. ICB's year to date position is £0.9m adverse to plan.
3. There has been no clawback of ERF reported in the year to date position which is consistent with how we have reported the forecast outturn position.
4. Other ICB budget such as non-contracted activity (NCA, £1.9m), Central drugs (£620k), Estates (£550k)and other programme budgets (£1.3m) are projecting full year overspend, however, it's being mitigated by underspends reported for primary care IT (£2.1m), DOAC (Prescribing) (£680k) and balance by releasing contingencies to achieve £0.5m full year surplus.
5. Continuing healthcare remains a risk and we have seen a deterioration in the Sutton place position partially driven by this.
6. Prescribing pressures have not slowed down and we saw another £1.8m shift in the overall forecast from last month. Work continues on the issues although its predominantly driven (and increasing each month) by cheaper drugs in short supply so prescribing more expensive medicine as well as an increase in the category M drugs. Both of these issues is largely beyond our control but efforts are concentrated in ensuring spend is contained within the areas under ICB's control.
7. Both CHC and prescribing risk is covered by contingencies should the position deteriorate further.
8. No change in the position for delegated primary care which remains within budget albeit with non recurrent support.

Targets

1. Mental Health Investment Standard is forecast to be better than plan for the year;
2. Running costs are within the target set (£30m full year, £22.5m M4 to M12);
3. Cash balance at month end is within the permitted 1.25% of the cash drawn at the beginning of the month;
4. The Better Payments Practice Code (BPPC) states that 95% of invoices should be paid within 30 days which we are achieving for both NHS and non NHS Organisations.

ICB high level budget reporting month 10

NHS South West London

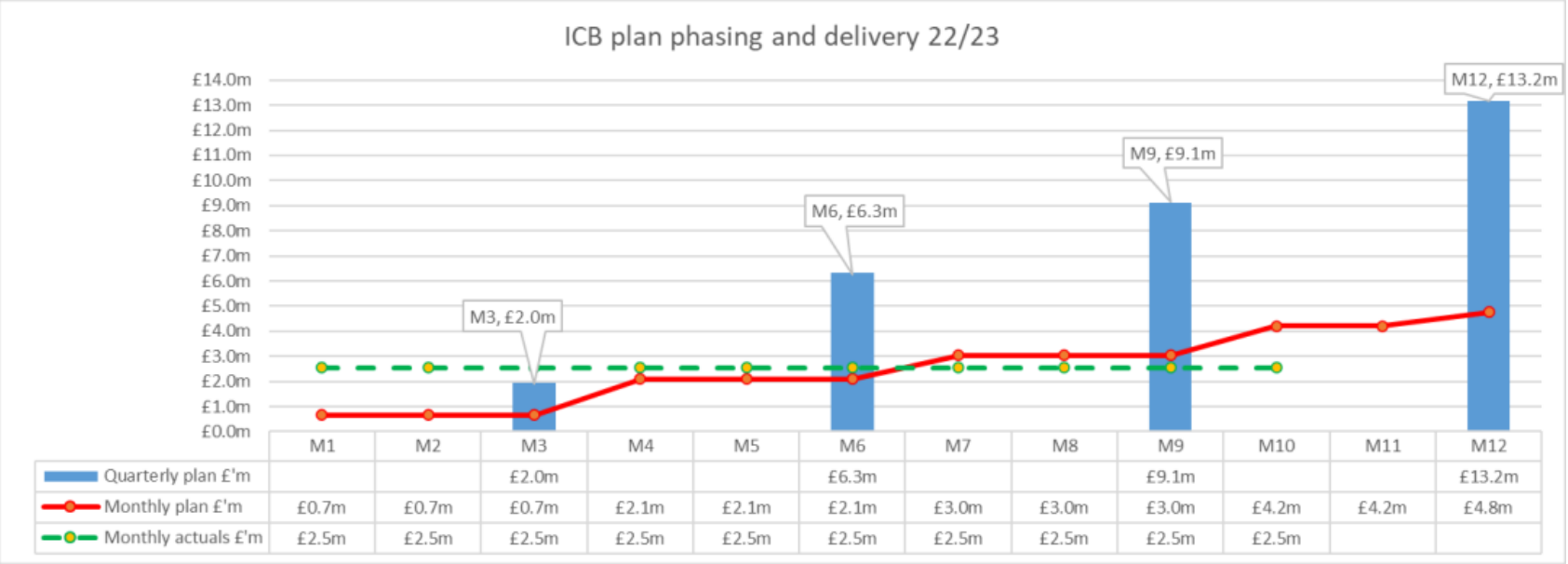
IFR	Sum of YTD Budget £000s	Sum of YTD Actual £000s	Sum of YTD Variance £000s	Sum of Annual Budget £000s	Sum of Forecast Outturn £000s	Sum of Forecast Variance £000s
ACUTE	£964,994	£967,237	-£2,243	£1,238,745	£1,242,483	-£3,738
COMMUNITY HEALTH SERVICES	£176,766	£176,411	£355	£231,222	£231,638	-£416
CONTINUING CARE	£94,287	£98,789	-£4,502	£122,751	£125,684	-£2,933
CORPORATE	£18,162	£17,846	£316	£23,470	£23,258	£212
MENTAL HEALTH	£187,157	£187,553	-£396	£240,393	£241,419	-£1,026
OTHER PROGRAMME SERVICES	£41,918	£29,969	£11,949	£54,597	£36,690	£17,908
PRIMARY CARE	£294,471	£300,869	-£6,398	£378,056	£387,563	-£9,507
Grand Total	**£1,777,755**	**£1,778,674**	**-£919**	**£2,289,234**	**£2,288,734**	**£500**

SWL Overview: (favourable/-adverse variance)

- We have reported a £0.9m YTD deficit, against the year to date plan
- The ICB has also reported a full year favourable forecast of £500k, against the target of £3m adverse, resulting into £3.5m favourable movement this month.
- Key drivers for favourable YTD variance are:
  - £3m for Primary care IT due to underspend reported against BAU budget and slippage in finalising projects.
  - £2.6m for SDF due to lateness in receiving some of the allocation and delay in agreeing spending plan.
- Croydon, Kingston and Sutton place have reported full year overspend mainly due to pressures seen in prescribing and CHC

