

# Meeting Pack

## South West London Integrated Care Board

18 January 2023  
09:45 – 13:00

Clarendon Hall, 42 York Street,  
Twickenham, TW1 3BW



**NHS South West London**  
Integrated Care Board

## NHS South West London Integrated Care Board

Wednesday 18 January 2023

09:45 - 13:00

Location: Clarendon Hall, 42 York Street, Twickenham, TW1 3BW

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	09.45	<b>Welcome, Introductions and Apologies</b>	Chair	
02		<b>Declarations of Interest</b> <i>All members and attendees <b>may</b> have interests relating to their roles. <b>These interests should be declared in the register of interests.</b> 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.</i>	All	01
03	09.50	<b>Minutes, Action Log and Matters arising</b> Minutes and actions arising from the ICB held on 16 November 2022	Chair	02
04	09.55	<b>Chief Executive Officer's Report</b>	CEO	03
<b>ITEMS FOR DECISION</b>				
05	10.05	<b>Equality Delivery System (EDS) 2022 Reporting</b>	Gloria Rowland	04
06	10.15	<b>2022/23 Better Care Fund Section 75s &amp; Wandsworth Section 256 (Adults)</b>	Jonathan Bates	05
<b>ITEMS FOR INFORMATION</b>				
07	10.25	<b>SWL Local Maternity &amp; Neonatal System (LMNS) Kirkup Update Report</b>	Gloria Rowland	06

08	10.35	<b>Patient Safety Incident Response Framework (PSIRF) Update</b>	Gloria Rowland	07
09	10.45	<b>South West London Acute Provider Collaborative (SWL ACP) Update</b>	Jacqueline Totterdell	08
	11.15	<b>COMFORT BREAK (10 MINUTES)</b>		
10	11.25	<b>Winter update</b>	Jonathan Bates / Matthew Kershaw	Verbal
11	11.35	<b>Operational Planning Guidance 2023/24</b>	Jonathan Bates	09
12	11.45	<b>Integrated Care Partnership Board update</b>	Karen Broughton	10
13	11:55	<b>ICB reports</b>  a. SWL ICS Quality & Oversight 1. Quality 2. Performance  b. Finance Report	Gloria Rowland Jonathan Bates  Helen Jameson	11 12  13
14	12:35	<b>Items for information only – not for discussion</b>  <b>Vaccination uptake update</b>  <b>Board Committee updates</b> a. Finance & Planning Committee b. Quality & Oversight Committee c. Audit & Risk Committee		14  15
15	12:36	<b>Questions from SWL Voluntary Community and Social Enterprise and Healthwatch England</b>	Simon Breeze and Alyssa Chase-Vilchez	
16	12:45	<b>Any Other Business</b>	All	
17	12:50	<b>Meeting close</b>		
18	12:51	<b>Public Questions – by email</b> Members of the public are invited to ask questions, in advance, by email, of the Board relating to the business being conducted today. Priority will be given to those received in writing in advance.	Chair	

Next Meeting of the SWL ICB Board: 15 March 2023, 10:00 – 13:00 Fairfield Halls, Croydon

**NHS SOUTH WEST LONDON INTEGRATED CARE SYSTEM - REGISTER OF DECLARED INTERESTS (JANUARY 2023)**

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	<b>Non Executive Member</b> 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	<b>Non Executive Member</b> ICB Board Member Chair of the Finance & Planning Committee Member of the Audit and Risk Committee	N	Nil Return								
Ruth Bailey	<b>Non Executive Member</b> 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	<b>Non Executive Member</b> 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	<b>ICB Chief Executive</b> 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	<b>Deputy Chief Executive / Director of People &amp; Transformation</b> 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	<b>Chief Nursing and Allied Professional Officer and Director for patient outcomes</b> ICB Board Member ICP Board Member Member of the Quality Oversight Committee Member of the Finance and Planning Committee People Board Member	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
John Byrne	<b>Executive Medical Officer</b> ICB Board Member ICP Board Member Member of the Quality Oversight Committee Member of the Finance and Planning Committee Member of Recovery & Sustainability Board	N	Nil Return								
Helen Jameson	<b>Chief Finance Officer</b> 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	<b>Partner Member Specialised Services</b> 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	<b>Partner Member Mental Health Services</b> 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	<b>Partner Member Community Services</b> 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	<b>Partner Member Acute Services</b> 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	<b>Partner Member Primary Medical Services</b> ICB Board Member ICP Board Member	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	<b>Partner Member Local Authorities</b> ICB Board Member Joint Chair of the ICP	N	Nil return								
Matthew Kershaw	<b>Place Member Croydon</b> 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	<b>Place Member Kingston</b> 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	<b>Place Member Merton</b> Member of the ICB Board	Y	1. Director of Public Health, LBM In this role potential / perceived conflict of interest re any decision about future of St Helier'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	<b>Place Member Richmond</b> ICB Board Member ICP Board Member	N	Nil Return								
James Blythe	<b>Place Member Sutton</b> 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	<b>Place Member Wandsworth</b> ICB Board Member Member of Recovery & Sustainability Board	N	Nil return								
Jonathan Bates	<b>Chief Operating Officer</b> 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	<b>Executive Director for Communications, Engagement and strategic stakeholder relations</b> Participant of the of the ICB Board	N	Nil Return								
Ben Luscombe	<b>Chief of Staff</b> 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								

**MINUTES**  
**SWL ICB Board Meeting**  
**Wednesday 16 November 2022**  
**2.30pm to 5.00pm**  
**Council Chamber, Guildhall, Kingston, KT1 1EU**

**Chair:** Ruth Bailey, Non-Executive Member

<b>Members:</b>	<b>Designation &amp; Organisation</b>
Ruth Bailey (RB)	Non-Executive Member, SWL ICB
Dick Sorabji (DS)	Non-Executive Member, SWL ICB
Mercy Jeyasingham (MJ)	Non-Executive Member, SWL ICB
Vanessa Ford (VF)	Partner Member, Mental Health Services (Chief Executive Officer, South West London & St. Georges Mental Health Trust)
Dame Cally Palmer (CP)	Partner Member, Specialised Services (Chief Executive Officer, The Royal Marsden NHS Foundation Trust)
Jo Farrar (JF)	Partner Member, Community Services (Chief Executive Officer Kingston Hospital Foundation NHS Foundation Trust).
Dr Nicola Jones (NJ)	Partner Member, Primary Medical Services, Wandsworth GP
Ruth Dombey (RD)	Partner Member, Local Authorities (London Borough of Sutton).
Matthew Kershaw (MK)	Place Member, Croydon. Chief Executive Officer Croydon Healthcare Services.
Dagmar Zeuner (DZ)	Place Member, Merton, Director of Public Health, London Borough of Merton
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
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.
Dr Annette Pautz (AP)	Place Member, Kingston. Kingston GP
<b>Attendees</b>	
Jonathan Bates (JBa)	Chief Operating Officer, SWL ICB
Charlotte Gawne (CG)	Executive Director for Communications, Engagement and Strategic Stakeholder Relations, SWL ICB
Ian Thomas (IT)	Participant, Local Authorities. Chief Executive, Royal Borough of Kingston upon Thames
<b>Observers</b>	
Liz Meerabeau (LM)	SWL HealthWatch Representative

<b>In attendance</b>	
Una Dalton (UD) (Item 6)	SWL ICB Programme Director Covid and Flu
Ben Luscombe (BL)	Chief of Staff, SWL ICB
Yvonne Hylton (YH)	Corporate Governance Officer, SWL ICB (Minute Taker)
<b>Apologies</b>	
Martin Spencer (MS)	Non-Executive Member, SWL ICB
Jacqueline Totterdell (JT)	Partner Member, Acute Services (Group Chief Executive Officer St George's, Epsom and St Helier University Hospitals and Health Group)
James Blythe (JBI)	Place Member, Sutton. Managing Director Epsom & St Helier NHS Trust
Simon Breeze (SBr)	SWL Voluntary Sector Representative.

No.	AGENDA ITEM	Action by
1	<b>Welcome and Apologies</b>	
	RB welcomed everyone to the meeting.  Apologies received were noted, and the meeting was quorate.	
2	<b>Declarations of Interest</b>	
	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	<b>Minutes, Action Log and Matters arising</b>	
	The Board <b>approved</b> the minutes of the meeting held on 17 October 2022 with an amendment for accuracy to the designation of Ian Thomas as the Participant, Local Authorities (Royal Borough of Kingston upon Thames).  The action log was reviewed and <b>noted</b> . There were no matters arising not on the agenda.	
4	<b>Chief Executive Officer Report</b>	
	In addition to her written report SB provided a verbal update on the delegation of specialised commissioning to ICBs.  It was noted that since the previous ICB Board meeting, a decision had been taken nationally to delay the delegation of specialised commissioning to ICBs until 2024. Additionally, it was reported that the ICB will be working with NHS England (NHSE) during 2023 to test the delegation approach in preparation for April 2024.  The Board <b>noted</b> the report	

5	<b>ICB Constitutional amendments</b>	
	<p>BL presented the paper highlighting that the ICB Constitution has been updated to incorporate several small technical amendments, following direction from NHSE. It was noted that, as part of the process for the variation to the Constitution, SB has reviewed the proposed amendments and is recommending them to the Board for agreement.</p> <p>The Board <b>agreed</b> the changes to the ICB Constitution, in line with NHSE guidance, for submission to NHSE for their approval.</p>	
6	<b>SWL Vaccination Programme Update</b>	
	<p>UD presented the key headlines noting that since publication of the paper, Diphtheria was included in Winter Vaccination programme.</p> <p>Context around the lower than expected uptake of vaccinations was provided, in addition to the positive comparator against other London ICSs.</p> <p>CG outlined the insight-led communications and engagement strategy for SWL which focuses on providing people with the facts to enable them to make informed choices. Noted activities include working with the voluntary sector, having street ambassadors to have informal conversations in the community and signposting people to more information, and the borough focused vaccination programmes targeting underserved communities.</p> <p>In response to questions from RD on the engagement and co-ordination with local authorities, UD updated that the team have regular meetings with representatives from each of the boroughs who are fully engaged in the vaccination programme and agreed to share details of the representatives within Sutton that are engaged in the programme with RD after the meeting, along with the dates of the other boroughs' focussed vaccination activity.</p> <p><b>Action 221116-01</b>  <b>UD to provide details of the Sutton Local Authority representatives engaged in the Vaccination Programme, and the dates of each of the Borough focussed activities to RD.</b></p> <p>MJ asked if the general low profile of Covid-19 and communication of winter messages was a factor in the low uptake.</p> <p>UD reported that the national communications plan did not launch until November, and this may be a contributory factor. In addition, UD agreed to update MJ on the impact of the Roving Team outside of the meeting.</p> <p>SB advised that the Board should receive an update on vaccination uptake figures, including staff, throughout the winter period.</p> <p>The Board congratulated UD and the vaccination team in recognition of the recent staff award for partnership working across SWL.</p> <p>The Board <b>noted</b> the update</p>	UD

7	<b>Winter Update</b>	
	<p>JBa provided a verbal update on the challenges, successes, progress of the investment funds to support winter resilience and additional actions which have been taken since the last meeting.</p> <p>MK reported that the scale of risk, pressure and challenge within the pathway should be noted.</p> <p>SB noted the importance of maximising resources to optimise ways of working such as the virtual wards, which would support future funding.</p> <p>KB referred to the £4.9m Innovation Funds to support winter resilience schemes, noting that there have been around 170 applications totalling £28m in terms of initial interest which are currently being worked through to make a difference across the system.</p> <p>MC raised that the change to primary care extended access at the beginning of October which increased access to primary care from 6,500 to 7,200 appointments.</p> <p>MC also noted that many of the winter resilience schemes require additional workforce and consideration will be required on different ways of working given the limited workforce supply.</p> <p>VF commented on the challenge of short-term funding for the voluntary sector and smaller organisations and the challenge for the ICB to make this funding sustainable to enable changes to be made for next year.</p> <p>In response to a question from IT regarding an evaluation of the impact of the Innovation Fund, and feedback for unsuccessful bidders. KB responded that there would be a full evaluation of the process from a bidders' perspective including feedback to unsuccessful and successful bidders to understand what the process was like for bidders and what we might do differently to improve the process.</p> <p>DZ raised the impact of the cost of living crisis on staff and the various offers of support available through the local authority and health care organisations and SB advised that there was a need for all the offers for low-paid staff to be aligned across the system.</p> <p>The Board <b>noted</b> the update.</p>	
8	<b>Emergency Preparedness Resilience and Response Self-Assessment 2022 – Core Standards</b>	
	<p>BL provided an overview of the Emergency Preparedness, Resilience and Response (EPRR) Core Standards assessment which is an annual self-assessment against a set of core standards.</p> <p>CG asked about the engagement with our wider partners such as the Police and Fire Services who will have to interact with the ICB differently as a Category One responder. BL noted that there are local and national forums in place which bring all the partners together.</p>	

	<p>KB provided assurance of the actions being taken across SWL to prepare for potential industrial action linking with the London and National teams.</p> <p>CP noted the importance of 24/7 loggist support in the event of a major incident and BL gave assurance that this will be kept under review.</p> <p>The Board <b>noted</b> the update and <b>agreed</b> its submission to NHSE.</p>	
<b>9</b>	<b>Update on the SWL People and Communities Engagement Assurance Group</b>	
	<p>CG and MJ provided an overview of the inaugural meeting of the SWL People and Communities Engagement Assurance Group (PCEAG) held on the 19 October 2022.</p> <p>CG highlighted the opportunity to bring together patient experience and community engagement.</p> <p>MJ as Chair of the PCEAG noted that it was a very positive meeting with good engagement from all members across SWL.</p> <p>NJ and MC provided assurance that there was patient representation at the Primary Care strategy launch event planned for 30 November.</p> <p>The Board <b>noted</b> the update.</p>	
<b>10</b>	<b>ICB Committee reports</b>	
	<p><u>SWL Quality report</u></p> <p>GR presented the report and outlined the key areas of focus including the challenge of workforce, increased demand in Child and Adolescent Mental Health Services (CAMHS), the conclusion of the Never Event deep dive which will be reported through the Quality and Oversight Committee and addressing the backlog in Continuing Healthcare (CHC) with the aim to implement a sustainable model of care within CHC.</p> <p>VF provided the rationale for young patients with eating disorders receiving care within SWL from a private provider, adding that whilst a new unit has been established there remains a challenge in staffing the unit.</p> <p>In response to a question from MJ on the Radar system, BL advised that the system manages several processes including complaints, risks and serious incidents, with the capability to run reports and identify emerging themes and trends across the system.</p> <p>GR agreed with RD's comments regarding the consideration of wider metrics that impact on people's lives to include in future Quality Reports. GR advised that the detail within the actions to address areas within the Quality Report are considered at the Quality and Oversight Committee. In response to comments by IT on Board assurance, RB advised GR that consideration be given to how the report can further provide assurance to the Board.</p> <p>In response to a question from DZ on the green agenda, HJ advised that that the ICB are currently refreshing SWL's approach to the green plan which will be considered by the Integrated Care Partnership.</p>	

	<p>The Board <b>noted</b> the report.</p> <p><u>SWL Performance Report</u>  JBa provided an overview of the report, noting the continued good progress in addressing the backlogs of planned care, and highlighting the areas of challenges within diagnostics including cancer pathways and psychological therapies.</p> <p>CP noted that cancer referral levels are at an all-time high and that the Royal Marsden Partnership have submitted a bid to NHSE for capital funding to support diagnostic capacity and reduce the 2 week waiting time backlog.</p> <p>SB advised that with the increase in referrals, impacting on diagnostic capacity, that alongside capital funding as a system it is important to continue to look at different ways of working given the limited workforce capacity.</p> <p>KB added that the ICB has also received additional funding to look at two areas of workforce, including supporting diagnostics going forward.</p> <p>MK highlighted that from a diagnostics perspective, improving access to Echocardiograms is also a significant challenge.</p> <p>The Board <b>noted</b> the report.</p> <p><u>SWL Finance Report</u>  HJ provided an overview of the report, providing context for the ICB and the SWL system, including planning and delivery of capital funding.</p> <p>DS provided feedback from the Finance and Planning Committee noting that the most significant risks to deliver a balance plan is the scale of the efficiencies, and the continued challenge of escalating agency spend requiring consideration to transformation of service delivery models.</p> <p>SB and JF agreed with the consideration of how services may be delivered differently in the future whilst balancing the need to address current pressures. AP added that there is also financial pressure within Primary Care as locum costs are escalating which will be felt throughout the winter period.</p> <p>In response to the pressures of prescribing, SB noted the opportunity to work with colleagues across the system, not just in primary care, to integrate and explore different ways of working.</p> <p>The Board <b>noted</b> the report.</p>	
<b>11</b>	<b>Items for information only – not for discussion:</b>	
	<ul style="list-style-type: none"> <li>a. Finance &amp; Planning Committee</li> <li>b. Quality &amp; Oversight Committee</li> <li>c. Remuneration &amp; Nominations Committee</li> </ul>	

<b>12</b>	<b>Questions from SWL Voluntary Community and Social Enterprise and Healthwatch England</b>	
	<p>SBr was unable to attend the meeting but had provided a question in relation to the co-production role and involvement of the voluntary sector and the strain in diverting resources away from their core activity.</p> <p>In response, CG acknowledged the pressure on the voluntary sector, noting there has been some funding for example the street ambassadors funded through the Vaccine Programme, and some of the schemes which will be funded through the innovation fund. It was noted that there is a commitment to improve how the ICB works with the voluntary sector but further discussions are required on how this will work going forward.</p> <p>In response to a question from LM on cancer referrals following media reports that GPs will be able to refer patients with non-specific symptoms into the system rather than having to go through a specialist.</p> <p>CP responded that work is in progress to ensure GPs have access to commission through the new Community Diagnostic Centres (CDCs) and a pathway for patients with non-symptom specific pathways are being rolled out to support patients in primary care. JB added that the initiatives to support the earlier diagnosis of patients through CDCs will be modelled across SWL. AP noted that a non-symptom specific pathway has been in place in Kingston for six months which has had a positive impact.</p>	
<b>13</b>	<b>Any Other Business</b>	
	<p>RB thanked LM, who was attending her last meeting of the Board, for her contribution as the SWL Healthwatch representative.</p>	
<b>14</b>	<b>Public Questions</b>	
	<p>In response to a written question received from Kate Box regarding Continuous Glucose Monitoring (CGM) JBy advised that the ICB does use CGM for people living with Type 1 diabetes who meet the clinical criteria across SWL. In relation to the issue around device costs, national guidance was being followed and the ICB is currently working with the Medicines Optimisations Committee to understand the cost pressures and implications for patients not just with Type 1 diabetes but within the context of funding across the system, and there is current timeframe as to when, or if, CGM will be rolled out to all patients with Type 1 diabetes across SWL.</p> <p>Wendy Micklewright (Richmond Hearing Voices Network) raised a number of issues and questions regarding consideration of a People's Assembly in SWL, the provision and access of mental health services particularly affecting the homeless people, the disproportionate number of people from black and ethnic communities within the mental health system, and concerns regarding electroconvulsive therapy (ECT).</p> <p>SB noted housing is one of the areas which the Integrated Care Partnership has identified as an area of focus, and there is ongoing work on homelessness taking place across SWL.</p>	

	<p>CG responded to the questions on engagement, highlighting that the ICB has an established SWL People’s Panel with over 3,000 members, and the ICB is considering how to engage with communities at Place, including Richmond which CG offered to discuss outside of the meeting.</p> <p>VF agreed that housing and employment are important to people’s mental health and wellbeing and welcomed the engagement of the Hearing Voices Network in the development of the SWL Mental Health Strategy. The disproportionate number of people from black and ethnic communities within the mental health system was acknowledged, along with the understanding that more women than men from these communities’ access psychological therapies. In relation to the query relating to numbers of patients under ECT, VF suggested that this will be checked and responded to outside of the meeting and that the Trust continues to respond to Fol queries as required.</p>	
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**ACTION LOG**

Date	Minute Ref	Action	Responsible Officer	Target Completion Date	Update	Status	Committee	Type
16.11.22	1	In response to questions from RD on the engagement and co-ordination with local authorities, UD updated that the team have regular meetings with representatives from each of the boroughs who are fully engaged in the vaccination programme and agreed to share details of the representatives within Sutton that are engaged in the programme with RD after the meeting, along with the dates of the other boroughs' focused vaccination activity. <b>UD to share details of the Sutton Local Authority Representatives and dates of each of the Borough focused Vaccination Programmes with RD following the meeting.</b>	Una Dalton	18.01.23	UD sent a response to RD setting out engagement in the Borough. RD has responded to confirm receipt of this.	Closed	ICB Pt1	Action
01.07.22	2	A Primary Care Strategy for SWL will be developed and brought to a future Board meeting for approval.	Mark Creelman	15.03.23	Primary Care Strategy is on the ICB agenda for March 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	17.05.23	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

NHS South West London Integrated Care Board

Date: Wednesday, 18 January 2023

Document Title	CEO report		
Lead Director (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 (Tick as Required)	Approve <input type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input checked="" type="checkbox"/>
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**Executive Summary**

The report highlights items of interest to members of the Board and the Public which are not discussed in detail in the rest of the agenda.

**Background:**

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.

**Purpose:**

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

**Recommendation:**

The Board is asked to:

- Note the contents of the report.

**Key Issues for the Board to be aware of:**

**1. UK Covid-19 Public Inquiry**

The independent public inquiry has been set up to examine the UK's response to and impact of the Covid-19 pandemic and learn lessons for the future. The Inquiry is Chaired by Baroness Heather Hallett, a former Court of Appeal judge.

In November, the inquiry launched its third module of the investigation, which will consider the impact of the Covid-19 pandemic on healthcare in England, Wales, Scotland and Northern Ireland. Its aim is to examine the capacity of healthcare systems

to respond to a pandemic and how this evolved during the Covid-19 pandemic. It will consider the primary, secondary and tertiary healthcare sectors and services and people's experience of healthcare during the pandemic, as well as healthcare-related inequalities.

All NHS organisations across England were written to by the inquiry and asked to voluntarily respond to a set of initial questions. Although SWL Clinical Commissioning Group was the responsible statutory organisation at the time, as the successor body, SWL ICB provided a response to the inquiry's questions prior to Christmas. We will continue to support the inquiry if asked for any further information.

Further information about Public Inquiry can be found on <https://covid19.public-inquiry.uk/>.

## **2. Industrial Action**

The Royal College of Nursing (RCN) announced last month that nursing staff at many NHS employers across the UK, including some organisations in South West London (SWL), voted to take industrial action over pay levels and patient safety concerns. The first strike action took place on Thursday 15 and Tuesday 20 December 2022 at specified sites – The Royal Marsden NHS Foundation Trust being the only SWL site on those dates. Colleagues across the Royal Marsden worked hard to minimise the disruption felt by patients on these days.

The RCN has announced two further strike dates in January, on the 18<sup>th</sup> and 19<sup>th</sup>. Within SWL, this action will affect St George's University Hospital NHS Foundation Trust, Hounslow and Richmond Community Healthcare NHS Trust and SWL ICB. All of the organisation, including SWL ICB, are working hard to ensure that the disruption caused by these strikes is minimised.

Although the UNISON ballot of members did not meet the threshold for strike action in any SWL organisations, it did meet this for London Ambulance Service (LAS). The first strike day was held on Wednesday 21 December 2022. Further strike dates have been announced for the 11 and 23 of January.

Clinical staff from across the capital were asked to support LAS on the 21 January and a number of SWL ICB staff worked with LAS to mitigate the impact of the strike action. We will continue to support LAS, as appropriate, going forward.

## **3. ICB Joint Forward Plan**

The National Health Service Act 2006 (as amended by the Health and Care Act 2022) requires ICBs and their partner trusts to prepare their 5-year Joint Forward Plan (JFP) before the start of each financial year.

As a minimum, the JFP should describe how the ICB and its partner trusts intend to arrange and/or provide NHS services to meet their 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.

ICBs have a duty to prepare a first JFP before the start of the financial year 2023/23 – i.e. by 1 April. However, for this first year, the deadline has been agreed as 30 June 2023.

Over the coming weeks we will start to discuss the JFP with all of our partners.

#### **4. Appointment of Interim Regional Director for NHS England London Region**

NHS England has announced that Helen Petterson has been appointed as interim Regional Director for London, while the process to appoint a permanent replacement for Andrew Ridley (previous Regional Director) progresses. Helen has been London Region’s Covid Recovery Director since March 2020 and has worked in health and care for the past 30 years.

**Conflicts of Interest:**

None

**Mitigations for 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**

N/A

<b>and what, if any are the mitigations</b>	
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<b>Patient and Public Engagement and Communication</b>	N/A
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<b>Previous Committees/ Groups</b> Enter any Committees/ Groups at which this document has been previously considered:	<b>Committee/Group Name:</b>	<b>Date Discussed:</b>	<b>Outcome:</b>
		Click here to enter a date.	
		Click here to enter a date.	

<b>Supporting Documents</b>	N/A
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**NHS South West London ICB Board Meeting**

**Date** Wednesday, 18 January 2023

<b>Document Title</b>	Equality Delivery System (EDS) 2022 Reporting		
<b>Lead Director (Name and Role)</b>	Dr Gloria Rowland, Chief Nursing and Allied Health Professional Officer & Executive Director for Patient Outcomes		
<b>Author(s) (Name and Role)</b>	Vhenekayi Nyambayo, Head of Inequalities, SWL ICB June Okochi, Deputy Director of Quality Improvement, SWL ICB Melissa Berry, Equality and Diversity Director , SWL ICB		
<b>Agenda Item No.</b>	05	<b>Attachment No.</b>	04

<b>Purpose (Tick as Required)</b>	Approve <input checked="" type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input type="checkbox"/>
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**Executive Summary**

- The NHS Equality Delivery System 2022 (EDS 2022) is a tool designed to help NHS organisations, in partnership with local stakeholders, review and improve their performance for people with characteristics protected by the Equality Act 2010, and to support them in meeting the Public Sector Equality Duty (PSED).
- EDS 2022 is structured to generate regional and local conversations about what is working well and what is not working so well, enabling organisations to make necessary improvements, with lessons being learnt more widely.
- The tool has been developed to assist local NHS organisations, in discussion with local partners including local populations, to review and improve their performance for patients, service users and the broader public, and supports organisations in keeping ‘*Everyone counts*’ as the key principle that applies to everyone served by the NHS in line with the NHS Constitution.
- All NHS organisations are expected to use the EDS 2022 to help them improve their equality performance for patients, communities and staff, as well as helping them to meet the statutory requirements of the PSED.
- In total, 54 types of evidence have been collated to support compliance and system EDS rating. The Board will be updated on the outcome of the rating at the next ICB Board meeting.

SWL ICB has selected for:

**Domain 1 (Patients)**

1. **Maternity services** as one of the 5 clinical priorities of CORE20PLUS on the basis that the ICB has a robust maternity equity and equality plan, a requirement from NHSE/I.

2. **Sutton Mental Health Crisis Café (in addition to maternity)** - on the basis that this is a Place based specific commissioned pilot service that falls within the protected characteristics and has been evaluated with evidence to demonstrate the domain requirements. Sutton Crisis Café pilot was developed in the borough to provide out of hours service 7 days a week, 365 days a year for adults presenting with mild to moderate psycho-social, emotional and mental health crisis, as an alternative to attending the Emergency Department (ED).

### **Domain 2**

SWL supports the health and wellbeing of our staff. This is a priority, and central to our ambition to make southwest London a great place to live and work. We have a wide range of health and wellbeing initiatives across the ICB

SWL has provided evidence on meeting requirements for **workforce health and wellbeing**.

### **Domain 3**

We know that diversity and inclusion leads to improved health and greater staff and patient experiences of the NHS at SWL ICB we have welcomed the challenge to enable staff from all backgrounds to develop and excel in their roles, as part of ambition to make south west London a great place to live and work. We have developed our compassionate and Inclusive Leadership programme for our staff at the ICB. **We have provided evidence that demonstrates our requirements for inclusive leadership.**

### **Purpose**

To provide:

- Assurance to the ICB Board that SWL's EDS 2022 has been carried out in line with helping us meet PSED statutory requirements for NHS organisations.
- Assurance that evidence has been gathered to support the three domains of the EDS 2022 requirements.
- Assurance that there is a planned engagement process in place to allow partners and stakeholders to score and rate the ICB based on the evidence provided.

### **Recommendation**

The Board is asked to:

- Approve the completed SWL EDS 2022 report and support the publication of the report on the ICB's website.

### **Key Issues for the Committee to be aware of:**

No identified issues have been raised.

### **Conflicts of Interest:**

N/A

**Mitigations for Conflicts of Interest:**

N/A

**Corporate Objectives**

This document will impact on the following Board Objectives:

Tackling health inequalities aligns to the ICS/ICB objectives.

**Risks**

This document links to the following Board risks:

As detailed in the corporate risk register, failure to fulfil an ICB statutory duty as part of the Equality Act 2010 and in line with Public Sector Equalities Duties.

**Mitigations**

Actions taken to reduce any risks identified:

As detailed in the corporate risk register.

**Financial/Resource Implications**

N/A

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

Yes, in line with the EDS 2022 framework domains.

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

Domain 1 – Maternity services as part of CORE20PLUS5 identifies that women’s needs are being met and provision is aiming to be equitable in line with the evidence provided.

Domain 1 - Sutton Mental Health Crisis Café evidence provided shows that the needs of the patients are being met and provided equitably.

**Patient and Public Engagement and Communication**

We are working with Safety and Quality Patient Partners, patients and the public including specific impacted communities linking with our Voluntary Care Sector organisations to ensure we are listening to the voices of our population and tackling inequalities where they exist.

**Previous Committees/ Groups**

Committee/Group Name:

Date Discussed:

Outcome:

Enter any Committees/ Groups at which this document has been previously considered:	Planned to be reported at the Quality and Oversight Committee	Thursday, 09 February 2023	
<b>Supporting Documents</b>	NHS Equality Delivery System (EDS) report		

## SWL ICB Board

### Equality Delivery System (EDS) 2022

#### 1. Introduction

- 1.1. The Integrated Care Board (ICB) has four objectives. One of them is to tackle inequalities for our population. In addition to our duty to tackle inequalities at a local level, there are national requirements that ICBs are required to meet as a statutory organisation.
- 1.2. The Public Sector Equality Duty (PSED) is one of them. PSED sets out the main statutory duty that all public authorities (including NHS organisations) in exercising their functions must have due regard to the need to:
  - a) eliminate unlawful discrimination, harassment and victimisation.
  - b) advance equality of opportunity.
  - c) foster good relations.
- 1.3. The NHS Equality Delivery System (EDS) 2022 tool is designed to help NHS organisations, in partnership with local stakeholders, review and improve their performance for people with characteristics protected by the Equality Act 2010, and to support them in meeting the Public Sector Equality Duty (PSED).
- 1.4. The EDS is an improvement tool for NHS organisations in England - in having active conversations with patients, public, staff, staff networks and trade unions - to review and develop their services, workforces, and leadership. It is driven by evidence and insight.
- 1.5. The implementation of EDS 2022 is a requirement set by NHS England and Improvement that all commissioner and provider organisations must complete each year with the requirement that it must be signed off by the ICB Board and published on the organisation's website.
- 1.6. In light of the inclusion of EDS 2022 in the NHS standard contract, NHS organisations should use the EDS 2022 reporting template to produce and publish a summary of their findings and implementation.

#### 2. EDS 2022 Delivery requirements

- 2.1. EDS 2022 report is **due in February 28<sup>th</sup> 2023, signed off by the ICB Board** with results of the review to **be published on organisation (ICB) websites.**
- 2.2. Any justification for late publication must be provided and **signed off at Board level.**

- 2.3. There are three domains for ICBs to review:
- 1) Domain 1 (Patients focused) – One of the **five CORE20PLUS clinical areas** and a **small non-complex service**.
  - 2) Domain 2 (Workforce focused) - Workforce health and well-being.
  - 3) Domain 3 (Workforce focused)– Inclusive Leadership.

### 3. Domain 1 – Patients outcomes - national requirements

- 3.1. That patients (service users) have required levels of access to the service – aim; to work with service leaders to show data is being used to ensure access to services for those who need it most.
- 3.2. That individual patients (service user's) health needs are met - **aim**; to work with service leaders to show that organisations are working in partnership with patients and relevant stakeholders (for example VCSE organisations, patient support groups etc) and taking their views into consideration when delivering services to meet the need of the patient.
- 3.3. That when patients (service users) use the service, they are free from harm – **aim**; to work with service leaders to show processes, systems and frameworks are in place, monitored, improved, and acted upon to ensure patient safety. Staff work in an environment where they are safe to report incidents and near misses.
- 3.4. That patients (service users) report positive experiences of the service – **aim**: to work with service leaders to show there is active consideration towards patient and staff inequalities, and the link between them. Organisations are planning for improvement in collaboration with relevant partners.
- 3.5. Overarching request for NHS organisations is that there is year on year improvement. This means **sharing the outcomes, good practice and areas for improvement across organisations/systems for learning and improvement considerations in other areas**.

### 3.6. South West London update on Domains 1a and 1b

In line with national technical guidance, SWL ICB has selected two areas of focus:

- a) **Maternity services** as one of the five clinical priorities of CORE20PLUS on the basis that the ICB has a robust maternity equity and equality plan, a requirement from NHS England and Improvement (NHSE/I).
- b) **Sutton Mental Health Crisis Café (in addition to maternity)** - on the basis that this is a Place-based specific commissioned pilot service that falls within the protected characteristics and has been evaluated with evidence to demonstrate the domain requirements. The guidance outlines review of a small non-complex service.

3.7. Evidence has been collated from across all SWL maternity services, the Local Maternity and Neonatal System (LMNS) and from the maternity ICB team to meet the domain requirements for maternity services as listed in domain 1 above. Some of the evidence included are:

- SWL Maternal health outcomes profile.
- Maternity equity and equality action plan.
- Maternity health inequality survey.
- Continuity of carer report.
- SWL darzi fellow's report on maternal equity.
- Innovation for Healthcare Inequalities Programme.
- LMNS Insight Board papers.
- The Baby buddy app.
- Serious incident framework and Terms of reference.
- Safety and risk governance.
- Care Quality Commission (CQC) ratings and survey feedback.
- Maternity escalation framework.
- Maternity Voices Partnership reports.
- Friends and Family Test (FFT) results.
- Ockenden and Kirkup report recommendations.
- Health Service Journal (HSJ) nominations/awards on SWL maternity services.

Examples of how some of our commissioned services are tackling inequalities for patients/ service users include: *(the list is non-exhaustive)*

**Epsom and St Helier Hospital** – received a HSJ Innovation and Improvement Award nomination on their work in ***Reducing Healthcare Inequalities*** by improving access, removing language barriers, increasing information provision and addressing staff cultural sensitivity.

**SWL Maternal Medicine Black and Ethnic Minority (BAME) Service User Engagement** – SWL developed a service user engagement programme that seeks to capture the lived experience of BAME maternity service users, in order to inform both the future design and ongoing delivery of care within the SWL maternal medicine network.

**SWL Equity and Equality Action Plan** - the Action Plan sets out how the LMNS will work in partnership to improve equity for women and babies informed by population data and outcomes, therefore meeting needs for users. It also outlines how we will improve race equality for staff.

**Darzi Fellowship – Perinatal equity on Croydon**  
 The Fellowship aimed to create a 'network' or 'system' where information can be more readily disseminated into the community (via community leaders, faith groups, voluntary sector, maternity champions etc).

It also aimed to support the network to enable information to flow the other way- from citizens/maternity service users (focusing on black and Asian women) back into maternity services to facilitate more responsive service design and development ('listen to women').

**3.8. South West London update on Domain 1b (a small non-complex commissioned service)**

3.9. Sutton Crisis Café pilot was developed in the borough to provide out of hours service 7 days a week, 365 days a year for adults presenting with mild to moderate psycho-social, emotional and mental health crisis, as an alternative to attending the Emergency Department (ED).

3.10. The piloted service has been successfully evaluated with many positive outcomes for the patients who access the service. The outcome of the evaluation has been used to support the evidence requirements for this domain.

3.11. Evidence has been collated to meet the domain requirements for the Sutton Crisis Cafe service as listed in domain 1 above. Some of the evidence included are:

- Access data.
- Service user evaluation.
- An evaluation report of the pilot programme.
- Quality of life poll by the service users.
- Feedback from the workforce.

**Feedback from the Sutton Crisis Café:**

The feedback and evidence captured how we are meeting requirements on access, reducing harm and improving positive experiences but more importantly improving quality of life.

Stakeholders generally felt that attending the Crisis Café made people feel better, at least in the short term. In fact, many stakeholders felt that the service had been invaluable to the service users:

What patients said:

*"I would have killed myself if it wasn't for the crisis café". That living their life was just too much. Going to the crisis cafe has given them a safe space to talk through their issues without fear of being sectioned."*

*"It's hard to quantify how important the crisis cafe and it's people were for me during a really difficult time."*

*"I think crisis cafe is very important it is for me. With the help and support I received from them is second to none I wouldn't be here now if it wasn't for them as I was in a very bad place."*

Service user feedback has shown that they have received timely and non-judgemental support at a time when they needed it. The support they have received has not only helped them with their crisis in that moment but has helped them find other coping methods and sources of support that have been invaluable to them.

#### 4. Domain 2 – Workforce health and wellbeing outcomes - national requirements

- 4.1. When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions – **aim**; organisations use staff data to improve the health of their staff by supporting management of long-term conditions, bettering working environments and providing better work-life balance conditions which support healthier lifestyles.
- 4.2. When at work, staff are free from abuse, harassment, bullying and physical violence from any source – **aim**; organisations have robust policies and procedures in place, act upon them and follow actions through, holding people to account for their actions, leading to improvements.
- 4.3. Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source – **aim**; staff who have been abused, harassed or bullied are fully supported and have multiple access points to this support.
- 4.4. Staff recommend the organisation as a place to work and receive treatment – **aim**; to ensure improvement and yearly progression for both staff and patients
- 4.5. Once information for other frameworks/workstreams have been collated and/or published, share with Equality and Diversity Lead (EDI Lead). Information can be collated throughout the year for scoring.
- 4.6. **South West London update on Domain 2: Workforce health and wellbeing**
- 4.7. SWL supports the health and wellbeing of our staff. This is a priority, and central to our ambition to make southwest London a great place to live and work. We have a wide range of health and wellbeing initiatives across the ICB.

SWL has provided evidence on meeting requirements for **workforce health and wellbeing**. Some of the evidence included are: *(this list is non-exhaustive)*

- Inclusive health and wellbeing plan.
- Flu jabs offer for staff.
- Health and wellbeing support for staff.
- Mental health and wellbeing resources for staff.
- Staff survey.
- Freedom to Speak Up guardians.
- Drop in sessions.
- HR policies to further support the goal to becoming a more inclusive organisation.
- Internal Equality Impact Assessment (EqIA) tracker.
- SWL cultural days and awareness days.
- Staff Intranet for policies and resources e.g. Trade Unions, HR and EDI support.

## 5. Domain 3 – Inclusive leadership outcomes - national requirements

- 5.1. Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities – aim; to ensure organisations, and the leadership within those organisations, are committed to the EDI agenda, and committed to the reduction of health inequalities.
- 5.2. Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed – aim: to show organisations are creating, executing, monitoring and improving on plans to reduce inequality within populations and across the workforce, doing this as “business as usual”.
- 5.3. Board members, system and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients – aim; senior leaders are accountable for the use and monitoring of required frameworks, to create, monitor and improve plans to reduce inequality within populations and across the workforce. To ensure levers and mechanisms are in place for senior leaders to hold EDI and Health Inequalities programmes to account.
- 5.4. **South West London update on Domain 3 - Inclusive leadership**
- 5.5. We know that diversity and inclusion leads to improved health and greater staff and patient experiences of the NHS at SWL ICB we have welcomed the challenge to enable staff from all backgrounds to develop and excel in their roles, as part of ambition to make south west London a great place to live and work. We have developed our compassionate and Inclusive Leadership programme for our staff at the ICB.
- 5.6. **SWL has provided evidence that demonstrates our requirements for inclusive leadership.** Some of the evidence includes: *(this list is non-exhaustive)*
- ICB Exec and Board level members – responsibilities, representation and commitment to equality and health inequalities.
  - Compassionate and Inclusive Leadership Training.
  - Positive Action Leadership Programme.
  - Team Talk on equality and diversity.
  - SWL ICB Paper (July 2022) with Health inequalities agenda item.
  - SWL ICB People Board Paper on EDI.
  - WRES Primary care data survey, and Data and EDI Leads meetings.
- 5.7. In total, 54 types of evidence have been collated to support compliance and system EDS rating.

## 6. Governance and Accountability

- 6.1. The overall **responsibility for the EDS lies with the Executive Board** within each organisation.
- 6.2. Responsibilities for collating evidence for, and engagement delivery for Domain 1 sits with **the EDI lead/team or equivalent** but must be assisted by managers who sit within relevant service areas. Responsibilities for the implementation of improvement actions for Domain 1 sits with the leadership/management of each service to which the Domain 1 was applied.
- 6.3. Responsibilities for collating the evidence for, and the **delivery of Domains 2 and 3, sits with the EDI Lead/Team or equivalent but must be assisted by boards, secretariats, senior leadership teams, human resources and organisation development teams.**
- 6.4. Responsibilities for the implementation of improvement **actions for Domains 2 and 3 sits with the human resources, organisational development, and senior leadership teams** within organisations.

## 7. Scoring framework for EDS 2022

- 7.1. All three domains are required to be scored and rated. NHSE/I have developed a scoring tool which ICBs are required to apply.
- 7.2. The scoring is required to be done through engaging and peer reviews with stakeholders as listed in the technical guidance.
- 7.3. The scoring process is required to be carried out through reviewing the evidence collated and scoring the domains based on the framework below:

**Table 1: EDS 2022 scoring framework**

<b>Undeveloped activity</b> – organisations score out of <b>0</b> for each outcome	Those who score <b>under 8</b> , adding all outcome scores in all domains, are rated <b>Undeveloped</b>
<b>Developing activity</b> – organisations score out of <b>1</b> for each outcome	Those who score <b>between 8 and 21</b> , adding all outcome scores in all domains, are rated <b>Developing</b>
<b>Achieving activity</b> – organisations score out of <b>2</b> for each outcome	Those who score <b>between 22 and 32</b> , adding all outcome scores in all domains, are rated <b>Achieving</b>
<b>Excelling activity</b> – organisations score out of <b>3</b> for each outcome	Those who score <b>33</b> , adding all outcome scores in all domains, are rated <b>Excelling</b>

7.4. SWL ICB has commenced the engagement process for scoring.

**Table 2: update on SW's scoring process**

Domain number	SWL's update on scoring the EDS 2022 evidence
Domain 1 – Patients and service users	<b>SWL has designed a scoring survey for Domain 1:</b> SWL HI Delivery Group members, Local maternity system members, Maternity Voices Partnerships, Sutton place partners and patient representatives will review, score and rate evidence.
Domain 2 – Workforce Health and wellbeing	SWL ICB workforce, HR, OD leads including trade union representatives, staff representatives and other suggested stakeholders have commenced reviews to score and rate evidence.
Domain 3 – Inclusive Leadership	SWL ICB workforce, HR, OD leads including trade union representatives, staff representatives and other suggested stakeholders have commenced reviews to score and rate evidence.

7.5. The Senior Responsible Officers for health inequalities and EDI will review the stakeholder scoring and ratings for their domain areas.

7.6. The overarching rating for the ICB will be agreed at the SWL Quality and Oversight Committee. An update will be presented to the next ICB Board meeting.

## 8. Next steps

8.1. Once the scoring and rating process has been completed, there may be a requirement to develop an immediate action plan if ratings fall within '*undeveloped*' or '*developing*'. **(refer to scoring framework in n table 1)**

8.2. As an ICB, we are aiming to be an exceling organisation. Therefore, we will be developing improvement plans, regardless of the rating to ensure that we continue to sustain activities that ensure we excel outcomes for our staff and patients.

8.3. Any actions plan following the ratings will be shared as an update to the ICB Board.

## 9. Recommendations

The Board is asked to:

- Sign off the completed SWL EDS 2022 report and support the publication of the report on the ICB's website.

**NHS South West London Integrated Care Board  
ICB Board**

**Date** Wednesday, 18 January 2023

**Document Title** 2022/23 Better Care Fund Section 75s & Wandsworth Section 256 (Adults)

**Lead Director (Name and Role)** Jonathan Bates, Chief Operating Officer SWL ICB

**Author(s) (Name and Role)** Amelia Whittaker, Director of Contracting SWL ICB  
Bhaven Marshall, Deputy Head of Contracting

**Agenda Item No.** 06 **Attachment No.** 05

**Purpose (Tick as Required)**

Approve

Discuss

Note

**Executive Summary**

Established in 2015, The Better Care Fund (BCF) programme supports local systems to successfully deliver the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers.

The BCF is included within the Section 75 (S75) arrangements agreed and signed between South West London Integrated Care Board (ICB) and respective local authorities. This paper sets out the details of these agreements for 2022/23 for approval.

These agreements are required to be signed and sealed by the end of January 2023 by NHS England, an agreed extension of one month to ensure inclusion of the Adult Social Care funding announced on the 18 November 2022.

This paper recommends approval of the ICB Board from the Finance and Planning Committee for the South West London ICB 22/23 Better Care Funding (BCF) Section 75 agreements with the six SWL Local Authorities and a Section 256 agreement for Wandsworth.

**Purpose**

This is required for the following reasons:

- ICB Scheme of Reservation and Delegation states that all Section 75s need to be approved by the Finance and Planning Committee and the ICB Board.