SWL ICB efficiency 2022/23

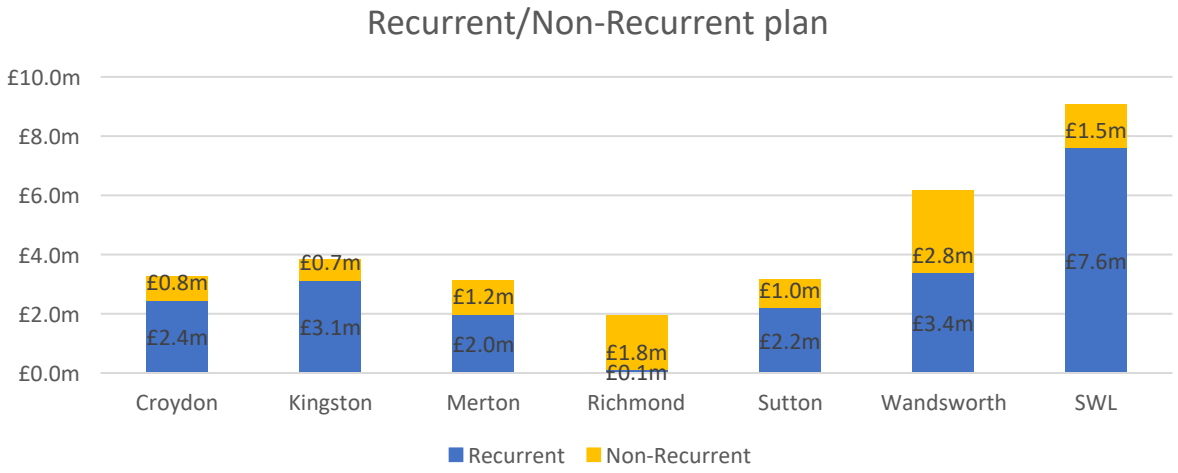
South West London

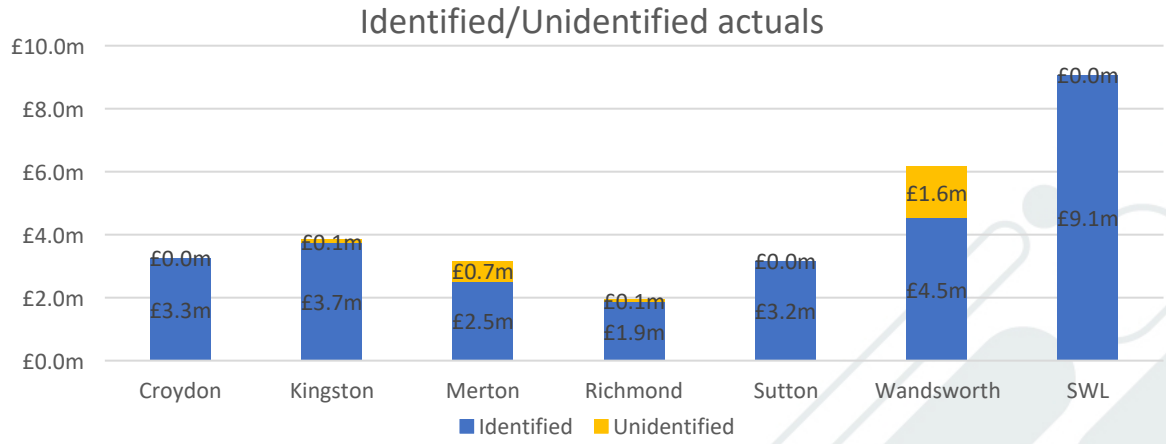


	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Quarterly plan £'m			£2.0m			£6.3m			£9.1m			£13.2m
Monthly plan £'m	£0.7m	£0.7m	£0.7m	£2.1m	£2.1m	£2.1m	£3.0m	£3.0m	£3.0m	£4.2m	£4.2m	£4.8m
Monthly actuals £'m	£2.5m	£2.5m	£2.5m	£2.5m	£2.5m	£2.5m	£2.5m	£2.5m	£2.5m	£2.5m		

Narrative:

- Currently we are reporting that we have achieved £25.5m of savings to month 10.
- The original phasing plan was probably too pessimistic and we are seeing a flatter profile than expected.
- This is why we are showing we are ahead of plan until month 6 which will phase out by the end of the year.
- To note that non recurrent savings is forecast to be £9.7m which will add to the gap for 23/24.
- There is a shortfall on plan of c£2.5m which is being mitigated by non-recurrent benefits





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The SWL NHS system revenue position at month 10

SWL NHS System Revenue Position

2022/23 Month 10

South West London

- In agreement with NHSE and in line with their protocol for adjusting the system forecast outturn the ICS revenue position has moved to a deficit forecast of £57.5m at M10.
- It is now felt that the significant risks within the system will not be mitigated by the end March 2023. The expected financial position is now ESH £35.0m deficit, SGH £30.0m deficit partly offset by favourable forecast at RMH (£7.0m surplus) and the ICB (£0.5m surplus).
- The ICS is spending more than planned on agency costs and is forecast to break the nationally set agency costs cap for the year.
- The efficiency programme is behind plan year to date by £38.5m (M9 £24.3m behind plan). Forecast for the year is £66m adverse to plan (total plan £280.4m).

	YEAR-TO-DATE			FORCAST OUTTURN		
MONTH 10	Surplus/(deficit) for the purposes of system achievement			Surplus/(deficit) for the purposes of system achievement		
£m	YTD Plan	YTD Actual	YTD Variance	Plan	FOT Actual	FOT Variance
Croydon Hospital	-1.1	-1.8	-0.7	-0.0	0.0	0.0
Epsom and St.Helier Hospital	-5.1	-34.9	-29.8	0.0	-35.0	-35.0
Kingston Hospital	-5.4	-4.9	0.5	0.0	0.0	-0.0
St. Georges Hospital	-6.7	-27.1	-20.4	0.0	-30.0	-30.0
Hounslow & Richmond Community Healthcare	0.1	0.3	0.2	0.0	0.0	0.0
South West London & St. Georges Mental Heal	-0.6	-0.6	0.0	-0.0	0.0	0.0
The Royal Marsden Hospital	3.0	9.3	6.4	3.0	7.0	4.0
Trusts Total	**-15.9**	**-59.6**	**-43.8**	**3.0**	**-58.0**	**-61.0**
South West London Integrated Care Board (ICE	-5.0	-0.9	4.1	-3.0	0.5	3.5
South West London System	**-20.9**	**-60.5**	**-39.7**	**-0.0**	**-57.5**	**-57.5**

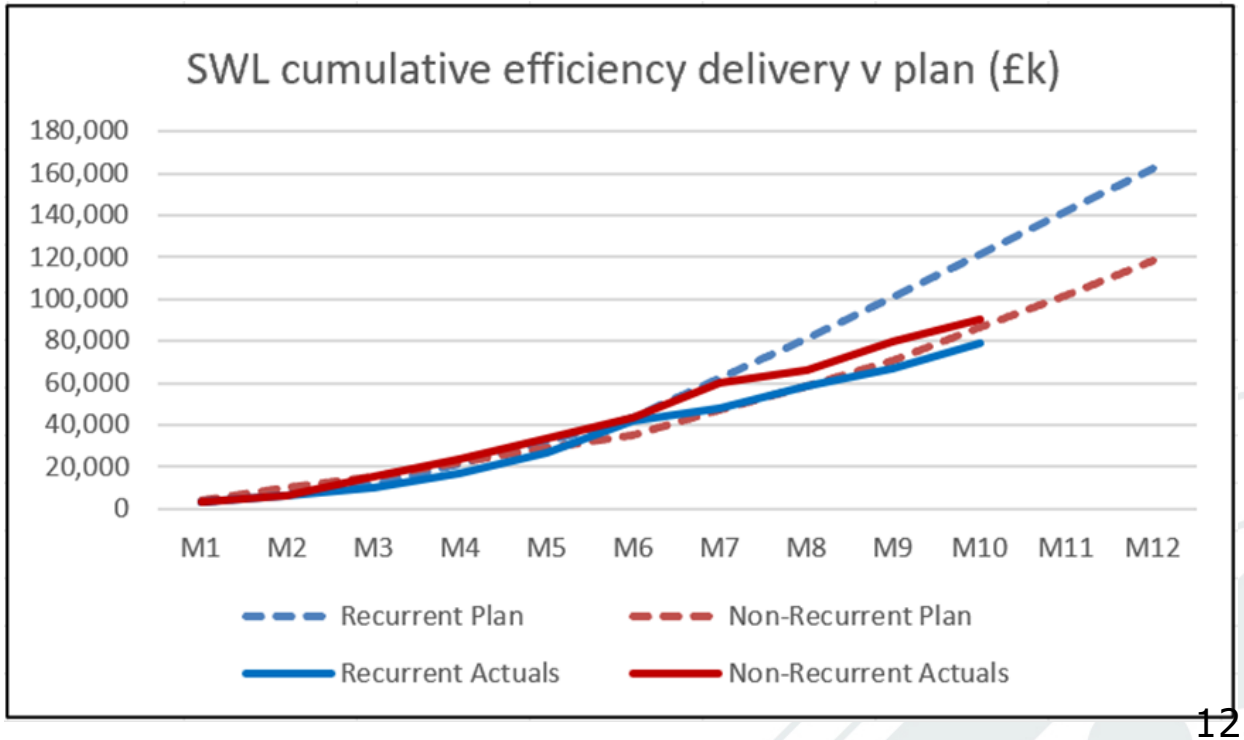
SWL NHS System Efficiency

2022/23 Month 10

South West London

- The total system planned efficiency for the year is £280.4m.
- Year to date delivery @M10 is as follows:
  - £169.1m efficiency has been delivered in total against a plan of £207.5m (£38.5m adverse). Favourable performance at the ICB (£3.8m) and SWLSG (£0.9m) offset by adverse performance at ESH (£22.2m) and SGH (£20.4m).
  - £78.9m has been delivered recurrently against a plan of £121.2m (£42.2m adverse).
  - £90.1m has been delivered NR against a plan of £86.4m (£3.8m favourable).
- Most trusts are reporting on plan for the full year target except ESHT and SGH.

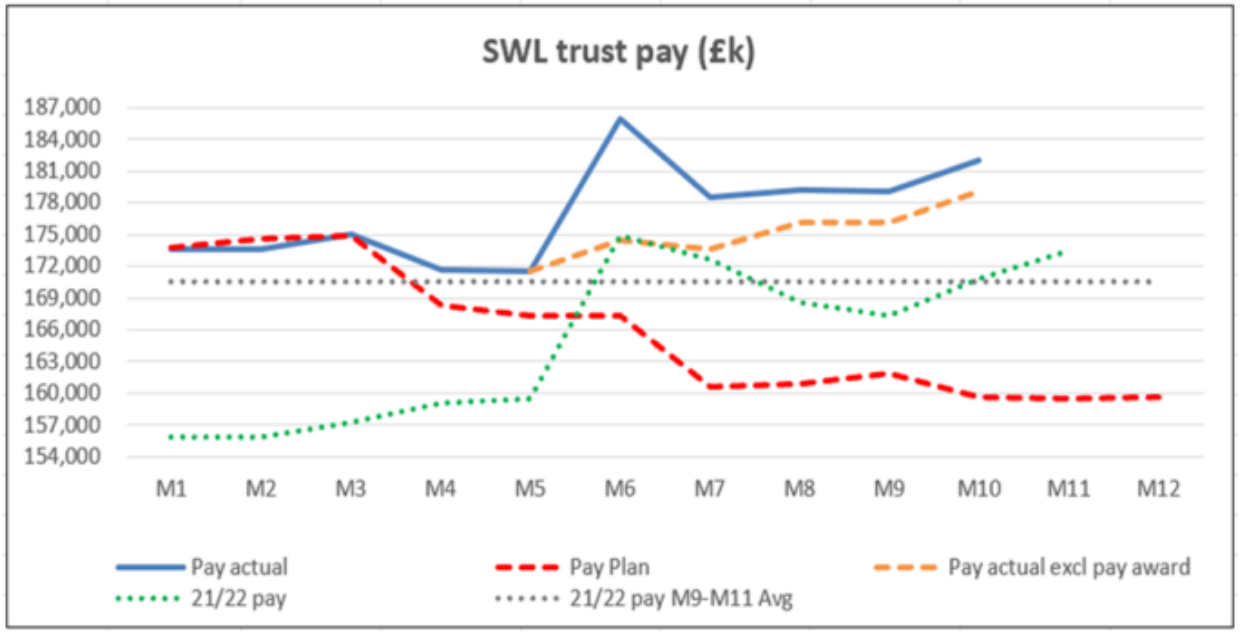
Efficiency delivery year to date is behind plan by £38.5m
Total £111.3m efficiency is left to be delivered in the remaining months of the year and this risk has in part crystallised in the revised system forecast outturn deficit position.