**Recommendation:**

The ICB Board is asked to:

- Approve the 2022/23 Section 75 agreement and values.

- Approve the 2022/23 Wandsworth Section 256 Adults agreement and values.

**Key Issues:**

The system intends to meet the National BCF deadline for signing and sealing Section 75 arrangements by 31 January 2023.

Other key issues and risks are covered in the paper.

**Conflicts of Interest:**

Not Applicable.

BCF values are published nationally, and any specific service commissioned within the S75 goes through a separate governance process where Conflict of Interests will be addressed.

**Mitigations:**

Not Applicable

**Corporate Objectives**

This document will impact on the following ICB Objectives:

Meeting our performance and financial objectives: Make the best use of our resources to benefit our patients and communities.

**Risks**

This document links to the following ICB risks:

If the Better Care Fund is not deployed optimally, it impacts care particularly at the interface between the NHS and social care, such as in relation to patient discharge. Unsigned contracts are also a risk to all parties.

**Mitigations**

Actions taken to reduce any risks identified:

Close working has taken place between health and local authority partners at place to ensure the right priorities are focused upon with the BCF. The ICB ensures it has robust processes for capturing all BCF contracts on a central record.

**Financial/Resource/ QIPP Implications**

Close integration between health and social care facilitates more integrated pathways delivering better more efficient services

**Is an Equality Impact Assessment (EIA)**

Impacts are discussed and reviewed at each borough-based Health and Wellbeing Board (HWB).

necessary and has it been completed?	
What are the implications of the EIA and what, if any are the mitigations	Mitigations are discussed and agreed at each borough-based Health and Wellbeing Board (HWB).

Patient and Public Engagement and Communication	There is patient and public at each borough-based Health and Wellbeing Board (HWB).
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Previous Committees/ Groups Enter any Committees/ Groups at which this document has been previously considered:	Committee/Group Name:	Date Discussed:	Outcome:
	Finance and Planning Committee	19/11/2022	Recommended to ICB Board
	Respective SWL Health and Wellbeing Board	Various	Agreement of BCF plans
	Place Based Committees	Various	Agreement of S75 funding/ BCF Plans
		Click here to enter a date.	

Supporting Documents	Not applicable.
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## **South West London ICB Better Care Fund (BCF), Section 75 and Section 256 agreements**

### **Introduction**

The Better Care Fund (BCF) programme supports local systems to successfully deliver the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers.

Launched in 2015, the programme established pooled budgets between the NHS and local authorities, aiming to reduce the barriers often created by separate funding streams. The pooled budget is a combination of contributions from the following areas:

- Minimum allocation from NHS clinical commissioning group(s) (ICBs).
- Disabled facilities grant – local authority grant.
- Social care funding (improved BCF) – local authority grant.
- Winter pressures grant funding £240 million – local authority grant.

To enable this and the use for other pooled funding (non-BCF), Section 75 of the NHS Act 2006 allows NHS Bodies and Public Bodies to establish joint agreements for the provision of healthcare related services. These arrangements are supported by the relevant section 75 agreement and where possible, the NHS Standard Contract is used by the lead Public Body hosting the contract.

### **Section 75 and Section 256 arrangements**

The BCF is included within the Section 75 (S75) arrangements agreed and signed between South West London Integrated Care Board (ICB) and respective local authorities. The Section 75 partnership agreements, legally provided by the NHS Act 2006, allow budgets to be pooled between local health and social care organisations and authorities. This allows for Integrated resources and management structures and functions that can be reallocated between partners. A Section 256 provides for a similar arrangement of delegation between NHS organisations and Local Authorities outside of the BCF. This arrangement is only currently in place in Wandsworth and will be reviewed for 2023/24 to see if this can be included within the S75 agreement in line with other boroughs.

The process for formal agreement is aligned to national timelines with NHSE England for ICBs to have signed and sealed agreements in place by 31 January 2023. The values and detail within these S75s include the recent Adult Social Care (ASC) Discharge Fund (total value £10,592,007) provided by the Department of Health and Social Care. The allocation includes 40% provided directly to SWL Local Authorities and 60% to the ICB.

Financial values for 2022/23 are as below:

Borough	22/23 BCF Allocation (£)	ICB BCF Contribution (£)	Local Authority BCF Contribution (£)	Other Joint/Non-BCF funding (£)	ASC Discharge Fund Total SWL allocation (LA & ICB) - (£)	22/23 S75 Total (£)
Croydon	29,339,813	30,654,813	9,978,112	2,992,679	2,686,949	<b>46,312,553</b>
Kingston	13,022,505	13,022,505	3,359,961	20,212,818	1,146,119	<b>37,741,403</b>
Merton	15,057,573	15,057,572	5,009,679	1,452,224	1,474,038	<b>22,993,513</b>
Richmond	13,856,117	13,856,117	1,925,738	776,431	1,280,026	<b>17,838,312</b>
Sutton	14,833,068	15,008,800	7,432,008	4,467,785	1,465,182	<b>28,373,775</b>
Wandsworth	25,538,378	25,538,378	16,985,220	2,267,016	2,539,693	<b>47,330,307</b>
<b>TOTAL</b>	111,647,454	113,138,185	44,690,718	32,168,953	10,592,007	<b>200,589,863</b>

Further narrative is covered in **Appendix A**

In four of the six boroughs the ICB BCF contribution matches the nationally set minimum NHS funding requirement. In two boroughs, Croydon and Sutton, the contributions are higher than the minimum required allocation. In both places the increased contribution is targeted on funding place based integrated health and care services that support hospital discharge and adults with complex needs. It should be noted that that the ICB contribution in Sutton will match the minimum contribution in 23/24.

Details of the areas of increased investment for those two boroughs is given in Appendix A

Historically the level of the NHS contribution for the BCFs was agreed by the respective CCGs. For 22/23 BCF plans with the associated funding were transferred to the ICB 'as is'.

During Q4 of 22/23 a review of the ICBs contribution to the six BCFs will be completed to inform planning for 23/24. The review will focus on ensuring the ICB BCF contribution is being used to deliver interventions that will make the most positive difference to the SWL population and that the funding is being used effectively, delivering the outcomes set. The review will also seek to identify opportunities to align levels of contributions across SWL as far as possible.

### Wandsworth Section 256 (Adults)

This paper also seeks approval for the Wandsworth Section 256 (Adults) agreement with a total value of £5,922,608.

The Wandsworth Section 256 (Adults) supports the pooled budget agreement to support the Transforming Care Programme which works with adults in the areas of Mental Health, Learning Disabilities and Autistic Spectrum Disorder.

Section 256 of the NHS Act 2006 reinforces the statutory duty of partnership on NHS bodies and local authorities (previously Section 28A of NHS Act 1977) whereby NHS bodies and local authorities can delegate functions to one another to meet partnership objectives and create joint funding arrangements. Specifically, an ICB can make payments (service revenue or capital contributions) to a local authority to support specific additional services provided the use of such funding is consistent with the local development plan.

Further details are included in **Appendix B**

This paper recommends approval of the ICB Board from the Finance and Planning Committee for the South West London ICB 22/23 Better Care Funding (BCF) Section 75 agreements with the six SWL Local Authorities and a Section 256 agreement for Wandsworth. This includes the Adult Social Care funding discussed at the December Board.

## Appendix A

Further narrative to support the 2022/23 Section 75s:

Borough	Reasons for any differences between the BCF allocation and ICB contribution in S75?	What are the other pooled arrangements covered within the S75?	What is covered in the risk share arrangements?	Are there any other risks the ICB need to be made aware of?
Croydon	<p>Additional contribution of £1.315M to the integrated LIFE service and the Local Voluntary Partnership.</p> <p>This funding was agreed in June 2020 as a result of discussions between the Integrated Health &amp; Care leadership teams in Croydon, recognising increased costs in the integrated LIFE service (implemented in 2017/18). This was approved through the One Croydon Alliance Governance processes and formalised through the s75 in 2020/21.</p>	<p>The Local Voluntary Partnership, Improved BCF/Winter pressure Grant, Disabled facilities grant. (The three 2021/22 COVID-19 schemes have now ended) The 2022/23 Adult Social Care Discharge monies.</p>	<p>After extensive joint monitoring and reviewing of and BCF underspend and overspend the risk share for Overspend shortfall shall be funded by the partners in the following proportion: SW London ICB 70%: Croydon Council 30%.</p>	<p>None identified.</p>
Kingston	<p>No difference between allocation and ICB contribution</p>	<p>Adult services provided by the Voluntary Care Sector.</p> <p>Children's services for Kingston and Richmond are within this agreement and provided by Achieving for Children</p>	<p>Open book principles and reporting of system impacts to increase visibility of financial risk.</p> <p>Different mechanisms can be used to bring resources together and will enable risk sharing across the system. These include but are not limited to pooling and aligning</p>	<p>None identified.</p>

		<p>Public Health – Kingston wellbeing service accommodation costs; inpatient detoxification beds Covid 19 Hospital Discharge Funding.</p> <p>This also includes the 2022/23 Adult Social Care Discharge monies.</p>	<p>budgets and delegated spending powers across Partners, where one Partner may manage and administer a budget on behalf of the other.</p> <p>There is a recognition that the SWL NHS system may at times require greater cross borough working to benefit from economies of scale and to establish consistency of practice for some pathways, funding arrangements and commissioning.</p>	
Merton	No difference between allocation and ICB contribution	<p>This includes the Disabled Facilities Grant (DFG).</p> <p>Learning Disabilities NHS Continuing Care, Substance Misuse Tier 4 Detoxification Services, Falls Prevention, Complex Discharges, and Community Equipment.</p> <p>This also includes the 2022/23 Adult Social Care Discharge monies.</p>	<p>Commissioning Lead for any of the BCF schemes is responsible for meeting the cost of any overspend unless certain conditions which are outlined in the Section 75 agreement have been met.</p>	<p>Although not a risk to the BCF, complex delayed discharges from acute and non-acute care are a significant cost pressure in Merton.</p>
Richmond	No difference between allocation and ICB contribution.	<p>Rapid Response Team /Winter Pressures Support Services. This also includes the 2022/23 Adult Social Care Discharge monies.</p>	<p>Risk share arrangement process in place to identify and monitor overspends and underspends.</p>	<p>None identified.</p>

		Children's services for Richmond are funded within the Kingston Section 75 agreement		
Sutton	<p>Additional contribution of £175,732 to support the Integrated Complex Older People's Pathway (Home from Hospital Scheme) and increase the ICB contribution to Carers funding.</p> <p>Historically additional contributions have been made locally to the BCF in Sutton. These contributions have reduced over a number of years on a convergence path to match the allocation through annual underspends. This is the final year and allocations will align from 2023/24.</p>	<p>Additional from 2021/22 carried forward £2,660,000.</p> <p>Includes Disabled Facilities Capital Grant (LBS) at a total of £1,807,785.</p> <p>This also includes the 2022/23 Adult Social Care Discharge monies.</p>	<p>Risk share arrangement on overspends and underspends.</p> <p>ICB will contribute 66% London Borough of Sutton will contribute 34%.</p>	<p>There are projected risks to the budget for 2023/24. Mitigations have been identified.</p> <p>That a cap on risk share contribution is made based on contribution to the fund. It is proposed that the cap is £300k for the ICS and £150k for the Council.</p>
Wandsworth	No difference between allocation and ICB contribution.	<p>This includes the Disabled Facilities Grant (DFG).</p> <p>Complex discharges, and community equipment.</p>	The Wandsworth Place and Wandsworth Council BCF Section 75 Agreement notes the risk share on the pooled budget is based on agreement that the partner acting as Commissioning Lead for any of the BCF schemes will be	Although not a risk to the BCF, complex delayed discharges from acute and non-acute care are a significant cost pressure in Wandsworth.

		<p>This also includes the 2022/23 Adult Social Care Discharge monies.</p>	<p>responsible for meeting the cost of any overspend unless certain conditions which are outlined in the Section 75 agreement have been met.</p> <p>Most of the BCF schemes are 'block' based contracts. Therefore, it is unlikely that there will be an overspend due to the nature of the contractual arrangement. Apart from the complex discharges and community equipment spends.</p>	<p>This is directly related to awaiting housing adaptations. Wandsworth Borough Council and the ICB have been working for a number of years on mitigating this risk by expanding schemes funded by disabled facilities grant.</p>
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## Appendix B

Further narrative to support the 2022/23 Section 256:

Borough	Value	What are the other pooled arrangements covered within the S256?	What is the benefit of this arrangement	Are there any other risks ICB need to be made aware of?
<b>Wandsworth Section 256 - Adults</b>	£5,922,608 per annum.	<ul style="list-style-type: none"> <li>• Adults MH Reablement Service.</li> <li>• Independent Mental Health Advocacy service.</li> <li>• 24 hour and Peripatetic Recovery &amp; Rehabilitation Services.</li> <li>• S117 Health contributions.</li> <li>• LD Social Work Post (Transforming Care Programme).</li> <li>• LD placements St. Ebbas ex-campus and Other ex-campus.</li> <li>• Family Action – Newpin – Family Support Service</li> </ul>	<p>It is envisaged that through joint commissioning and monitoring arrangements greater economies of scale and synergies can be achieved.</p> <p>This funding will help to make a positive difference to the Wandsworth local population, especially adults with Mental Health, Learning Disabilities and Autistic Spectrum Disorder.</p>	<p>None identified.</p>

**NHS South West London Integrated Care Board**

**Date** Wednesday, 18 January 2023

<b>Document Title</b>	SWL Local Maternity & Neonatal System (LMNS) Kirkup Update Report		
<b>Lead Director (Name and Role)</b>	Dr Gloria Rowland SWL Chief Nursing and Allied Health Professional Officer Director of Patient Outcome		
<b>Author(s) (Name and Role)</b>	Donnarie Goldson – Head of Maternity, SWL ICB Mobola Jaiyesimi- Transformation Programme Manager, SWL ICB Maureen Fitzgerald, Deputy Director of Quality and Nursing, SWL ICB		
<b>Agenda Item No.</b>	07	<b>Attachment No.</b>	06

<b>Purpose (Tick as Required)</b>	Approve <input type="checkbox"/>	Discuss <input checked="" type="checkbox"/>	Note <input checked="" type="checkbox"/>
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**Executive Summary**

Dr Bill Kirkup CBE undertook an independent investigation into maternity and neonatal services at East Kent Hospitals University NHS Foundation Trust. The report was published on 19 October 2022.

The report reflects incidents that occurred at East Kent maternity services. The review identifies four areas for action.

- Identifying poorly performing units.
- Giving care with compassion and kindness.
- Teamworking with a common purpose.
- Responding to challenge with honesty.

**Purpose**

For the Board to acknowledge the content of the Kirkup review and associated actions for SWL Local Maternity and Neonatal System (LMNS).

**Recommendation:**

The Board is asked to:

- Note the content of the Kirkup review and the associated actions for SWL LMNS and the ICS.
- Note there will be a presentation to the Board in approximately six months for an update/ review on the implementation of recommendations at both Trust and LMNS levels.

**Key Issues for the Board to be aware of:**

To acknowledge the report and the expected single delivery plan for maternity by the National Maternity Transformation Board. This is currently in development with NHSE and partners, expected Q1 23/24 – it will incorporate the Kirkup and Ockenden report recommendations.

**Conflicts of Interest:**

N/A

**Mitigations for Conflicts of Interest:**

N/A

**Corporate Objectives**

This document will impact on the following Board Objectives:

N/A

**Risks**

This document links to the following Board risks:

- Workforce challenges – retention and long-term sick leave.

**Mitigations**

Actions taken to reduce any risks identified:

- Trusts have local recruitment and retention drives as well as some Trusts having employed Recruitment and Retention Midwives.
- Regular meetings with Directors of Midwifery (DoMs) and Heads of Maternity (HoMs) to ensure oversight of key risk and issues re staffing and quality of service delivery.

**Financial/Resource Implications**

N/A

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

The SWL Local Maternity and Neonatal System has developed a needs impact assessment that has informed the maternity equality and equity plan. The recommendations from Ockenden and Kirkup are aligned to the maternity equity and equality plan and evidence of the action plans has been used to support evidence for the ICB on its Equality Delivery System (EDS) 2022.

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

To continue to improve safety for all babies and mothers with specific focus on vulnerable women who are at higher risk of poorer outcomes in pregnancy.

<b>Patient and Public Engagement and Communication</b>	N/A
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<b>Previous Committees/ Groups</b> Enter any Committees/ Groups at which this document has been previously considered:	Committee/Group Name:	Date Discussed:	Outcome:
	South West London Integrated Care Board Quality & Oversight Committee	Tuesday, 29 November 2022	Present an update within six months
		Click here to enter a date.	
		Click here to enter a date.	

<b>Supporting Documents</b>	SWL LMNS Kirkup Report Update
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## South West London (SWL) Integrated Care Board (ICB)

### Kirkup Report Update

### SWL Local Maternity and Neonatal System

#### 1. Introduction

**1.1.** Dr Bill Kirkup CBE undertook an independent investigation into maternity and neonatal services at East Kent Hospitals University NHS Foundation Trust. The report was published on 19 October 2022. The report reflects incidents that occurred at East Kent maternity services.

**1.2.** The review identifies four areas for action:

- Identifying poorly performing units.
- Giving care with compassion and kindness.
- Teamworking with a common purpose.
- Responding to challenge with honesty.

**1.3. The key themes in the report included:**

- Failures of team working – lack of trust in multidisciplinary teams.
- Failures of professionalism – not putting people first, women blamed.
- Failures of compassion.
- Failures to listen.
- Failures after safety incidents.
- Failure in the Trust's response, including Board level.
- Actions of regulators – Trust faced with a bewildering array of regulatory and supervisory bodies but system as a whole failed.
- Missed opportunities.

## **2. Approach to the report**

**2.1.** Kirkup has taken a different approach to this report focusing on areas where actions are needed instead of change of policies directed at specific areas of either practice or management.

### **2.2. Four areas of action:**

- Monitoring safety performance – finding signals among noise.
- Standards of clinical behaviour – technical care is not enough.
- Flawed teamworking – pulling in different directions.
- Organisational behaviour – looking good while doing badly.

### **2.3. Key action areas have been identified as follows:**

#### **a) Monitoring safety performance – finding signals among noise**

##### **Problems identified:**

- Need a more reliable system in place to give early warning of problems before they cause significant harm.
- Defensive mindsets are a barrier to learning.
- Over reliance on national statistics as reassurance.

##### **Recommended actions**

- Effective monitoring of outcomes.
- Generation of measures that are meaningful, risk adjustable, available and timely.
- Measures are analysed and presented in a way that shows both the effects of the random variation inherent in all measures, and those occurrences and trends that are not attributable to random variation (or noise). Useful work on these techniques is already being carried out by NHSE, but it is important that this is extended to clinically relevant outcome measures.

- Creation of a suite of outcome measures available for the use of clinicians, units, trusts, regulators and the public. The approach must be national, and it must be mandatory.

**What we are doing in SWL:**

- Local Maternity and Neonatal Services (LMNS) maternity data reviewed quarterly at LMNS Insights Board meeting.
- Serious Incidents quarterly meetings for learning and sharing.
- All Trusts have an up-to-date digital strategy for their maternity services which aligns with the wider Trust Digital Strategy and reflects the 7 success measures within the What Good Looks Like Framework.
- Formalised LMNS system-wide Escalation Policy is in place.

**b) Standards of clinical behaviour – technical care is not enough**

**Problems identified:**

- There is an equal need for staff to behave professionally and to show empathy.
- Honesty and openness instead of personal and institutional defensiveness, blame shifting and punishment.
- Women and partners were not listened to when they expressed concerns but dismissed or ignored.
- Inadequate telephone advice leading to babies lost as a consequence.
- Stubborn and entrenched poor behaviours by some obstetric consultants – damaging to teams as well as to safety of women and babies.
- Not attending when requested and treated differently to nurses and midwives - “Nurses would potentially be disciplined, doctors would be asked to reflect on what happened.”

**Recommended actions:**

- Compassionate care at the heart of clinical practice for all healthcare staff.
- Professional behaviour and compassionate care must be embedded as part of continuous professional development, at all levels.
- All staff to acknowledge and accept the authority of those in clinical leadership roles.

- Reasonable and proportionate sanctions are required for employers and professional regulators so that poor behaviour can be addressed before it becomes embedded and intractable.

**What we are doing in SWL:**

- Learning and sharing good practice through the buddy system with other LMNS's. SWL LMNS is working with NWL and SEL LMNS in a buddy system.
- Serious Incidents quarterly meetings for learning and sharing.
- Development of Maternity Equity and Equality Action Plan to ensure equal access, experience and outcomes.
- Development of Perinatal Pelvic Health Programme to improve the prevention, identification, and treatment of 'mild to moderate' pelvic floor dysfunction following birth. Reducing the number of women living with pelvic floor dysfunction postnatally and in later life.

**c) Flawed teamworking – pulling in different directions**

**Problems identified:**

- Team working in East Kent maternity services dysfunctional both within and between professional groups.
- Lack of trust and respect between midwives and obstetric staff, and between paediatric and obstetric staff, posed a significant threat to the safety of mothers and their babies.
- A team that does not share a common purpose is not a team.
- Language used around “normal birth” may have significant unintended consequences
- Changes made for good reasons have had unintended consequences.
- Poor morale among obstetric trainees.

**Recommendation actions:**

- Stronger basis for teamworking in maternity and neonatal services - need to find ways to develop trust and knowledge of colleagues' capabilities and improve the sense of belonging amongst staff.

- Staff who work together should train together from the outset, at least in part, and not just in rehearsing emergency drills.
- Need to re-evaluate the changed patterns of working and training for junior doctors.
- Time to think about a better concept of teamwork for maternity services – one that establishes a common purpose across, as well as within, each professional discipline.

**What we are doing in SWL:**

- LMNS working with each trust to ensure all maternity units have the right people with the right skills in the right positions – Multi Disciplinary Team (MDT) training monitored regularly.
- CQC visits conducted cultural tests at Kingston and Croydon, where no issues were found. LMNS will aim to conduct these cultural tests regularly in the future.
- Maternal Medicine Programme is being implemented to ensure joined up working and support across wider SWL and Surrey Heartlands LMNS.
- All Trusts have developed Continuity of Carer (CoC) Action Plans which will support the roll out of CoC.

**d) Organisational behaviour – looking good while doing badly**

**Problems identified:**

- Too much effort from Trust consumed in seeking to challenge and undermine scrutiny from regulators and others rather than responding to reports.
- Denial, deflection, concealment and aggressive responses to challenge, in the Trust as elsewhere.
- NHSE wishes to take decisive action and to be seen to do so, but its scope for intervention is limited when problems relate to clinical dysfunction.

**Recommended actions:**

- Balance between organisational reputation management and patient safety must be addressed. More stringent measures needed to address problems of organisational behaviour that place reputation management above honesty and openness.

- Time to introduce legislation to oblige public bodies and officials to make all of their dealings, with families and with official bodies, honest and open (Hillsborough Law)
- A review of the regulatory approach to failing organisations by NHSE would identify alternatives to the “heroic leadership” model, including the provision of support to Trusts in difficulties and incentives for organisations to ask for help rather than conceal problems.

**What we are doing in SWL:**

- Improved internal escalation and decision-making within maternity using Birthrate Plus acuity tool. This tool is used to monitor and assess staffing levels. The Birthrate Plus tool is embedded in Epsom and St Helier Hospital and will be rolled out across other Trusts during 2023/24.
- All SWL Maternity units are rated as good, however, regular surveillance of data and practice is part of ongoing LMNS activity. To ensure the good does not overshadow any upcoming risks or challenges.
- Improved system behaviour and resilience, for example, system collaboration to ensure services were safely delivered during the ambulance strikes.

**3. Acute Trusts across SWL LMNS have shared their Specific Response to Kirkup/East Kent Report:**

Croydon	ESTH	Kingston	St George's
<ul style="list-style-type: none"> <li>• Shared at Directorate management board (DMB) Nov -will be covered at Integrated quality assurance group (IQAG), Quality Committee (QC) and Health Management Board (HMB) Nov-Dec</li> <li>• Listening Events for both reports commence: 7th Nov and more dates to follow</li> <li>• 3 dates planned 29th Nov, 9th and 13th Dec 2022</li> </ul>	<ul style="list-style-type: none"> <li>• Identified “culture champions” within maternity to work alongside the Trust wider culture transformation group.</li> <li>• Focus groups held after last staff survey and action plans instigated to address top priorities.</li> <li>• Further staff survey completed 11/22, awaiting feedback.</li> </ul>	<ul style="list-style-type: none"> <li>• Paper to be shared at EMC on the 23/11</li> <li>• Staff forums to discuss key findings to be arranged for Nov / Dec</li> </ul>	<ul style="list-style-type: none"> <li>• East Kent Drop in workshops focused on four themes following gap analysis/ benchmarking exercise</li> </ul>

#### **4. Conclusion**

Out of the four key areas of focus, the most challenging action to embed and inform change is Action 4 – *Organisational behaviour – looking good while doing badly*.

Understanding and informing changes to organisational behaviour and workplace culture is difficult to navigate. However, maternity oversight and monitoring will continue through the LMNS, Quality Council, and Quality and Oversight Committee and ICB Board.

#### **5. Recommendations to the Board:**

- To note the content of the Kirkup review and the associated actions for SWL LMNS and the ICS.
- To note that there will be a presentation to the Board in approximately six months for an update/ review on the implementation of recommendations at both trust and LMNS levels.

#### **6. Key Issues for the Board to be aware of:**

To acknowledge the report and the expected single delivery plan for maternity by the National Maternity Transformation Board. This is currently in development with NHSE and partners, expected Q1 23/24 – it will incorporate the Kirkup and Ockenden report recommendations.

**NHS South West London Integrated Care Board**

**Date** Wednesday, 18 January 2023

<b>Document Title</b>	Patient Safety Incidents Response Framework (PSIRF) Update	
<b>Lead Director (Name and Role)</b>	Dr Gloria Rowland, Chief Nursing and Allied Health Professional Officer & Executive Director for Patient Outcomes	
<b>Author(s) (Name and Role)</b>	Charity Mutiti: SWL ICB Patient Safety Specialist & ICB PSIRF Lead Marsha Jones: Deputy Chief Nurse (Epsom & St Helier) & PSIRF System Clinical Lead	
<b>Agenda Item No.</b>	08	<b>Attachment No.</b> 07

<b>Purpose (Tick as Required)</b>	Approve <input type="checkbox"/>	Discuss <input checked="" type="checkbox"/>	Note <input checked="" type="checkbox"/>
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**Executive Summary**

Patient safety incidents are unintended or unexpected events (including omissions) in healthcare that could have or did harm one or more patients. The way we respond and manage patient safety incidents in the NHS is changing.

Serious Incidents and current processes for managing them has been a defining feature of patient safety in the NHS. It has been argued that there is little evidence to suggest that the current processes for managing serious incidents in the NHS have returned sustainable improvement in patient safety, or benefits to the patients, families, carers and staff who have been involved

NHS England introduced a new framework for the NHS to respond to safety incidents as one of the initiatives in the [NHS Patient Safety Strategy 2019](#).

NHS England published the new [Patient Safety Incident Response Framework](#) (PSIRF) in August 2022 outlining how NHS organisations should respond to patient safety incidents for the purpose of learning and improvement.

PSIRF will replace the current Serious Incident Response Framework by Autumn 2023 and represents a significant shift in the way the NHS responds to patient safety incidents, centring on compassion and involving those affected; system-based approaches to learning and improvement; considered and proportionate responses; and supportive oversight.

This report provides an overview of the Patient Safety Incidents Response Framework (PSIRF), outline of actions that local systems need to implement as part of the preparation before working under PSIRF, a high-level system PSIRF preparation plan as well as a preliminary summary of system progress in the first three months of preparation from September to November 2022.

**Purpose**

For the Board to acknowledge the new PSIRF and the preparation work required for local system to implement before safely transitioning to working under PSIRF

**Recommendation:**

The Board is asked to:

- Note the PSIRF requirements in the report.
- Note the changes in the way we manage patient safety incidents in the NHS and support required for all SWL organisations.
- Be assured that the system has commenced preparation for PSIRF, and progress has been made in the first three months.
- Note the identified issues, challenges, and risks so far, and be assured actions are being taken to mitigate them.

**Key Issues for the Board to be aware of:**

- PSIRF will replace the current Serious Incident Response Framework and represents a significant shift in the way the NHS responds to patient safety incidents, centring on compassion and involving those affected. It focuses on system-based approaches to learning and improvement.
- There will be a phased 12-month period of preparation for local systems. PSIRF is currently applicable to all providers with an NHS contract (except primary care for now).
- Preparation work has commenced with providers across South West London.
- Provider Capacity for PSIRF Implementation: there are capacity and resource challenges for most of our large NHS providers (acute, mental health and community) to support PSIRF implementation. However, we are working as a system to ensure key areas are prioritised and that risks are being escalated proactively through the agreed escalation channels.
- Maternity: further clarity is required from national team on defining the alignment of PSIRF and Maternity recommendations such as Ockenden and Kirkup, including how Local Maternity and Neonatal System (LMNS) would discharge their oversight function under PSIRF.

**Conflicts of Interest:**

N/A

**Mitigations for Conflicts of Interest:**

N/A

**Corporate Objectives**

This document will impact on the following Board Objectives:

Our system patient safety approach aligns to the ICS/ICB objectives and will meet these objectives:

	<ul style="list-style-type: none"> <li>Improve outcomes in population health and healthcare.</li> </ul>
<b>Risks</b> This document links to the following Board risks:	Overall Risks from PSIRF preparation work will be included in the SWL ICB Corporate risk register and escalated to the Board Assurance Framework where appropriate.
<b>Mitigations</b> Actions taken to reduce any risks identified:	Will be detailed in the quality risk register.

<b>Patient and Public Engagement and Communication</b>	We are including Patient Safety Partners in the PSIRF preparation work.
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<b>Previous Committees/ Groups</b> Enter any Committees/ Groups at which this document has been previously considered:	Committee/Group Name:	Date Discussed:	Outcome:
		System Quality Council	Friday, 21 October 2022
	SWL ICB Quality Oversight Committee	Thursday, 15 December 2022	PSIRF transition preparation and discussion on system plan, challenges, issues, and risks
<b>Supporting Documents</b>	PSIRF Overview and Transition Preparation		

## SWL ICB Board

# Patient Safety Incidents Response Framework (PSIRF)

## Overview and Transition Preparation

### 1. Introduction

- 1.1 Patient safety incidents are unintended or unexpected events (including omissions) in healthcare that could have or did harm one or more patients. The way we respond and manage patient safety incidents in the NHS is changing.
- 1.2 Serious Incidents and current processes for managing them has been a defining feature of patient safety in the NHS. It has been argued that there is little evidence to suggest that the current processes for managing serious incidents in the NHS have returned sustainable improvement in patient safety, or benefits to the patients, families, carers and staff who have been involved.
- 1.3 NHS England introduced a new framework for the NHS to respond to safety incidents as one of the initiatives in the [NHS Patient Safety Strategy 2019](#).
- 1.4 NHS England published the new [Patient Safety Incident Response Framework](#) (PSIRF) in August 2022 outlining how NHS organisations should respond to patient safety incidents for the purpose of learning and improvement.
- 1.5 PSIRF will replace the current Serious Incident Response Framework by Autumn 2023 and represents a significant shift in the way the NHS responds to patient safety incidents, centring on compassion and involving those affected; system-based approaches to learning and improvement; considered and proportionate responses; and supportive oversight.
- 1.6 This report provides an overview of the Patient Safety Incidents Response Framework (PSIRF), outline of actions that local systems need to implement as part of the preparation before working under PSIRF, a high-level system PSIRF preparation plan as well as a preliminary summary of system progress in the first three months of preparation from Sept to Nov 2022.

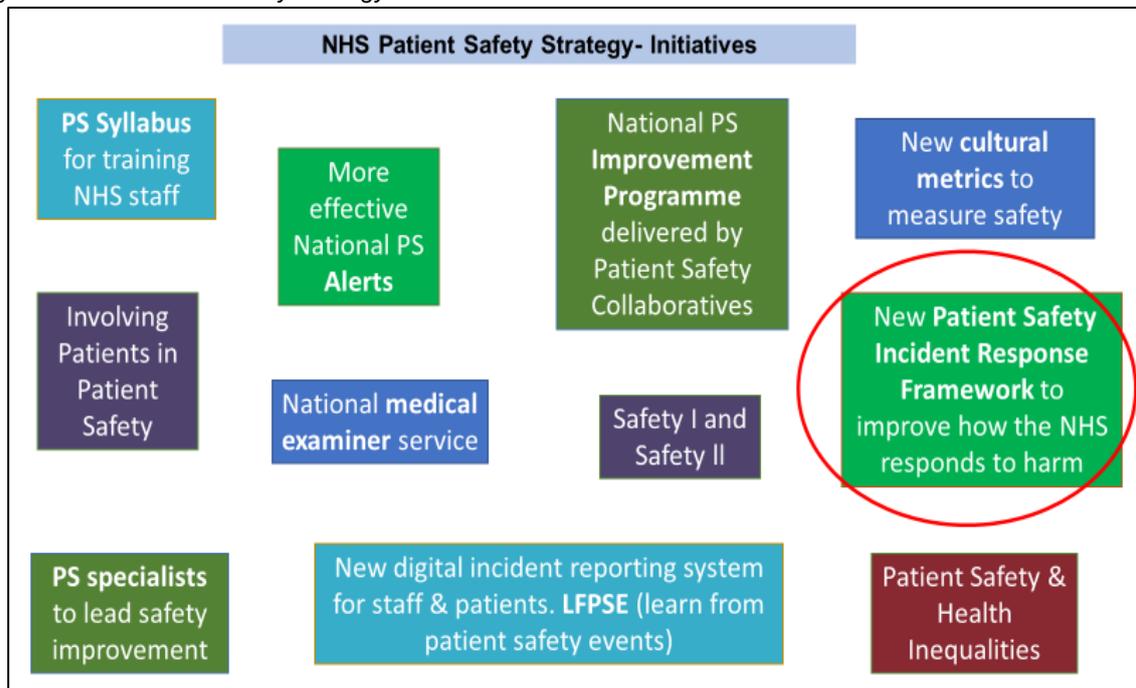
### 2. NHS Patient Safety Strategy Overview

- 2.1 The NHS Patient Safety Strategy was launched in July 2019 with three strategic aims (see also Appendix 1)
  - **Insight:** Improving understanding of safety by drawing intelligence from multiple sources of patient safety information.
  - **Involvement:** Equipping patients, staff and partners with the skills and opportunities to improve patient safety throughout the whole system.

- **Improvement:** Designing and supporting programmes that deliver effective and sustainable change in the most important areas.

The actions that the NHS will take under each of these aims were set out in several **initiatives** summarised below.

Diagram 1: NHS Patient Safety Strategy Initiatives



### 3. Patient Safety Incidents Response Framework (PSIRF)

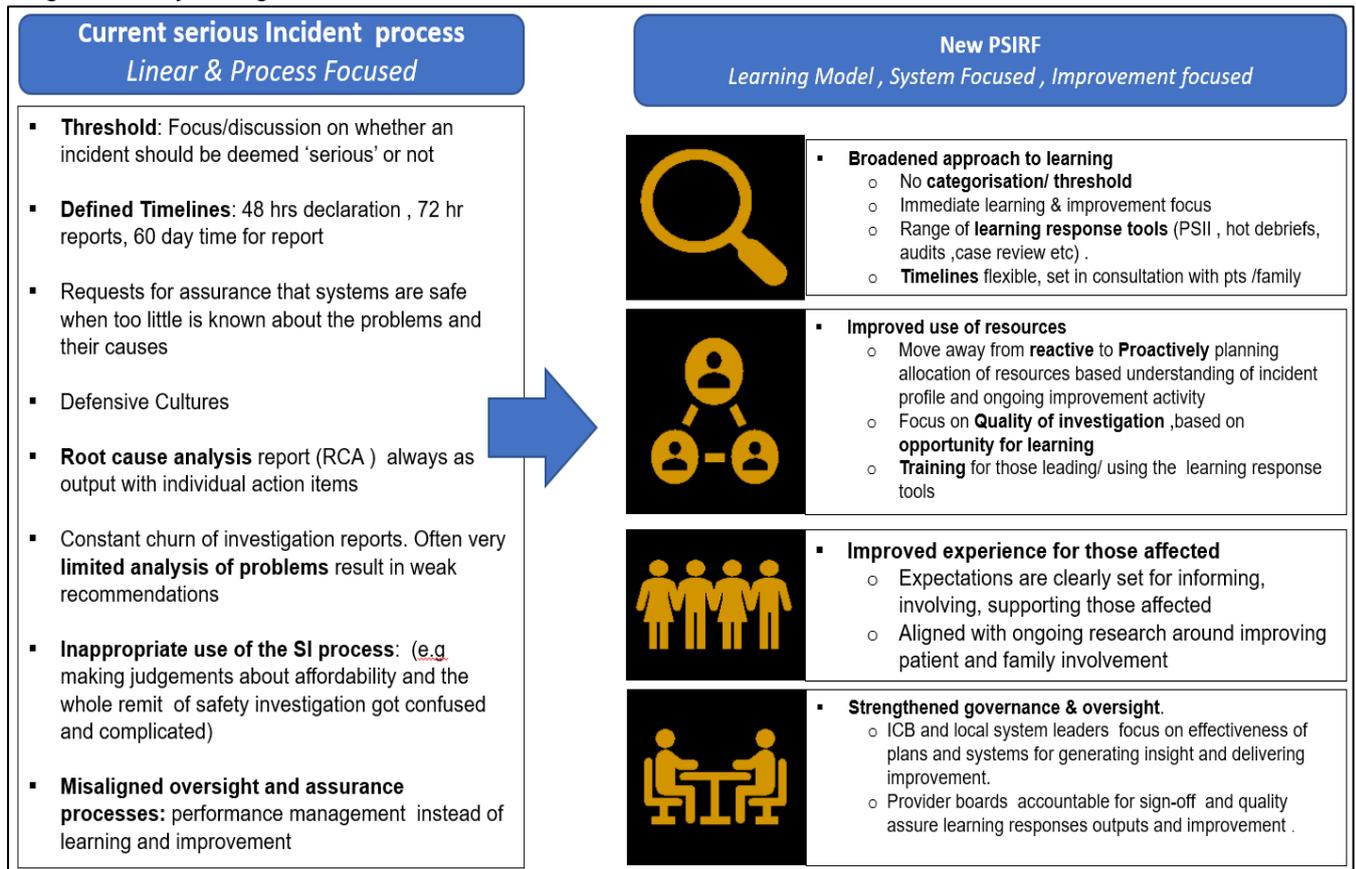
- 3.1 The Patient Safety Incident Response Framework (PSIRF) sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.
- 3.2 Four Aims were set out in PSIRF:
  - Compassionate engagement and involvement of those affected by patient safety incidents.
  - Application of a range of system-based approaches to learning from patient safety incidents.
  - Considered and proportionate responses to patient safety incidents.
  - Supportive oversight focused on strengthening response system functioning and improvement.
- 3.3 PSIRF is a contractual requirement under the NHS Standard Contract and as such is mandatory for services provided under that contract, including acute, ambulance, mental health, and community healthcare providers. This includes maternity and all specialised services.
- 3.4 Primary care is currently out of scope for PSIRF and will be brought on board in future.

#### 4. Current Serious Incidents Framework versus New PSIRF

4.1 What is the change? PSIRF significantly shifts how the NHS responds to patient safety incidents from a **linear, process focused Investigation Model** to a **Learning and Improvement Model**. Some of the key changes are summarised in diagram 2 below.

Examples of how PSIRF will change from current process can be found in Appendix 2

Diagram 2: Key changes – Current Serious Incidents Framework Vs PSIRF



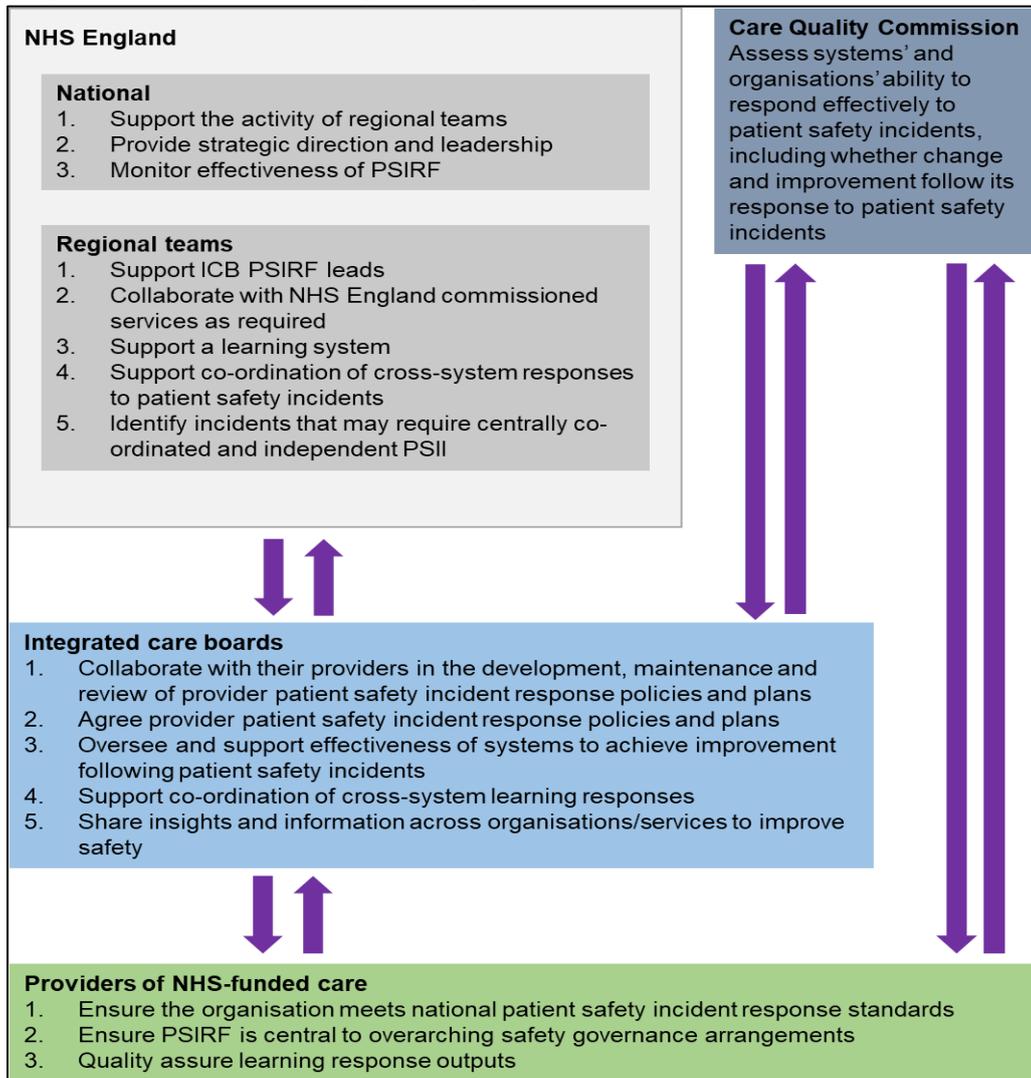
#### 5. PSIRF Supportive Oversight

5.1. The leadership and management functions of Patient Safety Incident Response Framework (PSIRF) oversight are wider and more multifaceted compared to previous response approaches.

5.2. When working under PSIRF, **NHS providers, Integrated Care Boards (ICBs) and Regulators** are required to design their systems for oversight in a manner that allows organisations to demonstrate **IMPROVEMENT** rather than compliance with prescriptive and centrally mandated measures.

5.3. Oversight of patient safety incident response has traditionally included activity to hold providers to account for the quality of their patient safety incident investigation reports. However, oversight under PSIRF focuses on engagement and empowerment.