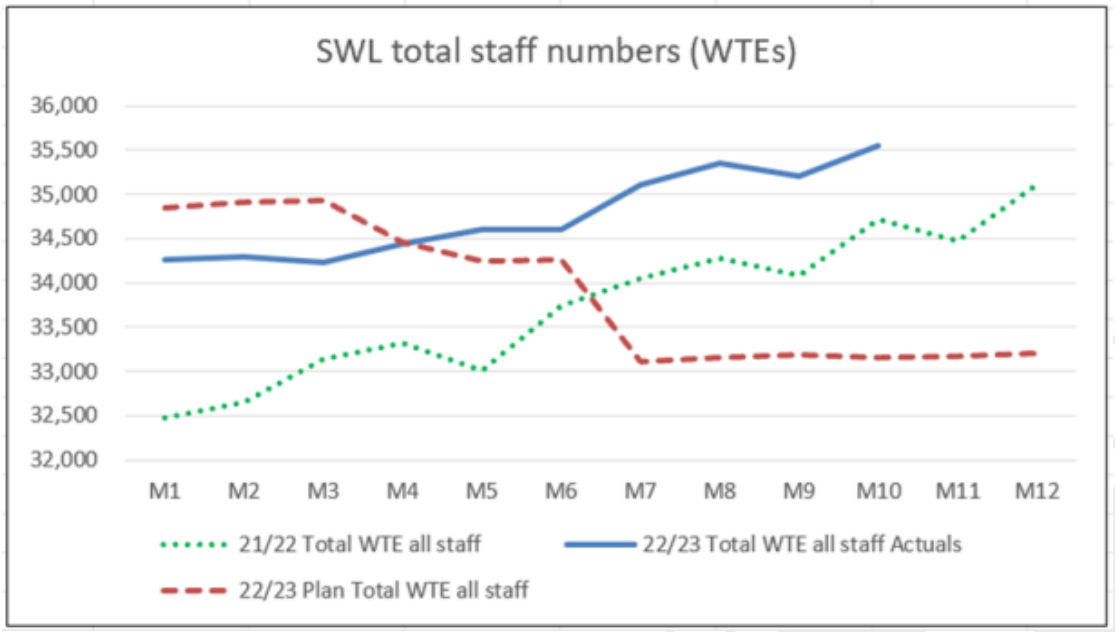


SWL NHS System Workforce

NHS South West London

- The charts shows cost and WTE actual trajectories against plan for total trust staff (substantive, bank and agency).
- Overall pay costs have increased month on month by £2.6m to £182.2m (M9 £179.6).
- Pay award increase for M1-6 recognised in M6.
- Pay costs are £101.1m adverse YTD:
  - Substantive £20.6m adverse (predominately from ESHT, SGH and KHT)
  - Bank £52.2m adverse (predominately from CHS, KHT, SGH and RMH)
  - Agency £29.5m adverse (predominately from all Trusts except SGH)
- Of the adverse variance, £25.2m is driven by the increased pay award since planning.
- The in-month total WTEs increase is primarily coming from all Trusts except HRCH and RMH.

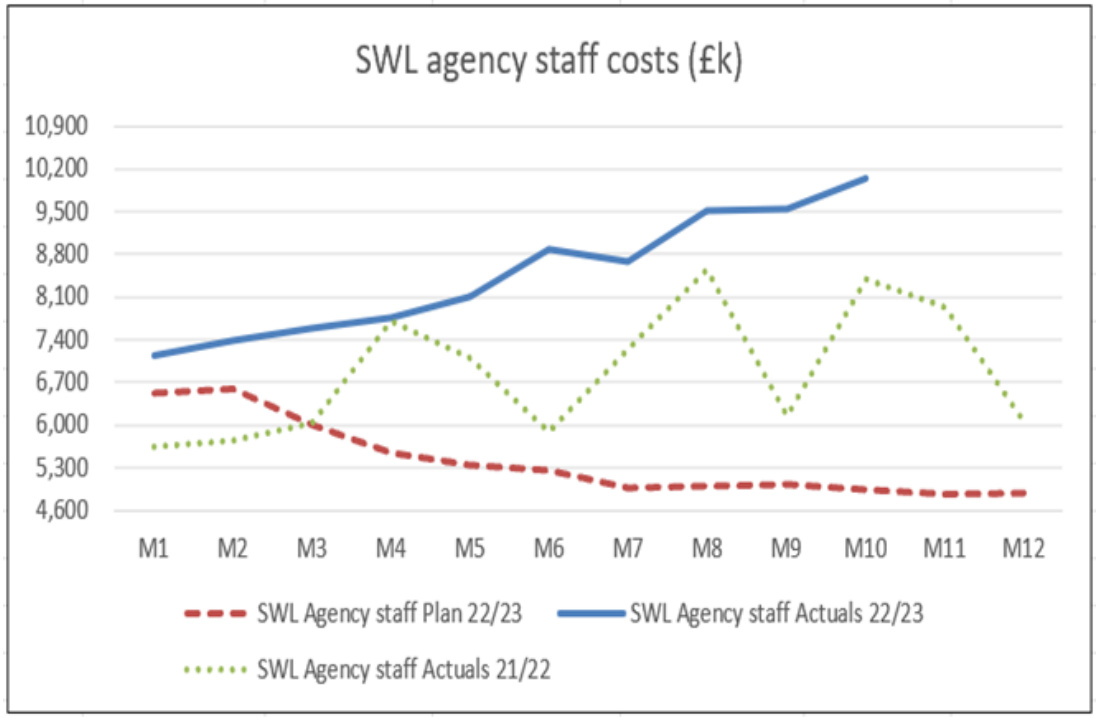


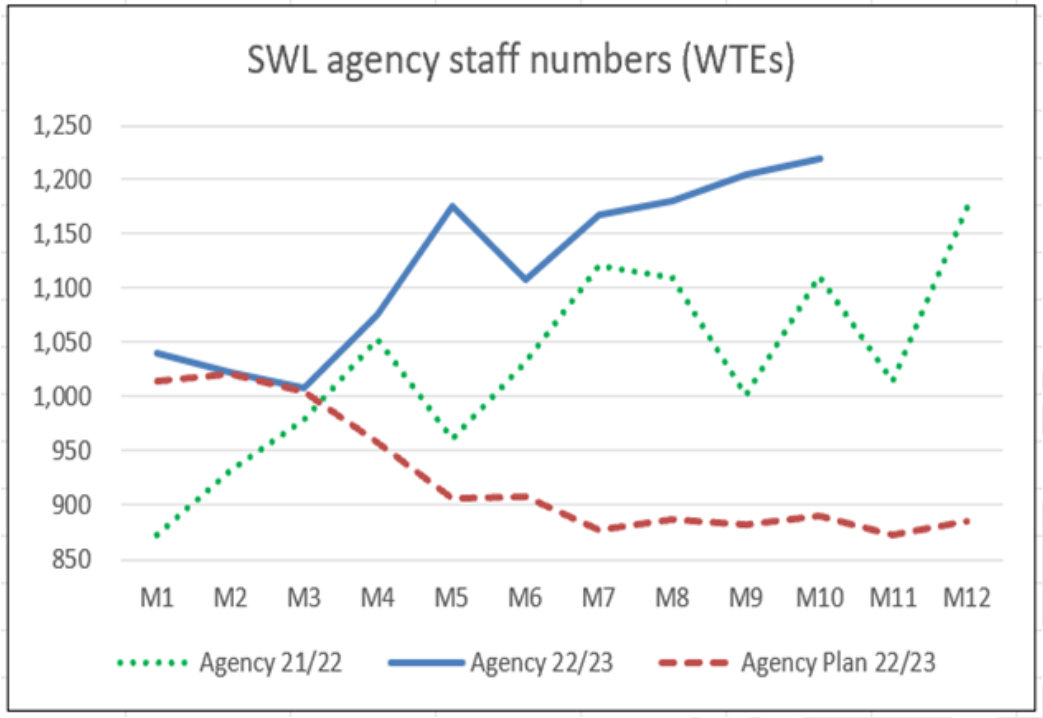


Workforce run rate - agency

NHS South West London

- The charts shows cost and WTE actual trajectories against plan for trust agency staff.
- Overall, costs and WTEs are higher than plan at M10 and continuing to rise.
- Average cost per agency WTE in month actual (£8.24k) is higher than plan (£5.55k).
- The system agency cap has been set at the plan spend levels. Year to date spend is £29.5m adverse to plan and forecast to be £38.9m adverse by year end. Pay controls are being enhanced in an attempt bring costs down, including increasing the scope of vacancy panel reviews.
- Agency WTEs have increased month on month and remain significantly above plan and prior year numbers.
- The in-month agency WTEs increase is primarily coming from ESHT, HRCH and SWLSG.





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The SWL system capital position at month 10

SWL NHS System Capital Position – M10 2022/23

NHS South West London

- The M10 SWL CDEL forecast position reflects a slight underspend of £0.2m against 22/23 allocation of £138.3m after managing out the 5% overcommitment (£6.4m) within the SWL CDEL plan and is reflective of the agreed CDEL reallocations in-year.
- The YTD SWL CDEL position is behind plan by £13.7m, £5.2m relates to KH ITU agreed slippage, and the remainder mainly due to differences between plan profiles and updated delivery profiles for larger schemes, e.g. RMH Electronic Patient Record and SWLSTG Estates Modernisation Programme.
- National programmes such as the New Hospital Programmes (NHP), Targeted Investment Fund (TIF), Community Diagnostics Centres (CDC) have been reprofiled (£20.7m) into future years which is offset by new national schemes including funding to manage winter demand and capacity and Mental Health UEC schemes reflected in the current FOT variance.

Month 10	YEAR-TO-DATE (YTD)				FORECAST OUTTURN (FOT)			
Provider capital	YTD plan £'m	YTD spend £'m	YTD Variance £'m	YTD Variance %	Full year plan £'m	FOT £'m	Over/ (under) spend vs. plan £'m	FOT Variance %
Croydon Hospital	19.6	18.2	(1.4)	(7.1%)	32.1	28.3	(3.8)	(11.9%)
Epsom and St.Helier Hospital	28.4	25.1	(3.3)	(11.8%)	46.7	37.9	(8.8)	(18.9%)
Kingston Hospital	20.1	7.7	(12.4)	(61.5%)	35.2	17.6	(17.6)	(50.0%)
St. Georges Hospital	38.3	33.7	(4.7)	(12.2%)	45.3	46.4	1.1	2.4%
Hounslow & Richmond Community Healthcare	1.6	1.3	(0.2)	(15.5%)	2.0	2.0	-	-
South West London & St. Georges Mental Health	18.7	15.7	(3.0)	(15.9%)	24.0	27.1	3.1	12.9%
The Royal Marsden Hospital	20.1	16.1	(4.0)	(19.8%)	24.1	24.9	0.8	3.2%
Trusts Net CDEL (SWL & National)	**146.8**	**117.8**	**(29.0)**	**(19.7%)**	**209.5**	**184.2**	**(25.3)**	**(12.1%)**
IFRS16 technical adjustment	34.6	15.7	(18.9)	(54.7%)	34.7	33.1	(1.6)	(4.7%)
Trusts CDEL after national technical adjustment	**181.4**	**133.5**	**(47.9)**	**(26.4%)**	**244.2**	**217.3**	**(26.9)**	**(11.0%)**
Grants, donations and peppercorn leases	37.4	28.6	(8.9)	(23.7%)	44.3	41.9	(2.5)	(5.5%)
Trusts Net capital expenditure	**218.8**	**162.1**	**(56.8)**	**(25.9%)**	**288.5**	**259.2**	**(29.4)**	**-**