5.4. *Diagram 3 - Supportive oversight arrangements under PSIRF*

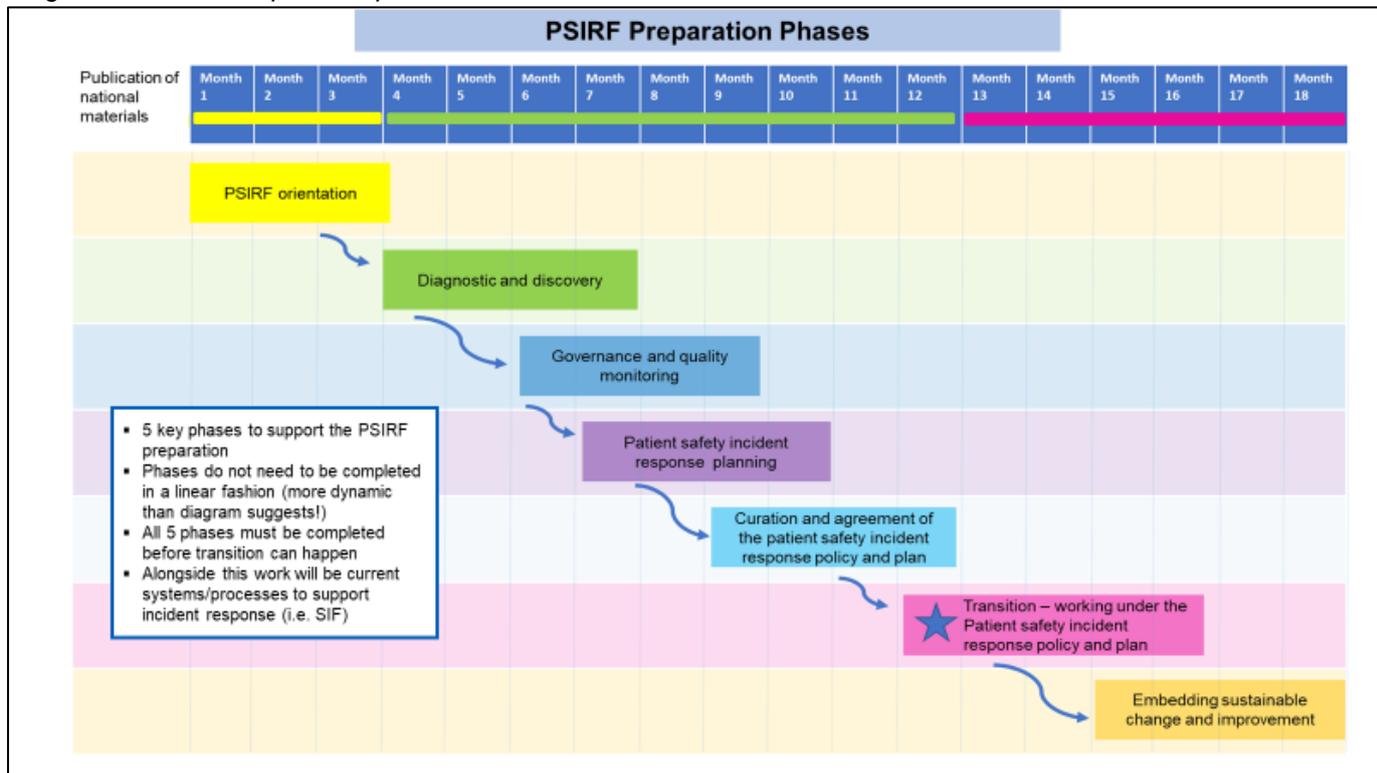


## 6. Preparing for PSIRF Transition and Training

6.1. Implementation of PSIRF will not be achieved by a change in policy alone as it requires work to design new set of systems, processes, and significant change in culture. Local systems have been given 12 months to prepare to transition working under PSIRF from September 2022.

6.2. PSIRF preparation has been split into phases and each phase has specific activities that organisations need to work through to set strong foundations for implementation. Phases do not need to be completed in a linear fashion. The diagram below summarises the preparation phases.

Diagram 4: PSIRF Preparation phases



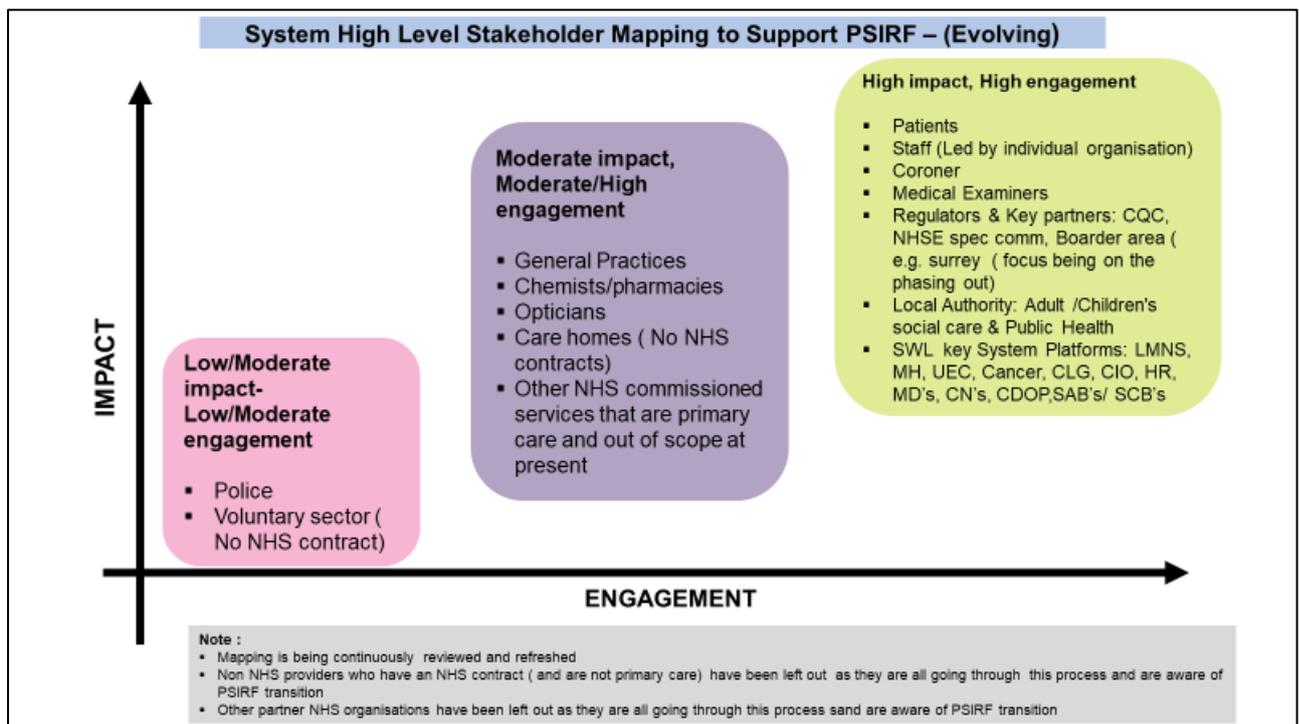
6.3. There is training required for targeted staff ahead of PSIRF transition and continuous development thereafter. An NHS training and development framework has been created. Table below shows the targeted training required. **Appendix 3** provides more summary detail of the targeted training for key roles in the organisations

Table 1: PSIRF training and recommended staff groups

Training	Recommended staff group
Systems approach to learning from patient safety incidents (Referred to a LOT 4a in the national framework)	<b>Learning response leads</b> (e.g., Governance /divisional / service managers, matrons, directors, medical directors, chief nurses)
Oversight of learning from patient safety incidents (Referred to a LOT 4b in the national framework)	<b>Those in PSIRF oversight roles</b> (e.g. Board members, board subgroup members, commissioners/ICB)
Involving those affected by patient safety incidents in the learning process (Referred to a LOT 4c in the national framework)	<b>Engagement leads</b> (e.g., patient liaison officers (PLO), engagements lead, senior managers involved in patient liaison after incidents)

## 7. System Stakeholder Mapping and Engagement

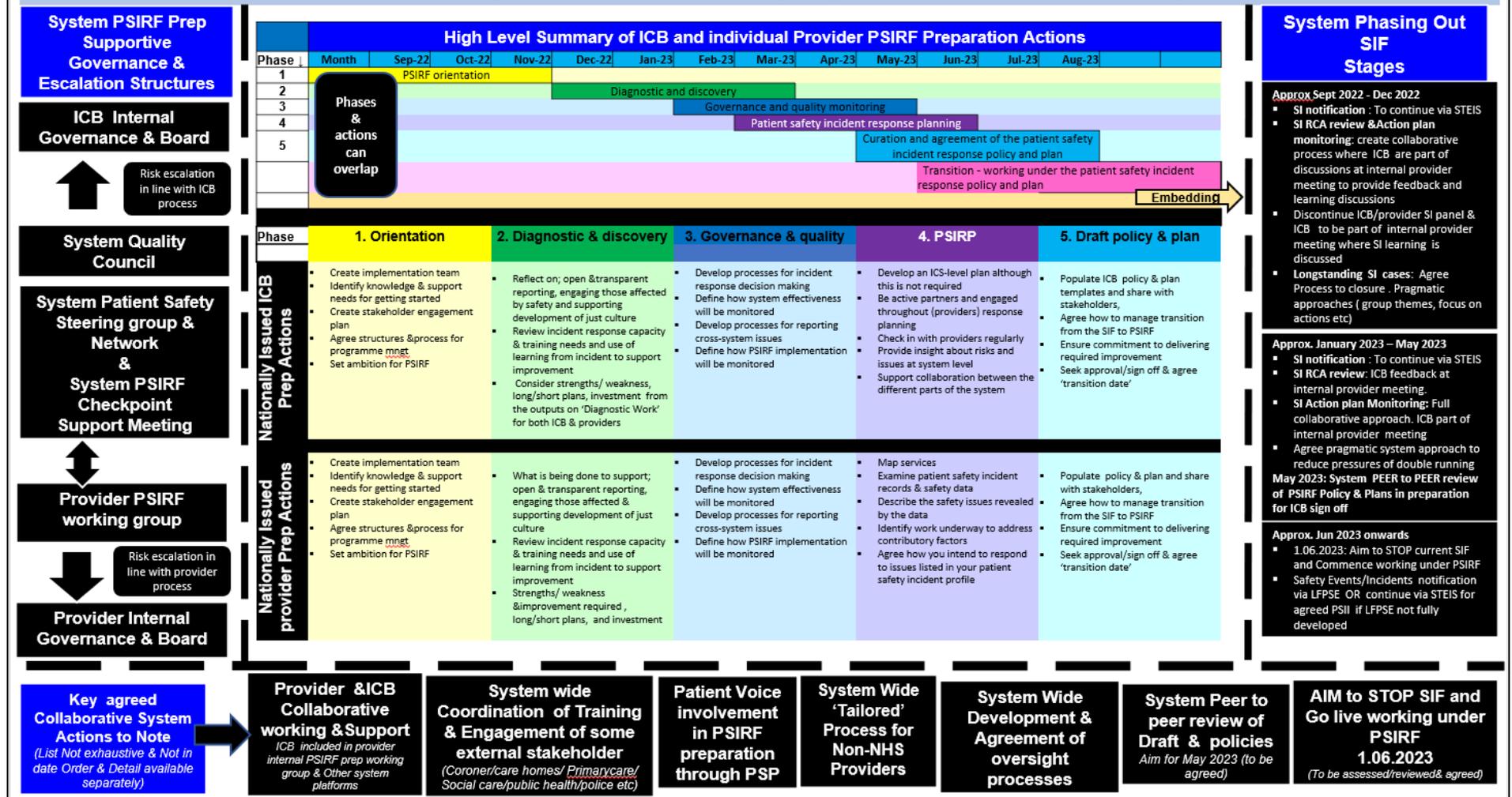
7.1. Some work has been commenced to map all key stakeholders across SWL, assess impact and level of engagement required during PSIRF preparation. The diagram below is the current stakeholder mapping and assessment of impact that PSIRF will have, and level of engagement required. We will continue to review this throughout preparation and beyond



## 8. SWL System PSIRF Transition Preparation Plan

- 8.1. SWL ICB has worked with all its providers to agree a system transition preparation plan. The plan will be 'evolving' and will be adjusted as we progress with preparation.
- 8.2. Progress against the plan as well as risk escalation will be supported and monitored as per the governance structure shown on the diagram below (Plan on a page)

Plan On A Page - SWL ICS- PSIRF Prep Implementation Plan – **Evolving**



## 9. Summary of System PSIRF Progress (Sept – Nov 2022)

### 9.1 What has gone well (System Level)

- System PSIRF Senior Responsible Officer (SRO) and system PSIRF Clinical lead appointed.
- System governance and escalation structures agreed.
- System preparation plan created (evolving plan).
- System stakeholder engagement and communication commenced (for stakeholders common to all providers).
- System PSIRF progress and support meetings commenced.
- PSIRF training procurement coordination across the system commenced.
- Patient Safety Partner (PSP) appointed to ICB and now engaging with system level meetings.

### 9.2 What has gone well - (Provider Level)

- Provider PSIRF SRO and PSIRF lead appointed. Relevant communication gone to board/board subgroup.
- Five providers have commenced PSIRF implementation groups. Two providers to commence imminently.
- Staff engagement and communication has commenced.
- Three providers have included PSP in their PSIRF implementation groups. PSP recruitment in progress for the other providers.
- Identification of relevant staff for training has commenced.
- The ICB held a PSIRF support workshop for independent providers in Nov 2022. There will be a follow up workshop and support plan for this sector following additional guidance from the national team.

## 10. Challenges, Issues and Risks (Sept- Nov 2022)

- 10.1. **Provider Capacity for PSIRF Implementation:** there are capacity and resource challenges for most of our large NHS providers (acute, mental health and community) to support PSIRF implementation. However, we are working as a system to ensure key areas are prioritised and that risks are being escalated proactively through the agreed escalation channels.
- 10.2. **PSIRF training:** there is a requirement for targeted staff to have PSIRF training. Trainers have been identified as per national framework. However, SWL is finalising funding arrangements for the system.
- 10.3. **Maternity:** further clarity is required from national team on defining the alignment of PSIRF and Maternity recommendations such as Ockenden and Kirkup, including how Local Maternity and Neonatal System (LMNS) would discharge their oversight function under PSIRF.

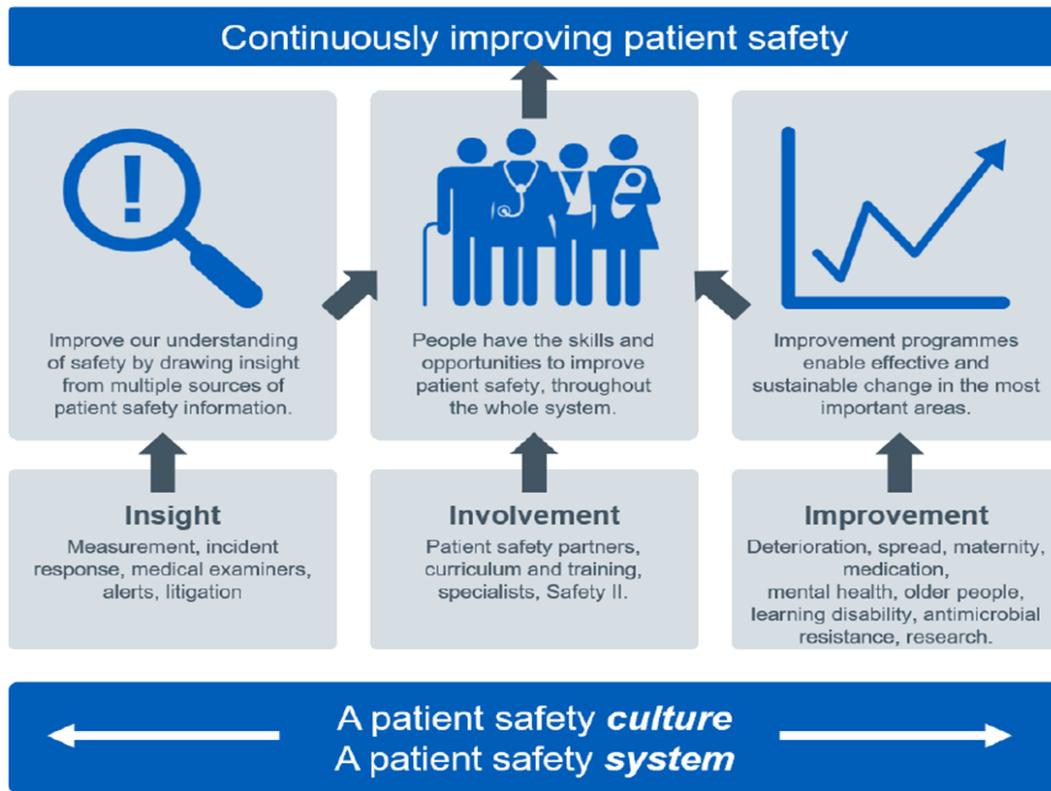
- 10.4. **Independent Providers (Non-Care Homes or CHC):** independent providers have a local, regional, and national footprint working across many ICBs. Therefore, PSIRF guidance requires to be tailored with a consistent approach for sign off and oversight arrangements.
- 10.5. **Care Homes:** further clarity is required from the national team for care homes as majority are also CHC providers with an NHS contract.
- 10.6. **Other community services:** further clarity is required from the national team on *'applicable providers'* as some are jointly delivered between community and primary care. Note: primary care is currently out of scope for PSIRF at present.

## 11. Recommendations

SWL ICB Board is asked to:

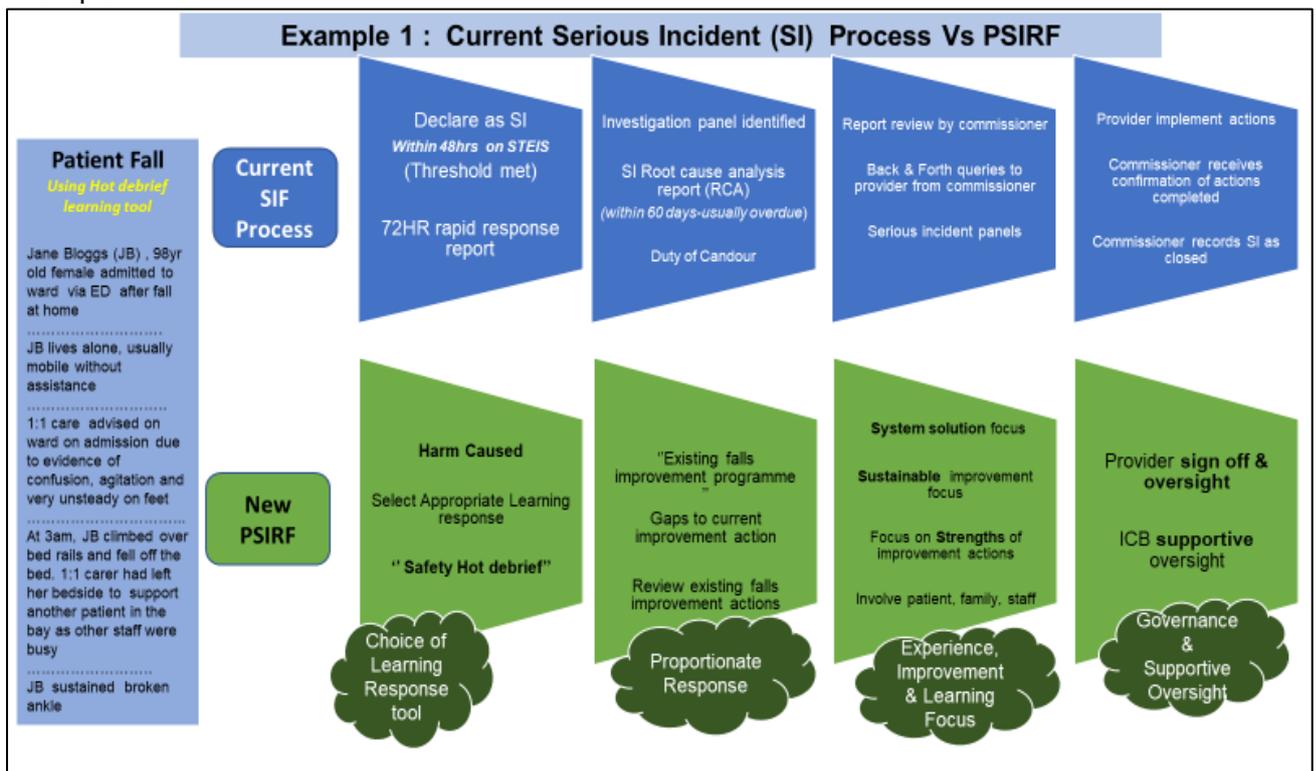
- Note the PSIRF requirements in the report.
- Note the changes in the way we manage patient safety incidents in the NHS and support required for all SWL organisations.
- Be assured that the system has commenced preparation for PSIRF, and progress has been made in the first three months.
- Note the identified issues, challenges, and risks so far, and be assured actions are being taken to mitigate them.

Appendix 1: NHS Patient Safety Strategy Summary

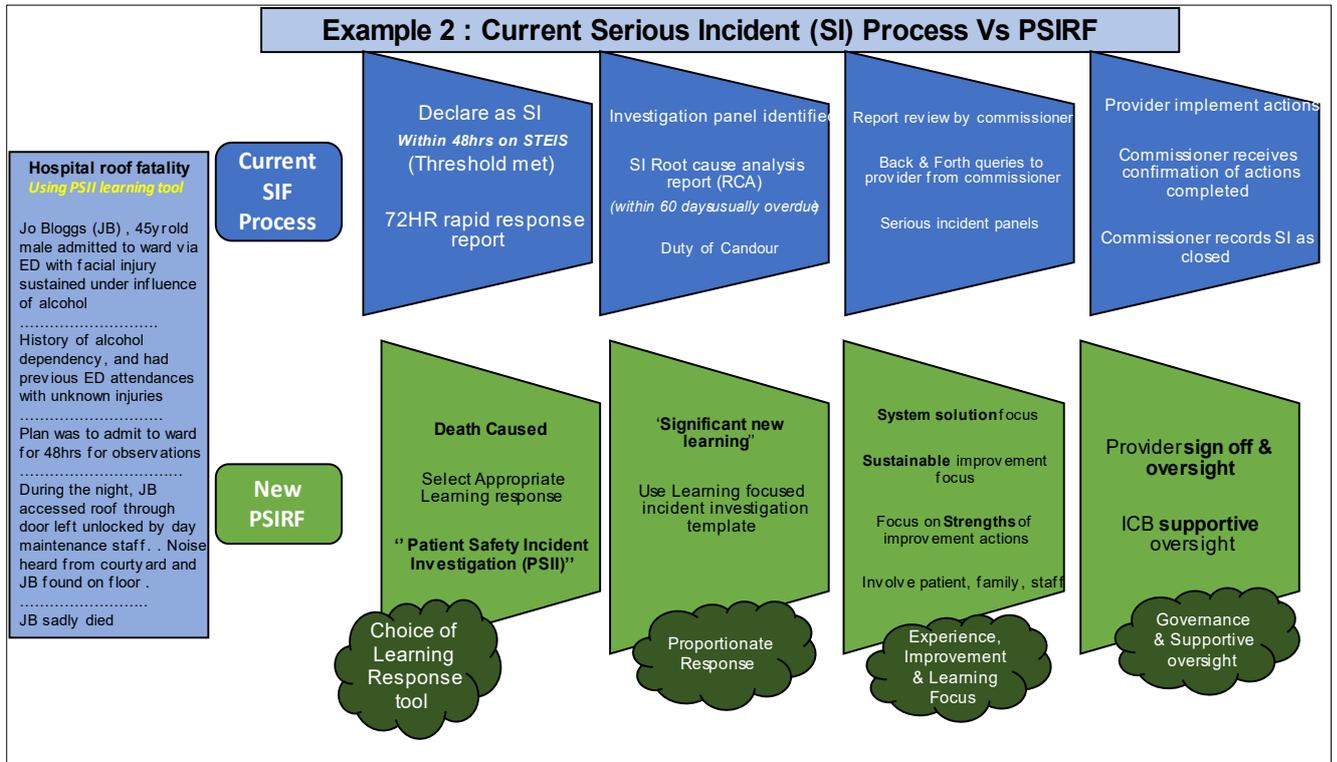


Appendix 2: Current Serious Incident (SI) Process Vs PSIRF Examples

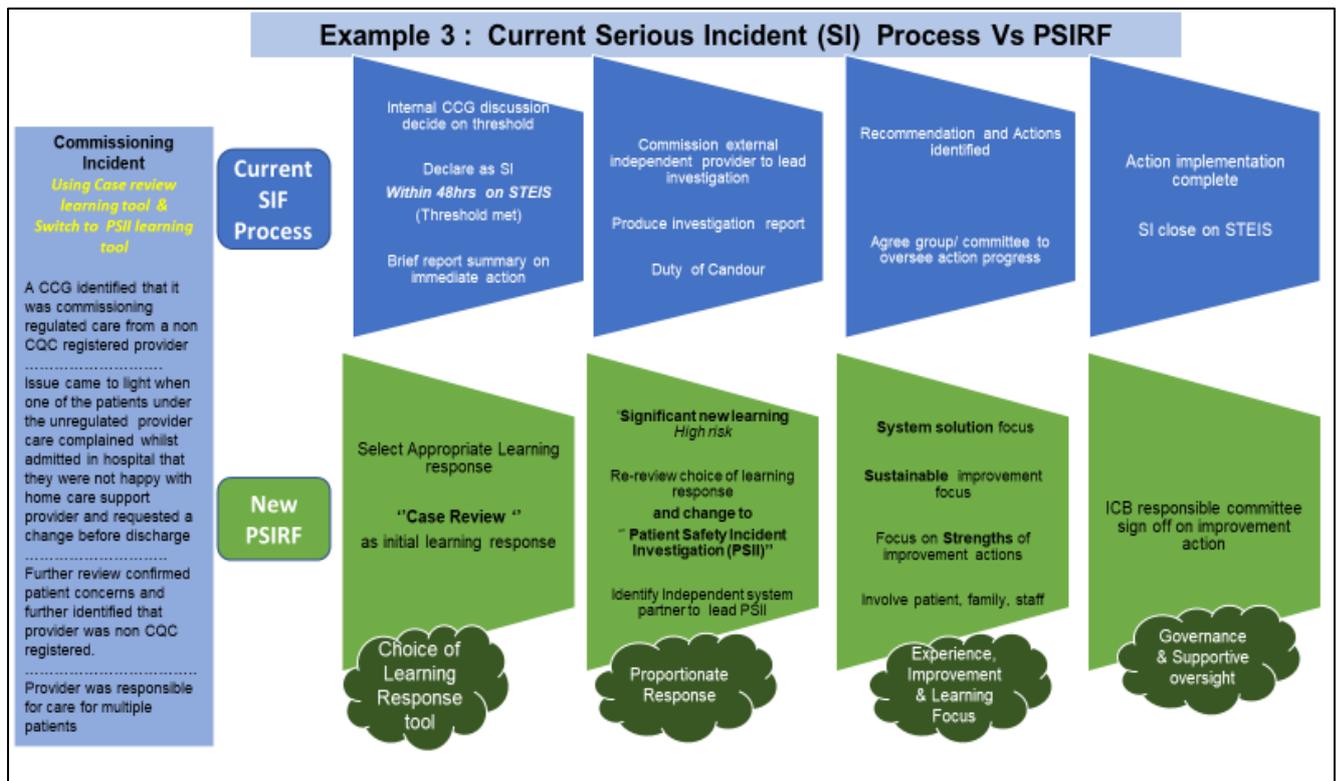
Example 1



Example 2



Example 3



**Appendix 3 – PSIRF Training Requirements**

Topic	Minimum duration	Content	Learning response leads	Engagement leads	Those in PSIRF oversight roles
Systems approach to learning from patient safety incidents	2 days/12 hours	<ul style="list-style-type: none"> <li>• Introduction to complex systems, systems thinking, human factors</li> <li>• Learning response methods</li> <li>• Safety action development, measurement and monitoring</li> </ul>	✓		✓
Oversight of learning from patient safety incidents	1 day/6 hours	<ul style="list-style-type: none"> <li>• Effective oversight and supporting processes</li> <li>• Maintaining an open, transparent and improvement focused culture</li> <li>• PSII commissioning and planning</li> </ul>			✓
Involving those affected by patient safety incidents in the learning process	1 day/6 hours	<ul style="list-style-type: none"> <li>• Duty of candour; just culture, being open and apologising</li> <li>• Effective communication and involvement</li> <li>• Sharing findings; Signposting to support</li> </ul>		✓	✓
Patient safety syllabus level 1: Essentials for patient safety	eLearning	<ul style="list-style-type: none"> <li>• Listening to patients and raising concerns</li> <li>• Systems approach to safety</li> <li>• Avoiding inappropriate blame; creating a just culture</li> </ul>	✓	✓	✓
Patient safety syllabus level 2: Access to practice	eLearning	<ul style="list-style-type: none"> <li>• Introduction to systems thinking and risk expertise</li> <li>• Human factors</li> <li>• Safety culture</li> </ul>	✓	✓	✓
Continuing professional development (CPD)	At least annually	<ul style="list-style-type: none"> <li>• Stay up to date with best practice</li> <li>• Contribute to minimum of two learning responses</li> </ul>	✓	✓	✓

**NHS South West London Integrated Care Board**

**Date** Wednesday, 18 January 2023

<b>Document Title</b>	South West London Acute Provider Collaborative (SWL APC) Update		
<b>Lead Director (Name and Role)</b>	Jacqueline Totterdell, Chief Executive Officer, Epsom & St Helier University Hospitals, St George's University Hospitals NHS Foundation Trust, Epsom Health & Care, Surrey Downs Health & Care, Chief Executive Lead - SWL Acute Provider Collaborative		
<b>Author(s) (Name and Role)</b>	David Williams, Director, SWL APC		
<b>Agenda Item No.</b>	09	<b>Attachment No.</b>	08

<b>Purpose (Tick as Required)</b>	Approve <input type="checkbox"/>	Discuss <input checked="" type="checkbox"/>	Note <input checked="" type="checkbox"/>
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**Executive Summary**

This paper provides an update on how the SWL APC is supporting acute provider trusts to deliver improved care for the patients and population of South West London. The paper outlines the priorities, achievements, governance and future developments of the Acute Provider Collaborative (APC).

The SWL APC has been in existence since 2017 and leads a core of provider led collaboratives, clinical networks charged with transforming pathways of care and a programme of recovery in elective, diagnostic, cancer and outpatient services.

Through these programmes of work the APC has developed a culture of sharing, learning, mutual aid and collaboration, ensuring we are making the best use of our collective capacity and capability.

For 2023/24 key objectives of the APC will be to continue to drive improved access for patients, support clinical networks to implement new pathways and understanding between primary, community and secondary care, agreeing a future sustainable model of care through a Financial Recovery Strategy. Further areas of collaboration will also be explored for mutual benefit.

**Purpose:**

The purpose of the paper is to outline the work of the APC in supporting the aims of the SWL ICB to improve people's health, deliver higher quality care, and better value for money.

**Recommendation:**

The Board is asked to:

- Note the priorities, achievements, governance and development of the APC.
- Discuss the key strategic aims of the APC in terms of financial recovery, clinical networks and elective strategy.
- Support the continued development of the APC.

**Key Issues for the Board to be aware of:**

- Continued investment in resources and capital required to reduce waiting times for patients further in 2023/24.
- Importance of the financial recovery and elective strategies to develop a sustainable model of care across SWL.
- Continued support of clinical networks to drive improvements in patient care.
- Success of the Provider Led Collaboratives in delivering economies of scale and efficiencies across the four acute trusts in key areas.
- Support from the ICB to continue a culture of sharing, learning and collaboration across SWL Trusts.

**Conflicts of Interest:**

None

**Mitigations for Conflicts of Interest:**

None

**Corporate Objectives**

This document will impact on the following Board Objectives:

Delivery of our system plan for 2022/23, in particular the focus on recovery of elective and outpatient activity.

Reducing unwarranted clinical variation through our clinical networks.

Delivering within our financial envelope through the back-office consolidation led by the APC.

**Risks**

This document links to the following Board risks:

The work programme of the SWL APC supports the delivery and mitigation of the following corporate risks:

- Delivering access to planned care.
- Catching up with a backlog of activity/service restoration and returning to business as usual.
- Financial sustainability.
- Delivery against the NHS 2021 - 22 Elective Recovery plans.

**Mitigations**

Actions taken to reduce any risks identified:

As above.

**Financial/Resource Implications**

None

**Is an Equality Impact Assessment (EIA)**

Equality Impact Assessments have been completed for individual business cases or programmes of work.

necessary and has it been completed?	
What are the implications of the EIA and what, if any are the mitigations	n/a

<b>Patient and Public Engagement and Communication</b>	Updates on the work of the SWL APC is communicated through Trust Boards. Patient engagement through individual programmes of work through clinical networks and programmes as appropriate.
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<b>Previous Committees/ Groups</b>	<b>Committee/Group Name:</b>	<b>Date Discussed:</b>	<b>Outcome:</b>
Enter any Committees/ Groups at which this document has been previously considered:	Quality and Oversight Committee	Wednesday, 07 December 2022	Sharing the priorities and objectives of the SWL APC

<b>Supporting Documents</b>	<b>SWL APC Report</b>
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# SWL Acute Provider Collaborative

Update for SWL ICB 18<sup>th</sup> January 2023

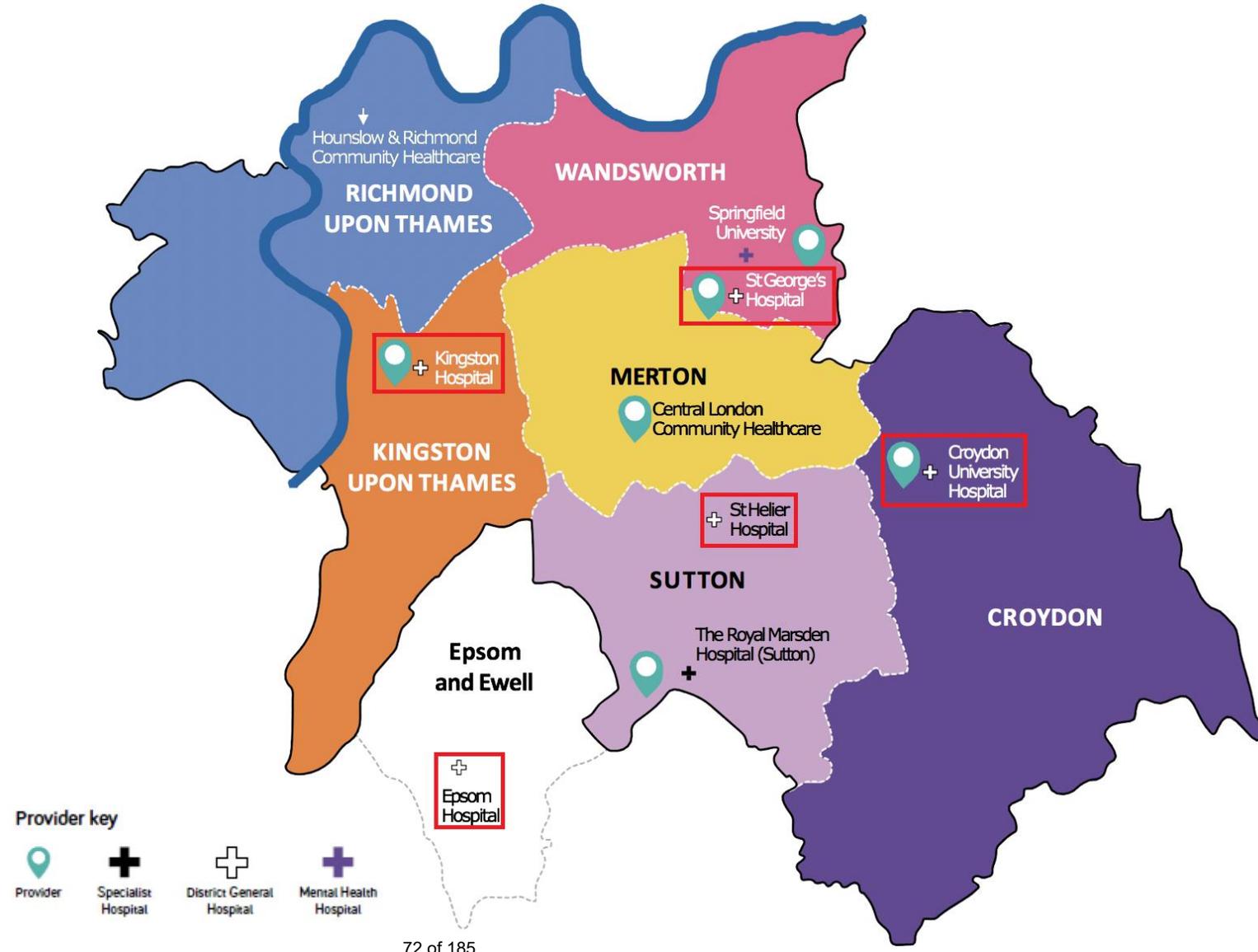


SWL Acute Provider Collaborative Members:

- Croydon University Hospital NHS Trust
- Epsom and St Helier University Hospitals NHS Trust
- Kingston Hospital NHS Foundation Trust
- St George's University Hospital NHS Foundation Trust

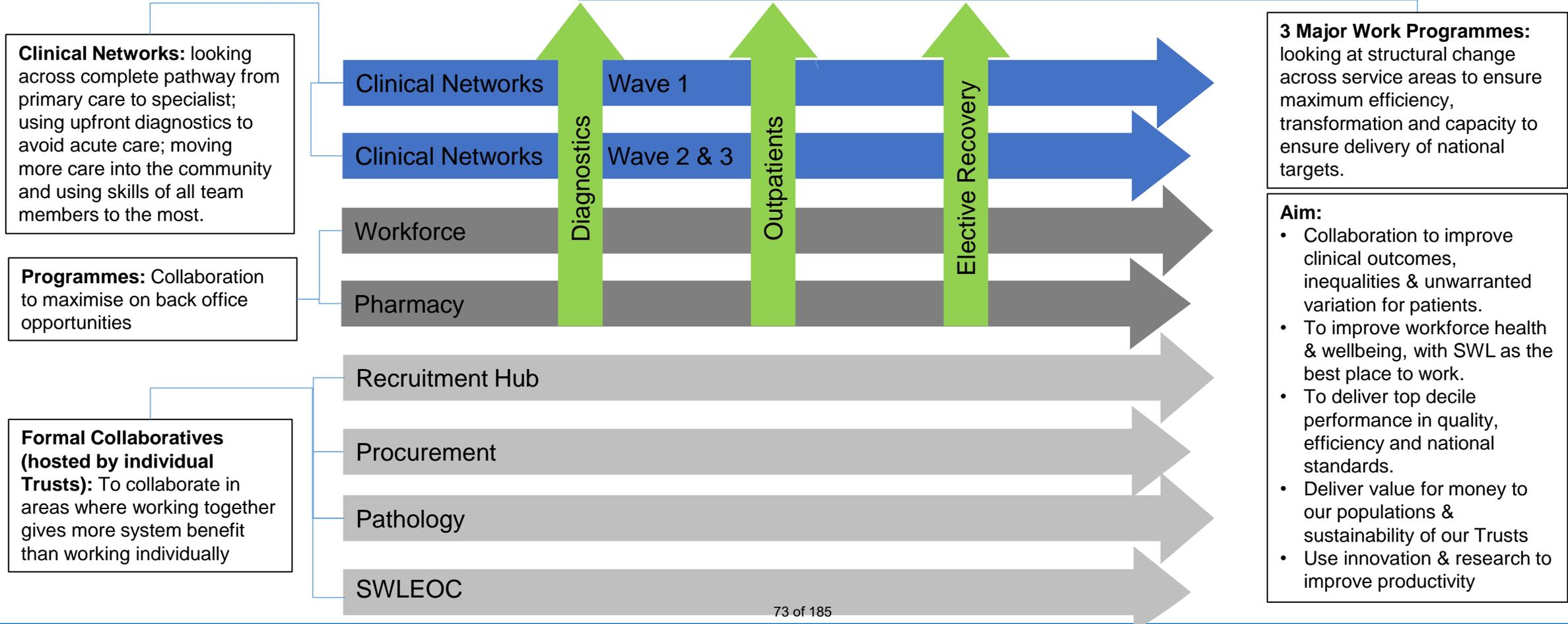
Working closely with the Cancer Alliance:

- RM Partners (Hosted by The Royal Marsden Hospital NHS Foundation Trust)



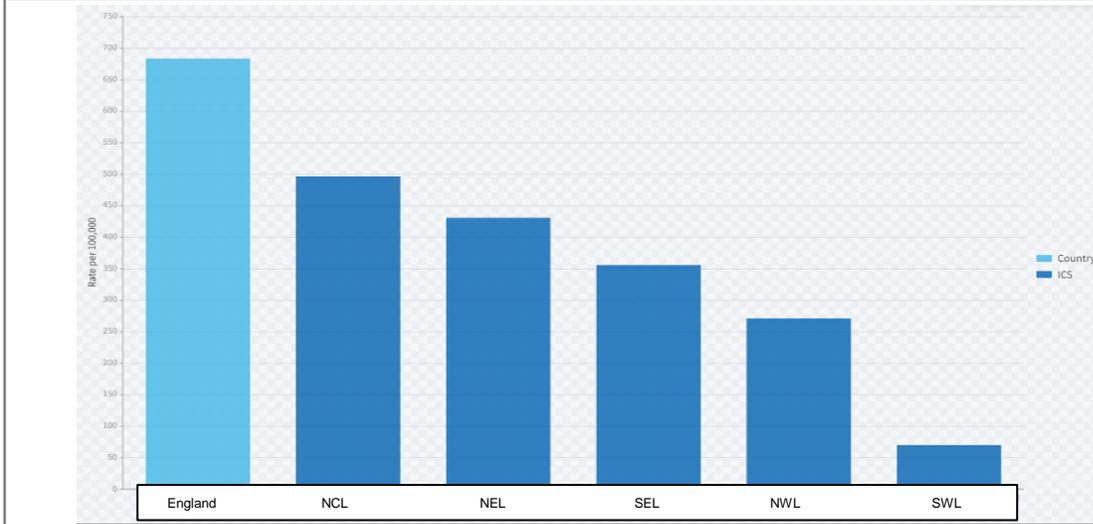
# The SWL APC

We recognise our role as a key delivery arm of the ICS and we want to do more to ensure the SWL ICS remains at the forefront of delivery for the benefit of our patients and population. The formal collaborations within our portfolio – namely **SWL Elective Orthopaedic Centre, SWL Procurement Partnership, SWL Pathology, SWL Recruitment Hub and SWL Picture Archiving Communication System (PACs)** - illustrate that we have already started delivering on the stated benefits by coordinating our efforts and delivering services at scale in middle and back office functions. Through the **Clinical Networks** we have standardised pathways and reduced variation and provided mutual aid which has improved recovery performance. We recognise there is more to do. We are keen for the next stage of our development to build on our success and portfolio to address key gaps to ensure we continue to support the ICS to deliver on its role.