Net CDEL Breakdown:

SWL CDEL	**109.8**	**96.1**	**(13.7)**	**(12.4%)**	**144.7**	**138.1**	**(6.6)**	**(4.6%)**
National CDEL	**37.0**	**21.7**	**(15.3)**	**(41.4%)**	**64.8**	**46.1**	**(18.7)**	**(28.8%)**
Trusts Net CDEL	**146.8**	**117.8**	**(29.0)**	**(19.7%)**	**209.5**	**184.2**	**(25.3)**	**(12.1%)**

**Primary care capital allocation of £2.5m for GP IT and improvement grants excluded above – London region is managing these funds, current FOT is £0.3m behind plan*

Summary

NHS
South West London

- The Board is asked to:
  - Note the ICB internal month 10 position, in particular risks relating to prescribing and CHC.
  - Note the ICS revenue month 10 position, in particular the change of forecast outturn.
  - Note the ICS capital month 10 position.

  The Board is also asked to consider if any additional information should be presented in future finance reports.

NHS South West London
Integrated Care Board

NHS South West London Integrated Care Board			
Name of Meeting	ICB Board		
Date	Wednesday, 15 March 2023		
Title	Chief Executive Officer's Report		
Lead Director Lead (Name and Role)	Sarah Blow, Chief Executive Officer, SWL ICB		
Author(s) (Name and Role)	Jitendra Patel, ICB / ICP Secretary		
Agenda Item No.	12	**Attachment No.**	13
Purpose	Approve ☐	Discuss ☐	Note ☒

Purpose

The report is provided for information to keep the Board updated on key issues not covered in other substantive agenda items.

Executive Summary

At each public Board meeting the Chief Executive Officer provides a brief verbal and written update regarding matters of interest to members of the Board and members of the Public.

Key Issues for the Board to be aware of:

Industrial Action

As you will be aware, a number of Trade Unions have recently announced that they have paused their proposed plans for Industrial Action, this includes proposed action by the Royal College of Nursing (RCN), Unison (involving the London Ambulance Service) and the Charter Society for Physiotherapists (CSP). Along with all NHS employers we await the outcome of these negotiations.

The British Medical Association has announced that it will be taking strike action between 13 – 16 March. This strike will mostly impact our hospitals and, to a lesser degree, our Mental Health, Community and Primary Care providers. The Hospital Consultants and Specialist Association (HSCA), hospital dental trainees and members of the British Dental Association (BDA) will also join the 72-hour strike action.

We continue to work with our colleagues across the system and London to mitigate, as far as is possible, the impact of strike action.

Emergency Preparedness, Resilience and Response: Core Standards Outcomes

In November we shared with the Board our self-assessment against the national Emergency Preparedness, Resilience and Response (EPRR) core standards framework in advance of our submission to NHS England London Region.

Since our last update we have undertaken an assurance meeting with the NHS England team and are pleased to report that the ICB has been assessed to be substantially compliant with the framework, with only one partial compliance against a revised and more in-depth Business Continuity Management System standard. Full compliance on this standard cannot be achieved until the new Business Continuity Management System toolkit is released later this year.

The following areas were positively highlighted for the ICB:

- The development of the incident response plan and its annexes most notably the shelter and evacuation document.
- The significant effort that has been invested in training and specifically the on-call, communications and incident coordination centre (ICC) staff.
- Development of the virtual ICC.
- Delivery of the yearly business continuity cycle.

Planning Update

Each year, the NHS is required to undertake a “planning round” which sets out our system’s response to Operational Guidance published by NHS England. For 2023/24 the guidance sets out ‘three key tasks’:

1. Recover our core services and productivity, specifically to:
   - improve ambulance response and A&E waiting times.
   - reduce elective long waits and cancer backlogs and improve performance against the core diagnostic standard.
   - make it easier for people to access primary care services, particularly general practice.

2. Make progress in delivering the key ambitions in the Long-Term Plan (LTP),

3. Continue transforming the NHS for the future.

Alongside this, systems are required to:

- Recover productivity and deliver a balanced financial position.
- Continue to narrow health inequalities in access, outcomes and experience.
- Maintain quality and safety in our services, particularly in maternity services.

The operational guidance requires systems to breakeven in 2023/24 which will be challenging, given our current financial environment. Our system will need to focus on achieving productivity improvements to ensure that we make further progress in delivering against the national priorities, in particular continued recovery for elective and cancer care. We will ensure that the final plan reflects our system’s ambitions whilst remaining realistic and deliverable.

The planning process is still underway with the first draft, developed with all our providers in the system, submitted on 23 February 2023. A final plan is due to be submitted to NHS England by 30 March 2023. This process is being overseen by the Finance and Planning Committee and key outputs of the planning process will be presented to the next ICB'.

SWL Vaccination Programme Update

South West London continues to perform well compared to London regional position against delivery against - Covid-19 and flu autumn vaccination programme, seasonal flu programme. This is caused by the numbers of people coming forward to have their immunisations being lower than we had planned for. Current progress includes:

- Since September over 344k COVID vaccinations have been administered, 331k of these were Autumn booster doses (54% of those eligible).
- Since September over 438k flu vaccinations (45% of those eligible) have been administered.
- Since August over 68k children have received a Polio booster (41.2% of those eligible).
- Since July over 1337 monkeypox vaccinations have been administered (96% of those eligible have received a first dose).