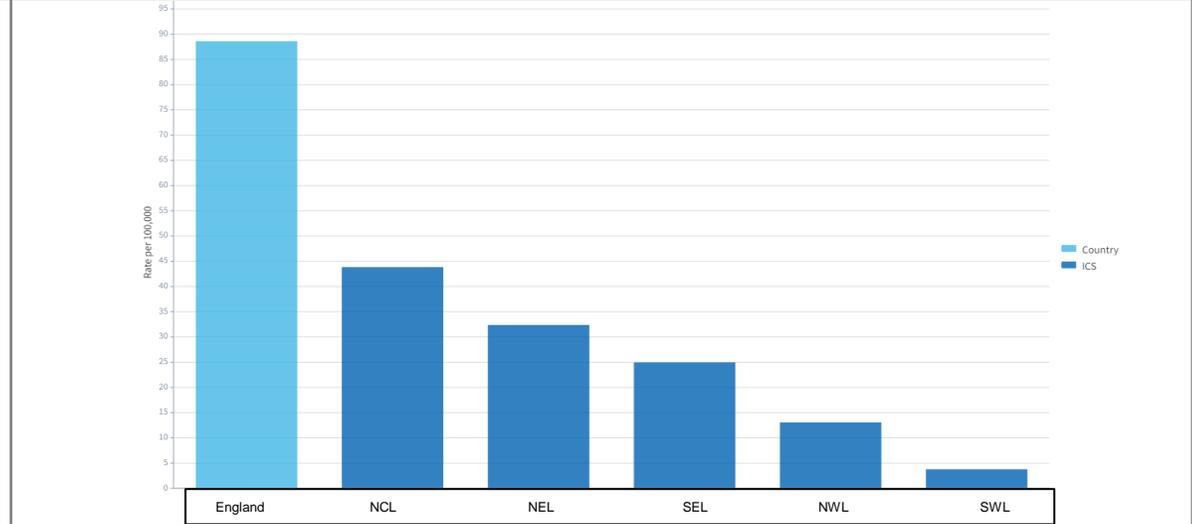


# SWL - Elective Performance Comparators

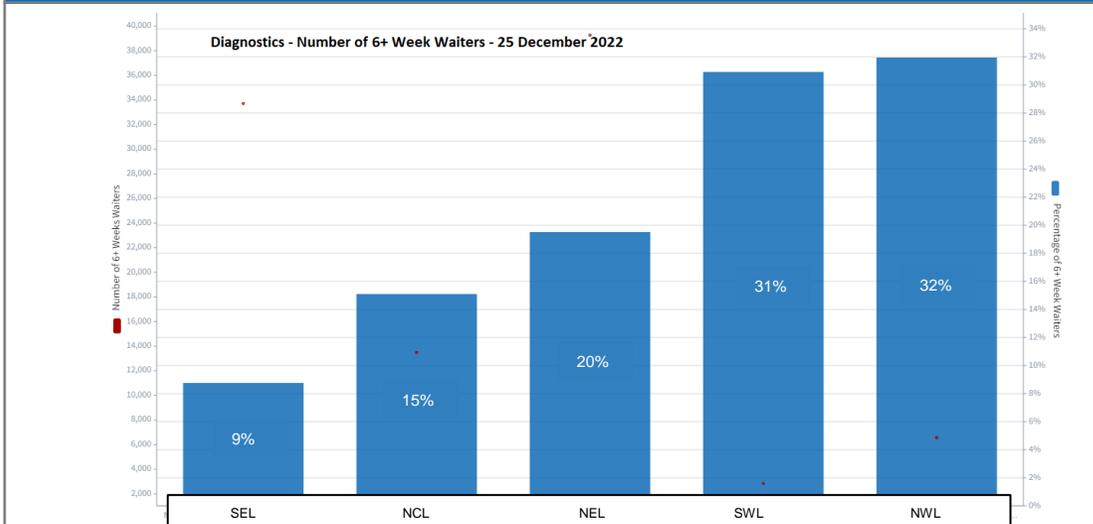
Long waiters (52+ week waiters) per 100,000 - 18<sup>th</sup> December 2022



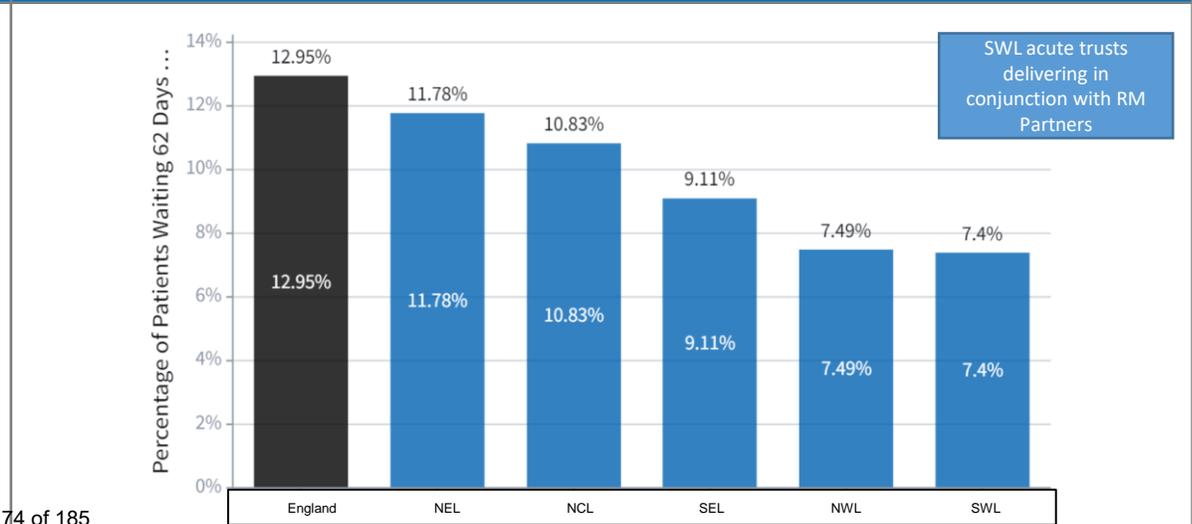
Long waiters (78+ week waiters) per 100,000 - 18<sup>th</sup> December 2022



Diagnostics – No. 6+ Week waiters (%) 25<sup>th</sup> December 2022



Cancer - Patients waiting 62 days or more (%) 1<sup>st</sup> January 2023



# Achievements: Formal Partnerships

SWL Elective Orthopaedic Centre	SWL Pathology Network	SWL Procurement Partnership	SWL Recruitment Hub
<ul style="list-style-type: none"> <li>• Reduction of patients waiting more than 52 weeks from 216 April 2021 to 5 November 2022</li> <li>• Delivering above 19/20 baseline levels of activity</li> <li>• Continues to offer mutual aid support to other providers</li> <li>• Won a National Orthopaedic Alliance award for Excellence in Orthopaedics 27<sup>th</sup> October 2022</li> </ul>	<ul style="list-style-type: none"> <li>• Currently ranked as a “Mature” network from NHSE, with a 5 year strategy outlined to support achieving a “Thriving” ranking</li> <li>• Full UKAS accreditation for all services across all sites</li> <li>• Laboratory Information Management System Go Live for Microbiology Achieved - 10th October 2022</li> <li>• HSJ finalist with Point of care testing team for 2nd time in 3 years</li> <li>• New Victoria Hospital contract extended for 3 years</li> </ul>	<ul style="list-style-type: none"> <li>• NHS Procurement Standards level 2 accreditation – 1st London Trust</li> <li>• Facilitated mutual aid across SWL to ensure stock availability of clinical consumables and to assist elective recovery.</li> <li>• Implemented Scan4Safety across 4 Trusts &amp; 93 Point of care areas</li> <li>• Implemented SWL Procurement Partnership website and helpdesk</li> <li>• Creation of a SWL Procurement Partnership procurement toolkit</li> </ul>	<ul style="list-style-type: none"> <li>• Delivering 60% more recruitment activity since launch in October 2020.</li> <li>• Successfully on-boarded new client on 1st September – Hounslow &amp; Richmond Community Healthcare NHS Trust (HRCH).</li> <li>• 45 day Time To Hire target consistently met since the implementation of the Recruitment Hub (from a baseline of 60 days)</li> </ul>

# Achievements: Programmes

Outpatients	Elective	Diagnostic	Clinical Networks
<ul style="list-style-type: none"> <li>Identified 3 key specialties to pilot single point of entry cardiology, ENT and gastroenterology</li> <li>Mutual Aid – 1800 outpatients transferred in last 12 months</li> <li>Maintained &gt;100% BAU outpatient activity delivery</li> <li>Developed system interactive outpatient dashboard</li> <li>Increased uptake and expansion of Patient Initiated Follow Up pathways</li> <li>Advice and Refer pilots launched in 3 of the 4 Acute Trusts</li> <li>Highest Advice and Guidance percentage (19.7%) in London</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing reduction in long waiters (lowest level of &gt;52 and &gt;78 week waiters in London)</li> <li>High Volume Low Complexity recovery – only 20% in long waiters</li> <li>Development of SWL mutual aid forum</li> <li>Successful capital bid at Croydon Hospital</li> <li>Developed robust process for supporting mutual aid across the system</li> <li>Right Procedure Right Place pilots underway maximising efficiency in daycase and outpatient settings</li> </ul>	<ul style="list-style-type: none"> <li>Community Diagnostic Centres (CDC): Successfully implemented the Early Adopter/Year 1 CDC (QMH) delivered additional capacity and activity</li> <li>Year 2-4 CDC Business Cases for Croydon and Kingston CDC have been approved by NHSE</li> <li>£12m Revenue funding &amp; £20m Capital funding secured for CDCs (Year 2-4)</li> <li>Diagnostic workforce: Secured £500k to establish imaging training academies and Echocardiology training posts at St. George’s and Epsom &amp; St. Helier Hospitals.</li> <li>Activity in 2022 119% against 2019/20</li> <li>Developing imaging network – investing in digital infrastructure</li> </ul>	<ul style="list-style-type: none"> <li>Successful implementation of surgical hubs in QMH, Epsom and Croydon</li> <li>Mutual aid implemented across surgical specialties</li> <li>Getting It Right First Time - Achieving top decile for overall paediatric day surgery rates &amp; at procedure level, low long waiters</li> <li>Launched the headache hub</li> <li>Urology, Neurology and Cardiology leading on virtual appointments (29% of all outpatients delivered virtually)</li> <li>Regional recognition of the SWL menopause and HRT guidance to support reduction in referrals</li> <li>GUB pelvic health module in the app launched</li> <li>ENT - Tympanohealth community pilot live (with 1225 patients referred into the pathway &amp; 693 completed pathways)</li> </ul>

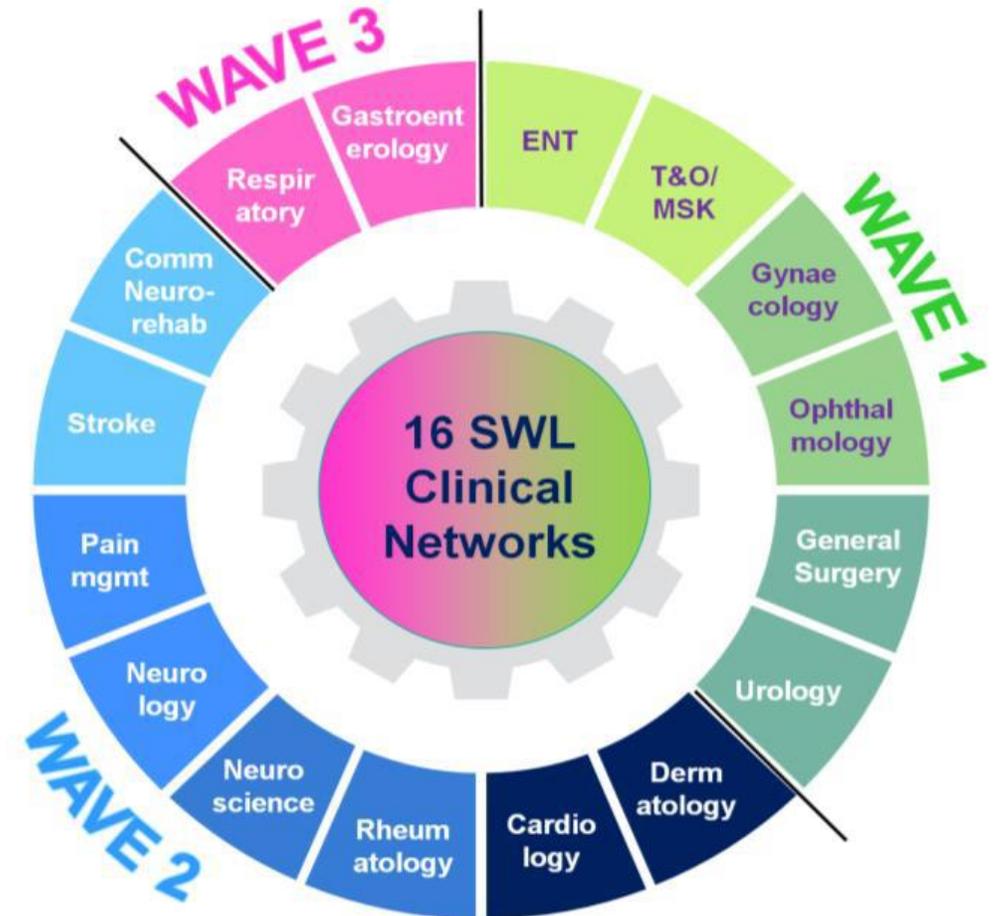
# Future Developments: Transformation

Transformation Plans	Rationale	Scope	Benefit
Implementation of a <b>single SWL PTL</b> (waiting list) approach to deliver equality of access & effective use of system resources.	To ensure SWL capacity is directed and utilised to book patients with the highest clinical need first and then chronologically to reduce inequity to access across the system	<ul style="list-style-type: none"> <li>• Most challenged specialties</li> <li>• All 4 Trusts</li> </ul>	Improved PTL position across SWL for those specific specialties, improved waiting times for patient & reduced inequity. Supporting sustainability of delivery
Harmonise outcomes of <b>Occupational Health Service's</b> across SWL	To build a resilient & sustainable service across all Trusts. Maximising our back office collaboration & further income generation opportunities	<ul style="list-style-type: none"> <li>• All 4 Trusts</li> <li>• RMH</li> </ul>	Improving quality for service users & automation. Refocus Occupational Health to promote attendance rather than manage sickness.
Drive through commitment to <b>Outpatient</b> follow up appointment reduction whilst mitigating clinical risk	Ensuring that we maximise opportunities to safely deliver the reductions outlined in the operating plan and outpatients long term vision through a standardised approach	<ul style="list-style-type: none"> <li>• Outpatient F/U</li> <li>• All 4 Trusts</li> </ul>	Reduction in unwarranted outpatient appointments. Increase in pathways suitable to the patients' clinical needs
Implementation of SWL <b>Community Diagnostic Centres</b>	To give greater access to primary care and reduce health inequalities by improving access in areas of deprivation. Reducing waiting times for diagnosis and unnecessary attendances	<ul style="list-style-type: none"> <li>• All 4 Trusts</li> <li>• Primary Care</li> </ul>	Reduction in waiting times for diagnostics. Reduction in referrals to secondary care (specifically Ultrasound, Echo & CT). Reduced unwarranted attendances
Implementation of a SWL <b>Imaging Network</b> & implementation of <b>PACS &amp; RIS</b> across Trusts	Enabling sharing of capacity of imaging reporting to optimise productivity. Facilitate the approach to equal access for all patients. Allow sharing of reporting to optimise patient care	<ul style="list-style-type: none"> <li>• All 4 Trusts</li> <li>• RMH</li> </ul>	Faster turnaround time for Imaging reports with access to specialist opinion. Potential cost efficiency with procurement. Reduction in capacity wastage
Pharmacy - implementation of a sustainable <b>Aseptics provision</b>	In order to future proof services in line with demand exceeding capacity to safely supply. Reduced reliance on commercial providers	<ul style="list-style-type: none"> <li>• All 4 Trusts</li> <li>• RMH (TBC)</li> </ul>	Reduced reliance on commercial providers leading to financial savings opportunities & a more sustainable delivery model
Instil <b>Population Health Platform</b> as part of ICS PHM approach – contributing to ensure insights in patient inequality is actioned	Contributing to the work being done in the ICS and at Place. Ensuring our programmes of work do not negatively impact on inequalities and helps to improve this where feasible.	<ul style="list-style-type: none"> <li>• ICS</li> <li>• Place</li> <li>• All 4 Trusts</li> </ul>	Reduce unwarranted variation in access and care for patients
Maintain oversight of the <b>SWL Virtual Hospital</b> programme	To support winter & surges in bed capacity, ensuring that care is tailored to patients	<ul style="list-style-type: none"> <li>• Acute Trusts</li> <li>• Community</li> </ul>	Improved virtual bed base and improved discharge flow throughout SWL

# Future Developments: Clinical Networks

SWL system key priority focus areas continue to be; productivity, outpatient transformation (end to end pathway review, advice and refer, Patient initiated follow up (PIFU), follow up reduction opportunities and demand smoothing) and refreshing our elective strategy. With this in mind the priority areas set out for the clinical networks are as follows:

Priorities	
<b>Productivity</b>	<ul style="list-style-type: none"> <li>•System theatre productivity action plan with agreed key metrics</li> <li>•Outpatient, theatres and diagnostics productivity programmes</li> <li>•Specialty underpinning plans and overlaid improvement trajectories</li> <li>•Mutual aid</li> </ul>
<b>Elective Strategy</b>	<ul style="list-style-type: none"> <li>•Expansion of surgical hub criteria to improve productivity</li> <li>•Demand and capacity exercise across 5 specialities to inform future models of care</li> <li>•RPRP (right place right procedure) – 3 pilots</li> <li>•Transformation Plans for additional elective capacity</li> <li>•Community Diagnostic Centre Proposals</li> </ul>
<b>Transformation</b>	<ul style="list-style-type: none"> <li>•Advice and Refer pilots (potential to develop plans to review pilot within one Trust)</li> <li>•Patient Initiated Follow Up/Follow Up Reduction schemes</li> <li>•Single Point of Entry – aligning the referral management and access point in certain specialties</li> <li>•Clinical networks priorities underpin a large component of the elective transformation national and regional programmes</li> </ul>



# Future Developments: Strategic

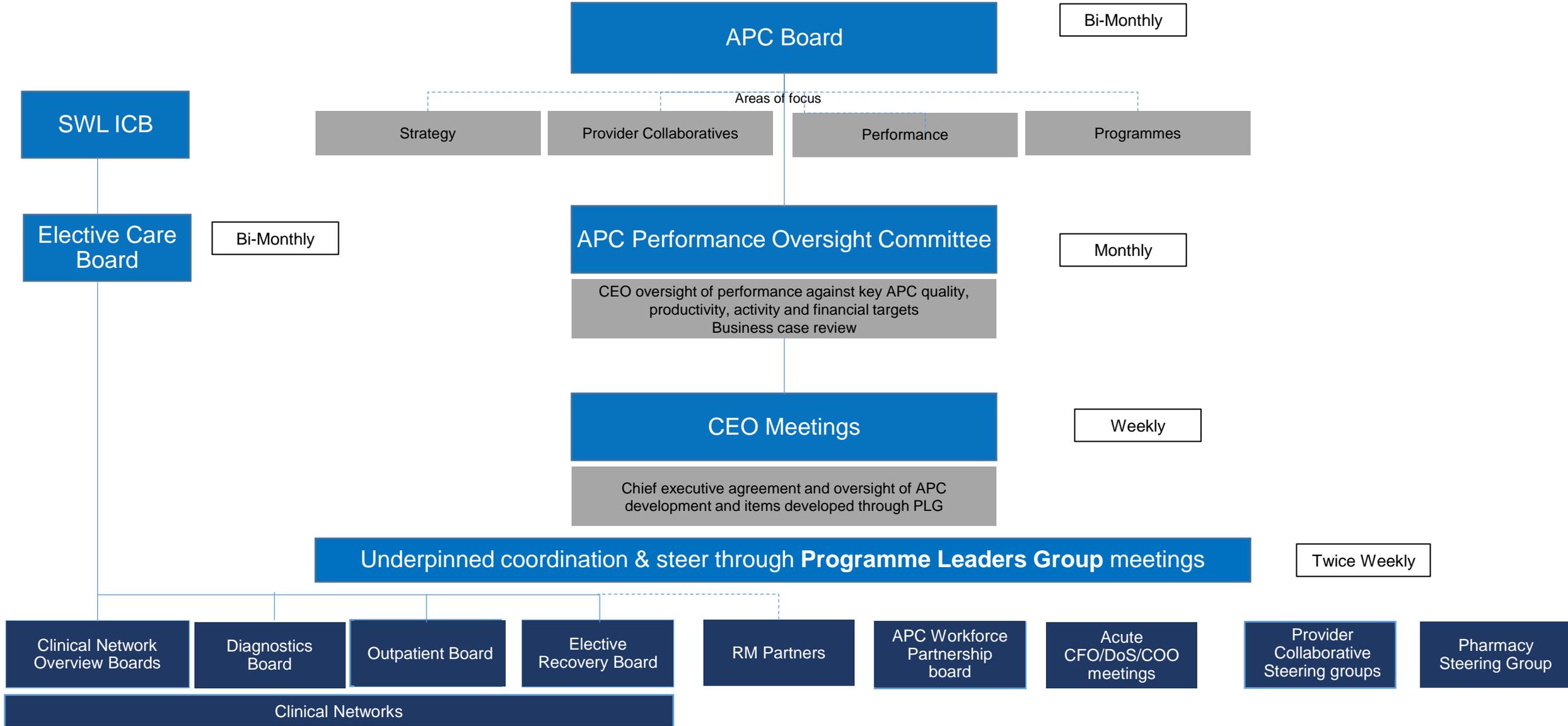
Strategic Plans	Rationale	Scope
<p><b>Financial Recovery Strategy</b></p>	<p>SWL acute Trusts face the challenges of maintaining emergency care whilst recovering an elective backlog of care in an increasingly challenged financial environment. SWL ICS is leading a Financial Recovery Strategy to ensure more sustainable models of care and corporate services can be implemented across the ICS. This work includes:- :</p> <ul style="list-style-type: none"> <li>• Understanding the key drivers of the underlying deficit in Trusts and the ICS</li> <li>• Exploring the best opportunities to improve value for money and maximise opportunities for improved patient outcomes at a Trust, Provider Collaborative and ICS level</li> <li>• Developing productivity and benchmarking knowledge and skills to drive improved efficiency</li> </ul> <p>The aim is to develop a recovery plan for SW London that will ensure clinical and financial sustainability over the next five years, whilst delivering our constitutional requirements, reducing inequalities, improving outcomes and removing underlying financial deficits.</p>	<ul style="list-style-type: none"> <li>• SWL Acute Trusts</li> <li>• SWL Mental Health</li> <li>• SWL ICS</li> </ul>
<p><b>Elective Strategy</b></p>	<p>SWL acute Trusts are reviewing our elective strategy to ensure we can meet the needs of our patients in the future by collaborating and co-operating in the delivery of care. We are working to the following principles :</p> <ul style="list-style-type: none"> <li>• A 'Patient –first' rather than 'Trust- first' mentality.</li> <li>• Further improve the reputation and remain a leading system for elective care in the NHS.</li> <li>• Equalise and drive down waiting times.</li> <li>• Address health inequalities specifically on equity of access through improving waiting times for all.</li> <li>• Develop a more permanent shared specialist workforce, and a sustainable workforce plan.</li> <li>• Reduce costs in all areas by improving the quality and efficiencies .</li> <li>• Drive higher productivity across the system, sharing data to drive improvement.</li> <li>• Create a single Patient Treatment List (PTL) for selected specialties, providing transparency of demand and capacity.</li> <li>• Establish a system-wide programme that supports the work streams and is clinically led and sponsored by very senior leaders across SWL.</li> </ul> <p>We are undertaking a demand and capacity exercise in 5 of our most challenges specialties. Following on from this analysis we will create a workplan to transform the way we deliver care.</p>	<ul style="list-style-type: none"> <li>• Elective Care (admitted, non-admitted &amp; Diagnostics)</li> <li>• SWL Acute Trusts</li> </ul>
<p><b>APC Priorities 23/24</b></p>	<p>Following on the development of the APC Priority Areas 2022/23, we have developed a cycle to refresh these annually in line with changing national priorities. Our priority areas will consist of:</p> <ul style="list-style-type: none"> <li>• 2023/24 business plans from our formal partnerships (Recruitment Hub, Pathology Network, Procurement Partnership &amp; SWLEOC)</li> <li>• Delivering improvements in access and activity in line with national guidance</li> <li>• The transformation areas we have committed to delivering through our work programme</li> </ul>	<ul style="list-style-type: none"> <li>• SWL Acute Trusts</li> <li>• SWL Acute Provider Collaborative</li> </ul>

# Risks & Issues

Below are the high-level risks we have identified through our portfolio in the APC. These are recorded onto the APC Risk Register and managed through the APC Board or relevant Programme Boards as appropriate.

Area	Risks	Mitigations
<b>Elective Recovery</b>	There is a risk of constrained/reduced activity due to inpatient pressures hampering elective recovery	Clear triggers and escalation in place when capacity becomes constraint. Aim to protect green capacity and reorganise, if required, across system. Day case work to be maintained across winter releasing some reliance on Inpatient beds
<b>Digital Transformation</b>	There is a risk that if we do not maximise the digital tools available to transform care we will have inconsistent access for patients	Gap analysis between vision for digital tools to support elective pathway and current tools and implementation available in order to prioritise proposals for capital and revenue spend for 2023/24
<b>Effective Partnership</b>	There is a risk that if we do not develop effective partnerships and a culture of collaboration across Trusts and with the SWL ICS we will not meet the needs of our population	APC and ICS governance structure agreed to support partnership arrangements both within the APC and with the ICS. Escalation routes to ensure culture and behaviours across organisations support collaboration and mutual support.
<b>Health Inequalities</b>	There is a risk if we do not monitor access to care by deprivation and ethnicity, health inequalities in care for certain communities will persist	Continue to work with BI support from the ICS to monitor trends in the PTL and take actions through individual Trusts and Elective Recovery Group where disparities persist.
<b>Financial Position</b>	There is a risk the if we do not understand the underlying financial position of individual Trusts and the system we will not develop collective strategies to meet the challenge	Develop a financial recovery strategy to understand and develop plans to tackle Trust underlying deficits across the system

# Governance



**NHS South West London Integrated Care Board**

**Date** Wednesday, 18 January 2023

**Document Title** Operational Planning Guidance – 2023/24

**Lead Director (Name and Role)** Jonathan Bates, Chief Operating Officer  
Helen Jameson, Chief Finance Officer

**Author(s) (Name and Role)** Kath Cawley  
Director of Planning, SWL

**Agenda Item No.** 11 **Attachment No.** 09

**Purpose (Tick as Required)**      Approve       Discuss       Note

**Executive Summary**

The Operational Planning Guidance for 2023/24 was published on 23 December 2022 alongside guidance on the Joint Forward Plan. Separately, draft Finance Planning Guidance was circulated to ICS Chief Finance Officers (CFOs). This paper summarises the national requirements for 2023/24 and the expected funding. It also sets out implications for South West London and identifies next steps.

**Purpose**

The purpose of this paper is to set out the expectations for the NHS, as set out in the Operational Planning Guidance for 2023/24 for SWL’s Integrated Care Board.

**Recommendation**

The Board is asked to:

- Note the contents of this report.

**Key Issues for the Board to be aware of:**

Headline requirements from the Operational Planning Guidance for 2023/24 for the NHS are to:

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.

Further details are expected to be shared by NHSE during the week commencing 9 January 2023. We understand that signed off plans will need to be submitted by the end of March 2023.

**Conflicts of Interest:**

None.

**Mitigations for Conflicts of Interest:**

N/A

**Corporate Objectives**

This document will impact on the following Board Objectives:

Development of our annual plan for 2023/24.

**Risks**

This document links to the following Board risks:

Risks that as an Integrated Care Board and Integrated Care System will be unable to deliver the requirements set out in the Operational Planning Guidance (including activity and performance targets and financial balance).

**Mitigations**

Actions taken to reduce any risks identified:

SWL will consider the risks to delivery as it develops its plans for 2023/24 and will consider the associated mitigations prior to ICB sign off.

**Financial/Resource Implications**

The 23/24 planning process will have significant resource implications which will be developed and considered with CEOs and CFOs within the system, relevant ICB committees and the ICB.

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

Not required at this stage.

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

N/A

<b>Patient and Public Engagement and Communication</b>	SWL ICS's outline plans will be shared with our local Healthwatches.
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<b>Previous Committees/ Groups</b>	Committee/Group Name:	Date Discussed:	Outcome:
Enter any Committees/ Groups at which this document has been previously considered:		Click here to enter a date.	
		Click here to enter a date.	
		Click here to enter a date.	

<b>Supporting Documents</b>	Operational Planning Guidance – 2023/24
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# SWL Integrated Care Board

12 January 2023

## Operational Planning Guidance – 2023/24

The Operational Planning Guidance for 2023/24 was published on 23 December 2022 alongside guidance on the Joint Forward Plan. Separately, draft Finance Planning Guidance was circulated to ICS Chief Finance Officers (CFOs). This paper sets out the headlines from both the Operational Planning and Financial Planning Guidance.

### 1. **Headline messages**

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.

### 2. **National delivery requirements**

The specific objectives, and associated actions, that are required to be delivered are set out in Appendix one alongside the national funding position as presented by NHSE (our specific financial allocation has not yet been published). Key messages across the system are set out below:

#### *Planned care (including cancer)*

- Eliminate waits of over 65 weeks by March 2024.
- NHSE will agree elective activity targets with systems for 2023/24 through the planning round (on the basis that COVID-19 demand will be similar to that in the last 12 months).

- Deliver an appropriate reduction in outpatient follow-up in line with the national ambition to reduce activity by 25 per cent against the 2019/20 baseline by March 2024.
- Increase productivity and meet the 85 per cent day case and 85 per cent theatre utilisation expectations.
- Continue to reduce the number of patients waiting over 62 days for cancer treatment.
- Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days.

#### *Urgent care*

- Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024.
- Improve ambulance waiting times.
- Permanently sustain the additional capacity that was funded through winter 2022/23.
- Reduce the number of medically-fit-to-discharge patients, addressing NHS causes as well as working in partnership with local authorities.
- Increase referrals into urgent community response, with a focus on maximising referrals from 111 and 999; and creating a single point of access where not already in place.

#### *Primary and community care*

- Ensure people can more easily contact their GP practice.
- Continue to deliver more appointments in general practice.
- Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals.
- Transfer lower acuity care away from both general practice and NHS 111 by increasing pharmacy participation in the Community Pharmacist Consultation Service.

#### *Diagnostics*

- Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%.

#### *Maternity*

- Continue to deliver actions from the Ockenden April 2022 letter and those that will be set out in the single delivery plan for maternity and neonatal services.
- Implement local equity action plans to reduce inequalities in access and outcomes for the groups that experience the greatest inequalities.

#### *Mental health*

- Targets in relation to:
  - o improving access to mental health support for children and young people,
  - o increasing access to IAPT treatment.
  - o achieving the increase in the number of adults and older adults supported by community mental health services.
  - o working towards eliminating inappropriate acute out of area placements.
  - o recovering the dementia diagnosis rate.

- improving access to perinatal mental health services.
- Continue to achieve the Mental Health Investment Standard by increasing expenditure on mental health services by more than allocations growth

#### *Improving health and reducing health inequalities*

- Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024.
- Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%.
- Continue to address health inequalities and deliver on the Core20PLUS5 approach.

### **3. System funding 2023/24**

Integrated care systems (ICSs) will continue to be the key unit for financial planning purposes and all integrated care boards (ICBs) and systems have a breakeven requirement.

NHS England has issued two-year revenue allocations for 2023/24 and 2024/25. At national level, total ICB allocations, including COVID-19 and Elective Recovery Funding (ERF), are flat in real terms with additional funding available to expand capacity.

Core ICB capital allocations for 2022/23 to 2024/25 have already been published and remain the foundation of capital planning for future years.

#### *ICB funding allocations*

ICBs will be funded through core ICB funding (which includes the Elective Recovery Fund and Covid) with separate funding for:

- discharge fund (distribution based on fair shares).
- Expansion of physical and virtual capacity – final allocation to be confirmed through the planning process.
- Expansion of ambulance capacity – distribution to be determined.
- Service Development Fund – will be a reduced number of separate lines with an indication that some areas may reduce or stop.
- Covid funding – will move to fixed allocations during 2023/24 (Trusts should plan on the basis that expenditure and income are neutral within plan positions).

Funding for elective recovery will operate on a different basis to that in 2022/23. The Elective Recovery Fund (ERF) has been separately identified in ICB allocations and has been distributed on a fair shares basis. NHS England will receive a proportionate share for specialised commissioning activity.

#### *NHS Payment Scheme*

NHS England has launched a consultation on the 2023-25 NHS Payment Scheme which is intended to be set for two years.

The proposed NHS Payment Scheme for 2023/24 sets out that the *Aligned Payment and Incentive* arrangements will pay for most elective activity (including ordinary, day

and outpatient procedures and first appointments but excluding follow-ups) at unit prices for activity delivered. All other activity via an agreed fixed payment for the expected level of activity delivered

#### *Other areas to note*

- We are required to reduce agency spending across the NHS to 3.7 per cent of the total pay bill in 2023/24, which is consistent with the system agency expenditure limits.
- General practice allocation grows 5.6% in line with contractual commitments.
- Pharmacy, dental and optometry allocations as part of delegation of commissioning to all ICBs.
- Covid funding – will move to fixed allocations during 2023/24. Until that point Trusts should plan on the basis that expenditure and income are neutral within plan positions.

#### **4. What does the operational planning guidance mean for South West London?**

Whilst we await the specific detail of the technical guidance (for both financial and non-financial aspects of planning) we note the following considerations for South West London as we develop our plans:

- We know that SWL's financial baseline allocation will be further impacted by a convergence adjustment which means our required efficiency is likely to be in excess of 3% (compared to the 2.2% national average). The convergence adjustment for an ICB depends on their distance from target allocation. Systems consuming more than their fair share will have a greater convergence ask and therefore a lower level of growth than the national average. The convergence will apply to both the ICB allocation and the delegated primary care budget which means that we may not receive the full uplift set out in the guidance.
- South West London has performed well in reducing long waits in line with national expectations. Nevertheless, we anticipate that elective activity (ordinary, day case and first outpatient appointments) will need to increase to meet the requirements of the Elective Recovery Fund in 2023/24. Our elective target for 2023/24 has not yet been agreed with NHSE.
- We understand that total System Development Funding (SDF) may be reduced in 2023/24. Most of the SDF for 2023/24 will be aggregated into higher level groupings which will enable the ICS to take decisions on how to distribute funding between initiatives.
- Performance against some of our metrics (such as 95% target for 6 week wait on diagnostics and IAPT performance) remains challenging despite actions being taken. Where this is the case, the ICS will continue to actively work to improve the baseline position.
- We will continue to work with our three provider collaboratives: South London MH Partnership, the SWL Acute Provider Collaborative, and RM Partners to ensure the development of realistic, deliverable plans that meet national requirements.

## **5. Next steps**

Publication of more detailed technical guidance is expected shortly which will provide further clarity on the requirements on South West London ICS.

System plans should be triangulated across activity, workforce and finance, and signed off by ICB and partner Trust and Foundation Trust boards before the end of March 2023 and NHS England will separately set out the requirements for plan submission. For South West London we currently anticipate that the 2023/24 plans will be signed off at the ICB board meeting on 15 March 2023. A draft financial submission is expected to be required at the end of February 2023.

In addition, five-year joint forward plans (JFPs) are to be prepared before the start of each financial year.

Trusts will continue to be required to submit organisational plans and these plans must be in line with their system's submission.

## Appendix one: summary of expectations set out in Operating Planning Guidance for 2023/24

Area	Objective	Actions required	National funding allocation	Further information to be published by NHSE
<b>Urgent and emergency care</b>	Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25	<ul style="list-style-type: none"> <li>- Increase the capacity that was funded through winter 2022/23</li> <li>- Reduce the number of medically fit to discharge patients (addressing NHS causes as well as working in partnership with Local Authorities)</li> <li>- Increase ambulance capacity</li> <li>- Reduce handover delays</li> <li>- Maintain clinically led System Control Centres</li> <li>- Utilisation of virtual wards is increased to 80% by the end of September 2023</li> <li>- establish High Intensity Use services to support demand management in UEC</li> </ul>	<ul style="list-style-type: none"> <li>- funding through system allocations to increase capacity based on agreed system plans – to consider G&amp;A beds, intermediate and step down care, community beds)</li> <li>- £600m provided equally through NHS England and Local Authorities and made available through the Better Care Fund in 2023/34 (and £1bn in 2024/25) to support timely discharge.</li> <li>- An increase in allocations for systems that host ambulance services to increase ambulance capacity (for London this is NWL)</li> </ul>	<ul style="list-style-type: none"> <li>- A UEC recovery plan (developed by NHSE) with further detail and this will be published in the new year.</li> </ul>
	Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25			
	Reduce adult general and acute (G&A) bed occupancy to 92% or below			
<b>Community health services</b>	Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard	<ul style="list-style-type: none"> <li>- Increase referrals into urgent community response (UCR) from all key routes, with a focus on maximising referrals from 111 and 999</li> <li>- Expand direct referrals where GP involvement is not necessary including: direct referrals from community optometrists to ophthalmology services, self-referral routes for MSK physiotherapy, audiology, weight management services,</li> </ul>	<ul style="list-style-type: none"> <li>- NHS England will allocate core funding growth for community health services as part of the overall ICB allocation growth, with £77m of Service Development Funding maintained in 2023/24</li> </ul>	<ul style="list-style-type: none"> <li>- n/a</li> </ul>
	Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals			

		community podiatry, wheelchair and community equipment services		
<b>Primary care</b>	Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need	<ul style="list-style-type: none"> <li>- Ensure people can more easily contact their GP practice (by phone, NHS App, NHS111 or online).</li> <li>- Increase pharmacy participation in the Community Pharmacy Consultation Service</li> </ul>	<ul style="list-style-type: none"> <li>- Funding for general practice as part of the five year GP contract, including funding for 26,000 additional primary care staff through the Additional Roles Reimbursement Scheme (ARRS).</li> <li>- ICB primary medical allocations are being uplifted by 5.6% to reflect the increases in GP contractual entitlements agreed in the five-year deal, and the increased ARRS entitlements</li> </ul>	<ul style="list-style-type: none"> <li>- NHS England will publish the General Practice Access Recovery Plan in the new year</li> <li>- NHS England will also publish the themes to engage with the profession on that could take a significant step towards making general practice more attractive and sustainable and able to deliver the vision outlined in the Fuller Review</li> </ul>
	Continue on the trajectory to deliver 50 million more appointments in general practice by the end of March 2024			
	Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024			
	Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels			
<b>Elective care</b>	Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)	<ul style="list-style-type: none"> <li>- Reduce outpatient follow up by 25% against the 19/20 baseline by March 2024</li> <li>- Increase productivity and meet the 85% day case and 85% theatre utilisation expectations</li> <li>- Offer meaningful choice at point of referral and at subsequent points in the pathway, and use alternative providers if people have been waiting a long time for treatment</li> <li>- Continue to deliver goals for elective recovery – NHSE will agree targets for systems for 2023/24 through the planning round</li> </ul>	<ul style="list-style-type: none"> <li>- NHS England will allocate £3bn of ERF to ICBs and regional commissioners on a fair shares basis and continue to work with systems and providers to maximise the impact of the three-year capital Targeted Investment Fund put in place in 2022</li> <li>- System and provider activity targets will be agreed through planning as part of allocating ERF on a fair shares basis to systems. NHS England will cover additional costs where systems exceed agreed activity levels.</li> </ul>	<ul style="list-style-type: none"> <li>- Agreement of local elective targets for 2023/24</li> </ul>
	Deliver the system- specific activity target (agreed through the operational planning process)			

		<ul style="list-style-type: none"> <li>- The contract default will be to pay for most elective activity (including ordinary, day and outpatient procedures and first appointments but excluding follow-ups) at unit prices for activity delivered</li> </ul>		
<b>Cancer</b>	Continue to reduce the number of patients waiting over 62 days	<ul style="list-style-type: none"> <li>- Implement and maintain priority pathway changes for lower GI, skin and prostate cancers</li> <li>- Increase and prioritise diagnostic and treatment capacity – including prioritising use of community diagnostic centres for urgent suspected cancer</li> <li>- Expand the Targeted Lung Health Checks (TLHC) programme</li> <li>- Commission key services which will underpin progress on early diagnosis, including non-specific symptoms pathways</li> </ul>	<ul style="list-style-type: none"> <li>- NHS England is providing over £390m in cancer service development funding to Cancer Alliances in each of the next two years</li> </ul>	<ul style="list-style-type: none"> <li>- The Cancer Alliance planning pack will provide further information to support the development of cancer plans by alliances and these, subject to ICB agreement, are expected to form part of wider local system plans – not yet available</li> </ul>
	Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days			
	Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028			
<b>Diagnostics</b>	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%	<ul style="list-style-type: none"> <li>- Maximise the pace of roll-out of additional diagnostic capacity</li> <li>- Deliver a minimum 10% improvement in pathology and imaging networks productivity by 2024/25</li> </ul>	<ul style="list-style-type: none"> <li>- funding to support the development of pathology and imaging networks and the development and rollout of CDCs</li> </ul>	<ul style="list-style-type: none"> <li>- NHS England will publish separate guidance to support the increase GP direct access</li> </ul>
	Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition			
<b>Maternity</b>	Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury	<ul style="list-style-type: none"> <li>- Continue to deliver the actions from the final Ockenden report</li> <li>- Ensure all women have personalised and safe care</li> <li>- Implement the local equity action plans that every local maternity and neonatal system (LMNS)/ICB has in place</li> </ul>	<ul style="list-style-type: none"> <li>- £72m above baseline allocations to support the maternity and neonatal workforce</li> </ul>	<ul style="list-style-type: none"> <li>- NHS England will publish a single delivery plan for maternity and neonatal services in early 2023</li> </ul>
	Increase fill rates against funded establishment for maternity staff			

<p><b>Use of resources</b></p>	<p>Deliver a balanced net system financial position for 2023/24</p>	<ul style="list-style-type: none"> <li>- Develop robust plans that deliver specific efficiency savings and raise productivity consistent with the goals set out in this guidance to increase activity and improve outcomes within allocated resources <ul style="list-style-type: none"> <li>o Reducing agency spend to 3.7% of total pay bill</li> <li>o Reduce corporate running costs</li> <li>o Reduce procurement and supply chain costs</li> <li>o Improve inventory management</li> </ul> </li> <li>- Put in place strong oversight and governance arrangements to drive delivery, supported by clear financial control and monitoring processes</li> <li>- Plans should include systematic approaches to understand where productivity has been lost and the actions needed to restore underlying productivity</li> </ul>	<ul style="list-style-type: none"> <li>- Average 2.2% efficiency target</li> </ul>	<ul style="list-style-type: none"> <li>- Revenue finance and contracting guidance for 2023/24 and Capital guidance update 2023/24 (draft available)</li> </ul>
<p><b>Workforce</b></p>	<p>Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise</p>	<ul style="list-style-type: none"> <li>- Improved staff experience and retention through systematic focus on all elements of the NHS People Promise and implementation of the Growing Occupational Health Strategy, improving attendance toolkit and Stay and Thrive Programme</li> <li>- Increased productivity by fully using existing skills, adapting skills mix and accelerating the introduction of new roles</li> </ul>	<ul style="list-style-type: none"> <li>- NHS England is increasing investment in workforce education and training in real terms in each of the next two years</li> </ul>	<ul style="list-style-type: none"> <li>- n/a</li> </ul>

		<ul style="list-style-type: none"> <li>- Flexible working practices and flexible deployment of staff across organisational boundaries using digital solutions</li> <li>- Implementation of the Kark recommendations and Fit and Proper Persons (FPP) test</li> <li>- System agency expenditure limits for 2023/24 to 3.7% of pay</li> </ul>		
<b>Mental health</b>	Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)	<ul style="list-style-type: none"> <li>- Continue to achieve the Mental Health Investment Standard by increasing expenditure on mental health services by more than allocations growth</li> <li>- Develop a workforce plan that supports delivery of the system's mental health delivery ambition</li> <li>- Improve mental health data to evidence the expansion and transformation of mental health services</li> <li>- Set out how the wider commitments in the NHS Mental Health Implementation Plan 2019/20–2023/24 will be taken forward</li> <li>- ICBs to co-produce a plan by 31 March 2024 to localise and realign mental health and learning disability inpatient services over a three year period</li> <li>- Actions to support the mental wellbeing of people to support more people return to work</li> <li>- Improve access rates to children and young people's mental health services for 0-17 year olds, for</li> </ul>	<ul style="list-style-type: none"> <li>- NHS England will continue to support the growth in IAPT workforce by providing 60% salary support for new trainees in 2023/24</li> </ul>	<ul style="list-style-type: none"> <li>- NHSE will publish guidance on models of mental health inpatient care to support a continued focus on admission avoidance and improving quality</li> </ul>
	Increase the number of adults and older adults accessing IAPT treatment			
	Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services			
	Work towards eliminating inappropriate adult acute out of area placements			
	Recover the dementia diagnosis rate to 66.7%			
	Improve access to perinatal mental health services			

		<p>certain ethnic groups, age, gender and deprivation.</p> <ul style="list-style-type: none"> <li>- Ensuring annual health checks for 60% of those living with SMI (bringing SMI in line with the success seen in learning disabilities)</li> </ul>		
<b>People with a learning disability and autistic people</b>	<p>Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024</p>	<ul style="list-style-type: none"> <li>- Continue to improve the accuracy and increase size of GP Learning Disability registers</li> <li>- Develop integrated, workforce plans for the learning disability and autism workforce to support delivery</li> <li>- Test and implement improvement in autism diagnostic assessment pathways including actions to reduce waiting times</li> </ul>	<ul style="list-style-type: none"> <li>- NHS England has allocated funding of £120m to support system delivery against the objectives</li> </ul>	<ul style="list-style-type: none"> <li>- NHSE will publish guidance on models of mental health inpatient care to support a continued focus on admission avoidance and improving quality</li> </ul>
	<p>Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12–15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit</p>			
<b>Prevention and health inequalities</b>	<p>Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024</p>	<ul style="list-style-type: none"> <li>- Update plans for the prevention of ill-health and incorporate them in joint forward plans (continued focus on CVD, prevention, diabetes, smoking cessation)</li> <li>- Continue to deliver against the five strategic priorities for tackling health inequalities</li> <li>- take a quality improvement approach to addressing health inequalities and reflect the Core20PLUS5 approach in plans</li> <li>- consider the specific needs of children and young people and reflect in plans</li> <li>- establish High Intensity Use</li> </ul>	<ul style="list-style-type: none"> <li>- Funding is provided through core ICB allocations. The £200m of additional funding allocated for health inequalities in 2022/23 is also being made recurrent in 2023/24</li> </ul>	<ul style="list-style-type: none"> <li>- Joint forward plan guidance (published on 23 December 2022)</li> </ul>
	<p>Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%</p>			
	<p>Continue to address health inequalities and deliver on the Core20PLUS5 approach</p>			

		services to support demand management in UEC		
<b>Specialised commissioning</b>	n/a	<ul style="list-style-type: none"> <li>- Subject to NHS England Board approval, statutory joint committees of ICBs and NHS England will oversee commissioning of appropriate specialised services across multi ICB populations from April 2023, ahead of ICBs taking on this delegated responsibility in April 2024. ICBs are expected to work with NHS England through their joint commissioning arrangements to develop delivery plans. These should identify at least three key priority pathways for transformation, where integrated commissioning can support the triple aim of improving quality of care, reducing inequalities across communities and delivering best value.</li> </ul>	<ul style="list-style-type: none"> <li>- Specialised commissioning allocations have been set at ICB level for 2023/24 for those services intended for future delegation (but will be retained by NHS England in 2023/24).</li> </ul>	<ul style="list-style-type: none"> <li>- n/a</li> </ul>
<b>Digital</b>	n/a	<ul style="list-style-type: none"> <li>- Use forthcoming digital maturity assessments to measure progress towards the core capabilities set out in What Good Looks Like (WGLL) and identify the areas that need to be prioritised in the development of plans.</li> <li>- Put the right data architecture in place for population health management (PHM)</li> <li>- Put digital tools in place so patients can be supported with</li> </ul>	<ul style="list-style-type: none"> <li>- NHSE will provide funding to help ICSS meet minimum digital foundations, especially electronic records in accordance with WGLL</li> </ul>	<ul style="list-style-type: none"> <li>- Specific expectations will be set out in the refreshed WGLL in early 2023</li> <li>- NHSE will Roll out new functionality for the NHS App</li> <li>- NHSE will Procure a Federated Data Platform, available to all ICSS, with nationally developed functionality including tools to help</li> </ul>

		high quality information that equips them to take greater control over their health and care		maximise capacity, reduce waiting lists and co-ordinate care
<b>System working</b>	n/a	<ul style="list-style-type: none"> <li>- Developing ICP integrated care strategies and ICB joint forward plans</li> <li>- Maturing ways of working across the system including provider collaboratives and place-based partnership arrangements</li> <li>- ICBs have a statutory duty to facilitate or otherwise promote research and the use of evidence obtained from research and to promote innovation</li> <li>- Pharmacy, ophthalmology and dentistry (POD) services fully delegated to ICBs by April 2023</li> </ul>	n/a	<ul style="list-style-type: none"> <li>- Joint forward plan guidance (published on 23 December 2022)</li> </ul>

**NHS South West London Integrated Care Board**

**Date** Wednesday, 18 January 2023

**Document Title** South West London Integrated Care Partnership Update

**Lead Director (Name and Role)** Karen Broughton, Deputy Chief Executive/Director of Transformation and People

**Author(s) (Name and Role)** Andrew Demetriades  
Programme Director, ICS Development

**Agenda Item No.** 12 **Attachment No.** 10

**Purpose (Tick as Required)**

Approve

Discuss

Note

**Executive Summary**

The South West London Integrated Care Partnership (SWL ICP) was established in July 2022. The ICP is a broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS.

The following report highlights the main items of business that are being considered at the ICP's planned meeting on 12 January 2023.

**Purpose**

The purpose of the report is to update the Board on the activities of the ICP.

**Recommendation**

The Board is asked to:

- Note the contents of this report. A verbal update on the planned ICP meeting will be given at the Board

**Key Issues for the Board to be aware of:**

The ICP is considering the following items of business at its meeting:

**1. ICP Integrated Care Strategy**

The South West London Integrated Care Partnership (SWL ICP) is required to produce an initial Integrated Care Strategy to set the strategic direction for health and care services across the whole geographic area of the Integrated Care system, including how the NHS and local authorities can deliver more joined-up, preventative, and person-centred care for their local population.

Following work that has been undertaken by the SWL ICP over the last 6 months, an Integrated Care Strategy Discussion Document has been produced as part of the first

stage in developing the ICP's Integrated Care Strategy. It explains the process the ICP has followed to date to understand the key health and care challenges including the wider determinants of health and the evidence around health need, as well as considering the views and concerns of local people across our six places.

The discussion document sets out the proposed priorities for the South West London Integrated Care System and proposes that tackling our system wide workforce challenges should be our ICP focus for the first year.

The ICP is being asked to approve the discussion document and through a period of engagement seek views on the document by Friday 10 March 2023. The ICP will use the feedback to inform the development of the final strategy which we will publish in summer 2023. The draft discussion document is attached for member of the Boards information.

## **2. SWL Social Care Workforce Strategy**

The SWL local authorities supported by South London Partnership (SLP) have recently completed and published an Adult Social Care Workforce Development Strategy. This identifies areas for joint action across local authorities and wider partners including employers/care providers, education and training providers, employment services and NHS that will help deliver a more sustainable social care workforce.

The recommendations include creating partnership infrastructure to support the delivery of the strategy, coordinated, joint activity to raise the profile of jobs and careers in social care, developing pathways to support under- represented groups into social care jobs, facilitating employers and education and training providers to work together and targeted initiatives to improve retention and support career development.

The ICP is being asked to note the strategy and the work underway. The strategy will feed into planned further discussions on the development of future workforce plans and as part of the proposed future system wide priority work identified in the ICP's Integrated Care Strategy.

## **3. South West London Innovation Fund (22/23)**

SWL Integrated Care Partnership (ICP) Board have established an Investment Fund to support the delivery of ICP's Strategic Priorities The investment fund is comprised of two streams: the Innovation Fund and the Health Inequalities fund.

The funding aims to give partners the opportunity to suggest innovative projects that could have a big impact on health and wellbeing across South West London, capturing community energy and enthusiasm for real health benefits. The approach to this year's scheme was approved by the SWL ICP Board in October 2022. The theme for the Innovation Fund 2022/23 is winter sustainability and resilience

The funding for the Innovation Fund schemes is £4.9m for 2022/23.

This ICP will be given an update on the progress to date on the Innovation Fund, the details of the process and activities undertaken and the themes of the successful

awards. The update also describes the learning from a stakeholder feedback event and proposes a revised approach for the 2023/24 Innovation Fund.

#### **4. South West London Health Inequalities Fund (22/23)**

In 2022/23, NHS England invested £200 million to ICSs to tackle health inequalities. An allocation of £4.3 million was provided to SWL ICS. Tackling health inequalities is a core commitment of SWL ICP and SWL ICB.

Our Health Inequalities allocation from NHS England was a total of £4.3 million, of which £1.6 million is allocated for system-wide health inequalities programmes, and £2.7 million for boroughs/places for local projects and programmes using a needs-based approach.

In September 2022, the funding was allocated to boroughs using a needs-based approach, with an opportunity for SWL partners to express an interest in funding to deliver projects/programmes aligned with the Five priority actions of the NHS equality operating plan and populations within their Core20PLUS5. Expressions of Interest required approval and sign off by the NHS Place Executives and Directors of Public Health to be considered for review by the funding panel.

SWL received a total of 82 expressions of interests from all six places. 52 met the criteria and were shortlisted, and 26 were not shortlisted. 46 were successful, and eight were not approved as they did not meet the funding criteria. Four expressions of interest are awaiting final moderation.

A range of programmes have been supported in line with national and local priorities and are detailed in the report to the SWL ICP.

A joint learning event attended by panel members, bidders, place, provider, Local authority and VSCE stakeholders who participated in both the health inequalities and innovation fund application process was held on 14th December 2022 to receive wider feedback on the process covering both parts of the Investment Fund and to build in learning into future processes.

#### **Conflicts of Interest:**

There are no identified conflicts of interest

#### **Mitigations for Conflicts of Interest:**

N/A

<p><b>Corporate Objectives</b> This document will impact on the following Board Objectives:</p>	<p>The update report identified the activities of the SWL ICP in line with the core objectives of the Board</p>
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<p><b>Risks</b> This document links to the following Board risks:</p>	<p>None identified</p>
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<p><b>Mitigations</b> Actions taken to reduce any risks identified:</p>	<p>None required</p>
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<p><b>Financial/Resource Implications</b></p>	<p>Details of funding arrangements to support the Investment Fund are described in the ICP update report and supporting papers.</p>
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<p><b>Is an Equality Impact Assessment (EIA) necessary and has it been completed?</b></p>	<p>An EIA is not required</p>
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<p><b>What are the implications of the EIA and what, if any are the mitigations</b></p>	<p>N/A</p>
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<p><b>Patient and Public Engagement and Communication</b></p>	<p>No specific implications are identified</p>
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<p><b>Previous Committees/ Groups</b> Enter any Committees/ Groups at which this document has been previously considered:</p>	Committee/Group Name:	Date Discussed:	Outcome:
	None	Click here to enter a date.	
		Click here to enter a date.	
		Click here to enter a date.	

<p><b>Supporting Documents</b></p>	<p>Shaping our Integrated Care Partnership priorities: A partnership discussion document (January 2023)</p>
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**South West  
London  
Integrated  
Care System**

# **Shaping our Integrated Care Partnership priorities: A partnership discussion document**

January 2023

# Foreword

This discussion document is the product of great conversations with health and care partners across South West London, our statutory organisations like NHS and Local Authorities, and our voluntary sector partners, Healthwatch colleagues, and our local communities. It is clear that in listening to all our partners that we share a real determination to improve the health and wellbeing of our residents.

We are clear that the key to health and care improvement lies in each of our six Place partnerships. These partnerships work together to address the health and care needs of local people, and our Local Health and Care Plans form the foundation for action.

Over the past five years, we have grown as a partnership and strengthened how we do things together. By working together at scale across South West London when it is right to do so, we really make a difference as we can focus our efforts and investment on shared priorities.

There are areas of deprivation within all our six boroughs, and we know that many local people are really struggling. We need to harness this sense of urgency to support our populations over winter, but also make sure we don't lose focus on the longer term. We must focus on prevention and early intervention for mental health and physical health, so people stay healthier for longer, and have less need to access services.

We recognise that with the financial situation for all of us becoming more challenging, matched with the health and care need from local people increasing, we need to work differently and better together.

This discussion document explains the journey we have been on to understand each other's challenges, review the data, the evidence and principles around health need, as well as considering the views and concerns of local people across our six places.

There was strong agreement from our partnership board members that we should focus our collaborative effort for the first year, on a significant area of challenge where there is opportunity to work together across our South West London system. We are proposing that 'workforce' should be this focus and specifically around:

- making South West London a great place to work to help keep our existing staff
- targeted action around difficult to recruit to roles
- designing our future workforce with new or different roles needed for the future
- supporting local people into employment to reduce health inequalities

We hope you will let us know your views on this proposal, and the other proposed areas of focus for joint working, as well as your thoughts on how we engage our communities and staff so our plans are co-designed by the people they will impact the most.

## **Cllr Ruth Dombey**

Chair of South West London  
Integrated Care Partnership

## **Sarah Blow**

Chief Executive Officer  
South West London Integrated Care System

# 1. Introduction

The South West London Integrated Care Partnership (ICP) want people in our boroughs to **Start Well; Live Well; Age Well**.

Our Partnership brings together organisations across our South West London boroughs - Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth to:

- prevent ill health;
- support people to thrive, live more independent lives and manage their health to stay well;
- reduce the health inequalities that exist;
- improve health, wellbeing and outcomes for our residents;
- provide the very best health and care services by working together to provide seamless care to those who need it; and
- get the best value from our resources

Our ambition is to make real and tangible improvements in health and care for local people. To do this we need to be clear about where to focus our collective action. The ICP Board agreed to follow a phased approach to developing a strategy for the ICP and the diagram below and this document summarises our work so far.

This discussion document is the first stage in the development of our South West London Integrated Care Strategy. It describes how we have assessed the needs of our population and sets out our thoughts on the priorities for the ICP. The full Integrated Care Strategy will be developed based on your feedback and published in Summer 2023.

As part of our ongoing engagement and joint development of the strategy we are keen to hear our partner organisations views on the priorities proposed in this discussion document.



## 2. Working together with our six Places



South West London is comprised of six Places where partners come together to address the health and care needs of their local populations. Their priorities for action are brought together in Local Health and Care Plans. Our Integrated Care Partnership is anchored in our places and their priorities which have been built up from Local Joint Strategic Needs Assessments, as well as Health and Wellbeing Strategies.

Copies of our local health and care plans can be found on our website [here](#).

ICP partners are clear that we should only take South West London-wide action 'at-scale' where there is strong evidence, that focussing our effort and resources would deliver the biggest improvements for local people. The ICP Board discussed the following principles to help determine which areas we should focus on:

- 1 **Need:** Is there a significant or compelling need at South West London level and does this theme address any unmet need or inequity?

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- 2 **Prevention:** Is there an opportunity to prevent ill health and encourage people to take responsibility for their own health?

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- 3 **Deliverability:** Is this any existing programme of work we could accelerate in order to maximise impact on the population?

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- 4 **Strategic fit:** Is there multiagency energy and commitment to proceed with this as a theme?

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- 5 **Productivity:** Will this theme make better use of resources, or provide better or enhanced value?

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The Board are clear that any action that we agree at South West London level will not duplicate what is happening to drive improvement at Place. The following important considerations were identified by the board:

#### Target our focus on:

- The greatest impact and tangible outcomes
- Getting the basics right
- Good communication
- Patient satisfaction
- Workforce retention

#### We must access:

- Achievability vs impact
- What is best done at scale
- What will reduce inequalities
- What addresses the highest need

#### Outcomes

- Ensure a positive impact on health outcomes
- Evidence progress, some outcomes are long-term so we must utilise the use of proxy measures
- Ensure positive impact on whole system finance, including social care
- Ensure we benefit to the greatest number of people, weighted to support smaller populations
- Assess to what extent the issue will be in 5/10 years; prioritise interventions with most long-term impact
- Address Core20PLUS5
- Develop a prevention framework to put health, social care and wellbeing on more equal footing
- Promote future benefit-quality of life over life

#### Co-design

- Listen to the voices of people and carers
- Seek service user and community opinion
- Use deliberative approaches like citizens panels
- Ensure that our priorities are supported by public and community voice

#### Constraints

- Be realistic about capacity and capability of workforce to deliver
- Reduce dependence and cost in the system by specifically reducing inequalities
- Sustainable models for the green agenda
- Agree which interventions empower and enable independence

#### Impact areas to think about

- Address wider determinants over a longer timeframe
- Impact on environmental footprint
- Impact on health life expectancy of the target group
- Confront health inequalities and measure outcomes for local populations
- Grasp opportunities for prevention, early intervention and holistic care
- Early intervention is key

#### Enablers

- Accelerate digital change
- Use of public health evidence and local insights
- Population health management
- Workforce

#### Approach

- Pragmatism over perfection; a rolling programme of common issues that lead to whole system approaches and be pragmatic with what is possible to deliver
- Explicitly set out to learn and adapt
- Specify the added value of delivering at SWL level vs place; subsidiarity
- Value is also about stopping things that have limited value; we must assess what is working
- Take a holistic approach to prioritisation

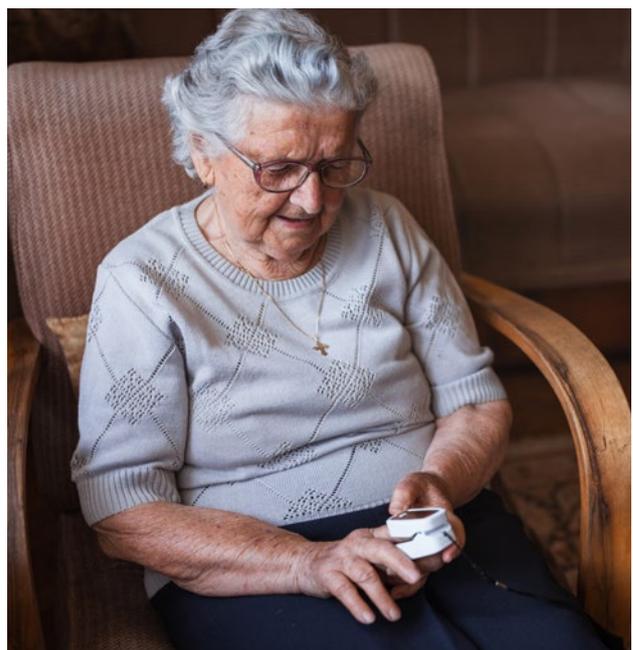
# 3. Listening to our partners and communities, assessing need and determining priorities

In assessing the needs of our population and determining priorities we have listened to: our local public health experts; ICP Board members; South West London System Leaders; Local Communities. In addition, we have reviewed existing Joint Strategic Needs assessments (JSNAs), Health and Wellbeing Board Strategies and health outcomes and considered the wider determinants of health.

## 3.1 Listening to the views and concerns of local people

The views and concerns of local people and communities have been key in helping us work together to decide our priorities. During autumn 2022, we asked all our South West London partners to share existing insight and engagement reports developed over the last 12 months. We were particularly keen on reports that describe what matters most to local people in their health, care and wellbeing.

We reviewed over 100 reports from partners including Healthwatch, the voluntary and community sector, NHS Trusts, Public Health,



Place councils and Place-based engagement teams. This in-depth analysis of all our community insight helped inform the development of the proposed priorities for our Integrated Care System Strategy laid out in this discussion document.

Views of local people and communities were pulled together as part of this review with the themes that emerged illustrated in the diagram on pages 8 and 9.

Alongside this analysis, we asked ICP members and key partners and our South West London People's Panel to prioritise a set of 10 draft focus areas that emerged from the needs assessment. Our South West London People's Panel is made up of over 3000 people reflecting the demographics of each place. 170 members of the

people panel gave us their detailed views about our proposed priorities.

This helped us gather views on the potential future priorities, ambitions and challenges we face in improving health and well-being and reducing health inequalities across South West London.

Partners were asked to respond to four questions, the first ranked the emerging potential ten priority areas for us to work together on across South West London. The other questions asked Partners about our ambitions and challenges, and the criteria we could use to decide our priorities



# People and communities: views and concerns

## COST OF LIVING CRISIS

- Affecting people's mental health and ability to live a healthy lifestyle - from early years to older age
- Accessibility of services - transport and affordability
- Financial support through the crisis - help to know about and access the funds that are available to support them – lack of trust contributes to this, not just about signposting
- Concerns about feeding families and heating homes
- Concerns about housing - lack of availability and affordability
- Homelessness on the increase
- Higher risk of certain health conditions - putting extra pressure on NHS services - particularly mental health services and increasing health inequalities



**NEW!**

## DIVERSITY AND INCLUSIVITY

- Unconscious bias training
- Encourage conversation about transparency on cultural differences
- Be prepared to make changes
- Ensure systemic issues are investigated and tackled

**NEW!**

## EMPLOYMENT



- Pathways to employment after covid, for carers, people with learning disabilities
- Support for local economies, including local businesses and job growth

**NEW!**

## DEMENTIA



- Variability of support services across SWL
- Information needs to be in one place, support from one point of contact

**NEW!**

## GREEN AND ENVIRONMENTAL CONCERNS



- Access to clean, green spaces
- Traffic and poor air quality barriers to healthy living
- Active travel

## VOLUNTARY AND COMMUNITY SECTOR CAPACITY



- Capacity and resource across the sector
- Important to hear from small & large organisations
- Broader representation is needed

## REFERRALS AND WAITING TIMES



- Challenges getting timely referrals and long waiting times for mental health, children and young people's mental health and outpatient services
- Patients left chasing updates and not being clear who to contact about their referral. How can we support and provide more information and updates for patients about status of their referral

## SUPPORT FOR CARERS



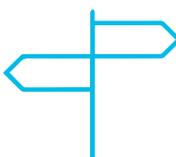
- Carers' voices need to be elevated and need for carers to be considered as essential part of support and decision making

## GPs AND DENTISTRY



- Availability of appointments, waiting times including face-to-face
- Variation in access across and within boroughs





## COMMUNICATION, NAVIGATION AND SIGNPOSTING

- Signposting, navigation and a single point of access where possible
- ! • Sufficient information to know where to get help, all in one place
- People's ability to look after their own health and wellbeing (self-care), with ability to ask professionals questions or and contact to help navigate where necessary
- ! • Lack of materials in accessible formats, including for people with a learning disability, translations, sight impaired
- Transition between services - need for joined up approach across health and care – 'tell us once' approach
- Missing letters and not keeping patients informed about delays and changes to appointments



### TRUST IN PUBLIC SERVICES

- In public sector organisations and professionals amongst some communities
- ! • Trust issues higher in areas of inequalities and those from Black, Asian and Minority Ethnic backgrounds
- ! • Need to build trust in services, based on experiences people have had before



**NEW!**

### DIGITAL EXCLUSION

- Shift to digital services has left some population groups facing digital exclusion
- Need multiple points of access and to retain options for face to face contact

e and  
unities



**NEW!**

### SOCIAL ISOLATION

- Social isolation for older people and adults with learning disabilities
- Also for carers and younger adults and children



### MENTAL HEALTH SERVICES

- Long service waiting times, need interim support
- Access, hard to navigate, more support needed in some communities and services need to be culturally competent
- Children and young people's mental health - access, waiting times, substance misuse



### SERVICE AVAILABILITY AND DEMAND

- Perceptions that additional services are wanted and are not always delivered
- Concern around service availability of services/sites in some areas
- Multiple engagement requests with tight timescales and low resources affect communities ability to be involved
- Priority for local people that we feedback how their feedback has influenced the provision of services

**NEW!**

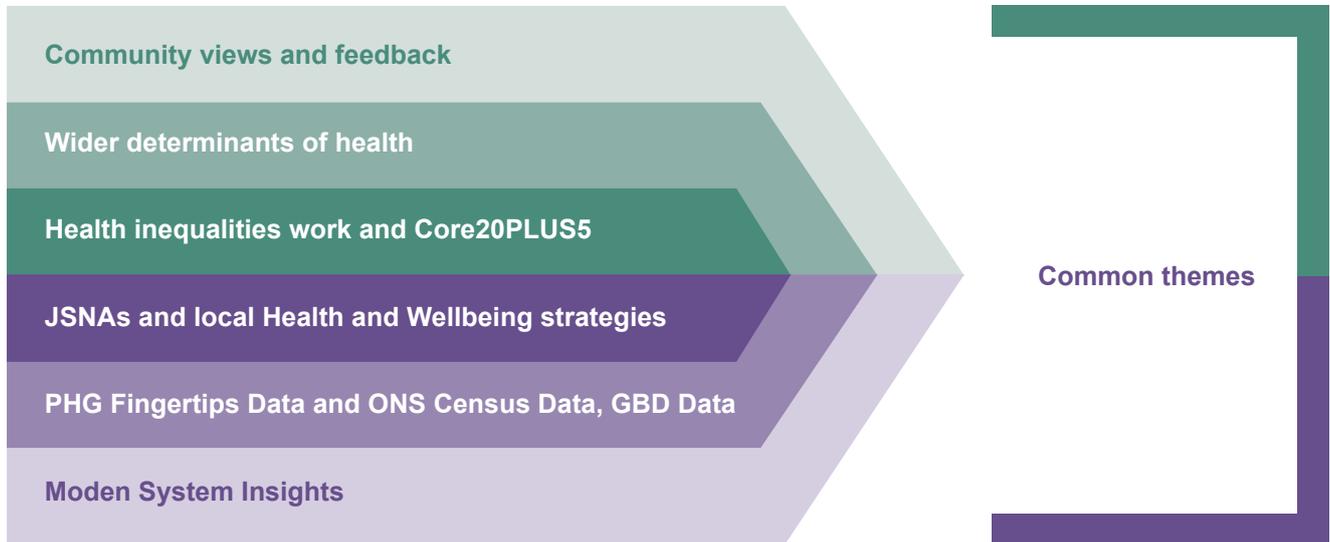
New topic



Added view

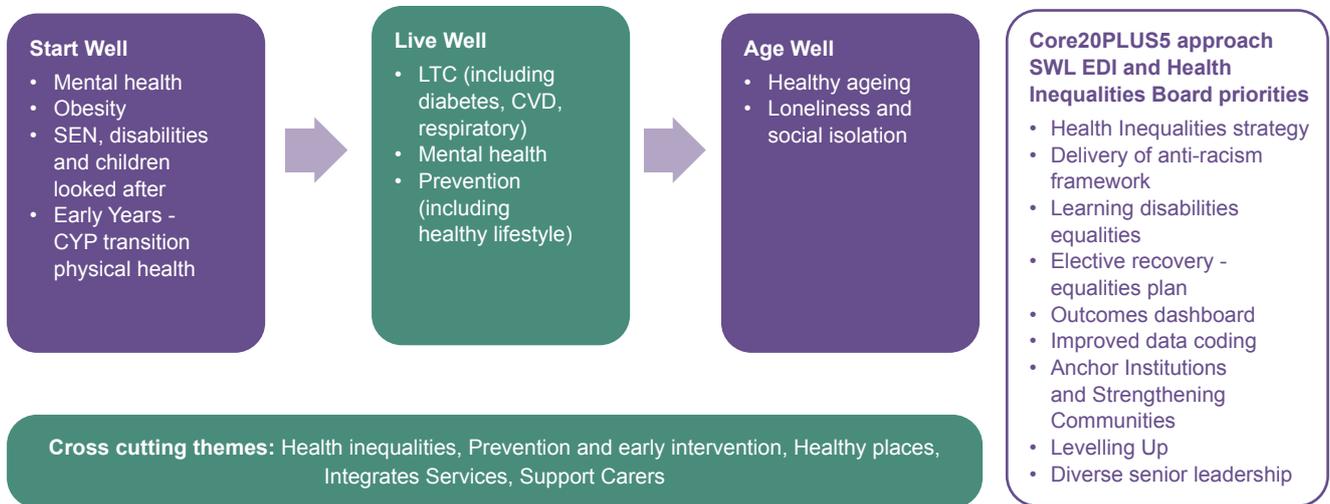
### 3.2 Assessing Need – Health and Wider Determinants

To support the development of the priorities, the Integrated Care Partnership Board brought together a Needs Assessment Group. The full scope of the group and its membership are given in appendix 1, in summary the group considered the following:



The group also mapped local priorities and plans that are set out in each of Place Local Health and Care plan to identify common themes and actions. This is summarised below:

#### Common priorities across SWL places are as follows:



Copies of our local health and care plans can be found on our website [here](#).

A summary of the completed needs assessment for South West London can be found on our website [here](#).

The needs assessment found:

## Indicators of health variation from our needs analysis based – some overarching themes



### MENTAL HEALTH

Admissions for self-harm are **higher than the national and regional average**.

Prevalence of depression varies significantly within Places, **an average of 12.7% difference** between the GP practice with the highest and lowest prevalence.



### LONG TERM CONDITIONS

Ischaemic heart disease, cerebrovascular disease, COPD, diabetes, and MSK conditions are the **top contributors to DALYs and mortality in SWL**.



### CANCER, SCREENING AND VACCINATIONS

Cancer screening uptake is **below regional and national average**, and deaths under 75 due to malignant neoplasm are **above the London and national average** in 5 of the 6 Places. Cancer is the **number 1 cause of mortality in South West London**.



### HEALTHY LIFESTYLES

Smoking, alcohol, high BMI (Body Mass Index), high fasting blood glucose, and hypertension are the **leading causes of DALYs in SWL**.

**Overweight and obesity rates almost double** between Reception and Year 6 and then again to adulthood in all 6 Places.



### SUPPORTING CARERS AND INCLUSION HEALTH GROUPS

Further analysis or modelling may be required to identify unmet need as **often people in these vulnerable groups are not accessing healthcare** and so are not reflected in the data available.

## Indicators of the wider determinants of health



### GOOD WORK

The number of people claiming out of work benefits in August 2022 is still **50% higher than pre-pandemic**.



### OUR SURROUNDINGS

Air pollution is **higher than the national average**.

Access to private and public green space was **one of the lower scoring indicators in the ONS** (Office for National Statistics) (Office for National Statistics) health index.



### MONEY AND RESOURCES

**22.7% of our population earn below the London Living Wage**.

In 2020, **9.8% of households were in fuel poverty**. Average household energy bills have risen from £764pa in 2021 to approximately £3500pa in 2022.



### HOUSING

Affordability of home ownership **has worsened since 2002**.

**Household overcrowding is than it is nationally**.

The rate of households in temporary accommodation in South West London is **more than double the national average**.



### EDUCATION AND SKILLS

The number of 16–17-year-olds not in education, employment, or training (NEET) is **better than the national average**.



### FOOD, DIET, AND WEIGHT

**Obesity rates double** between Reception and Year 6, then again to adulthood.



### TRANSPORT

The Percentage of adults walking for travel 3 days per week **fell between 2017/18 and 2019/20**.



### FAMILY, FRIENDS, AND COMMUNITIES

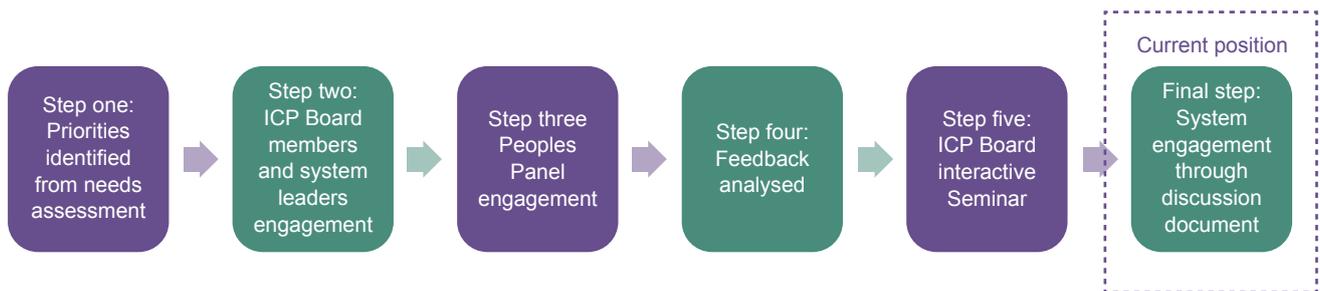
People in South West London reported **feeling lonely during the pandemic more than the national average**.

### 3.3 Determining Priorities

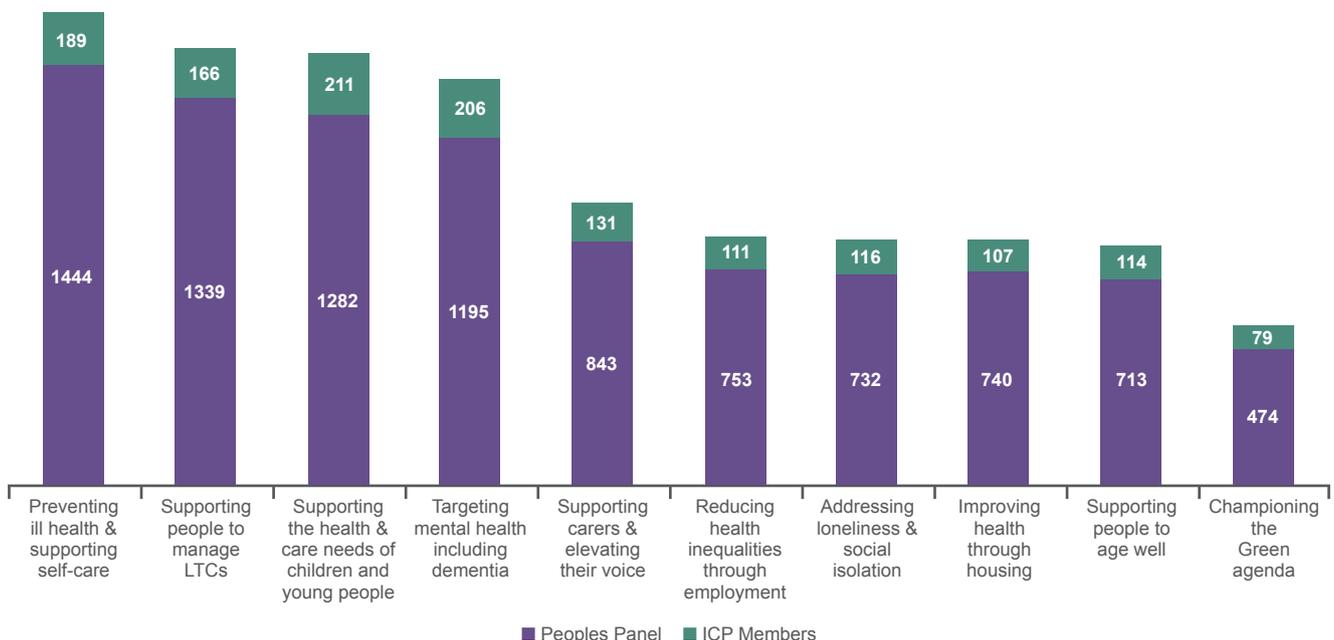
Our review of the health needs assessments, existing Joint Strategic Needs Assessments, Place health and care plans, Health and Well-being board strategies, and the views of people and communities, identified the following ten priorities:

- Addressing loneliness and social isolation by empowering and connecting communities
- Championing the Green agenda for example sustainability, air quality, and responding to climate change and related health issues
- Improving health through housing
- Preventing ill health and supporting self-care
- Reducing health inequalities through employment for example NHS and local authorities as Anchor Institutions
- Supporting carers and elevating their voice
- Supporting people to age well including frailty and falls
- Supporting people to manage long-term conditions for example diabetes, chronic obstructive pulmonary disease (COPD), muscular-skeletal (MSK), ischaemic heart disease
- Supporting the health and care needs of children and young people including early years, children and young people’s mental health, disabilities, looked after children, obesity, dental decay, and alcohol
- Targeting mental health including dementia and addressing anticipated increase in need

The Integrated Care Partnership Board agreed the following process for determining priorities:



During November, we tested the needs assessment and the potential priorities with ICP Board members, partners, and members of the People’s Panel, asking them to rank the emerging priority areas and also whether there were other areas that should be considered. The responses were analysed and presented at a deliberative ICP seminar in November. The combined results of this feedback are shown below:





## 4. Recommended ICP Priorities

The ICP Board reviewed the initial priorities, and partner and community feedback on these, at its November Seminar. The priorities for the Integrated Care System are now proposed below:

- **Preventing ill-health, self-care and supporting people to manage their long-term conditions** including a focus on healthy eating, physical activity, smoking and alcohol misuse and mental wellbeing and link up with offers in the community. Supporting people to manage long-term conditions for example diabetes, COPD, MSK, ischaemic heart disease
- **Supporting the health and care needs of children and young people** including looked after children, reducing obesity, dental decay, alcohol misuse, mental health, and wellbeing particularly the transition to adult mental health service
- **Targeting Mental Health** including Dementia, addressing the anticipated increase in need, improve children and young people's mental health and emotional wellbeing, transition to adult Mental Health services, admission prevention pathways and discharge for children and young people in crisis, disabilities
- **Community based support for older and frail people** including addressing loneliness and social isolation and improving their experience, health and wellbeing and preventing hospital admission and when in hospital to support them to get home quickly

The following cross-cutting areas of focus are proposed to underpin the delivery of our future priorities:

- **Equality, diversity, and inclusion** including tackling racism and discrimination
- **Championing the Green agenda** for example sustainability, air quality, and responding to climate change and related health issues
- **Tackling and reducing health inequalities** in everything we do
- **Elevating patient, carers, and community voices**

In discussion with the ICP Board it was agreed that, given its importance in every priority and organisation, that tackling our system wide workforce challenges should be our ICP focus for the first year.

Four emerging work programmes have been identified:

- **Making SWL a great place to work** – to improve the retention of our existing people and attract new staff into South West London
- **Targeted action around difficult to recruit to roles**
- **Designing our future workforce** - identifying new or different roles that will be needed to support health and care in the future
- **Supporting local people into employment** to reduce health inequalities, supporting the cost of living, and help tackle poverty

To drive action, it is proposed to establish a new combined South West London People Board which will be jointly convened by the NHS and Local Authorities and include higher and further education providers, local employers, training and skills providers, including our voluntary and community sector partners.





## 5. Seeking your views and feedback

This discussion document sets out the proposed priorities for the South West London Integrated Care System. We are seeking partner views on:

- The recommended ICP priorities and any specific actions that you feel should be built into their future delivery plans
- The four proposed workforce programmes and the key workforce challenges your organisation would like the programmes to incorporate (for example, difficult to recruit to posts that would benefit from a system focus, new roles needed for the future etc)
- Any other areas that should be considered for partners to work on at-scale that should be included in the final ICP Strategy

**Please send your organisational or place response to XXX by Friday 10 March 2023**

We recognise that we have further work to do before finalising the strategy and we will continue to develop it in collaboration with partners. Our plan is to use the feedback to inform the development of the final Strategy which we will publish in Summer 2023.

# Appendix 1

## SWL ICP Needs Assessment Group

### Scope of work

- Produce a system wide analysis of health needs drawn for SWL to provide a holistic, evidenced based assessment of need
- Analysing the needs assessment work that already exists in SWL including place based Joint Strategic Needs Assessments (JSNAs) Health and Wellbeing Strategies, Local Health and Care plans and wider Health inequalities and population health analysis
- Undertaking any wider analysis required using available local or national evidence that may support the identification of future needs and any gap analysis
- Providing the ICP with insights and recommendations on potential priorities it may wish to consider as part of developing its future areas of focus and action
- Consider any evidence that emerged during covid and the perceived effects of covid including wider effects on personal and societal wellbeing and support

### Membership

- ICP DPH Executive Lead
- Directors of Public Health for each place
- ICP Executive Lead Adult Social Care
- SLP Consultant in Public Health medicine
- ICP Executive Lead Children's services
- ICB Deputy CEO/Director of Transformation and People
- ICB Executive Medical Director
- ICB Chief Nurse and Allied Professional Officer
- ICP Primary Care lead
- ICB Director of Health and Care In the community
- Programme Director: ICS Development
- ICP Health Watch nominated representative
- ICP Voluntary Sector lead
- Place Senior Management representatives





**South West  
London  
Integrated  
Care System**

**NHS South West London Integrated Care Board**

**Date** Wednesday, 18 January 2023

<b>Document Title</b>	SWL Quality Report	
<b>Lead Director (Name and Role)</b>	Dr Gloria Rowland, Chief Nursing and Allied Health Professional Officer & Executive Director for Patient Outcomes	
<b>Author(s) (Name and Role)</b>	Chris Benson, Head of Quality, SWL ICB June Okochi, Deputy Director of Quality, SWL ICB	
<b>Agenda Item No.</b>	13	<b>Attachment No.</b> 11

<b>Purpose (Tick as Required)</b>	Approve <input type="checkbox"/>	Discuss <input checked="" type="checkbox"/>	Note <input checked="" type="checkbox"/>
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**Executive Summary**

This report provides key quality metrics (covering reporting period for October and November 2022) highlighting safety, experience, well-led and effectiveness outcomes for South West London providers. The second part of the report outlines key quality challenges at a system level including proposed additional quality metrics that cut across health and care agreed by the System Quality Council.

**Purpose**

To provide:

- A summary of quality issues within South West London.
- Assurance to the ICB that the right steps have been taken to develop a robust quality framework for oversight and delivery.

**Recommendation**

The Board is asked to:

- Note the full report and the quality issues it identifies in South West London.
- Be assured that quality oversight and governance is effective and escalation processes are clear for partners to raise concerns where appropriate.
- Be assured that the development of quality functions and delivery within the ICB and wider ICS is being implemented at pace.
- Review and consider the proposed metrics on page 13 for inclusion in future Board reports.

**Key Issues for the Board to be aware of:**

- 1. Child and Adolescent Mental Health Services (CAMHS) and Emergency Department (ED) Demands**

CAMHS and ED demands continue to be a system-wide issue and has been reported by NHS England and Improvement as the national picture.

## 2. Mental Health Services

Crisis presentations and patient acuity is high in many of our adult acute services, leading to delays in patients accessing the right care and therefore impacting the wider system. A crisis pathway review has been recently completed with a focus on new models of care. The system has been working to prioritise patients requiring inpatient beds. This has been effective in reducing waits in ED.

## 3. Continuing Healthcare (CHC) System Issues

There are few Continuing Healthcare (CHC) issues identified within the system. The ICB central CHC team are working with the Place team to mitigate identified risks. Full report has been presented at the Quality and Oversight Committee. The committee will provide ongoing monitoring and assurance to improvement made across CHC services. An external review and independent investigation have been commissioned with improvement plans to mitigate immediate quality and safeguarding risks identified.

## 4. Specialist Community Health Service Vacancies

Podiatry: Ongoing challenges due to capacity and vacancies in the Merton podiatry service leading to longer than expected waiting times.

Speech and Language Therapy: Wandsworth Maximising Independence service is experiencing longer than expected waits due to vacancies.

### Conflicts of Interest:

N/A

### Mitigations for 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.

<p><b>Risks</b> This document links to the following Board risks:</p>	<ul style="list-style-type: none"> <li>Quality risks are included in the SWL ICB Corporate risk register and escalated to the Board Assurance Framework where appropriate.</li> <li>Key areas impacting quality metrics for the Committee to note include: (1) Emergency Department pressures and ambulance handover delays (2) Quality risks on Continuing Health Services (3) General workforce challenges specifically in urgent and emergency care and specialist services (4) Delayed assessments of SWL's Children Looked After, linking with Special Education Needs and Disabilities (SEND).</li> </ul>
<p><b>Mitigations</b> Actions taken to reduce any risks identified:</p>	<p>As detailed in the quality risk register.</p>
<p><b>Financial/Resource Implications</b></p>	<p>To deliver quality requirements for the ICS, there will be financial and resource implications for the following areas:</p> <ul style="list-style-type: none"> <li>New regulatory requirements from the CQC to inspect ICSs, Places and Local Authorities from April 2023 will require additional resource given this will be a new requirement to resource system readiness.</li> <li>The ambition for SWL to become a Quality Improvement system in order to drive safer care requires resourcing. As part of the ICB resources review we will consider quality requirements alongside all other priorities to ensure that resources set are adequate to cover specific and overall ICB requirements.</li> </ul>
<p><b>Is an Equality Impact Assessment (EIA) necessary and has it been completed?</b></p>	<p>Yes</p>
<p><b>What are the implications of the EIA and what, if any are the mitigations</b></p>	<p>The impact assessment on quality includes any equality impact on:</p> <ul style="list-style-type: none"> <li>Patient safety</li> <li>Patient experience</li> <li>Workforce</li> </ul> <p>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</p>

	<p>serious incidents over five years recorded by SWL providers for the period of 1 April 2017 – 31 March 2022 and findings show:</p> <ul style="list-style-type: none"> <li>• Male patients had the highest numbers of reported serious incidents.</li> <li>• Croydon borough had the highest number of residents/patients who experienced a serious incident.</li> <li>• Black patients and mixed ethnicity patients are disproportionately impacted by harm compared to Asian and White patients.</li> </ul>
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<b>Patient and Public Engagement and Communication</b>	<p>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.</p>
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<b>Previous Committees/ Groups</b>	Committee/Group Name:	Date Discussed:	Outcome:
Enter any Committees/ Groups at which this document has been previously considered:	System Quality Council	Friday, 02 December 2022	Information
		<a href="#">Click here to enter a date.</a>	
<b>Supporting Documents</b>	<b>SWL System Quality Report</b>		

**South West London ICB Board Meeting  
18 January 2023  
South West London System Quality Report**

## Introduction

The Quality Report provides an overview of data covering October and November metrics for South West London (SWL) providers. Summary of key challenges and emerging quality issues include:

- **Nurses strike:** Royal College of Nursing (RCN) industrial action took place on 15 December. Royal Marsden Hospital (RMH) was the only provider in SWL going on strike. SWL Chief Nurses have plans in place to support their individual organisations and there are continuous conversations with RMH in terms of support needed.
- **Infection and prevention:** We have observed an increase in e-coli and c-diff infections across SWL which is a similar picture across the country.
- **Group A Streptococcal Infections (GAS):** There is an increase in GAS infections popularly known as Strep A affecting children across the country. Strep A is a common type of bacteria that can be treated with anti-biotics. The UK Health Security Agency (UKHSA) is working with health systems to offer expertise advice. As a result of the rise in infections, there is a supply shortage of antibiotics. The Medicines Optimisation Team have been working with NHS England, SWL's Children's Team and providers to manage communications and offer support.
- **Emergency Departments (ED):** SWL EDs continue to face significant demand and pressures.
- **Continuing Health Care (CHC):** Risks identified in CHC provision are being mitigated. An external investigation is in progress.
- **Staff turnover:** continues to be a key challenge across the system. Health Education England's (HEE) London Workforce Planning Intelligence report released in October highlights St George's University Hospital and Royal Marsden Foundation NHS Trust have the highest number of nursing leavers in England with St Georges' Hospital at 17.4% and the Royal Marsden Hospital at 18.2%. Chief Nurses of both Trusts are working on an action plan to address the workforce challenges.

**System delivery updates in since the last reporting period include:**

- **System Quality Metrics:** We have consulted with the members of the System Quality Council on key quality metrics SWL would like to measure, and the three key themes were on workforce retention and wellbeing, mental health and safer care.
- **Patient Safety Incidents Response Framework (PSIRF):** Work continues across the system to prepare for PSIRF transition and implementation.
- **Special Education Needs and Disability (SEND):** Three of SWL boroughs (Kingston, Merton and Wandsworth) have had a SEND inspection. There have been some improvements and positive feedback compared to the last visit.

- **Tackling prescription poverty for SWL Care Leavers:** SWL have developed plans to commence a phased programme to ensure that every care leaver can access free routine prescriptions if they are not already eligible. Phase one is to ensure that no care leaver experiences having to make a choice about using their funds to pay a prescription or food this winter. A care leaver is working alongside the ICB to ensure we are creating a personalised approach which works for each care leaver and supports and guides the Children and Young People (CYP) team in the programme roll out. This is also in line with requirements from the Greater London Authority (GLA) and NHS England and Improvement (NHSE/I).
- The Integrated Care Board (ICB) is conducting an internal audit on quality and performance reporting frameworks to provide assurance that there is an effective system in place to for decision making.
- SWL has launched the System Patient Experience Panel held on 1 November with a focus on patients' experiences and outcomes.
- The Child Death annual report has been completed and presented to the system Quality Council and SWL Quality and Oversight Committee with a focus on shared learning.
- The ICB and NHS England and Improvement are progressing discussions on the transfer of quality oversight for specialised services. Due to the initial estimation of work, there will be a need to resource these new services.

The metrics below detail key messages impacting patient safety and quality of care for this reporting period: \*except if stated otherwise\*

## ***Safety: For people who use our services***

Avoid harm to people from care that is intended to help them

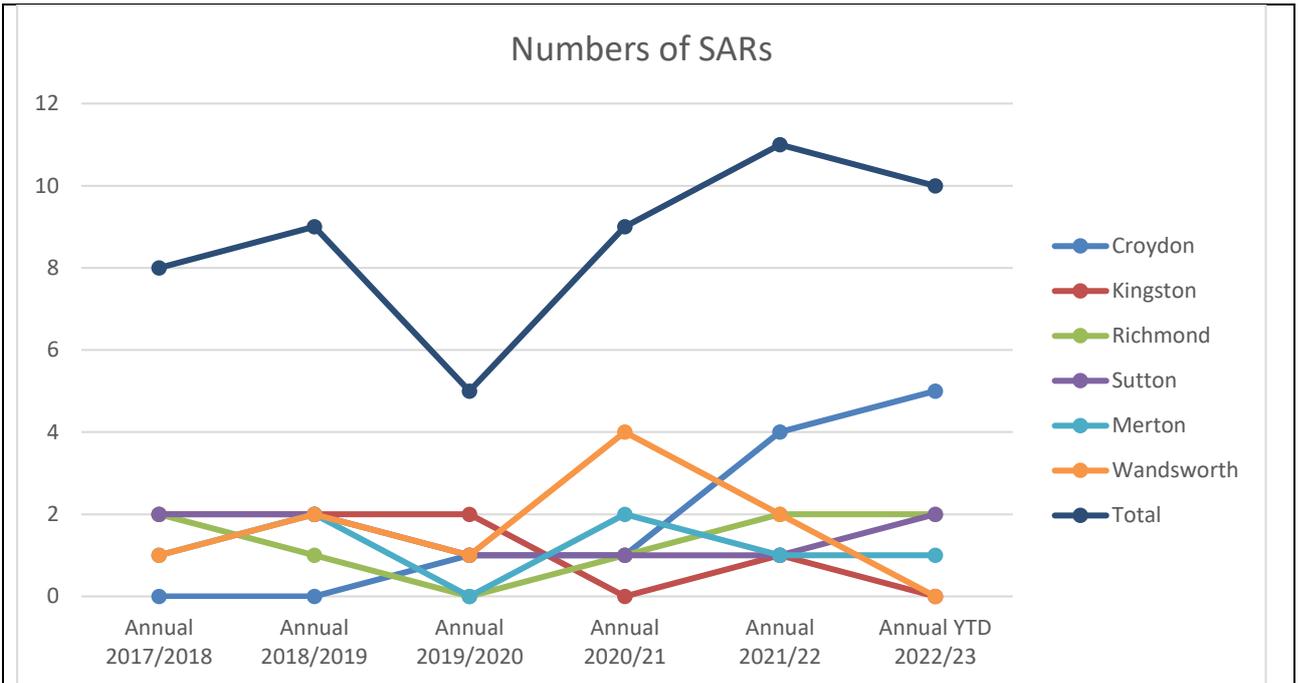
### **Safeguarding key messages:**

#### **Learning Disabilities Mortality Review (LeDeR):**

There has been a reduction in cases across SWL, reducing from 24 notifications in Q1 to 17 in Q2. The most notable improvement is in Croydon, which has reduced their quarterly totals from 7 to 0. Respiratory conditions are the top reasons why people with a learning disability die in SWL. The health inequalities team is working with the voluntary sector to put targeted interventions in the community to address this issue.