The autumn Covid immunisation programme came to an end of 12 February 2023 with the spring programme beginning on 3 April for people in care homes and on 17 April for the remaining eligible cohorts.

A regional catch-up campaign for all childhood Immunisations has begun. We are tailoring the regional communication campaigns to our local circumstances.

Progress is being made towards the South West London Immunisation Strategy which is based on a set of principles agreed at a regional level. Detail will be worked up in collaboration with borough stakeholders.

NHS ICB Joint Forward Plan

The NHS Act 2006 (as amended by the Health and Care Act 2022) requires ICBs and their partner trusts to prepare their five-year Joint Forward Plan (JFP) before the start of each financial year. However, for this first year, NHSE has specified the 30 June 2023 as the date for publishing and sharing the final plan.

As a minimum, it is expected that the JFP should describe how the ICB and our partner trusts intend to arrange and/or provide NHS services to meet our population's physical and mental health needs. This should include the delivery of universal NHS commitments, address ICSs' four core purposes and meet legal requirements.

We are in the first phase of developing the JFP and are engaging our Health & Wellbeing Boards via Place leads to ensure the JFP takes account of local joint local health and wellbeing strategies.

At the end of March 2023, we will provide a summary of the development of the first stage of the strategy which will look to outline our context, ambition and what people tells us about each area. We will circulate this for discussion. The final strategy will be published in June 2023.

National NHS Staff Survey 2022 Results

The annual NHS staff survey results were published on 9 March 2023. The survey is one of the largest workforce surveys in the world and is carried out every year to improve staff experiences across the NHS. The survey is aligned to the NHS People Promise. The ICB's survey was conducted during October and November 2022, in the first few months of the ICBs existence, and therefore feedback may relate to SWL Clinical Commissioning Group.

We are very grateful that 67% (404 staff) took time to complete the survey as this provides the ICB with rich data to help us support and improve staff experiences since the ICB's formation in July 2022. The survey results highlighted that the majority of responses showed no significant difference when compared to the previous CCG survey, with 1 indicator scoring significantly better and 15 indicators worsening.

Findings from the survey have been considered and discussed by the ICB's senior management and leadership teams. The survey will be shared with staff and proposed actions will be developed in collaboration with them. During March and April, the results will be discussed in more detail at directorate meetings to understand the underlying causes of the responses and to agree the right actions at a local level that will make a difference. We will use a variety of engagement methods including listening events, team meetings and 'mentimeter' (digital interactive engagement tool) to shape the actions. From this corporate actions and local action plans for individual directorates will be agreed.

When finalised the action plan will be shared with the Board and progress against the plan will be monitored by the Senior Management Team.

Update on the South West London People and Communities Engagement Assurance Group, 22 February 2023

The People and Communities Engagement Assurance Group (PCEAG) was established to provide assurance to the ICB that we are meeting our legal duty to involve people and communities in decision making. The legal duty can be met through a spectrum of approaches from providing local people with information about services available in our six boroughs to formal consultation about significant service change. The PCEAG also reports to the South West London Integrated Care Partnership to provide assurance on engagement across our system. One of the purposes of the PCEAG is to work collaboratively with partners to review engagement plans and activities. The PCEAG is chaired by ICB Non Executive Member, Mercy Jeyasingham, and membership includes representation from across the partnership including the ICB quality and medical directors, programme directors from acute, primary care and mental health collaboratives, Healthwatch, the voluntary and community sector and the ICS communications and engagement team.

At the 22 February meeting, PCEAG members:

1. Reviewed engagement work at Place between September and December 2022*.
2. Assured our engagement approach for the ICP strategy, which includes seeking system partner views on ICP discussion document and early thinking for engagement on its priorities*.
3. Assured the Joint Forward Plan insight and engagement approach.

The PCEAG assured these three pieces of work and have asked for updates and further information at the next meeting. Across the year the PCEAG will also assure the establishment and delivery of the ICB's People and Communities Engagement Strategy*.

Integrated Care Board running cost allowances

On Thursday 2 March 2023, NHS England published an open letter to all ICBs outlining future changes to integrated care board running costs**.

We had been expecting this requirement from NHS England because of the wider financial context of the NHS, and we had predicted that ICBs would be required to make management cost savings over the next few years.

NHS England have now confirmed that the running cost allocation for all ICBs will be subject to a 30% real terms reduction by 2025/26, with at least 20% to be delivered by 2024/25. Importantly, this reduction in running costs will be used to benefit front line services.

Now we have this clarity on our future running cost allowance, we will work across the ICB to address these requirements over the coming months and will keep the Board updated. As we recognise that changes and announcements like these can be unsettling for staff, directors and managers across the ICB are supporting staff and reminding our teams of the support available to them.

Recommendation:

The Board is asked to:

- note the contents of the report.

* If you would like links to these documents please contact us at: swl.corporateoffice@swlondon.nhs.uk
** If you would like a link to this letter please contact us at: swl.corporateoffice@swlondon.nhs.uk

Conflicts of Interest

N/A

Corporate Objectives This document will impact on the following Board Objectives	Overall delivery of the ICB's objectives.
Risks This document links to the following Board risks:	N/A
Mitigations Actions taken to reduce any risks identified:	N/A
Financial/Resource Implications	N/A
Is an Equality Impact Assessment (EIA) necessary and has it been completed?	N/A

What are the implications of the EIA and what, if any are the mitigations	N/A
Patient and Public Engagement and Communication	N/A

Previous Committees/Groups Enter any Committees/Groups at which this document has been previously considered	**Committee/Group Name**	**Date Discussed**	**Outcome**
		Click or tap to enter a date.	
		Click or tap to enter a date.	
		Click or tap to enter a date.	

Supporting Documents	N/A

NHS South West London
Integrated Care Board

NHS South West London Integrated Care Board			
Name of Meeting	ICB Board		
Date	Wednesday, 15 March 2023		
Title	Board Committee Updates		
Lead Director Lead (Name and Role)	Mercy Jeyasingham and Dick Sorabji – Non-Executive Members SWL ICB		
Author(s) (Name and Role)	Maureen Glover, Corporate Services Manager (ICS)		
Agenda Item No.	13	**Attachment No.**	14
Purpose	Approve ☐	Discuss ☐	Note ☒

Purpose

To provide the Board with updates from the Finance and Planning, and Quality and Oversight Committees. The update from the Audit and Risk Committee meeting is noted earlier in the meeting, under decisions for the Board to make.

Executive Summary

The report provides a summary of the activity and items that have been discussed within the committees that report directly to the ICB Board, since its last meeting.

The updates reflect the discussion, agreement and actions at respective Committee meetings and are brought to the Board to provide an update on the progress and work of the committees.

Key Issues for the Board to be aware of:

Finance and Planning Committee Update

1. At the meeting in January the Committee held deep dive discussions on the work of the Acute Provider Collaborative and the development of the Digital Investment Strategy. There was a preliminary assessment of the emerging operating plan and the ICB/ ICS month 9 financial position. A significant number of single tender waiver decisions were made. Decisions were made relating to community care at place level and it was agreed that proposals be forwarded to the Board for decision.

2. The February meeting was primarily designed around an in-depth discussion of the developing approach to the Operating Plan. The key points for the Board to be aware of are:

- The Planning Guidance was issued in January 2023, as a system, we have started the planning process, noting the likely risks that SWL will need to consider during the planning process and that we are trying to achieve a multi-year plan to achieve financial stability. It should be noted that some guidance is still awaited.

- Discussed the financial challenge and ongoing discussions with NHSE.

- That the ICS has set itself levels of ambition in the plan to push the SWL system harder than the national proposal around productivity and savings targets.

- That SWL have enacted the 'lock system' for all investments following adjusting the system forecast outturn to a deficit forecast at Month 10.

- The four main external factors driving the starting point for 2024/25 were noted as: convergence funding, loss of Covid funding, efficiency savings gap and reduced non-recurrent funding.

- ICS partners have set in train a rigorous approach to driving higher productivity improvements for implementation through the Operating Plan. They have procured advice on the potential for more fundamental transformation. The intention is to link this work to the delivery of the Joint Forward Plan, so ensuring that in year (2023/24) delivery supports movement towards longer term ICS goals.

Quality and Oversight Committee update

The Committee met on 8 February 2023. Following consideration and discussion of key items at the meetings, the updates below are highlighted.

1. SWL Equality Delivery System (EDS) 2022 scoring

- Noted that EDS 2022 is due in February 2023 with results of the review to be published on organisation (ICB) websites and signed off by Boards.
- SWL's report and evidence have been approved at the ICB Board meeting in January 2023.
- The scoring process has commenced for the three domains: patients and service users, workforce health and wellbeing and inclusive leadership.
- Noted the report and approved the ICB rating from the indicative EDS scores.

2. Children Looked After (CLA) Annual Reports 2021/22

- Approved the six SWL Borough CLA Annual Reports for 2021/22.

3. Deep Dive – SWL Local Maternity and Neonatal System (LMNS) Kirkup Update Report

- A deep dive discussion took place on the highlights from the Kirkup review and the associated actions for SWL LMNS were discussed.
- The value of multidisciplinary peer reviews was noted.
- Noted report and findings with an action to follow up on actions to be scheduled for early 2024.

4. Continuing Healthcare (CHC) update

- Noted that SWL is in the process of decommissioning services from independent provider from April 2023.
- Noted the CHC AQP financial risk to SWL which has been escalated to SMT and Regional.

5. Performance Report

- Noted that Urgent and Emergency pressures are improving following the Christmas period.
- A patient safety review is underway across the ICS, led by chief nurses and medical directors and more work on patient flow across the system is underway.
- Pressures on A&E reduced on industrial action days but increased on the days following. Lessons learnt from the industrial action will be discussed and presented to a future ICB Board.
- Good performance against the cancer standards continues including the faster diagnostic standard.
- SWL continued to deliver a relatively strong performance on elective recovery, noting the substantial ongoing challenges including a growing overall waiting list which increased by 22% in the last 12 months.
- Diagnostics performance continues to be above plan in terms of activity.
- Outpatient activity continues to increase, with higher first and follow up appointments compared to plan.

6. Quality update

- Provided with an overview of the quality metrics highlighting safety, experience, effectiveness and well-led outcomes for SWL providers.
- Noted the system quality risks and challenges across the system.
- Areas of the system affected by workforce challenges, including staff turnover, were also noted, action plans in place to address the challenges.

7. Patient Safety Incidents Response Framework (PSIRF)

- Noted the new PSIRF and changes in the way we manage patient safety incidents.
- Noted the PSIRF training requirements for local systems and associated costs – funding has now been approved.

8. Commissioning for Quality and Innovation (CQUIN) 2022/23

- Noted SWL's new approach and progress to date on CQUINs in 2022/23.
- Noted financial incentives are currently embedded within 2022/23 contracts unlike previous years. There are six weighted indicators. One community and five acute indicators have been selected for SWL.

9. SWL Quality and Performance Risk Register

- Noted 10 quality and performance risks on the risk register.
- The Provider Oversight General (BAF) risk has been downgraded and removed from the Corporate Risk Register.

- The new risk added is: Contracting related to Adult Continuing Healthcare & Children & Young Continuing Care and Young People continuing care (CYPCC) contracting process and the use of the CHC and CYPCC independent non-AQP providers.

Recommendation

The Board is asked to:

- Note the key points discussed and decisions made at respective Committee meetings.

Risks This document links to the following Board risks:	N/A
Mitigations Actions taken to reduce any risks identified:	N/A
Financial/Resource Implications	Noted within the committee updates and approval in line with the ICB governance framework where appropriate.
Is an Equality Impact Assessment (EIA) necessary and has it been completed?	N/A
What are the implications of the EIA and what, if any are the mitigations	N/A
Patient and Public Engagement and Communication	N/A

Previous Committees/Groups Enter any Committees/Groups at which this document has been previously considered	**Committee/Group Name**	**Date Discussed**	**Outcome**
		Click or tap to enter a date.	
		Click or tap to enter a date.	
		Click or tap to enter a date.	

Supporting Documents	N/A