#### **Safeguarding Adult Reviews (SAR):**

There have been 10 cases commissioned for Q1 and Q2, which is on a higher trajectory compared to previous years. Noting the annual total for 2021/22 was 11 cases. The outlier is Croydon, which accounts for 5 of those cases. The team continue to be proactive and spread learning across the ICS. Themes include transitional arrangements, mental health and substance abuse.



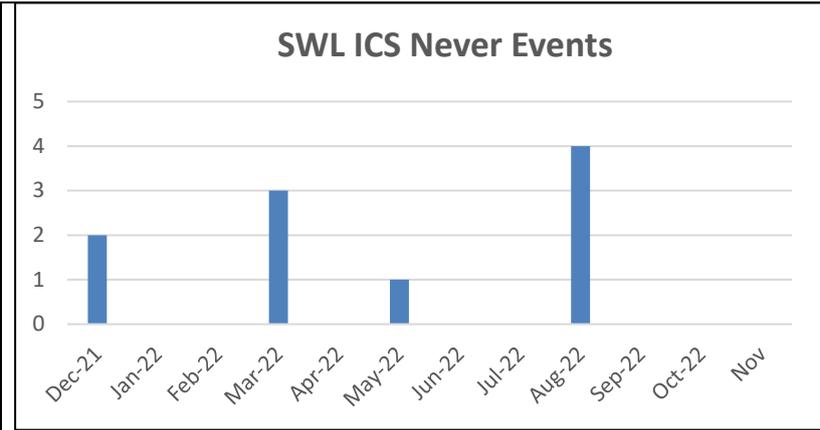
The 'Madeleine' SAR published by Croydon Safeguarding Adult Board highlights the learning for the ICS. The learning has focused on improving transitional safeguarding, enhancing collaborative working between children and adults' services. SWL has developed a transitional safeguarding protocol to address this.

This SAR has been disseminated at a local, regional and national level.

The National Safeguarding Adult Week at SWL ICB held in November focused on how the system responds to contemporary safeguarding challenges. The week covered various important aspects of adult safeguarding such as domestic abuse, exploitation, and county lines, learning from safeguarding adult reviews (SARs), self-neglect and transitional safeguarding.

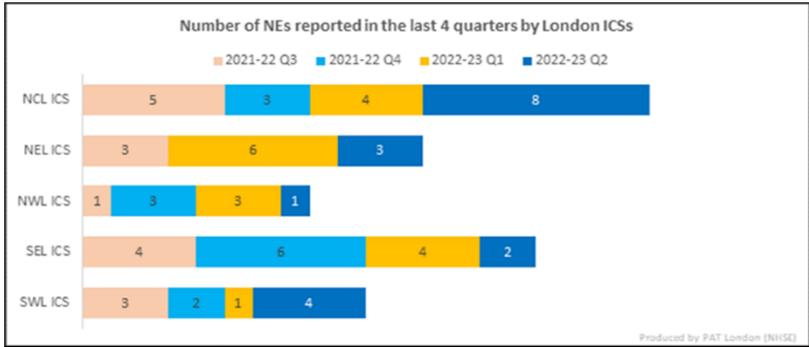
#### **Merton Safeguarding Children Partnership has commissioned ICON:**

Following the recommendations from the recent Baby Grace Local Child Safeguarding Practice Review and our Independent Scrutineer's thematic scrutiny on Non-Accidental Injury, there has been a launch of a system-wide approach to ICON delivery in Merton. The aims are to implement and embed ICON across Merton as a preventative programme that supports and educates new and expectant parents to cope with the challenges of parenting and promote safe handling.



**Never Event key messages:**

- SWL reported 4 never events in Q2. However, zero never events have been reported between September and November 2022.
- The total year to date is five.
- SWL remains second lowest in number of never events in London



A barrier analysis report highlighting system recommendations has been completed and presented to the System Quality Council, Senior Management Team (SMT) and planned to present at the Quality and Oversight Committee. Discussions have commenced with system partners to review outcome and actions relevant to them as well as wider system Quality Improvement (QI) approach.

**Serious incidents (SIs) key messages:**

A total of 32 serious incidents have been declared between October and November 2022, highlighting a decrease of 39% from the August and September months.

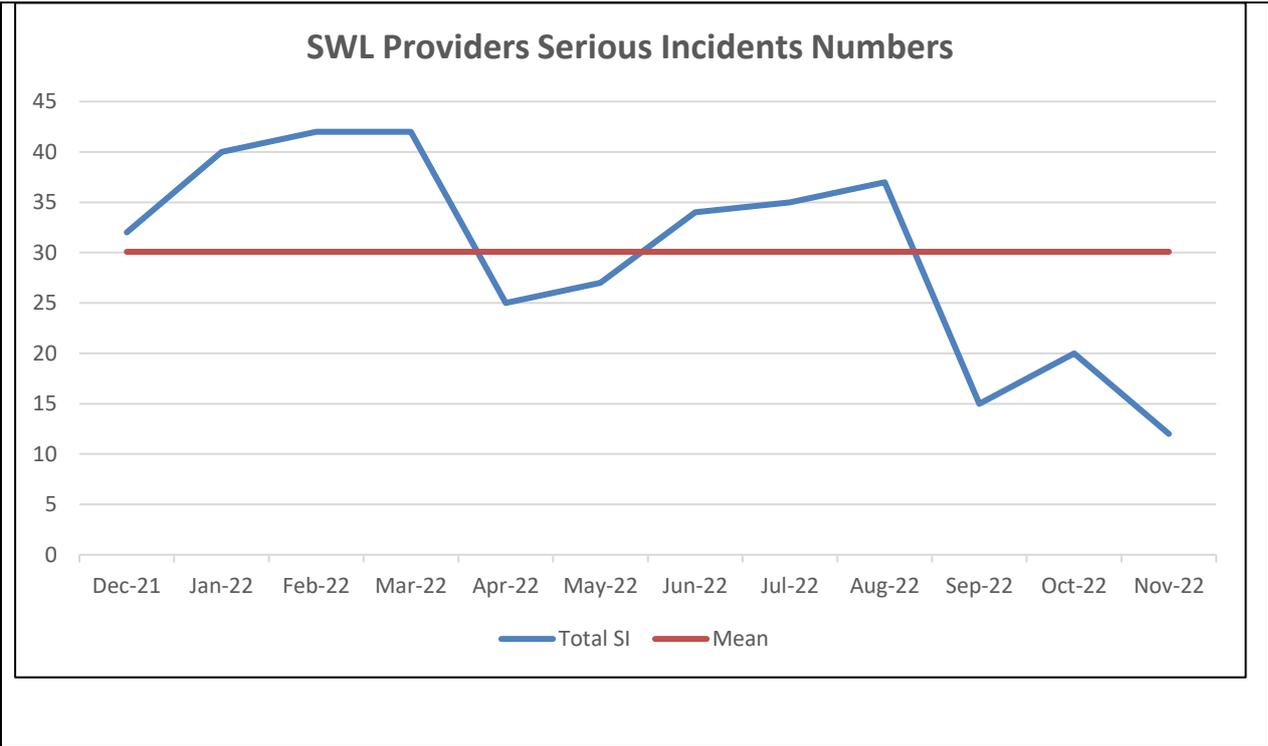
Themes around serious incidents include maternity, diagnostic delays, and falls.

Incidents on delay in diagnosis incident type are being reviewed. Preliminary breakdown shows reported incidents occurring predominantly in emergency departments, medicine, surgery, and radiology. A review report is currently in development to understand common issues.

The number of suicides being reported monthly is variable. Over the last two years, SWL St George’s Mental Health Trust (StG) has highlighted an increasing trend in deaths caused by suspected suicides. The monthly average mean increased from 2.9 in 2019/20 (prior to Covid-19) to 3.5 in 2021/22.

SWL StG has an action plan that is currently being led and delivered by the Mortality and Suicide Prevention Group. The Trust is not reporting any concerning themes around quality of care and service delivery issues.

There has been a reduction of hospital falls by 10.5% between Months 5 and 6 across SWL providers. All providers continue to focus on improving and reducing falls through thematic reviews, education, proactive engagement, and awareness campaigns.



Themes	Nov-22
REFERRAL PROCESS	40
DISCHARGE CONCERN	28
MEDICATION (INC BLOOD PRODUCTS)	12
DIAGNOSIS (INCL FAILED, WRONG, DELAYED)	10
COMMUNICATION	10
SERVICE DELIVERY	6
CARE AND TREATMENT	4
INFORMATION GOVERNANCE	3
TWO WEEK WAIT	2
POSITIVE EXPERIENCE	2
MEDICAL DEVICES	1
INFORMATION TECHNOLOGY	1
<b>Grand Total</b>	<b>119</b>

**Make a Difference (MKAD) Quality Alerts key messages:**

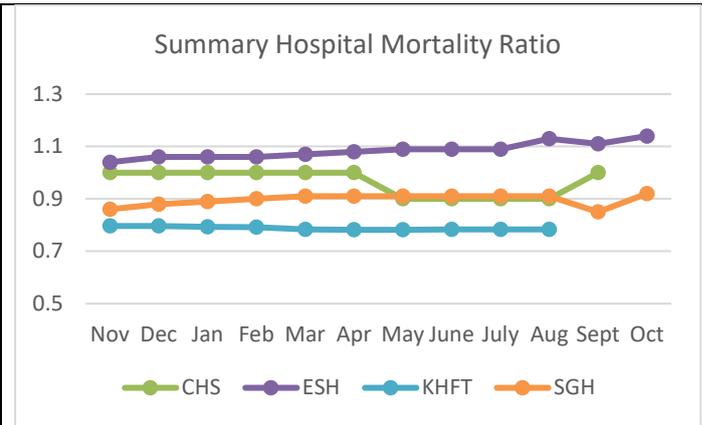
There were 270 reported quality alerts in Q3 to date across SWL providers. There has been a steady uptake of reporting with 348 alerts in Q1 and 382 in Q2 which is positive.

The three key themes are referral processes, discharge concerns, and medication.

**Discharge quality improvement:**

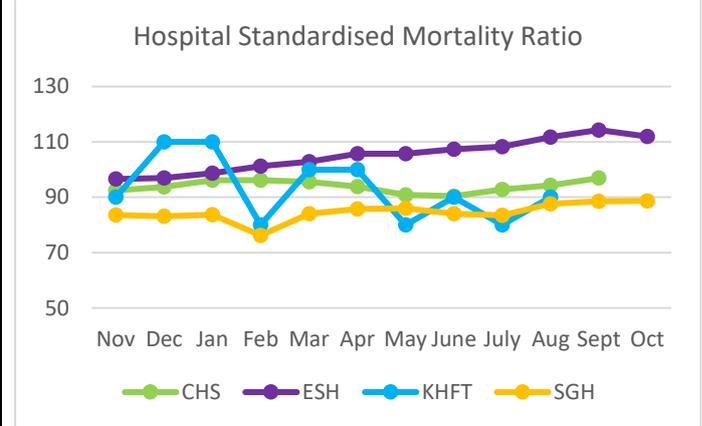
The ICB has been working with St Georges' Hospital (SGH) to review discharge related concerns. The first joint provider /ICB thematic report with input from (multi agency partners) was presented to the SGH Quality and Patient Safety Committee in August 2022.

The report was approved with the recommendation that a Task and Finish group is established to take forward the key actions to improve discharge concerns. The first Merton and Wandsworth weekly planning meeting in September focused discharge transformation plans.



**Mortality key messages:**

SWL’s Summary Hospital Mortality (SHMI) and Hospital Standardised Mortality Ratio (HSMR) figures are all within the average range for all Trusts with the exception of Epsom and St Helier Hospital NHS Trust (ESH). Both SHMI and HSMR rates at ESH are above 1.0 and 100 respectively.



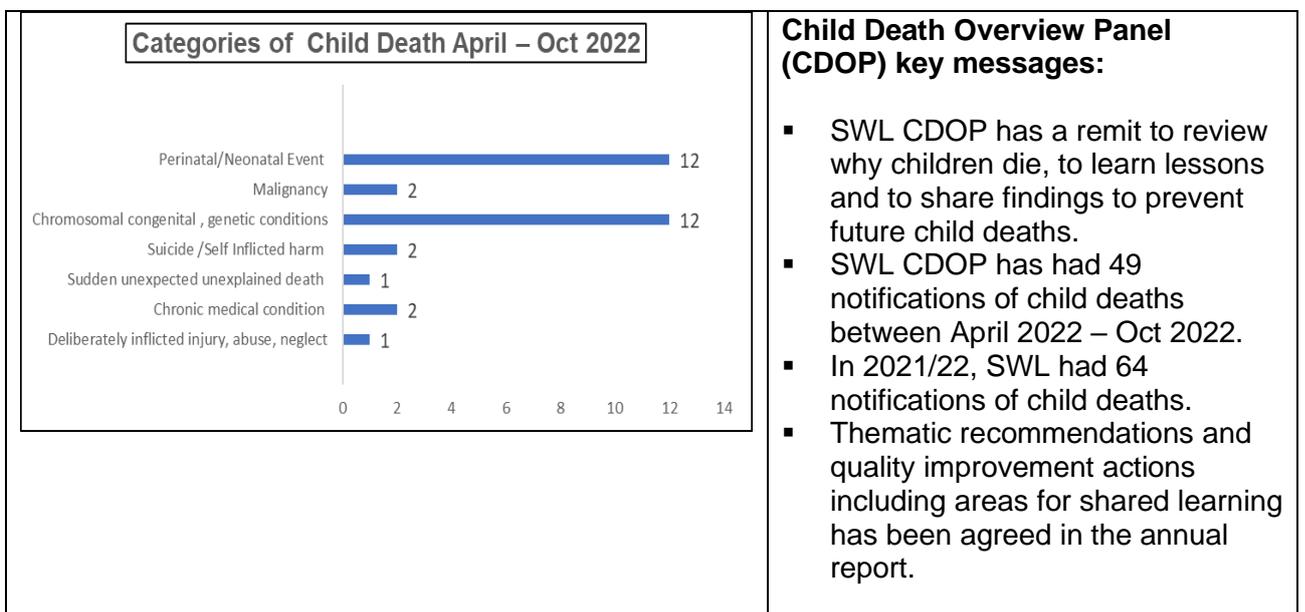
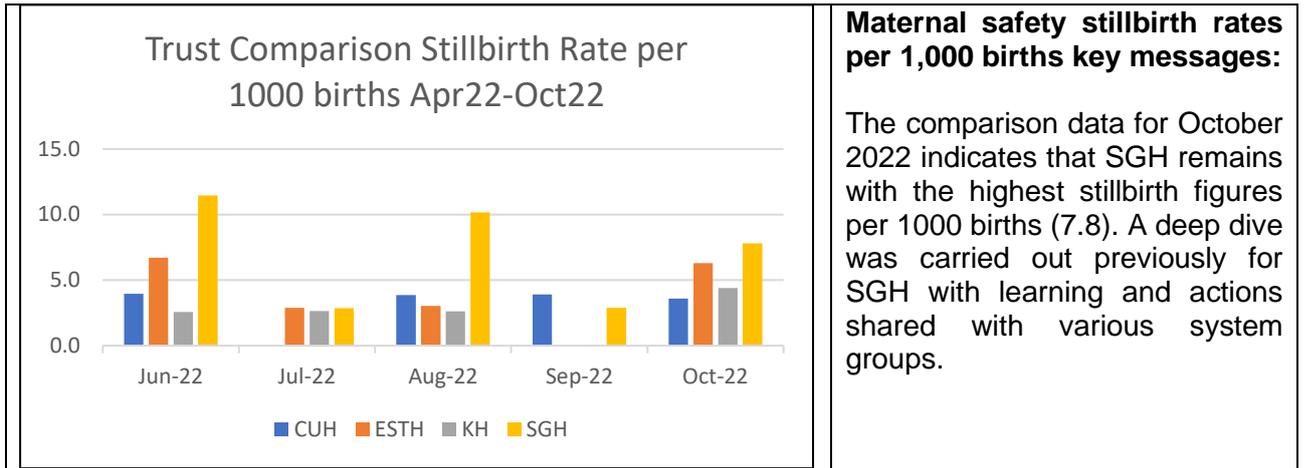
**Mitigation:**

The Trust has reviewed mortality incidents to understand contributory factors for non-elective HSMR. The clinical deep dive assessed diagnoses with elevated mortality rates and found that there were no systemic concerns regarding clinical management but has raised questions regarding the depth and accuracy of clinical coding for primary diagnosis and co-morbidities. Progress and outcomes are being monitored monthly at the Trust Group’s quality committee.

**Key:**

- CHS – Croydon Health Services
- ESH – Epsom and St Helier University Hospital
- KHFT – Kingston Hospital Foundation Trust
- SGH – St George’s University Hospital

	target	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct
		Q3 21/22			Q4 21/22			Q1(2022/23)			Q2(2022/23)		
<b>Mortality SHMI ratio</b>													
CHS	<=1.0	1.0	1.0	1.0	1.0	1.0	1.0	0.9	0.9	0.9	0.9	1.0	
ESH	<=1.0	1.04	1.06	1.06	1.06	1.07	1.08	1.09	1.09	1.09	1.13	1.11	1.14
KHFT	<=95	79.65	79.65	79.30	79.22	78.39	78.19	78.19	78.4	78.4	78.4		
SGH	<1	0.86	0.88	0.89	0.9	0.91	0.91	0.91	0.91	0.91	0.91	0.85	0.92
<b>Mortality HSMR ratio</b>													
CHS	<=100	92.5	93.7	96.1	96.1	95.6	93.9	90.9	90.4	92.8	94.3	96.9	
ESH	<=100	96.58	96.9	98.71	101.2	102.8	105.7	105.7	107.3	108.3	111.7	114.3	112.0
KHFT		0.9	1.1	1.1	0.8	1.0	1.0	0.8	0.9	0.8	0.9		
SGH	<100	83.6	83.1	83.7	76.2	84	85.8	86.0	84	83.5	87.6	88.5	88.7



### Infection and prevention control key messages:

We have observed an increase in e-coli and c-diff infections across SWL which is a similar picture across the country.

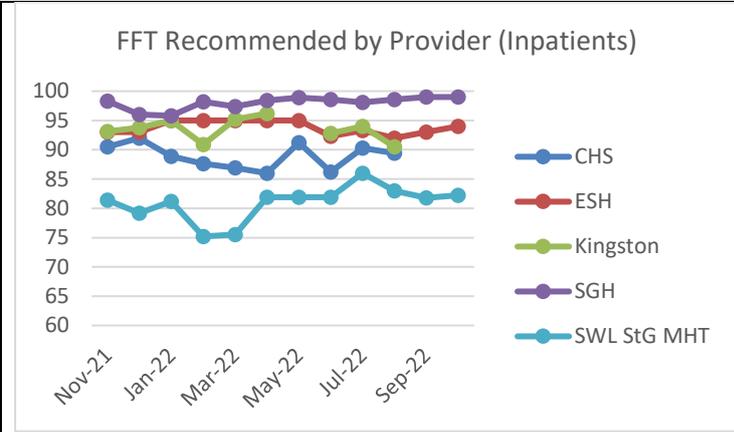
#### Key actions:

- Weekly surveillance of community and provider prevalence and reporting of IPC events (including to NHSE and PHE).
- Care home support arrangements (variety of seminar/ information cascade).
- SWL level IPC group to review the support and action plans across SWL to establish common root causes of HCAI's with a focus on gram-negative bloodstream infection (GNBSI's).
- There appears to be a national seasonality to cases of GNBSI's with most cases reported between July and September. NHSE Hydration pilot commences December 2022.

All London ICS's have seen an increase in C-difficile and e-coli infections. A national strategic workshop led by NHSE held on 1 December 2022 to discuss C-difficile root causes and system improvement areas. Thresholds are set by NHSE taking the number of cases reported for the previous year and reduced by 5%.

**Positive Experience: For people who use our service**

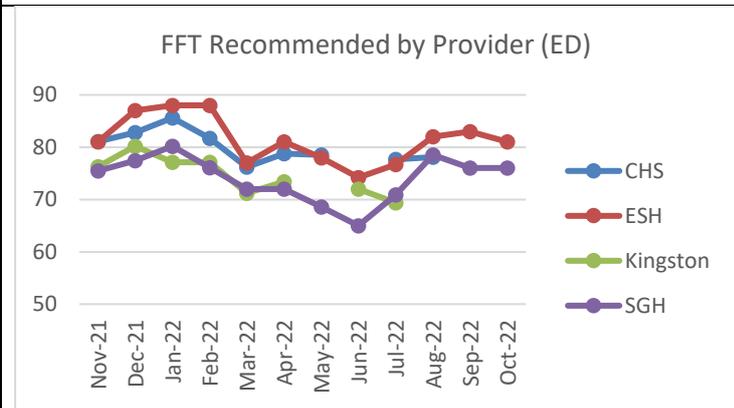
Responsive and person-centred. Services respond to people’s needs and choices and enable them to be equal partners in their own care



**Friends and Family Test (FFTs) key messages:**

FFT recommendation results have remained stable across SWL for October 2022, with no significant fluctuations to results compared to previous months data.

FFTs performance continues to be a challenge in Emergency Departments (ED) due to the national, regional, and local ED pressures and long waits including ambulance handover delays for many acute services. This has been the case for a few months mainly due to waiting times due to operational pressures. Trusts are implementing new FFT systems to improve response rates and engagement, whilst others are outsourcing the FFT function to external providers.



**Key:**

- CHS – Croydon Health Services
- ESH – Epsom and St Helier University Hospital
- KHFT – Kingston Hospital Foundation Trust
- SGH – St George’s University Hospital
- StG MHT – St George’s Mental Health Trust

**Central London Community Health (CLCH) Trust Patient Experience Quality Campaign:**

The table below shows patient experience indicators for CLCH, highlighting that most patients who accessed the Trust’s services had positive experiences of care.

Quality Campaign	Key Performance Indicator	Trajectory Target	SWL
<b>A Positive Patient Experience</b> Changing behaviours and care to enhance the experience of our patients and service users	Proportion of patients who felt staff took time to find out about them	95.0 %	98.4%
	Proportion of patients who were treated with respect and dignity	95.0 %	99.7%
	Friends and family test - Percentage of Staff recommending CLCH as a place for Treatment	80.0 %	Quarterly
	Proportion of patients rating their overall experience as good or very good	92.0 %	97.2%
	Proportion of patients' concerns (PALS) responded to within 5 working days	95.0 %	100%
	Proportion of complaints responded to within 25 days	100%	100%
	Proportion of complaints responded to within agreed deadline	100%	100%
	Proportion of complaints acknowledged within 3 working days	100%	100%

### **Well- Led: For those providing services**

Be open and collaborate internally and externally and are committed to learning and improvement

## **Provider Care Quality Commission (CQC) updates**

### **Kingston Hospital Foundation Trust**

There was a planned CQC visit undertaken at Kingston Hospital on 11 October 2022 as part of the National Maternity Units Review. The outcome of the inspection was that overall rating remains good. However, the CQC dropped rating in safe to requires improvement. Key requirement is around safer staffing and compliance with safety checks.

### **Croydon University Hospital**

CQC planned visit undertaken week of 5 December at CUH's maternity unit. The Trust is awaiting the outcome of the visit.

### **South West London & St Georges Mental Health NHS Trust**

The Trust has received and responded to the final CQC inspection report held in March 2022 for their specialist eating disorder services, The Trust reported to the System Quality Council in October 2022 that the Board is extremely pleased and proud that the recent inspection was able to demonstrate significant improvements from previous inspections (2019 and 2020), resulting in a re-rating of safe, effective, responsive, and well-led domains from **'requires improvement'** to being rated as **'good'**, as well as the overall rating re-rated to **'good'**.

SWL GP CQC ratings - November 2022

Borough	Outstanding	Good	Requires Improvement	Inadequate
Croydon	0	42	3	1
Kingston	0	19	1	0
Merton	1	20	1	0
Richmond	0	24	0	1
Sutton	0	21	2	0
Wandsworth	0	36	2	1

**Care Quality Commission ratings SWL General Practices:**

There are 175 general practices in SWL. The table shows the current CQC ratings.

1 practice in each of the boroughs of Croydon, Richmond and Wandsworth are rated inadequate.

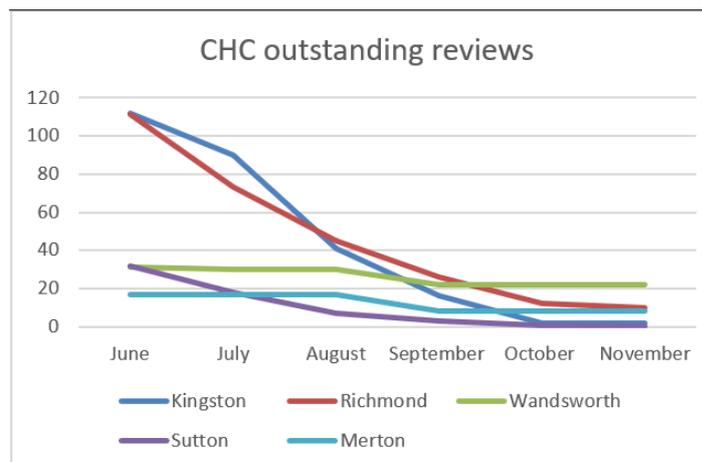
Nine practices are rated 'Requires Improvement'.

The 12 practices with ratings of 'Requires Improvement' or 'Inadequate' are due to contractual concerns identified by the CQC.

The primary care quality teams are providing support to practices to make the necessary improvements.

A primary care quality framework is in development and will enable system wide improvements for practices who require support.

**Effectiveness: For people who use our services**  
 Providing services based on evidence that produce a clear benefit



**Continuing Health Care (CHC) key messages:**

The Integrated Care System has made a significant progress in clearing our CHC backlogs. In May 2022, the number of outstanding reviews across SWL was 303. The team have now completed 264 of those reviews, leaving 34 outstanding as of November 2022. 46 triggered the need for a full Decision Support Tool (DST), 37 of which have now been scheduled a date for a joint DST with a Local Authority social worker.

	Kingston	Richmond	Wandsworth	Sutton	Merton	Outstanding across SWL	The Director of CHC Transformation has been appointed to lead on the transformation programme. A system wide review into developing the future model for CHC in SWL has been launched.
June	112	111	31	32	17	303	
July	90	73	30	18	17	228	
August	41	45	30	7	17	140	
September	16	26	22	3	8	75	
October	2	12	22	1	8	45	
November	1	3	22	0	8	34	

Local Area	SEND Local Area Joint inspections Ofsted/CQC . Date/ outcome.	Written Statement of Action (WSOA) Revisit date/ outcome	<b>Special Educational Needs and Disabilities (0-25 years) (SEND) key messages:</b>  <b>Common themes:</b> <ul style="list-style-type: none"> <li>• Health oversight and assurance of SEND transformation.</li> <li>• Timeliness and quality of health contributions to Education and Health Care Needs Assessment process.</li> <li>• Long waits to access Neurodevelopmental assessments and lack of support whilst waiting.</li> <li>• Challenges around transition to adult services for children and young people with SEND.</li> <li>• Need for emotional wellbeing and mental health support.</li> </ul> <b>Ongoing work:</b> <ul style="list-style-type: none"> <li>• Thematic analysis at system level to drive targeted actions.</li> <li>• Establishment of SWL Designated Clinical Officer (DCO) / Designated Medical Officer (DMO) forum.</li> <li>• Continued work with Community Paediatrics across SWL to address the challenges of service delivery.</li> </ul> <b>Mitigations:</b> <ul style="list-style-type: none"> <li>• SEND subgroup membership and governance in development.</li> <li>• Head of SEND will work collaboratively with SWL Lead for Learning Disabilities and Autism regarding development of neurodevelopment pathway.</li> </ul>
<b>Croydon</b>	October 21 <b>No WSoA required.</b>	N/A	
<b>Kingston</b>	October 18 WSoA <b>4 areas of weakness.</b>	October 22 <b>Sufficient progress all 4 areas.</b>	
<b>Merton</b>	June 19 WSoA <b>3 areas of weakness</b>	October 22. <b>Pending outcome.</b>	
<b>Richmond</b>	June 21 WSoA <b>1 area of weakness.</b>	Quarterly monitoring NHSE and DfE pending new inspection framework.	
<b>Sutton</b>	January 18 WSoA <b>3 areas of weakness.</b>	March 20. <b>Sufficient progress 3 areas.</b>	
<b>Wandsworth</b>	December 2019 WSoA <b>2 areas of weakness.</b>	June 22 <b>Sufficient progress both areas.</b>	

	<ul style="list-style-type: none"> <li>• Development of SEND data dashboard</li> </ul>
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## Key Quality Challenges

### Continuing Healthcare (CHC) System Issues

There are few Continuing Healthcare (CHC) issues identified within the system. The ICB central CHC team are working with the Place team to mitigate identified risks. Full report has been presented at the Quality and Oversight Committee. The committee will provide ongoing monitoring and assurance to improvement made across CHC services. An external review and independent investigation have been commissioned with improvement plans to mitigate immediate quality and safeguarding risks identified.

### Group A Streptococcal Infections (GAS)

There is an increase in GAS infections popularly known as Strep A affecting children across the country. Strep A is a common type of bacteria that can be treated with anti-biotics. The UK Health Security Agency (UKHSA) is working with health systems to offer expertise advice. As a result of the rise in infections, there is a supply shortage of antibiotics. The Medicines Optimisation Team have been working with NHS England, SWL's Children's Team and providers to manage communications and offer support.

Messages on Scriptswitch and Optimise Rx have been deployed to guide prescribing in primary care so that if an antibiotic is required, clinicians put children's safety first. For example, considerations for whether children can swallow capsules/tablets safely and how to disperse/crush tablets/capsules for patients who are unable to.

The national interim clinical guidance update on GAS has been disseminated across the system. The Medicines Optimisation Team have also been working closely with our SWL provider colleagues to ensure a consistent approach is delivered across the system.

### Children and Young People

Child and Adolescent Mental Health Services (CAMHS) and Emergency Department (ED) demands continue to be a system issue and has been reported by NHS England and Improvement as the national picture.

### Mental Health Services

Crisis presentations and patient acuity is high in many of our adult acute services, leading to delays in patients in accessing the right care and therefore impacting the wider system. A crisis pathway review has been recently completed with a focus on new models of care. The system has been working to prioritise patients requiring inpatient beds. This has been effective in reducing waits in ED.

### Hard to recruit vacancies in specialist community health services

Podiatry: Ongoing challenges due to capacity and vacancies in the Merton podiatry service leading to longer than expected waiting times.

Speech and Language Therapy: Wandsworth Maximising Independence service is experiencing longer than expected waits due to vacancies.

### Future Quality Oversight Committee Reporting Metrics

As discussed at the previous ICB Board (November 2022), full assurance against a range of quality metrics covering health and care should be incorporated into this report. Below are a range of suggested metrics for inclusion, categorised under the 'stages of life'. The Board is asked to review and consider these metrics for potential inclusion in further reports. The Board is also asked to provide relevant recommendations.

Life Course Stage	Measure Description
Born Well	<ul style="list-style-type: none"> <li>• Stillbirths, maternal deaths and neonatal mortality (per 1,000 births)</li> <li>• Rate of brain injuries (per 1,000 births).</li> <li>• Underweight babies.</li> </ul>
Start Well	<ul style="list-style-type: none"> <li>• Access to Child and Adolescent Mental Health Services (CAMHS).</li> <li>• Compliance on assessments of autism spectrum disorder.</li> <li>• Children Looked After (CLA) monthly referrals, Initial and Review Health Assessment compliance.</li> <li>• Children and Young People (CYP) Emergency Department attendances.</li> <li>• Dental extraction admission rates.</li> </ul>
Live Well	<ul style="list-style-type: none"> <li>• Serious incidents and never events.</li> <li>• Family and Friends Test results, patient experience and complaints.</li> <li>• Pressure ulcers (per 1,000 bed days).</li> <li>• Safeguarding Adult Reviews.</li> <li>• Deprivation of Liberty Safeguards (DoLS).</li> </ul>
Feel Well	<ul style="list-style-type: none"> <li>• Serious Mental Illness health checks.</li> <li>• Mental health readmissions.</li> <li>• LeDeR (Learning disabilities and autism mortality review).</li> <li>• IPC (infection rates).</li> <li>• Staff turnover, retention and wellbeing.</li> </ul>
Age Well	<ul style="list-style-type: none"> <li>• Patient falls (per 1,000 bed days).</li> <li>• Over-65 non-readmissions.</li> <li>• Care Home admissions and ambulance conveyances.</li> <li>• Sepsis screening.</li> </ul>

## Recommendations

### The Board is asked to:

- Note the full report, the quality metrics and the quality issues and challenges identified across the system.

- Be assured that quality oversight and governance is effective and escalation processes are clear for partners to raise concerns where appropriate.
- Be assured that the development of quality functions and delivery within the Integrated Care Board and wider Integrated Care System is being implemented at pace.

**NHS South West London Integrated Care Board**

**Date** Wednesday, 18 January 2023

**Document Title** South West London ICB Performance Report (December 2022)

**Lead Director (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.** 13 **Attachment No.** 12

**Purpose (Tick as Required)**

Approve

Discuss

Note

**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.

**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.

**Recommendation:**

The Board is asked to:

- Note the contents of this report.

**Key Issues for the Board to be aware of:**

Update on performance:

- **Planned Care activity:** SWL continues to deliver a relatively strong performance on elective recovery, though there are substantial ongoing challenges including a growing overall waiting list which has increased by 21.1% since October 2021, higher than the 17.1% increase at London level over the same period. Work has begun, jointly led by the Acute Provider Collaborative, ICB and providers, to develop a risk stratified plan for managing the waiting list.

- **Long waiting patients:** 1,034 patients were waiting over 52 weeks for treatment in October, against a plan of 988. This is the strongest position in the capital. In the longer waiting cohorts, 56 patients were waiting over 78 weeks and no patients were waiting over 104 weeks in mid-December, again the best position in London.
- **Cancer:** 2-week wait performance was below the national standard of 93% (82.7% in September 2022). On the 62-day standard (85%), SWL was the highest performing sector in London. On the 28-Day faster diagnostic standard (FDS, 75%), SWL ICS performance was 67.2%, the lowest position in London.
- **A&E 4 Hour Waits:** Within SWL Providers, 72.6% of patients were seen within 4 hours in November, compared to the London position of 64.1%. The percentage of 111 calls abandoned in November was 14%, reflecting the challenge patients experience in accessing Urgent & Emergency Care (UEC) services at this time.
- **Physical care 12 Hour A&E Breaches:** 1,909 patients waited over 12 hours from decision to admit to admission in November, down from 2,023 in October but still above August and September volumes. SWL had the highest number of 12-hour breaches in London this month and the fifth highest nationally. A patient safety review is being undertaken across the ICS, led by chief nurses and medical directors.
- **Mental Health (MH) 12 Hour A&E Breaches:** Unvalidated figures show that in September 2022, 73 x 12-hour breaches were reported for MH patients, mainly waiting on a bed.
- **Learning Disability Health Checks:** At the end of Month 7, the Annual Health Checks are ahead of previous years' activity.
- **Mental Health Improving Access to Psychological Therapies:** Provisional data for October 2022 shows 2,957 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 96.4% and 100% respectively.
- **Severe Mental Illness Health checks:** Latest data available Quarter 2 (2022/23) reported a performance of 41.2%, with 6,904 SMI patients having received all six annual health check elements. October provisional performance shows an improvement to 41.9%.

**Conflicts of Interest:**

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

**Mitigations for Conflicts of Interest:**

N/A

**Corporate Objectives**

This document will impact on the following Board Objectives:

Meeting performance and recovery objectives across the SWL ICS.

<p><b>Risks</b> This document links to the following Board risks:</p>	<p>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.</p>
<p><b>Mitigations</b> Actions taken to reduce any risks identified:</p>	<p>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.</p>

<p><b>Financial/Resource Implications</b></p>	<p>Compliance with constitutional standards, particularly following the pandemic will have financial and resource implications.</p>
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<p><b>Is an Equality Impact Assessment (EIA) necessary and has it been completed?</b></p>	<p>N/A</p>
<p><b>What are the implications of the EIA and what if any are the mitigations</b></p>	<p>Work has begun to identify the inequality issues associated with elective waiting lists.</p>

<p><b>Patient and Public Engagement and Communication</b></p>	<p>N/A</p>
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<p><b>Previous Committees/ Groups</b> Enter any Committees/ Groups at which this document has been previously considered:</p>	<p>Committee/Group Name:</p>	<p>Date Discussed:</p>	<p>Outcome:</p>
		Click here to enter a date.	

<p><b>Supporting Documents</b></p>	<p>SWL Integrated Board Report December 2022 (Month 8 data)</p>
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# South West London Integrated Board Report

December 2022 (Month 8 Data)

SRO: Jonathan Bates



- 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 NHSEI, 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 ICB.

- **Planned Care:** Progress to increase elective activity levels continued in October. Elective Ordinary Spells have improved and are now just below plan, with Neurosurgery, Gynaecology, Maxillofacial Surgery and ENT driving the position. Diagnostic activity (as measured by 7 key tests) was 3% above trajectory with ongoing challenges in Non-Obstetric Ultrasound, Echocardiology and Endoscopy.
- **52 Week Waits:** There were 1,034 patients waiting over 52 weeks for treatment at SWL providers against a trajectory of 988 for October. 34 patients were waiting over 78 weeks against a trajectory of 0. The majority (19) were at St George's, mainly in Cardiology and Plastic Surgery. SWL have consistently had the lowest number of patients waiting over 78 weeks in London.
- **Cancer:** Performance against the 2-week wait standard (93% target) was 82.7% in October 2022. Against the 62 Day standard of 85%, SWL was the highest performing sector in London with an outcome of 74.6% in September. On the 28-Day faster diagnostic standard (75% target), performance was 67.2%, the lowest position in London.
- **A&E 4 Hour Waits:** A&E attendances at local providers have remained consistent. Performance was 72.6% in month, with all sites except Kingston achieving above 70% against the 4-hour target (above the London position of 64.1%). The percentage of abandoned 111 calls was 14% in November.
- **Physical care 12 Hour A&E Breaches:** 1,909 patients waited over 12 hours from decision to admit to admission in November, down from 2,023 in October. SWL had the highest number of 12-hour breaches in London this month and the fifth highest nationally. In line with this, there were 411 x 60-minute London Ambulance Service handover breaches. Intensive action to manage the position takes place on a regular basis, often hourly or daily. 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 November 2022, 73 x 12-hour breaches were reported for Mental Health patients, mainly waiting for a bed. Further actions will occur via the Urgent and Emergency Care Board.
- **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 October 2022 shows 2,957 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 96.4% and 100% respectively. The ICS continues to work with providers to understand issues, including workforce/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 2 (2022/23) reported a performance of 41.2% for SWL, with 6,904 patients having received all six annual health check elements. October provisional data shows an improvement to 41.9%. SWL ICS has established a new dedicated SMI health checks programme for 2022/23 to build on the work in 2021/22, continuing improvement towards the 60% national standard.

## Urgent and Emergency Care

- **The challenges on the Urgent and Emergency Care pathway** are going to remain very intense through the winter period. Additional capacity in the care home setting has been secured as well as additional capacity in virtual wards and in neuro-rehabilitation services. Making the most of these initiatives and managing the clinical risk of patients in the community, in ambulances, in Emergency Departments and on hospital wards will remain a top priority for at least the next six months.
- With **upcoming industrial action** in January by the Royal College of Nursing and other Unions which will have a particular impact on London Ambulance Service and South East Coast Ambulance Service the ICS has issued communications advising residents how they should access the services available during these times. There is also learning from the industrial action in December, including the benefits of senior clinical decision makers being close to the front door of key services.
- **There is a well-established discharge programme in place and the wider SWL system is currently undertaking a review to consider what more could be done at scale.** Virtual Ward usage remains at around 45%; system partners are working to improve usage and raise awareness of these beds with clinical teams across the system. The Clinical Remote Monitoring Hub (CRM) went live at the end of November.

## Planned and Cancer Care

- The London region has the largest Patient Tracker List nationally and the fewest long waiters, **with SWL ICS a positive outlier for both measures.** However, SWL has seen a **relatively higher waiting list growth in recent months.** Work has begun to form a risk stratified plan for cleansing and managing the SWL ICS. There is increased focus on patients waiting 40+ weeks, to minimise the number tipping into 52+ weeks.
- All providers with exception of Epsom & St Helier are facing challenges in the 2WW pathway, FDS and **62-day GP referral pathway.** SWL developed a system-wide recovery plan and revised trajectory with RMP, with specific focus on reducing the 62-day backlog and with the aim to get back to baseline by the end of March 2023. From October onwards, there has been progress towards the revised trajectory.

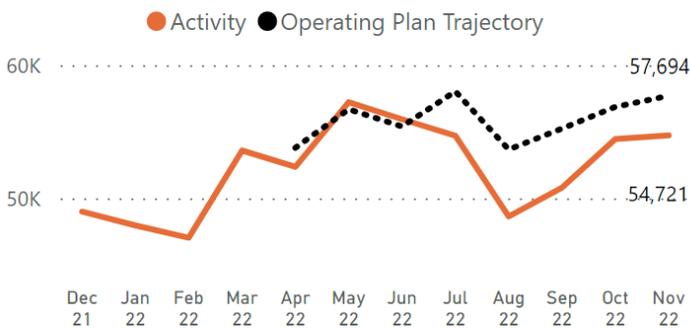
## Mental Health

- **Improving Access to Psychological Therapies performance remains challenged** despite the actions being taken. The ICS is actively working to improve the position. **There are significant growing pressures on Mental Health services** more generally as referral and activity levels increase; these can be seen in performance against a range of metrics in services for both adults and children.

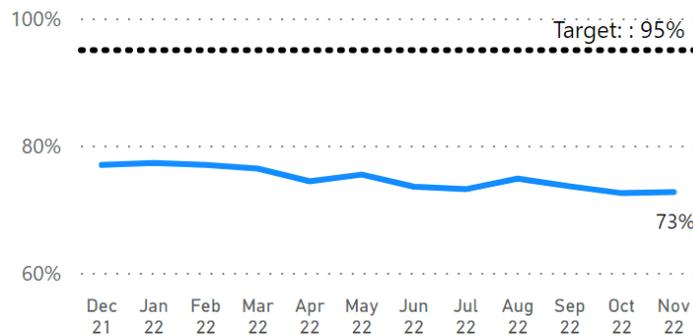
## Immunisations

- Uptake of childhood immunisations has been historically strong in comparison with many parts of the capital. The performance differential seems to be narrowing so the vaccination and immunisation team are reviewing opportunities in this area.

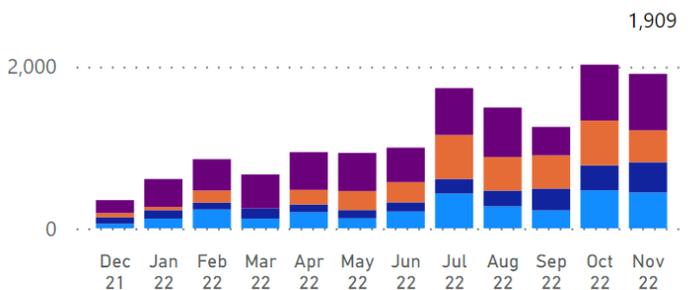
**A&E Attendances (All Types)**



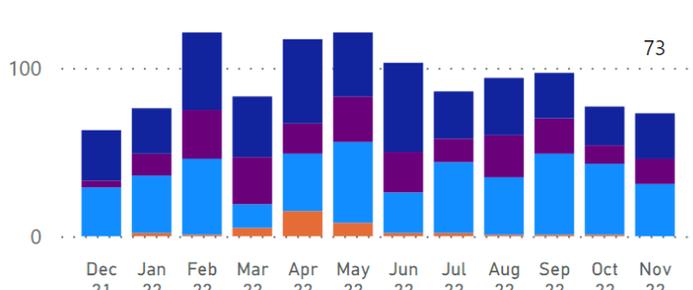
**A&E (All Types) 4 Hour Standard**



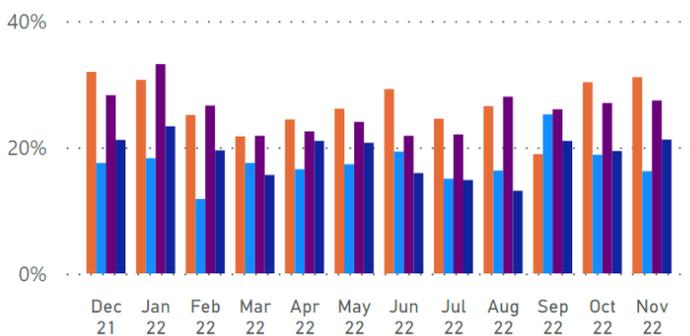
**12 Hour A&E Breaches**



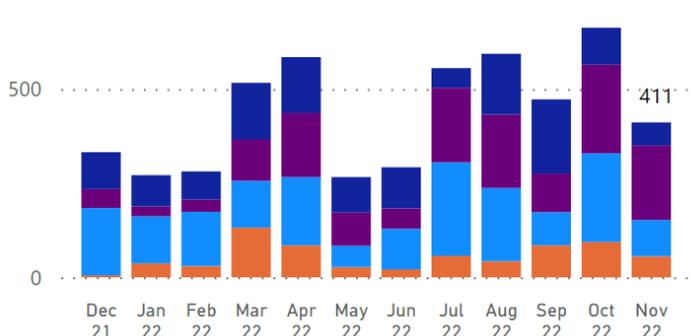
**12 Hour Mental Health A&E Breaches (Unvalidated)**



**% Ambulance Handover within 15 minute**



**60 minute Ambulance Breaches**



● CHS ● ESTH ● KHFT ● RMH ● SGH

**Summary**

Pressure across the SWL UEC Pathway remains high. Our greatest concern continues to be 12 hour Emergency Department breaches and long waits for ambulance handover. There is also concern for our workforce who are seeking to deliver high standards of care in challenging circumstances. There was additional pressure in early December as a result of the Strep A outbreak which caused huge demand on services, particularly 111, Emergency Departments and Primary Care. Ongoing discharge delays continue to be the main cause of delay on the non-elective admitted pathway with local versions of the continuous flow model being piloted by acute Trusts. In addition, winter demand and capacity plans, approved by the ICB, are being delivered across SWL and closely monitored.

**A&E Attendances**

A&E attendances continue to track below the planned trajectory and are much lower than the same time in November 2019, however performance continues to be well below the 4 hour standard due to delays in the UEC pathway.

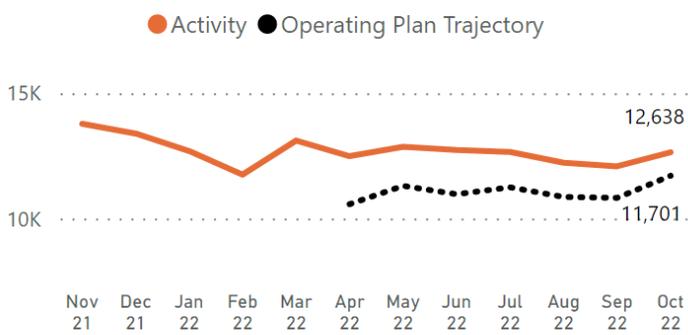
**12 Hour breaches**

The number of breaches reduced slightly in November from the previous month but is still at very high levels. Physical health breaches are still at much higher level than previous years whilst Mental Health breaches are relatively stable. Almost all breaches are due to lack of bed availability.

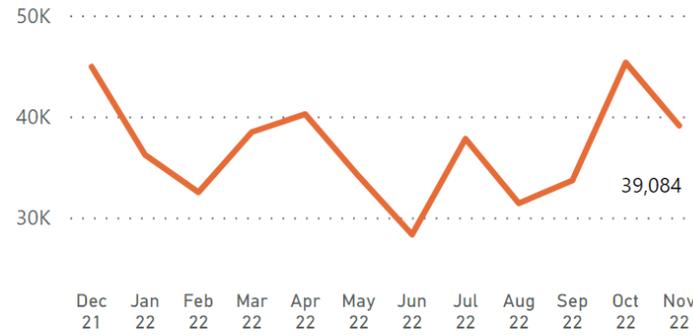
**Ambulance handovers**

Long ambulance waits over 60 minutes saw a sharp decrease in November. However, it is hard to be sure of the impact on waits in the community as this data is currently unavailable due to reporting issues at London Ambulance Service.

### Total Non-elective Spells



### 111 Call Volumes



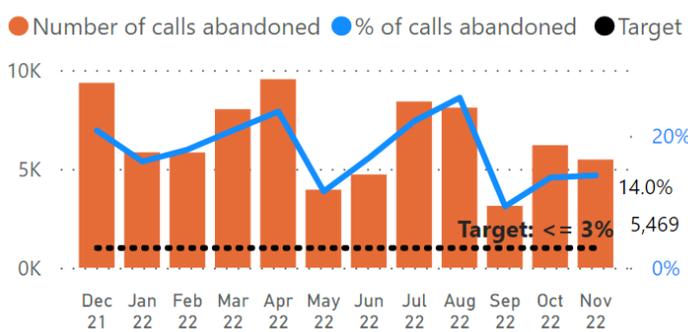
### Non Elective Spells

There was a slight increase in non-elective admissions in October, however numbers remain relatively stable with a conversion rate of 17%.

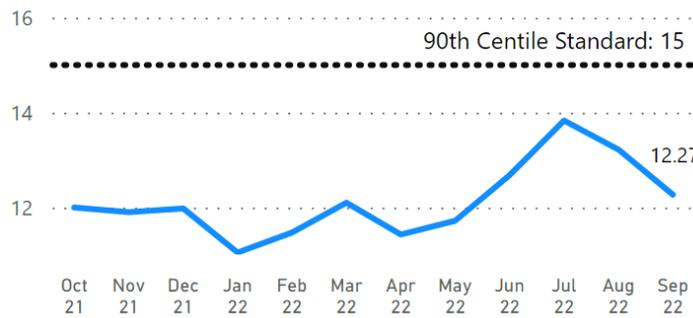
### 111 Calls

The total volume of SWL calls received in November was 39,084, slightly in excess of the monthly plan of 38,879. This is mainly driven by a 2,642 in-month drop in LAS calls. 14% of calls were abandoned in November, however the actual volume of abandoned calls was 727 lower than the previous month. The average time taken to answer calls was 6 minutes and 35 seconds for Practice Plus Group (PPG, the 111 provider).

### 111 Calls Abandoned



### Ambulance Category 1 Emergency Response Times (minutes)

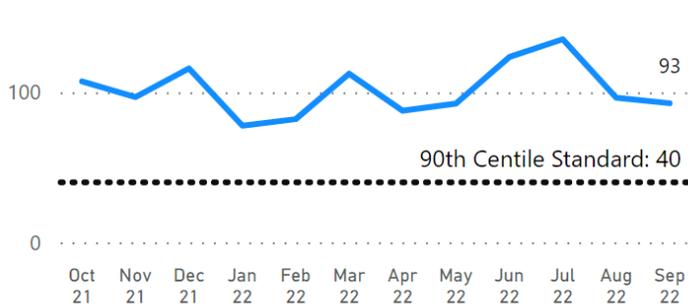


Recruitment plans continue to be positive and PPG are on track to be at full FTE by January. Provider recovery plans are focusing on maximising staff availability.

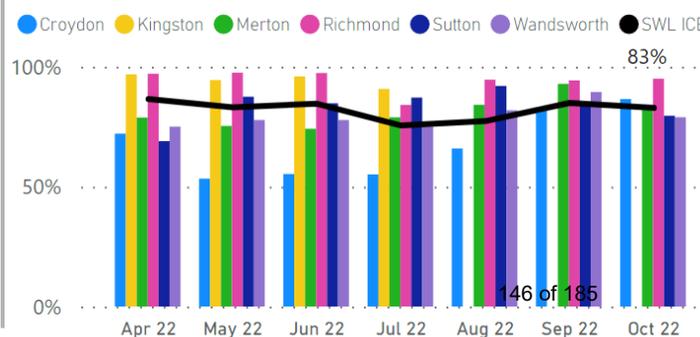
### Ambulance Response Times

Data for October and November is currently not available for this indicator due to reporting issues at LAS.

### Ambulance Category 2 Emergency Response Times (minutes)



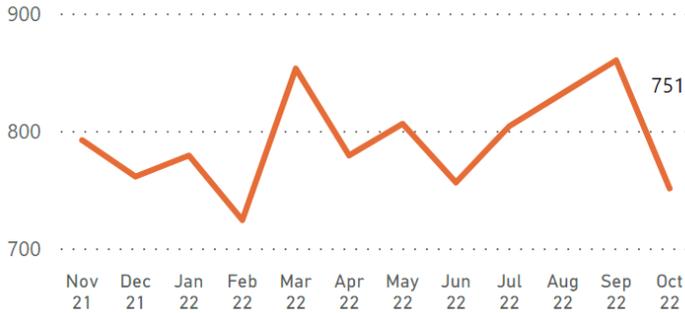
### Community 2 Hour Urgent Response Performance - Provider



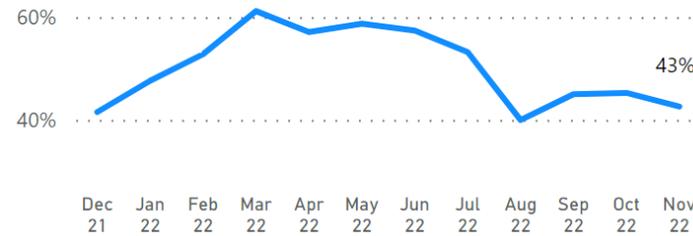
### 2-Hour Urgent Community Response

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). There are plans to extend 24hr service to two further boroughs over the Winter. These services can accept the nationally set 9 clinical conditions and all have falls 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 data has been missing due to cyberattack on the system. It is expected that reporting will recommence early next year.

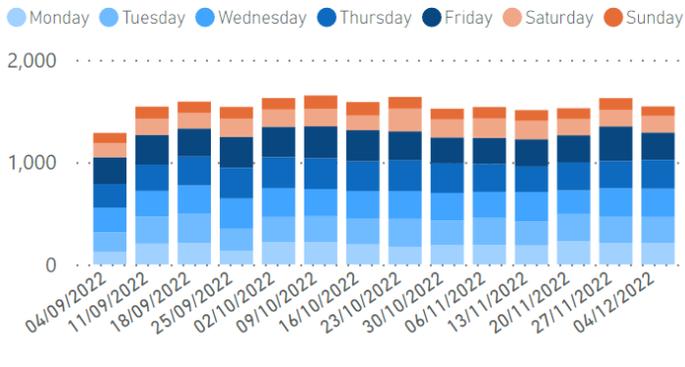
Number of Patients staying 21+ Days (Super Stranded)



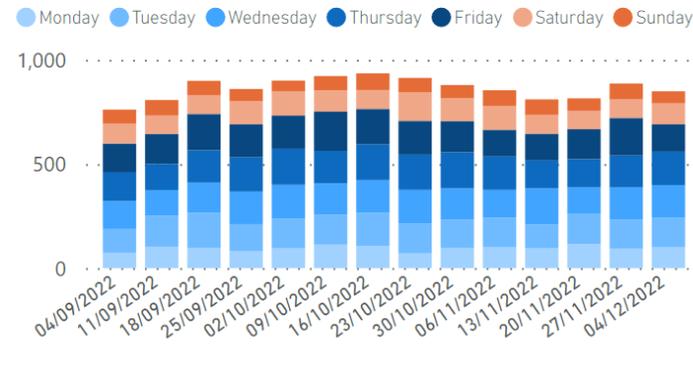
Daily discharges as % of patients who no longer meet the criteria to reside in hospital



Total Discharges by Weekday



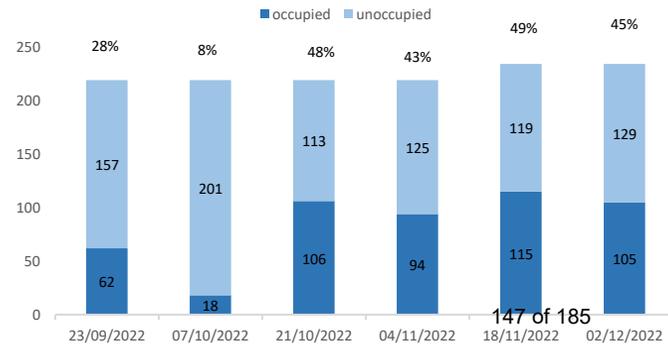
Total Discharges before 5pm by Weekday



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, particularly patients who have complex needs. The bed bureau and additional beds commissioned at the Queen Elizabeth Foundation (Neuro Rehab), provide additional capacity, easing pressure on acute beds. A SWL escalation process has been developed by Trusts and place discharge leads to help reduce the number of stranded and super stranded patients.

### % patients not meeting the criteria to reside

Alongside Pathway 3 placement challenges, in-hospital delays are the main driver. Focussed work is ongoing at the Trusts to understand the operational issues.

### Total discharges by weekday and before 5.00pm

The percentage of patients discharged by 5pm has improved (5.3% of the inpatient bed base, against a regional average of 5.7%). Weekend discharges continue to be challenging, however the additional adult social care fund is being used by some Trusts to improve this. A number of Trusts have also increased the hours of operation and functionality of their discharge lounges.

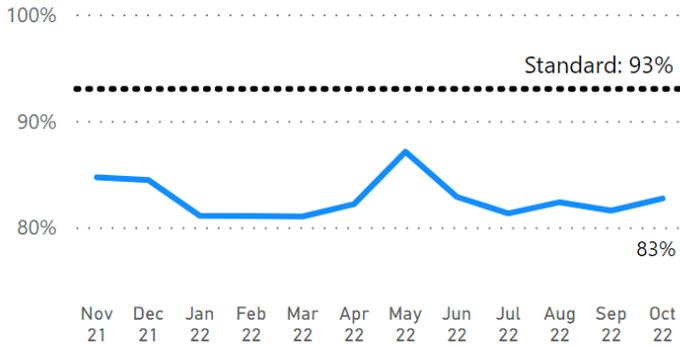
### Emergency admissions from a care home

The Enhanced Health in Care Home program continues to implement projects to support Care Homes to manage their residents. In line with the Winter Resilience guidance, the Urgent Care Response and alternative services are being promoted to reduce unnecessary admissions.

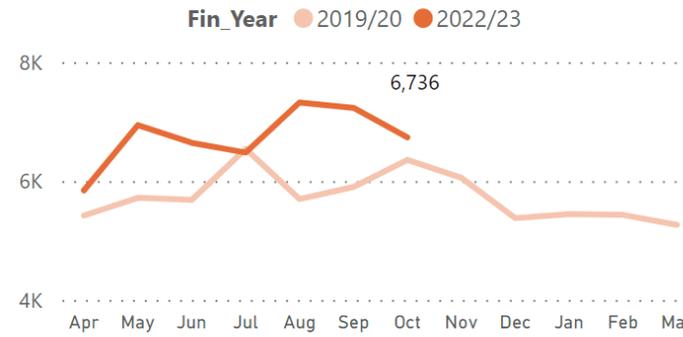
### Virtual Ward

The Central Remote Monitoring Hub, hosted by Croydon, went live on 28 November. Croydon and Sutton components went live at the same time. Kingston & Richmond and Merton & Wandsworth will go live in December and January respectively. The Hub currently runs 07:30 – 23:00, with a view to going live 24/7 from mid-January. Current total capacity is 234, with an occupancy of 45%, showing the further work required to make best use of this resource.

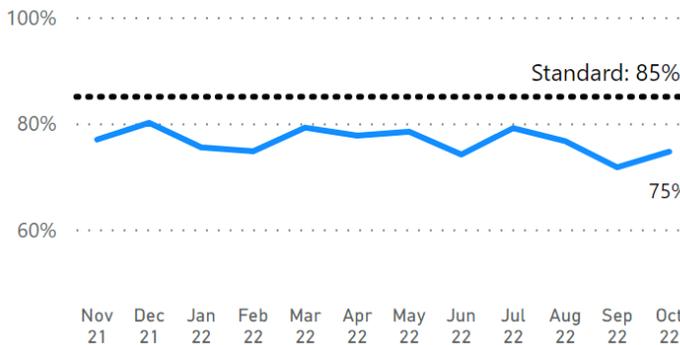
## 2 Week Waits: Performance against Standard



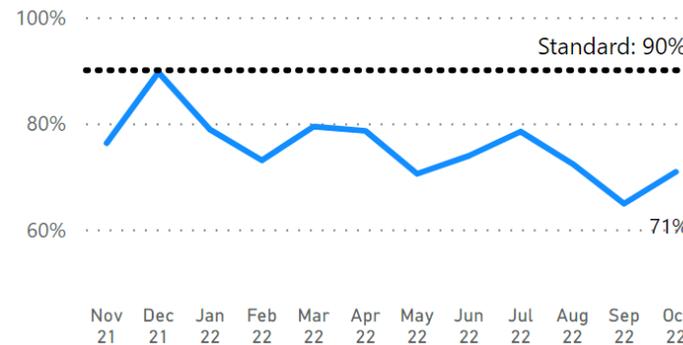
## 2 Week Waits: Activity



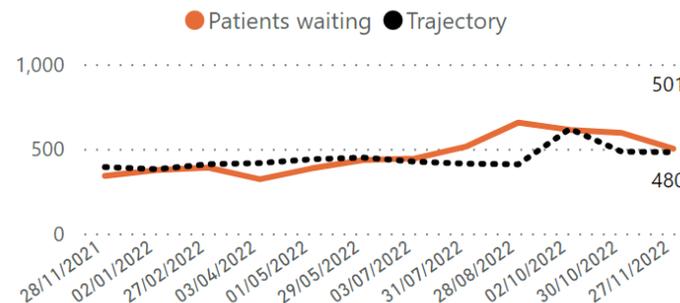
## 62 Day GP Referrals: Performance against Standard



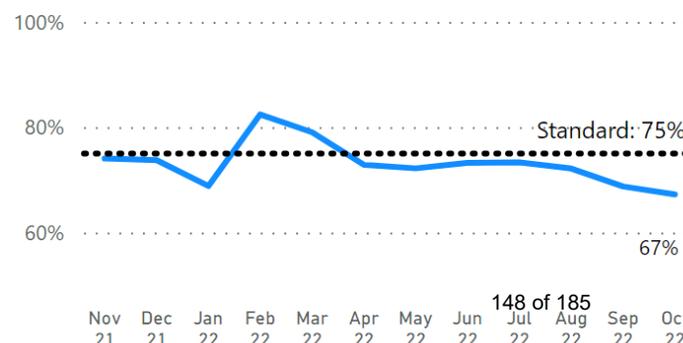
## 62 Day Screening: Performance against Standard



## Total patients waiting over 62 days to begin cancer treatment



## Faster Diagnosis Standard: Performance against Standard



### 2 week wait performance and Activity

Performance improved to 82.7%, the highest reported since May 22, but remains challenged due to a 23% referral increase (the second highest in London). Croydon reported a compliant position for the first time this year (96.5%) and together with Epsom & St Helier (93.4%) were the only two compliant providers within SWL. Kingston and St George's continue to work through Breast and Skin challenges, which account for 70% of all 2 week wait breaches. Royal Marsden challenges centre around Sarcoma. The Trust is receiving Croydon and out-of-sector mutual aid.

### 62 day GP referrals

SWL providers were the highest performing in London, reporting 74.6% achievement in October 2022. However, this was below the Constitutional Standard of 85%.

### 62 day Screening

October performance was 70.8% 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. SWL ICS will be working collaboratively with Royal Marsden Partners and the London Regional Screening Team to support the SWL Colposcopy backlog reduction.

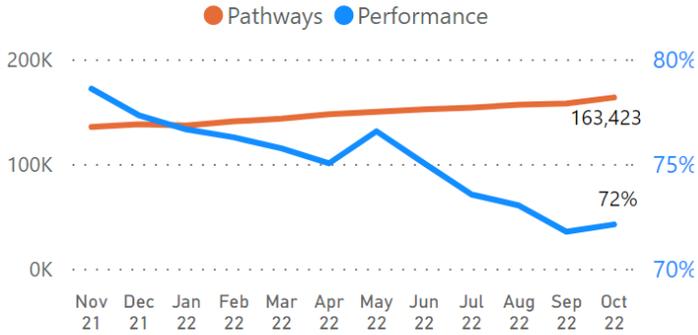
### Total patients waiting over 62 days for treatment

The number of patients waiting over 62 days continues to gradually reduce, with SWL reporting 501 patients waiting, against a trajectory of 480 (week ending 27/11/22). Royal Marsden Partners will continue to support providers to deliver the key actions and mitigations to meet the revised trajectory during the winter.

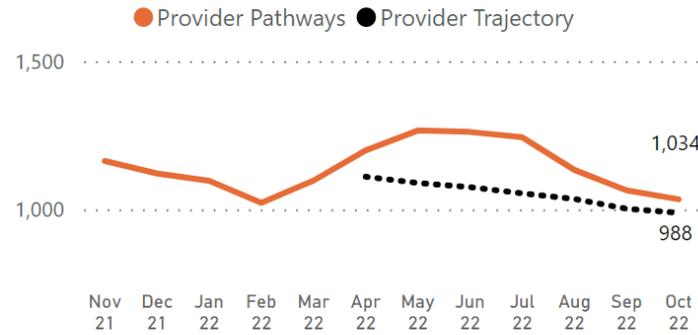
### Faster diagnosis standard

SWL reported a non-compliant position of 67.2% against the Faster Diagnosis Standard. Apart from Croydon (46.5%) and St. George's (60.3%), 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.

### Incomplete RTT Pathways (ICS)



### Incomplete RTT Pathways >=52 Weeks



### Incomplete waiting list pathways

At SWL ICB level there were 163,423 patients on the incomplete pathway, continuing the upward trend. 72% of patients were waiting under 18 weeks for treatment. The number of patients waiting in SWL has increased by 21.1% since October 2021, higher than the London increase of 17.1%, however SWL has the second lowest waiting list per population of the London ICSs.

### Long waiters – patients waiting over 52 weeks for treatment

There were 1,034 patients waiting over 52 weeks for treatment at SWL providers against a trajectory of 988 in October 2022. The most challenged specialties are Cardiology, General Surgery, Plastic Surgery, Urology, Trauma and Orthopaedics and ENT.

### Long waiters – patients waiting over 78 and 104 weeks for treatment

At SWL providers, 34 patients were waiting over 78 weeks for treatment against a trajectory of 0 for the end of October. The majority of the waiters (19) were at St George's NHS Trust, mainly in Cardiology and Plastic Surgery.

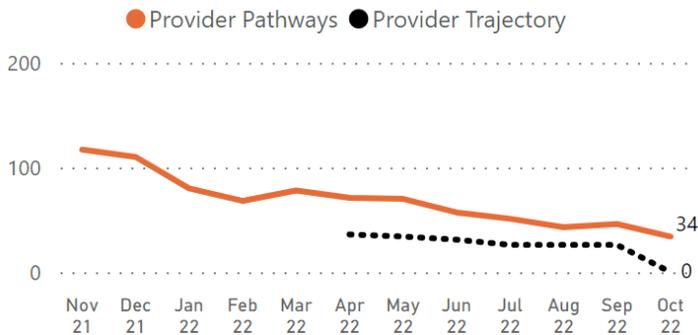
### Elective day case spells

Elective activity for October is on plan, with Day Case being 4% above plan. SWL continue to do well against the Day Case plan with a year-to-date performance of 3% above plan.

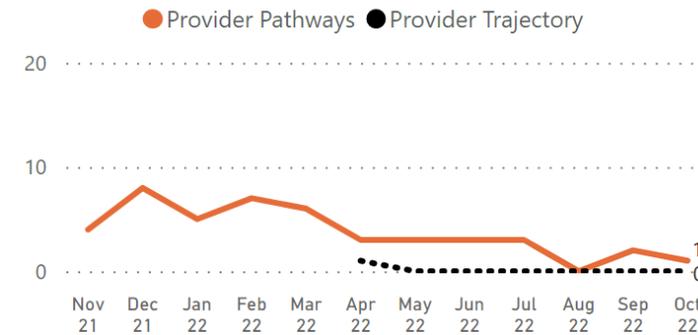
### Elective ordinary spells

For October Elective Ordinary Spells is just below plan, however the year-to-date performance is at -24%. Some of this is due to the shift to daycase. Trusts are working on plans to close the elective gap, however winter pressures will impact recovery. Most notable specialties contributing to the variance are Neurosurgery, Gynae, Maxillofacial and ENT. Croydon continues to be the most challenged in Gynae and ENT. SWL continues to do well in Urology (115%) across all providers. The elective recovery programme is addressing Mutual Aid, productivity, referral management service and single waiting list for ENT.

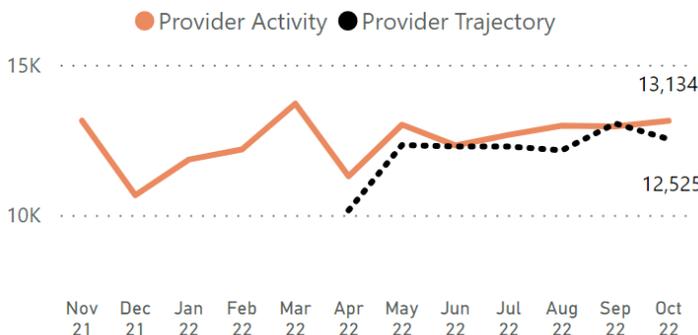
### Incomplete RTT Pathways >=78 Weeks



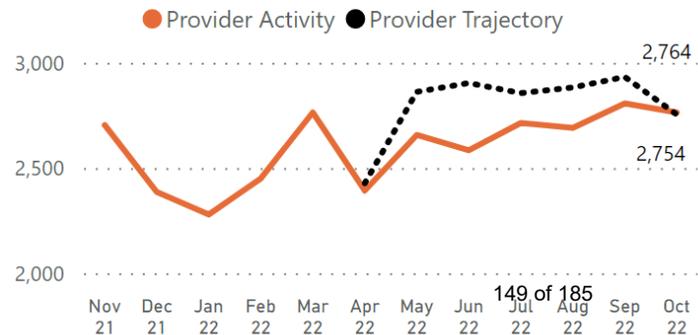
### Incomplete RTT Pathways >=104 Weeks



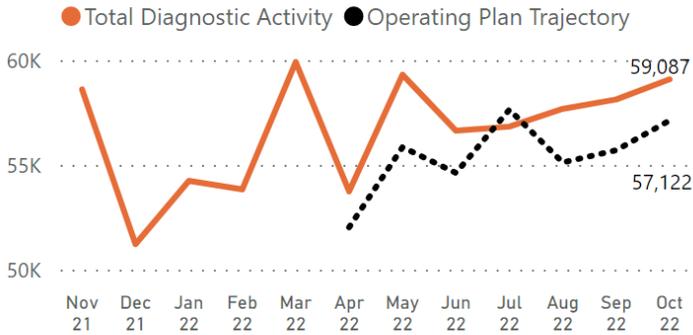
### Elective day case spells



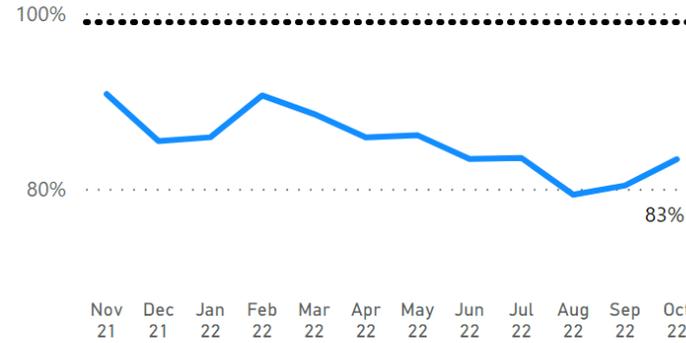
### Elective ordinary spells



**Diagnostic Tests (Activity)**



**Diagnostics: % waiting less than 6 Weeks**



**Diagnostic Activity (7 tests)**

Overall, performance continues to track above plan (3.4%). Despite ongoing challenges in Non-Obstetric Ultrasound, Echocardiography and Endoscopy, the system continues to deliver more activity when compared to the same period last year.

**% waiting less than 6 weeks (All tests)**

There has been an improvement in month on the proportion of patients waiting less than 6 weeks.

**Consultant led first outpatient attendances (Specific Acute)**

System performance improved in month, although remains below planned trajectory. Improved positions are seen most significantly at Croydon and Epsom & St Helier NHS Trusts. Overall, we are seeing activity levels normalise to expected levels following September bank holiday impact.

**Consultant led follow up outpatient attendances (Specific Acute)**

Follow-ups decreased in month, although continued to trend above trajectory. The position is impacted by the continued focus on recovery and delivery of cancer pathways.

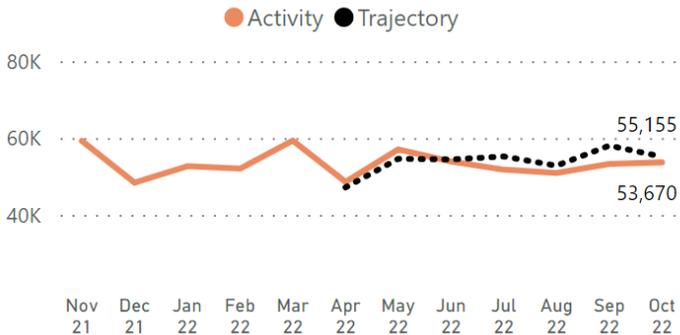
**GP Specific referrals for first consultant led outpatient appointment**

Performance remains below trajectory, albeit slightly increased on the previous months

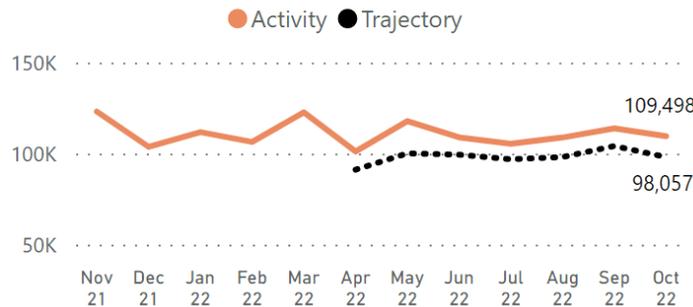
**Other Specific referrals for first consultant led outpatient appointment**

The number of referrals increased on the previous month and continues above planned trajectory. This is potentially driven by a rising number of provider internal referrals. Further investigative analysis is being undertaken to understand the shift.

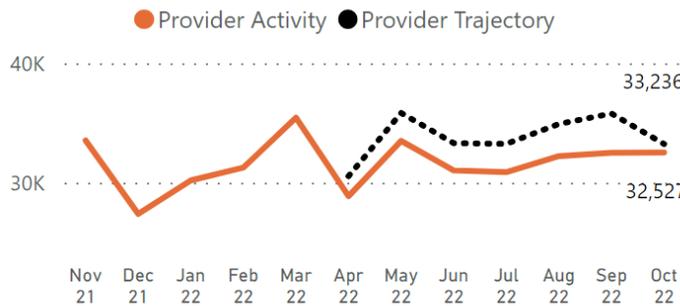
**Consultant-led first outpatient attendances (Specific acute)**



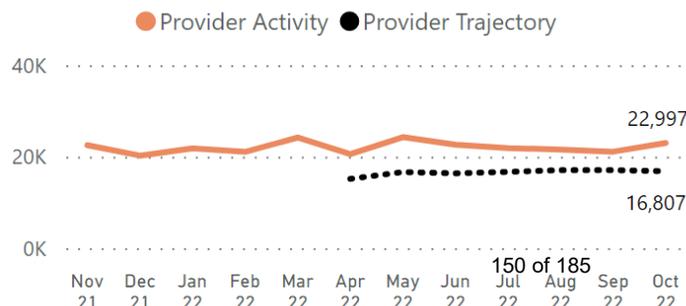
**Consultant-led follow-up outpatient attendances (Specific acute)**



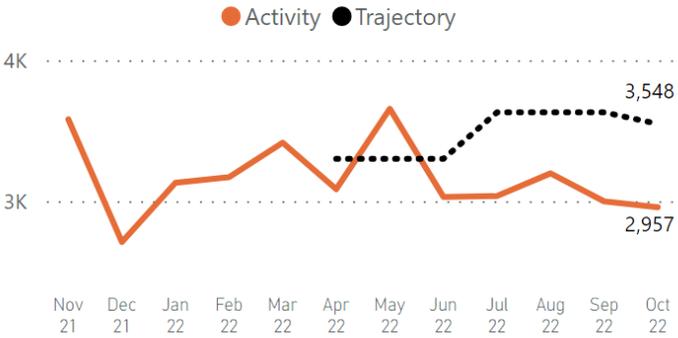
**GP Specific Acute Referrals made for a First Consultant-Led Outpatient Appointment (Provider)**



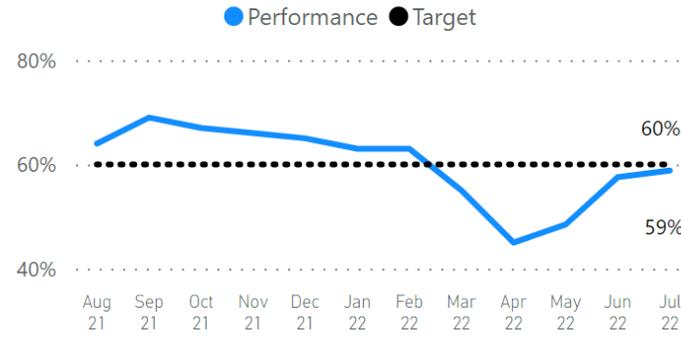
**Other Specific Acute Referrals made for a First Consultant-Led Outpatient Appointment (Provider)**



### IAPT Access



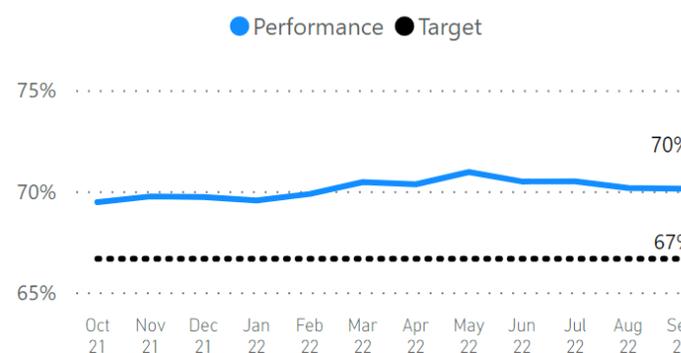
### Early Intervention Psychosis (EIP)



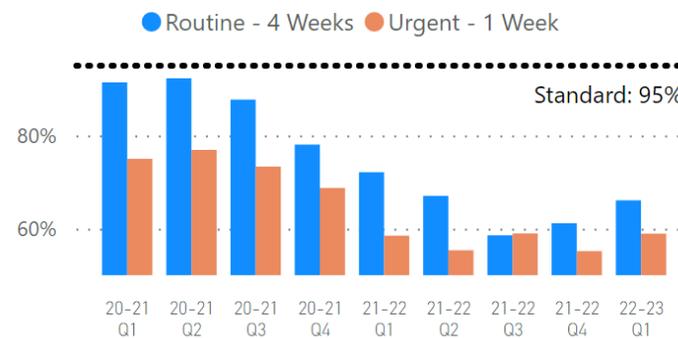
### Number of Out of Area Placements



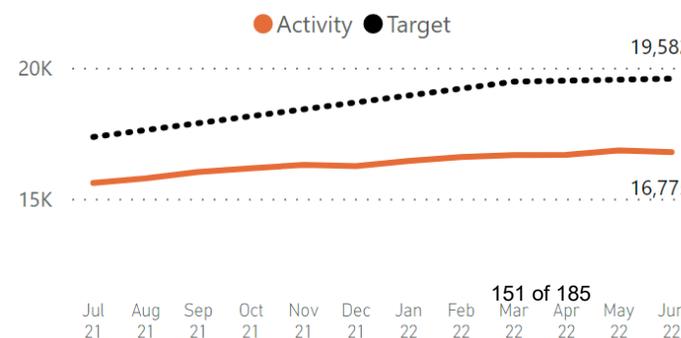
### Dementia Diagnosis Rate



### CYP Eating Disorders Seen within Target Time



### CYP Access Rate - Rolling 12 Months



## Improving Access to Psychological Therapies Access

Provisional data for October 2022 shows 2,957 clients entered treatment. Performance has remained relatively consistent in recent months and 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 96.4% and 100% respectively.

## 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 RiO (GP electronic patient record) upon entering a diagnosis of psychosis.

## Out of Area Placements

There were 535 out of area placements reported in September 2022. Demand and mental health provider bed availability impacts performance. Work continues to reduce 'out of area placements' to planned levels.

## Dementia Diagnosis Rate

SWL continues to exceed the national threshold of ensuring that over 66.7% of people with suspected dementia are diagnosed. Current performance (Sep 22) shows the ICS also met the 70% milestone ambition with performance at 70.1%.

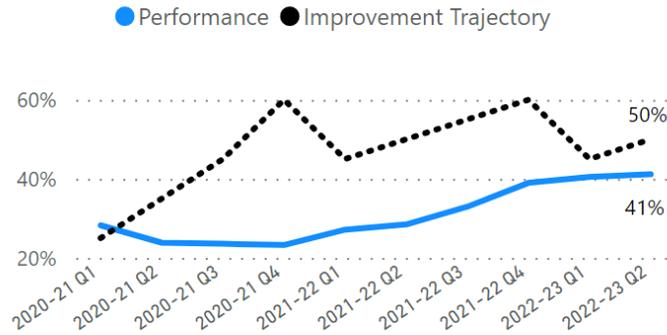
## Children & Young People Eating Disorders

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.

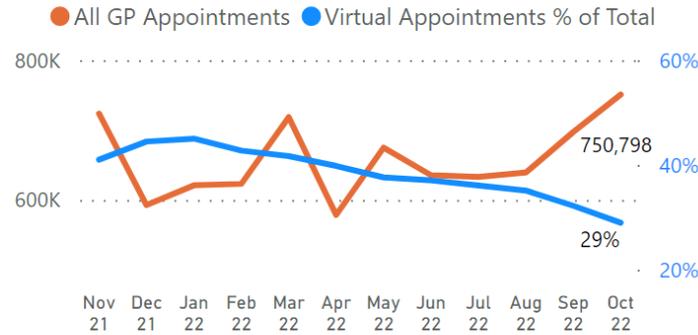
## Children & Young People Access Rate

Latest data available (June 22) reports 16,775 children and young people having received at least one contact (rolling 12 month), against a target trajectory for Quarter 1 of 19,582 client contacts.

### SMI Physical Health Checks



### Virtual Appointments in General Practice and % of Total



### Severe Mental Illness Physical Health Checks

Provisional data for October shows 41.9% for SWL, with 6,959 Severe Mental Illness patients having received all six annual health check elements. SWL has an established programme to build towards the 60% standard.

### GP Appointments

General practice appointments have increased compared to the same month in previous years. Over 750,000 appointments were delivered in October. Face-to-face appointments have increased from 52% to 68% during 2022. SWL have been above the London average since April.

### SWL COVID Vaccinations

A total of 313,589 seasonal booster vaccinations have been administered in SWL with 50,615 co-administered with flu. Uptake has reached 52.5% over all cohorts and has reached 77.0% for those aged 65+. The roving team have concluded a six-week borough-led outreach focussed on health inclusion groups vaccinating nearly 700 people. Work continues into January.

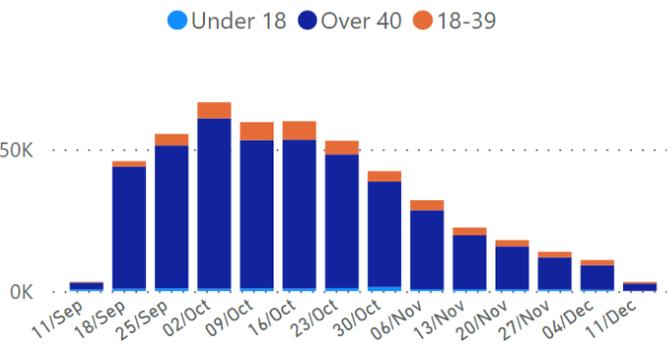
### Learning Disability Health Checks

SWL is currently on track to deliver against the national Annual Health Check target. The ICS is aligned with primary care, supported by GP Clinical Leads in each borough, working with individual practices to maximise checks.

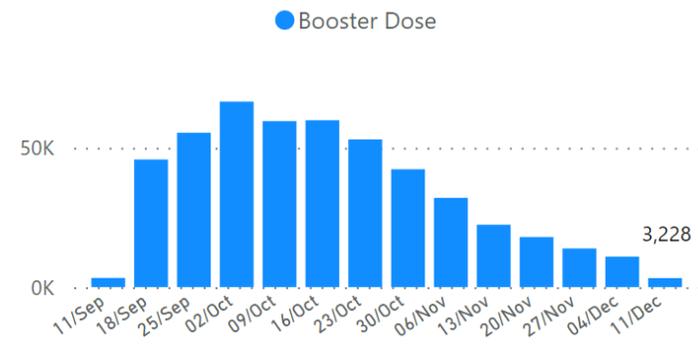
### Childhood Immunisations

Over 58,000 children have received a Polio booster (35% of eligible population). This phase of the polio booster programme will be completed by 23rd December. A national Measles, Mumps & Rubella campaign is underway with invitation messages sent out to parents of eligible children. We are working with Directors of Public Health to ensure an offer of Diphtheria vaccination is made available to those entering asylum hotels or homes from Manston Migrant Centre. SWL Immunisation coordinators have completed a data quality improvement pilot in Sutton and next steps are in progress in terms of best practice to roll this out across all boroughs. A SWL Immunisations strategy is being developed, with supporting Borough plans to increase performance.

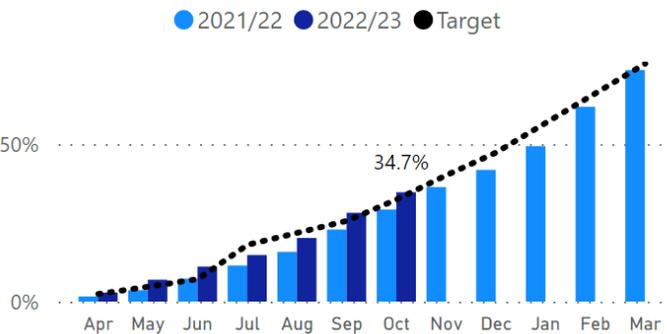
### SWL Covid Vaccinations by age group



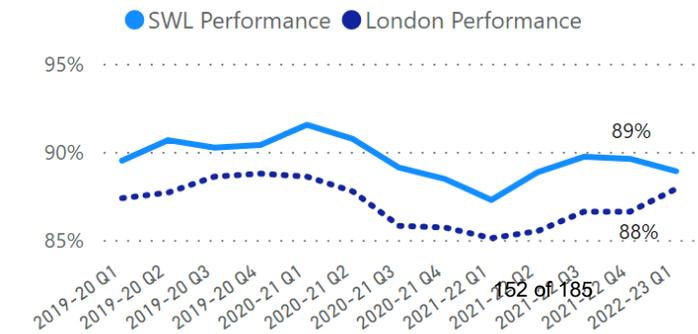
### SWL Covid Vaccinations by Dose



### Learning Disability Annual Health Checks Cumulative



### Childhood Immunisations



**NHS South West London Integrated Care Board**

**Date** Wednesday, 18 January 2023

**Document Title** South West London ICB Finance Report month 8

**Lead Director (Name and Role)** Helen Jameson Chief Finance Officer

**Author(s) (Name and Role)** Neil McDowell/Joanna Watson – Directors of Finance

**Agenda Item No.** 13 **Attachment No.** 13

**Purpose (Tick as Required)**

Approve

Discuss

Note

**Executive Summary**

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 attached report also shows the SWL NHS system position at month 8. The overall SWL NHS system position is forecast to be breakeven by the end of the year. The year to date plan at M8 is profiled to be £41.2m deficit, with actuals of £59.5m deficit, therefore, giving a £18.3m adverse variance.

The report identifies that there are significant risks attached to the delivery of the financial plan across SWL, due largely to the scale of the savings target and inflationary pressures.

**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.
3. Highlight the risks to achieving the plan.

**Recommendation:**

The Board is asked to:

- Note the ICB internal month 8 position in particular risks relating to prescribing and CHC.
- Note the ICS revenue month 8 position, in particular risks relating to the increase in efficiencies required in the latter half of the year and trajectory of spend on staffing.
- Note the ICS capital month 8 position.

**Key Issues for the Board to be aware of:**

- All organisations are planning breakeven, apart from The Royal Marsden (£3.0m surplus) and South West London ICB (£3.0m deficit).

- A large increase in efficiency delivery is required in the second half of the year and this remains a significant risk to achieving the SWL system plan.
- General price inflation is currently running at circa 10%, significantly higher than the national assumption used in planning for non-pay cost inflation at 5%. This alongside pay inflation poses a risk to the deliverability of the SWL system plan.
- There is uncertainty over the National elective recovery fund and whether a clawback of income will be enforced in this financial year where activity is below planned levels.

**Conflicts of Interest:**

N/A

**Mitigations for Conflicts of Interest:**

**Corporate Objectives**

This document will impact on the following Board Objectives:

Achieving Financial Balance

**Risks**

This document links to the following Board risks:

There are significant risks to delivering a breakeven financial plan; scale of savings target, elective recovery funding and inflation being the most significant. See page 13 of the report.

**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 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)**

N/A

necessary and has it been completed?	
What are the implications of the EIA and what if any are the mitigations	N/A

Patient and Public Engagement and Communication	N/A
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Previous Committees/ Groups	Committee/Group Name:	Date Discussed:	Outcome:
Enter any Committees/ Groups at which this document has been previously considered:	Finance and Planning Committee - Month 8 position	Tuesday, 20 December 2022	The Committee considered the month 8 position and the risks to the forecast outturn
		Click here to enter a date.	
		Click here to enter a date.	

Supporting Documents	SWL ICB Finance Report Month 8
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# SWL NHS System Finance Report

January 2023



# Contents

- Introduction
- ICB internal position at month 8
- SWL NHS system revenue position at month 8
- SWL NHS system capital position at month 8
- Summary

The ICB budget is comprised of 2 elements namely; ICB internal budget and SW London (SWL) NHS system budget

- The ICB internal budget covers the costs of running the organisation as well as the NHS services commissioned for the local population. The majority of these NHS services are delivered in the 6 place's but some services will be commissioned from NHS organisations outside the SWL patch. These NHS services include hospital services, community services, continuing healthcare, local primary care services and prescribing.
- The SWL NHS System budget comprises of the SWL Providers (6 in total) budgets for treating patients from SWL and beyond, as well as the internal ICB budget. ICB's commission services from these providers based on a fixed fee (block) contract with some expensive highly specialised services funded based on actual activity. Planned hospital care is able to earn additional income for activity levels above those funded in the fixed fee. This additional income is called the elective recovery fund (ERF)
- The total SWL NHS system budget is c£4.7bn which is broadly split £3.3bn for SWL NHS Providers, £0.6bn for out of SWL NHS Providers, £0.6bn with the SWL Places and £0.2bn with delegated primary care.
- The SWL delegated NHS capital budget can only be utilised by NHS organisation (£128m). There is a further £2.6m available from the NHS England for GP IT and primary care improvement grants in 2022/23. These budgets could be further supplemented in-year by additional funds secured through national NHS capital bidding processes.

The finance paper presented is a high level view covering:

1. The ICB internal position at month 8.
2. The SWL NHS system revenue position at month 8.
3. The SWL NHS system capital position at month 8.

**When reading the report the Board is asked to be mindful of any further information it may require or any changes in the way the information is presented.**

## The ICB internal position at month 8



# ICB financial overview month 8

## Key Messages:

1. The overall ICB plan position year to date is £8.5m surplus against a plan of £7m deficit so a £15.5m favourable variance to plan. This is predominantly driven by the underspend against elective recovery fund (ERF £12.8m). However, ERF is expected to be spent by year end and efficiencies are expected to be delivered in line with the plan, so the ICB outturn would be a £3m deficit as per the control total.
2. All forecast risks to the position can be mitigated by the release of contingencies.
3. Other areas of year to date underspend are within service development funding (£0.9m) and IT (£2.1m) both of which are expected to be on plan by year end.
4. Continuing healthcare remains a risk and we have seen an increase in spend in the Kingston place position associated with this.
5. Prescribing pressures have not slowed down with a further increase (£1m) expected by the end of the year. Work continues on the issues although its predominantly driven by cheaper drugs in short supply (so prescribing more expensive medicine) as well as an increase in the category M drugs (the reimbursement price given to Community Pharmacies).
6. Discussions continuing with South London Partnership continue on mitigating some of the joint funded placement pressures which continue.
7. No change in the position for delegated primary care which remains within budget albeit with non recurrent support.
8. We have received £7.3m of additional allocations in month 8 to bring our total allocation for the ICB to £2.255bn. It is assumed that none of these will have a favourable or adverse impact on the ICB position.

## Targets

1. Mental Health Investment Standard is forecast to be on plan although there are significant variances by individual service
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 8



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	£680,767	£670,275	£10,492	£1,219,886	£1,222,196	-£2,310
COMMUNITY HEALTH SERVICES	£113,856	£114,304	-£447	£204,796	£205,457	-£661
CONTINUING CARE	£65,623	£69,387	-£3,765	£122,760	£124,970	-£2,210
CORPORATE	£12,012	£11,807	£206	£21,955	£21,586	£369
MENTAL HEALTH	£134,206	£135,050	-£845	£240,987	£242,982	-£1,995
OTHER PROGRAMME SERVICES	£41,859	£35,126	£6,734	£77,181	£64,048	£13,132
PRIMARY CARE	£206,190	£210,113	-£3,923	£375,995	£385,321	-£9,326
<b>Grand Total</b>	<b>£1,254,513</b>	<b>£1,246,061</b>	<b>£8,452</b>	<b>£2,263,560</b>	<b>£2,266,560</b>	<b>-£3,000</b>

## SWL Overview: (favourable/-adverse variance)

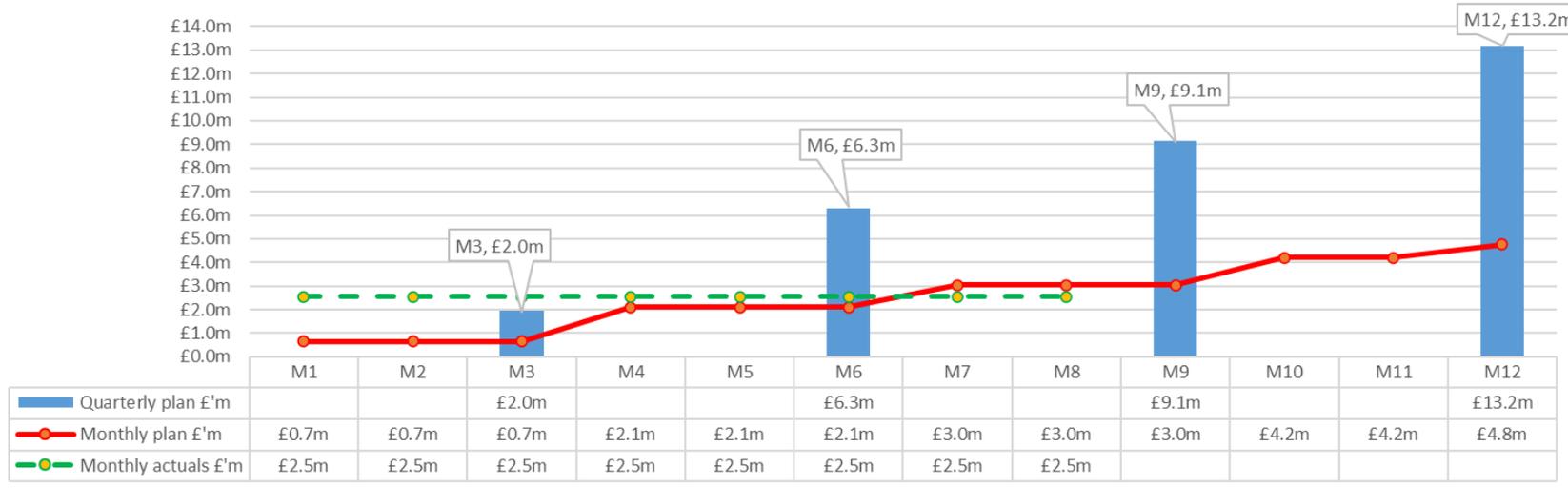
- We have reported a £8.5m YTD surplus against the year to date target of £7m adverse so a £15.5m favourable variance.
- Some savings have been identified earlier than planned although the overall savings delivery is expected to be in line with the annual plan.
- Key drivers for favourable variance are:
  - £12.8m underspent against ERF
  - £3m surplus against the profiled plan due to YTD underspends in Primary care IT (£2.1m) and SDF (0.9m) partially offset against YTD overspends seen in ICB's programme costs, Kingston and Sutton place.

# SWL ICB efficiency 2022/23



## South West London

ICB plan phasing and delivery 22/23



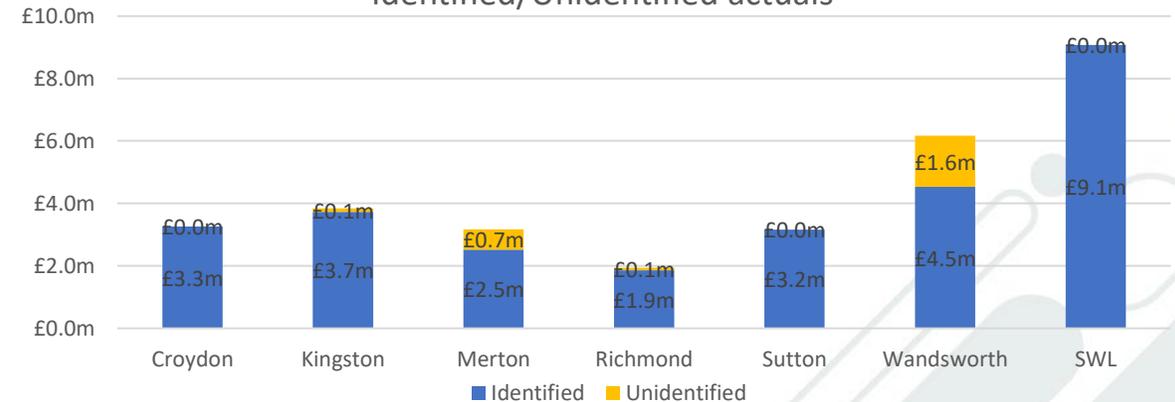
**Narrative:**

- Currently we are reporting that we have achieved £20.4m of savings to month 8.
- The original phasing plan was too pessimistic and we are seeing a flatter profile than expected.
- Therefore we are ahead of plan at month 8 although we don't expect to exceed the level of savings we planned for.
- To note that non recurrent savings are 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

Recurrent/Non-Recurrent plan



Identified/Unidentified actuals



## The SWL NHS system revenue position at month 8



# SWL NHS System Revenue Position



2022/23 Month 8

South West London

- The overall SWL ICS system position is forecast to breakeven by the end of the year; the latest assessment of net risk to this forecast outturn is £76.3m.
- The year to date plan at M8 is profiled to be £41.2m deficit, with actuals of £59.5m deficit (£18.3m adverse).
- The plan deficit position year to date is due to the profile of savings which increase in the second half of the year.
- The Trust position is showing an adverse variance of £33.8m mainly driven by ERF clawback assumption (£12.9m) and other adverse performance at ESH (£15.1m) and SGH (£10.7m). These adverse variances are partly offset by favourable performance at RMH (£5.8m).
- The ICB position is £15.5m favourable to plan year to date, due to holding the ERF clawback income to offset this at a system level (£12.9m), underspends in Primary Care IT (£2.0m) and SDF (£0.9m), partly offset by YTD overspends in ICB's programme costs and Sutton / Kingston place.

MONTH 8	YEAR-TO-DATE			FORCAST OUTTURN			Total Annual Income/ Allocation
	Surplus/(deficit) for the purposes of system achievement			Surplus/(deficit) for the purposes of system achievement			
	YTD Plan	YTD Actual	YTD Variance	Plan	FOT Actual	FOT Variance	
£m							
Croydon Hospital	-2.2	-3.1	-0.9	-0.0	0.0	0.0	406.8
Epsom and St.Helier Hospital	-9.0	-29.3	-20.3	0.0	0.0	0.0	582.7
Kingston Hospital	-9.3	-8.5	0.8	0.0	0.0	0.0	359.5
St. Georges Hospital	-14.8	-34.2	-19.4	0.0	0.0	0.0	1,028.6
Hounslow & Richmond Community Healthcare	0.1	0.2	0.1	0.0	0.0	0.0	118.6
South West London & St. Georges Mental Health	-1.0	-1.0	0.0	-0.0	-0.0	0.0	252.3
The Royal Marsden Hospital	2.0	7.8	5.8	3.0	3.0	0.0	576.3
<b>Trusts Total</b>	<b>-34.2</b>	<b>-68.0</b>	<b>-33.8</b>	<b>3.0</b>	<b>3.0</b>	<b>0.0</b>	
South West London Integrated Care Board (ICB)	-7.0	8.5	15.5	-3.0	-3.0	0.0	2,915.5
<b>South West London System</b>	<b>-41.2</b>	<b>-59.5</b>	<b>-18.3</b>	<b>-0.0</b>	<b>0.0</b>	<b>0.0</b>	

# SWL NHS System Efficiency

2022/23 Month 8



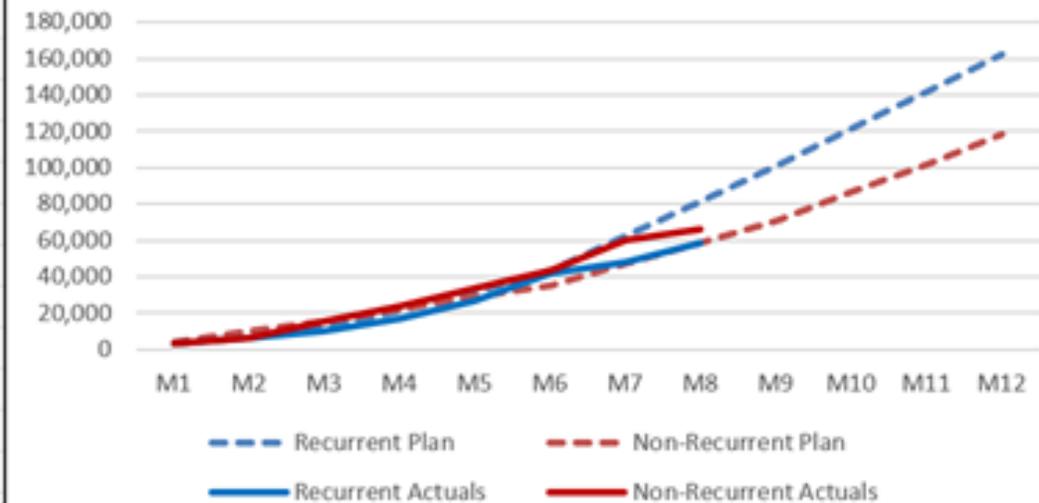
South West London

- The total system planned efficiency for the year is £280.4m.
- Year to date delivery @M8 is as follows:
  - £125.0m efficiency has been delivered in total against a plan of £140.4m (£15.4m adverse). Favourable performance at the ICB (£6.7m) and SWLSG (£0.3m) offset by adverse performance at ESH (£9.7m), SGH (£10.7m) and CHS (£2.0m).
  - £58.7m has been delivered recurrently against a plan of £81.7m (£22.9m adverse)
  - £66.3m has been delivered NR against a plan of £58.7m (£7.6m favourable)
- FOT efficiency in line with plan at the ICB. All trusts are reporting on plan for the full year target except CHS and SWLSG. However, this requires a significant increase in delivery over the second half of the year, as demonstrated by the increase in plan efficiency delivery from this month.

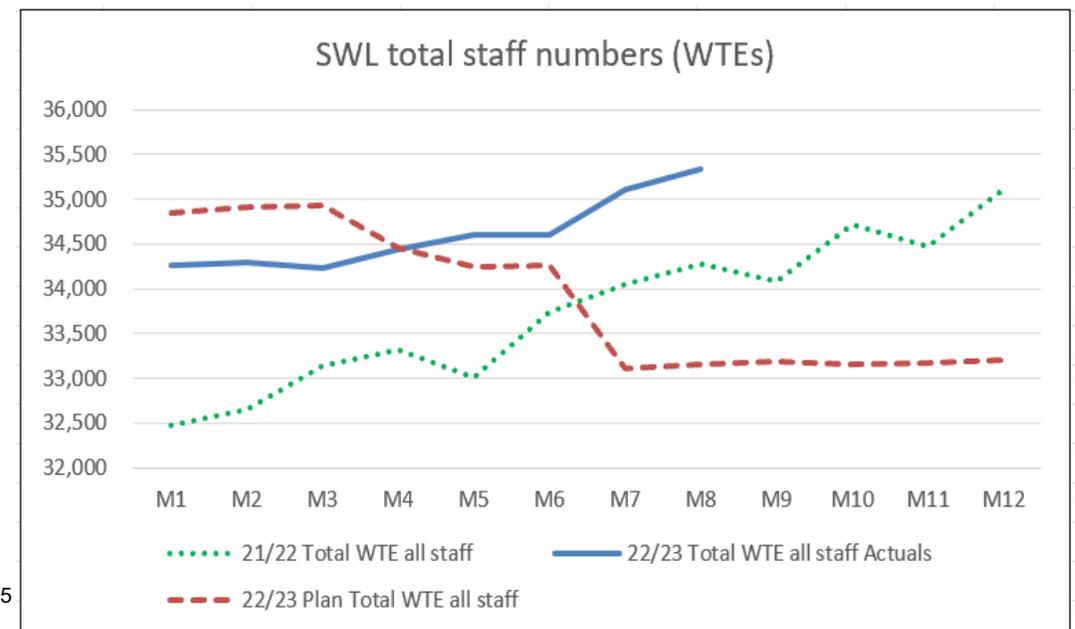
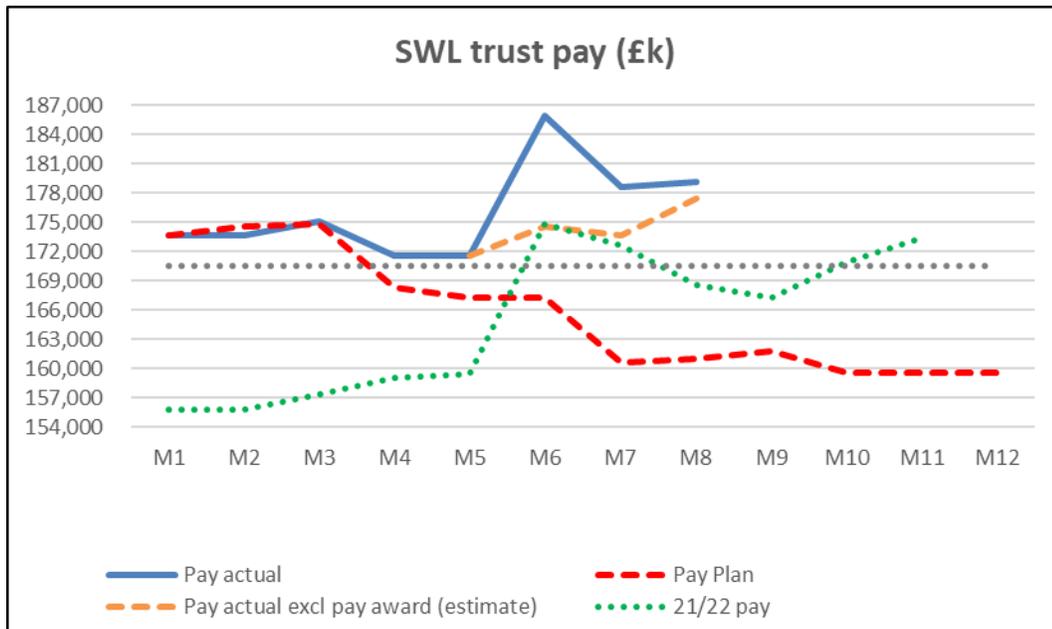
Efficiency delivery year to date is behind plan by £15.4m.

Total £155.4m efficiency is left to be delivered in the remaining months of the year, with £79m of this risk rated as red.

SWL cumulative efficiency delivery v plan (£k)

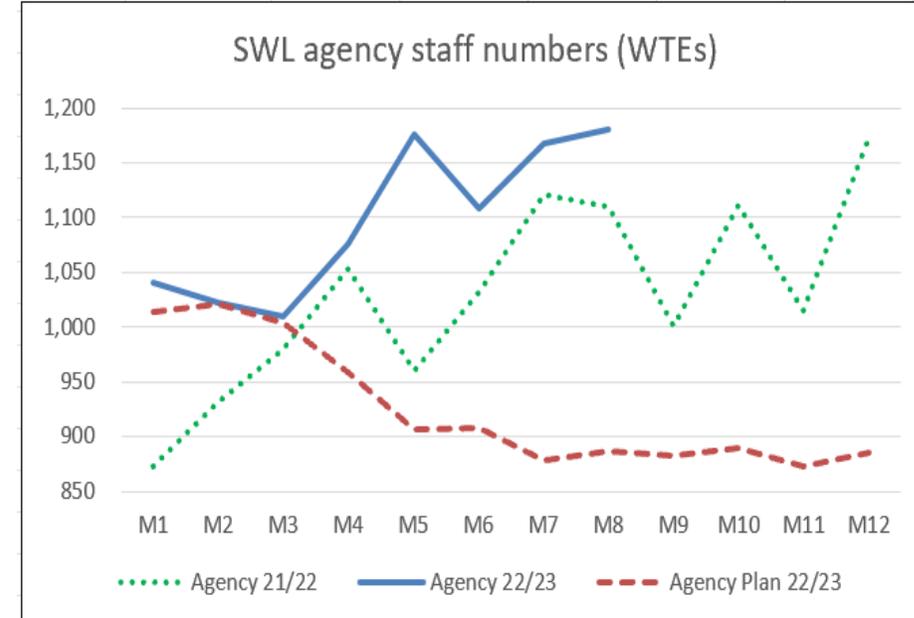
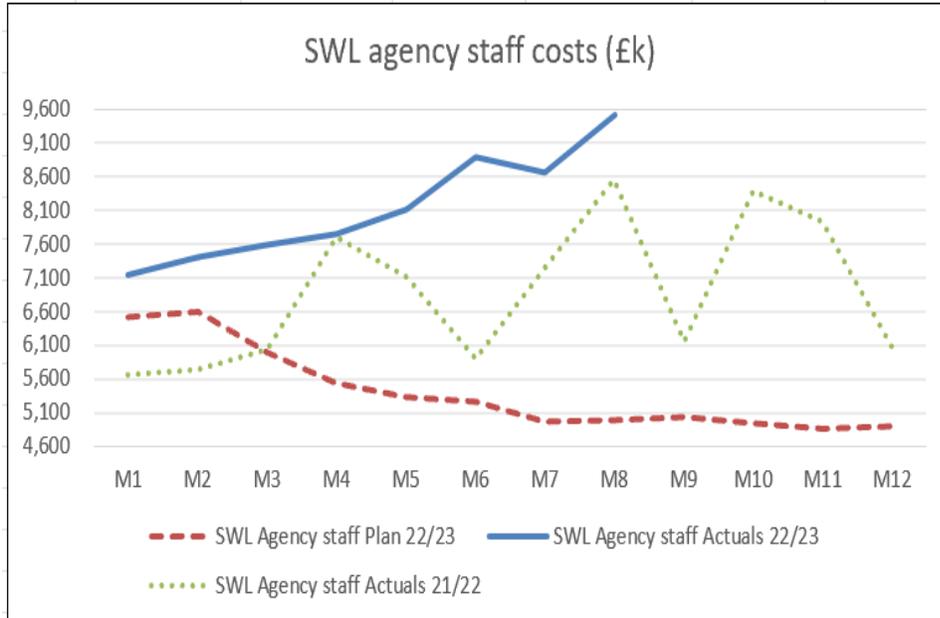


- The charts shows cost and WTE actual trajectories against plan for total trust staff (substantive, bank and agency).
- Overall pay costs have increased month on month by £0.6m to £179.2m.
- Pay award increase for M1-6 are recognised in M6.
- Pay costs are £61.4m adverse YTD:
  - Substantive £5.1m adverse (predominately in ESHT and SGH)
  - Bank £37.2m adverse (predominately in CHS and RMH)
  - Agency £19.9m adverse (predominately in ESHT, KHT and RMH)
- The adverse year to date variance relates to both cost and number of staff with £16.3m driven by the increased pay award since planning.
- The in-month total WTEs increase is primarily coming from CHS , ESHT, HRCH and RMH.



# Workforce run rate - agency

- The charts shows cost and WTE actuals against plan for trust agency staff.
- Overall, costs and WTEs are higher than plan at M8.
- Average cost per agency WTE in month actual (£8.05k) is higher than plan (£5.62k).
- The system agency cap has been set at the plan spend levels. Year to date spend is £19.9m adverse to plan and forecast to be £23.8m adverse by year end. Pay controls are being enhanced to 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 CHS , ESHT and HRCH.



# SWL NHS System Revenue Risks



Risk	Description	Mitigation
<p>Financial sustainability - due to non delivery of efficiencies and workforce controls</p>	<ul style="list-style-type: none"> <li>• <b>At present, 28% of the system efficiency plan is RAG rate ‘red’</b> and a further 13% is rated ‘amber’.</li> <li>• If workforce controls (e.g. agency price controls) are not effective, unplanned costs will be incurred and add further risk to the efficiency programme.</li> <li>• <b>Continuing healthcare and prescribing</b> remains the biggest risk for the ICB although this is being mitigated by non recurrent means currently.</li> <li>• Other risks to the ICB position are <b>mental health placements</b> and <b>delegated primary care</b>.</li> </ul>	<ul style="list-style-type: none"> <li>• A series of actions have been agreed by system CEOs, including: <ul style="list-style-type: none"> <li>➤ Rapidly progress efficiency identification, including reduction of Covid costs and enhancing grip &amp; control actions;</li> </ul> </li> <li>• A local productivity dashboard has been developed to further pinpoint areas of opportunity.</li> <li>• System wide group to support implementation of workforce controls including HRDs and CFOs.</li> <li>• CHC Oversight Group is looking at the action plans in place to ensure we are on track.</li> <li>• A SWL financial recovery board has been added to the financial governance structure. The new board will oversee the development and delivery of a system wide medium term financial recovery plan to achieve financial sustainability.</li> </ul>
<p>Impact of Covid on productivity – leading to increased costs and reduced</p>	<ul style="list-style-type: none"> <li>• The <b>plan does not assume any Covid or flu case number surges</b> beyond Q1, if these occur it is likely that unplanned costs will arise.</li> <li>• System ERF delivery is below the 104% of 19/20 baseline target to M8. <b>This gives a potential impact into the next financial year; guidance has highlighted that the further behind organisations are this year, the harder the funding threshold will be to meet next year.</b></li> </ul>	<ul style="list-style-type: none"> <li>• New ERF guidance has been modelled by SWL to better understand the position.</li> <li>• We will continue to work with NHSE to understand the evolving ERF framework into 2023/24.</li> <li>• Implementation of revised Covid IPC standards.</li> <li>• Workforce planning to manage higher absences.</li> </ul>
<p>Inflation pressures and winter pressures</p>	<ul style="list-style-type: none"> <li>• <b>General price inflation is currently running at c.10%</b>, significantly higher than the national assumption used in planning for non-pay cost inflation at 5%.</li> <li>• <b>The plan does not assume any costs of additional winter capacity.</b></li> <li>• <b>Additional winter capacity challenges due to covid and flu cases and industrial action</b>, leading to a potential reduction in a productivity.</li> </ul>	<ul style="list-style-type: none"> <li>• At the SWL twice weekly CFO meetings further analysis has been undertaken to help understand and tackle the under delivery of efficiencies and inflation issues which form some of the largest financial risks. This work also informs our enhanced financial risk reporting at system level; to ensure we understand the risks with further accuracy.</li> <li>• Continue to manage costs through supplier contract renewals / negotiations as they arise, supported by the energy price cap.</li> <li>• A system winter resilience plan has been implemented with national funding</li> </ul>

## The SWL system capital position at month 8



# SWL NHS System Capital Position – M8 2022/23

- In line with planning guidance there was a 5% overcommitment (£6.4m) within the SWL CDEL plan. This has been managed out and at M8 SWL CDEL forecast position reflects a slight underspend of £0.2m against 22/23 allocation of £138.3m.
- At month 8 CDEL was reallocated between Trusts factoring in underspends and urgent backlog.
- The YTD SWL CDEL position is behind plan by £11.6m, £4.6m of this spend is in Q4 following recent reallocation to ESTH and KH for urgent backlog.
- National programmes such as the New Hospital Programmes (NHP), Targeted Investment Fund (TIF) and Community Diagnostics Centres (CDC) have been reprofiled (£20.7m) and reflected in the current FOT variance, which is offset by new national schemes coming into forecast, including funding to manage winter demand and capacity.

Month 8  Provider capital	YEAR-TO-DATE (YTD)				FORECAST OUTTURN (FOT)			
	YTD plan	YTD spend	YTD Variance	YTD Variance	Full year plan	FOT	Over/ (under) spend vs. plan	FOT Variance
	£'m	£'m	£'m	%	£'m	£'m	£'m	%
Croydon Hospital	15.7	14.6	(1.1)	(6.8%)	32.1	27.9	(4.2)	(13.1%)
Epsom and St. Helier Hospital	20.9	18.1	(2.8)	(13.4%)	46.7	34.6	(12.1)	(25.8%)
Kingston Hospital	9.8	6.0	(3.8)	(38.6%)	35.2	28.5	(6.6)	(18.9%)
St. Georges Hospital	30.7	26.4	(4.3)	(13.9%)	45.3	45.6	0.3	0.6%
Hounslow & Richmond Community Healthcare	1.2	0.9	(0.3)	(21.3%)	2.0	2.0	-	-
South West London & St. Georges Mental Health	16.6	13.0	(3.6)	(21.7%)	24.0	26.2	2.2	9.1%
The Royal Marsden Hospital	16.1	12.0	(4.0)	(25.2%)	24.1	24.6	0.5	2.1%
<b>Trusts Net CDEL (SWL &amp; National)</b>	<b>111.0</b>	<b>91.2</b>	<b>(19.8)</b>	<b>(17.9%)</b>	<b>209.5</b>	<b>189.5</b>	<b>(20.0)</b>	<b>(9.5%)</b>
IFRS16 technical adjustment	28.1	31.1	2.9	10.5%	34.7	47.4	12.7	36.5%
<b>Trusts CDEL after national technical adjustment</b>	<b>139.1</b>	<b>122.2</b>	<b>(16.9)</b>	<b>(12.1%)</b>	<b>244.2</b>	<b>236.9</b>	<b>(7.3)</b>	<b>(3.0%)</b>
Grants, donations and peppercorn leases	30.5	24.6	(5.9)	(19.3%)	44.3	40.7	(3.6)	(8.1%)
<b>Trusts Net capital expenditure</b>	<b>169.6</b>	<b>146.8</b>	<b>(22.8)</b>	<b>(13.4%)</b>	<b>288.5</b>	<b>277.6</b>	<b>(10.9)</b>	<b>-</b>

### Net CDEL Breakdown:

SWL CDEL	85.3	73.7	(11.6)	(13.6%)	144.7	138.1	(6.6)	(4.6%)
National CDEL	25.7	17.5	(8.3)	(32.1%)	64.8	51.4	(13.3)	(20.6%)
<b>Trusts Net CDEL</b>	<b>111.0</b>	<b>91.2</b>	<b>(19.8)</b>	<b>(17.9%)</b>	<b>209.5</b>	<b>189.5</b>	<b>(20.0)</b>	<b>(9.5%)</b>

\*Primary care capital allocation of £2.5m for GP IT and improvement grants excluded above – London region is managing these funds centrally

# Summary



- The Board is asked to:
  - Note the ICB internal month 8 position in particular risks relating to prescribing and CHC.
  - Note the ICS revenue month 8 position, in particular risks relating to:
    - the increase in efficiencies required in the remaining part of the year,
    - trajectory of spend on staffing and
    - additional winter capacity challenges due to covid and flu cases as well as industrial action.
  - Note the ICS capital month 8 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

Date Wednesday, 18 January 2023

<b>Document Title</b>	Vaccination Update
<b>Lead Director (Name and Role)</b>	Tonia Michaelides, Director of Health and Care in the Community
<b>Author(s) (Name and Role)</b>	Una Dalton, Programme Director: COVID and Flu
<b>Agenda Item No.</b>	14
<b>Attachment No.</b>	14

<b>Purpose (Tick as Required)</b>	Approve <input type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input checked="" type="checkbox"/>
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**Executive Summary**

- South West London progress to date as part of the winter vaccination programme:
  - Over 332,000 **COVID vaccinations** (53% of those eligible) have been administered since September 2022.
  - Over 355,000 **flu vaccinations** (44% of those eligible) have been administered since September 2022.
  - Over 62k children have received a **Polio booster** (37% of those eligible).
  - 93% of the eligible population has received a first dose **Mpox** vaccination with second doses underway.
  - A comprehensive **communications and engagement strategy** is in place to support the vaccination programmes, building on NHS England (London) and National plans.
  - Work has commenced on the creation of a **SW London Immunisations strategy** and will build on the expected national Immunisations strategy (to be published early 2023).

**Purpose**

For information only.

**Recommendation**

The Board is asked to:

- Note the contents of the report.

**Key Issues for the Board to be aware of:**

- We are seeing lower than expected demand for COVID and Flu vaccinations.
- We have successfully decommissioned the three mass vaccination sites based in shopping centre venues across South West London.
- Plans have been submitted to NHSE for the final quarter of the year where the majority of PCNs will hibernate COVID vaccinations. We are currently awaiting feedback on these plans.
- Community pharmacies across South West London will continue to offer COVID and flu vaccination.
- We have increased capacity in the South West London roving vaccination team and this service is working closely with Boroughs to ensure the offer of vaccination is available as needed during January – March 2023.

**Conflicts of Interest:**

N/A

**Mitigations for Conflicts of Interest:**

N/A

**Corporate Objectives**

This document will impact on the following Board Objectives:

Reducing Health Inequalities

Improving Health and health services

**Risks**

This document links to the following Board risks:

There is a risk that licenses (a requirement for vaccine delivery) will not be available in a timely manner for new vaccination sites required to replace the mass vaccination sites.

**Mitigations**

Actions taken to reduce any risks identified:

We have raised this risk with region and national and will be in discussion to resolve in early 2023.

**Financial/Resource Implications**

N/A

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

An EIA has been carried out at the start of the programme and was refreshed in the planning stage of the Autumn programme.

<p><b>What are the implications of the EIA and what, if any are the mitigations</b></p>	<p>The roving offer has expanded to ensure we are able to offer vaccinations to all patient cohorts particularly the underserved groups.</p>
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<p><b>Patient and Public Engagement and Communication</b></p>	<p>A comprehensive communications and engagement strategy is in place to support the vaccination programmes, building on NHS England (London) and National plans.</p>
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<p><b>Previous Committees/ Groups</b> Enter any Committees/ Groups at which this document has been previously considered:</p>	<p>Committee/Group Name:</p>	<p>Date Discussed:</p>	<p>Outcome:</p>
	<p>None</p>	<p><a href="#">Click here to enter a date.</a></p>	
		<p><a href="#">Click here to enter a date.</a></p>	
		<p><a href="#">Click here to enter a date.</a></p>	

<p><b>Supporting Documents</b></p>	
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# South West London Integrated Care Board

## Meeting paper 18<sup>th</sup> January 2023

### Vaccination Update

#### 1. Introduction

1.1 The purpose of this paper is to update the Board on progress with the South West London Immunisations programme including:

- COVID autumn booster vaccination programme
- Seasonal flu programme
- Mpox vaccination
- Childhood Polio booster programme

#### 2. Progress

2.1 SW London continues to perform well in terms of the London regional position across all programmes. However, London is behind by comparison to the national position. This is caused by the numbers of people coming forward to have their immunisations being lower than we had planned for.

2.2 There is capacity available on national and local booking systems for COVID and flu vaccination.

2.3 Vaccine supply remains under constant review to ensure we reduce the risk of wastage.

2.4 Healthcare worker vaccinations (for Trusts) continue to be reported via Foundry for both Flu and Covid and there is a fortnightly London meeting with Trust programme leads to support sharing of information and best practice activities and learning across the capital.

2.5 Vaccination of care home staff is low at approximately 16%. We will continue to work with care home managers to provide information and the offer of vaccination during January – March 2023.

2.6 The Childhood Polio booster programme ended on 24<sup>th</sup> December. Going forward General Practice will continue to offer polio vaccination. We are working with colleagues in Croydon and Wandsworth on a pilot polio vaccination programme aimed at unvaccinated children.

- 2.7 Focused work is underway to provide an offer of COVID and Flu vaccination to underserved communities in each Borough through the roving vaccination team.
- 2.8 We have closed the three mass vaccination sites based in shopping centres with effect from 24<sup>th</sup> December 2022. We are working with all pillars, including the SW London roving team, PCNs, community pharmacies and hospital hubs to ensure there is sufficient capacity available for future programmes or in the event of a surge.
- 2.9 A comprehensive communications and engagement strategy is in place to support our plans, building on NHS England (London) and national guidance. Information on immunisations is available on the ICB website.
- 2.10 Work has begun on the development of a South West London Immunisations strategy which we plan to launch in early 2023. This will build on the expected national immunisations strategy, due for publication in early 2023.
- 2.11 We understand that the JCVI will decide shortly on the need for a 2023 Spring and Autumn COVID booster programme. In the interim we have been asked to plan on the basis that a booster programme will launch in spring and autumn.
- 2.12 We are currently awaiting confirmation of funding from NHS England (London) to inform planning for 2023/2024. It is understood that two-year funding has been agreed nationally, the detail of which is expected imminently.
- 2.13 As part of our planning for 2023/2024, we will undertake a review of current governance arrangements to ensure they remain fit for purpose.
- 2.14 A weekly bulletin has been published to date setting out in detail our progress against each vaccination programme. During January – March 2023 this bulletin will be published monthly. All Board members are on the circulation list for this information.

**NHS South West London Integrated Care Board**

**Date** Wednesday, 18 January 2023

**Document Title** Board Committee updates

**Lead Director (Name and Role)** Mercy Jeyasingham; Dick Sorabji; Ruth Bailey – Non-Executive Members SWL ICB

**Author(s) (Name and Role)** Jitendra Patel, ICB/ICP Secretary

**Agenda Item No.** 14 **Attachment No.** 15

**Purpose (Tick as Required)**

Approve

Discuss

Note

**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.

**Recommendation:**

The Board is asked to:

- Note the key points discussed and decision making at respective Committee meetings.

**Key Issues for the Board to be aware of:**

As noted within the Committee update reports.

**Conflicts of Interest:**

None

**Mitigations for 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**

N/A

Actions taken to reduce any risks identified:	
<b>Financial/Resource Implications</b>	Noted within the committee updates with approval in line with the ICB governance framework where appropriate.

<b>Is an Equality Impact Assessment (EIA) necessary and has it been completed?</b>	N/A
<b>What are the implications of the EIA and what, if any are the mitigations</b>	N/A

<b>Patient and Public Engagement and Communication</b>	N/A
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<b>Previous Committees/ Groups</b>	<b>Committee/Group Name:</b>	<b>Date Discussed:</b>	<b>Outcome:</b>
Enter any Committees/ Groups at which this document has been previously considered:		Click here to enter a date.	
		Click here to enter a date.	

<b>Supporting Documents</b>	Committee Updates
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## **Finance and Planning Committee update**

1. The Committee met on 29 November 2022 and 20 December 2022, both meetings were quorate. Following consideration and discussion of key items at the meetings, the updates below are highlighted.
2. On 29 November 2022, the Committee discussed the following areas:

### **Sutton Place update**

- Overview provided on the work, challenges and priorities at Sutton, with context of the governance structure at Place and with the ICB / ICS.
- Assurance provided on the development of partnership working at Place, with recognition of further challenges on optimising economies of scale to ensure integration at Place and at scale across the system.

### **Finance and Planning updates**

- Noted the challenges and operational pressures across the system particularly within Cancer, diagnostic targets, Mental Health performance targets, and subsequent challenges to the year-end financial position.
- Noted the workforce risk as an enabler to progress schemes and programmes, amidst the difficulty of recruiting into posts.
- Noted the Month 7 system finance report, with the associated risks to achieving the forecast breakeven position for the year.
- Supported the establishment of a Recovery and Sustainability Board and governance structure, to ensure appropriate oversight of the key structural drivers and support national requirements.
- Noted the Month 7 ICB finance report.
- Supported, in principle, the request by Epsom and St Helier for additional funds for an updated Electronic Patient Record system.
- Supported St George's Paediatric Cancer Bid, within the context of the national review of Children's Cancer Principal Treatment Centres.

### **Capital Planning**

- Agreed the formal establishment of the Capital Investment Group to strengthen governance and oversight processes.

### **SWL Service Development Funds and Inequalities funding**

- Noted the approach to allocating Service Development Funds within challenging timescales.
- Noted that local place structures are being reviewed to support Voluntary Community and Social Enterprise organisations.

### **2022/23 Better Care Fund S75's & Wandsworth Section 256 (Adults) arrangement**

- Agreed to recommend approval to the ICB Board:
  - The 22/23 Section 75 agreement and values; and

- The 22/23 Wandsworth Section 256 Adults agreement and values.

### **Chair's Action – Bed Bureau**

- Noted that Chair's Action had been taken on the Bed Bureau and additional care homes business case, in line with the paper's recommendations.

3. On 20 December 2022, the Committee discussed the following areas:

### **Terms of Reference review**

- Agreed the approach to review the Terms of Reference, via a survey, and agreed to seek the view of partners represented on the ICB Board. This is to determine how the Committee could best include partner knowledge and thinking in its deliberations on ICS activity relevant to the Committee's Terms of Reference.

### **RMP update**

- Provided with background information on the role at Place, across the ICS and links with the Acute Provider Collaborative.
- Assurance on the work of the RMP Cancer Alliance, including their focus on early diagnosis, addressing health inequalities, and the funding challenges to support delivery of the strategic delivery programmes.

### **Finance and Planning updates**

- Noted the work of the Continuing Healthcare (CHC) Oversight Group to address some of the challenges within CHC, including mitigations to associated risks.
- Noted the Month 8 system finance report, with the associated risks to achieving the forecast breakeven position for the year.
- Noted that the ICB has commenced the planning process earlier in the financial year, based on locally agreed principles, prior to national guidance being available.
- Noted the Month 8 ICB finance report.

## **Quality and Oversight Committee update**

1. The Committee met on 7 December 2022. Following consideration and discussion of key items at the meetings, the updates below are highlighted.

### **Terms of Reference review**

- Agreed the approach to review the Terms of Reference, including the proposal to gather views via a survey from all members and attendees of the Committee.

### **Annual Reports 2021/22**

- Approved the Learning from Lives and Deaths 'People with a learning disability and autistic people' Mortality Review (LeDeR) Annual Report 2021/2022.
- Approved the Child Death Overview Panel report

### **Deep Dive - Overview of System Pressures**

- A deep dive focussed discussion took place on Planned Care including the interface between outpatients, diagnostics, cancer, and elective long-waits.
- The objectives and the priorities of the Acute Provider Collaborative were noted.
- The positive progress on the recovery against the key cancer standard against the 62-day backlog as being back close to trajectory was noted.

### **Never Events review**

- Noted the Never Events report, covering the 5-year period from April 2017 – March 2022, including underlying root causes to support themes for learning and sustainable improvement across the system.
- Agreed with a proposal for a system-wide Quality Improvement approach.

### **Continuing Healthcare (CHC) update**

- There are some quality concerns regarding independent providers of CHC in some of the places. External review and serious incident (SI) investigation has been commissioned.
- Immediate actions recommended from the interim SI investigation report have been implemented.
- This committee will continue to monitor and assure the ICB of progress made in quality improvement across CHC services within the system.

### **Performance Report**

- Noted the first iteration of the Integrated Care Board Performance Report including performance indicators against NHS Constitutional Standards and locally agreed metrics.

- Recruitment difficulties were noted which subsequently impact on performance indicators, particularly within Mental Health (Improving Access to Psychological therapies programme) and A&E 4-hour waits.
- Assurance through the Urgent and Emergency Care (UEC) Board and the priorities to mitigate challenges within the UEC pathway were noted.
- The growing pressures in Mental Health services were noted as a result of an increase in referral and activity levels.

### **Quality update**

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

### **System Quality Risk Framework**

- Noted the Quality Risk Framework which highlighted how risks will be managed from directorate, organisational, ICB and ICS levels.
- Noted the proactive approach to identifying and understanding safeguarding and quality risks inherent and external to the organisation.

### **Quality and Performance Risk Register**

- Noted the current quality and performance risks captured within the risk register.

### **Kirkup report update**

- Noted the content of the Kirkup review, recommendations and associated action for the Local Maternity and Neonatal System.
- Supported the approach for a single delivery plan for maternity which is currently in development with NHSE and partners.

### **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.

## **Audit and Risk Committee update**

1. The Committee met on 6 December 2022 and the meeting was quorate. Following consideration and discussion of key items at the meeting, the updates below are highlighted.
2. The Committee discussed the following areas:

### **Strategic Risk Register update**

- Noted the need for distinction between current issues and emerging risks to support assurance to the Board.
- Agreed that the Board Assurance Framework to be reported the Committee in February will include the process to develop a top-down Strategic Risk Register for the ICS mapped across to provider organisations and a perspective on the risk appetite and tolerance levels for the ICB.

### **Terms of Reference review**

- Agreed the approach to review the Terms of Reference, including the proposal to gather views via a survey from all members and attendees of the Committee.

### **Committee workplan**

- Agreed the workplan for the remainder of 2022/23, including areas for focussed deep dive reviews, noting that there may be some amendments, for example due to national planning timescales.

### **SWL System Quality Risk Framework**

- A deep dive focussed discussion took place on the System Quality Risk Framework, including the approach to managing and escalating Quality Risks within the ICB and the ICS.
- Assurance was provided on learning from complaints, national reports and other sources of intelligence, and mechanisms to support learning across the system.

### **Emergency Preparedness, Resilience and Response (EPPR) in preparation for Industrial Action**

- Noted the update on the preparation for the proposed industrial action noting the planning taking place at a national, regional and system level to agree mitigations.

### **ICB Annual Accounts Update**

- Noted the draft timetable for submission of the 2022/23 annual report and accounts.

## **Audit and Assurance Reports**

- Noted the Internal Audit update in line with the Internal Audit plan.
- Noted the External Audit update.
- Noted the Counter Fraud report.

## **Single Tender Waivers (STWs)**

- Noted the number of STWs approved in Q2, in line with ICB's SFIs.
- Noted the measures put in place to support the drive towards reducing future waivers through greater service user engagement, training and awareness sessions and greater emphasis on proactive planning by budget leads.