



NHS South West London
Integrated Care Board

Meeting Pack

South West London Integrated Care Board

17 May 2023
09:45 – 13:00

Wandsworth Civic Centre, Wandsworth
High Street, SW18 2PU

NHS South West London Integrated Care Board

Wednesday 17 May 2023

09:45 - 13:00

Civic Centre, Wandsworth High Street, Wandsworth, SW18 2PU

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	Welcome, Introductions and Apologies	Chair	
02		Declarations of Interest <i>All members and attendees may have interests relating to their roles. These interests should be declared in the register of interests. While these general interests do not need to be individually declared at meetings, interests over and above these where they are relevant to the topic under discussion should be declared.</i>	All	01
03	09.55	Minutes, Action Log and Matters arising Minutes and actions arising from the SWL ICB Part 1 meeting held on the 15 March 2023	Chair	02
04	10.00	Decisions Made in Other Meetings	CEO	03
05	10.05	Chair's report	Chair	04
IN FOCUS				
06	10.15	SWL Mental Health Strategy	Tonia Michaelides / Vanessa Ford	05
07	10.35	SWL Primary Care Strategy Update	Mark Creelman Dr Nicola Jones	06
08	10.55	2023-2025 Green Plan	Helen Jameson	07

	Time	Agenda Item	Sponsor	Enc
	11.15	COMFORT BREAK		
FOR DECISION				
09	11.25	2023/2024 South West London Partnership Delivery Agreements	Tonia Michaelides	08
10	11.35	South West London anti-racism framework development	Sola Afuape	09
11	11.45	Updated Audit and Risk Committee Terms of Reference	Martin Spencer	10
ITEMS FOR INFORMATION				
12	11.50	SWL Integrated Care Partnership Update	Cllr Ruth Dombey	11
13	11.55	Board Committee Updates and Reports <ul style="list-style-type: none"> • Finance & Planning Committee Update: <ul style="list-style-type: none"> ○ M12 Finance Report; Unaudited 2022/23 Financial Position • Quality & Oversight Committee Update: <ul style="list-style-type: none"> ○ Quality Report ○ Performance Report • Audit & Risk Committee Update • Remuneration and Nominations Committee Update 	Dick Sorabji/ Helen Jameson Mercy Jeyasingham John Byrne Jonathan Bates Martin Spencer Ruth Bailey	12 13 14 15
14	12.30	Chief Executive Officer's Report	CEO	16
15	12.35	Questions from SWL Voluntary Community and Social Enterprise and Healthwatch	Sara Milocco Alyssa Chase-Vilchez	Verbal
16	12.45	Any Other Business	All	
17	12.50	Meeting close	Chair	

	Time	Agenda Item	Sponsor	Enc
18	12.51	Public Questions - by email Members of the public are invited to ask questions relating to the business being conducted today. Priority will be given to those received in writing in advance of the meeting.	Chair	

Date of next meeting: Wednesday 28 June, 09.00 – 10.30 a.m. Microsoft Teams

NHS SOUTH WEST LONDON INTEGRATED CARE SYSTEM - REGISTER OF DECLARED INTERESTS (May 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	Non Executive Member ICB Board Member Chair of the Quality Oversight Committee Member of the Remuneration and Nominations Committee Chair of the People and Communities Engagement Assurance Committee	Y	1 Medicines and Healthcare products Regulatory Agency (MHRA).	1				1 Non Executive Director Medicines and Healthcare products Regulatory Agency (MHRA)	May-20	ongoing	Recuse from all discussion
Dick Sorabji	Non Executive Member ICB Board Member Chair of the Finance & Planning Committee Member of the Audit and Risk Committee	N	Nil Return								
Ruth Bailey	Non Executive Member ICB Board Member Chair of the Remuneration & Nominations Committee Member of the Audit and Risk Committee Chair of the People Board	Y	1 Executive Director (Job Share) of People and Organisational Effectiveness for Nursing and Midwifery Council 2 Husband is Director in UK Health Protection Agency. 4 Non-Executive Member on Hertfordshire and West Essex ICB		1 3		2	1 Executive Director (Job Share) of People and Organisational Effectiveness for Nursing and Midwifery Council 2 Husband is Director in UK Health Protection Agency. 3 Non-Executive Member on Hertfordshire & West Essex ICB	1 November 2022 2 October 2016 3 July 2022	1-3 Present	Declared and discussed where relevant with Conflicts of Interest Guardian
Martin Spencer	Non Executive Member ICB Board Member Chair of the Audit & Risk Committee	Y	1. NHS Counter Fraud Authority 2. Ofsted 3. Achieving for Children 4. Civil Service Commissioner 5. Education Skills and Funding Agency	1 2 3 4 5				1 Non Executive Director and Chair of the Remuneration Committee 2 Non Executive Director and Chair of the Audit Committee 3 Non Executive Director and Chair of the Audit and Risk Committee 4. Civil Service Commissioner 5. Chair	1. 09/18 2. 07/19 3. 11/20 4. 10/21 5. 10/18	1. 09/24 2. 07/23 3. 11/23 4. 10/26 5. 10/24	Recuse from all discussions
Sarah Blow	ICB Chief Executive ICB Board Member ICP Board Member Attendee of the Remuneration and Nominations Committee Member of Recovery & Sustainability Board	Y	1. LAS				1	1. My son is a band 3 call handler for LAS outside of SW London	Jan-22	Present	Individually determined
Karen Broughton	Deputy Chief Executive / Director of People & Transformation ICB Board Member ICP Board Member Attendee of the Remuneration and Nominations Committee People Board Member Member of Recovery & Sustainability Board	N	Nil Return								
Dr John Byrne	Executive Medical Officer ICB Board Member ICP Board Member Member of the Quality Oversight Committee Member of the Finance and Planning Committee Member of Recovery & Sustainability Board Member of the People and Communities Engagement Assurance Group (PCEAG)	N	Nil Return								
Helen Jameson	Chief Finance Officer ICB Board Member ICP Board Member Attendee of the Finance and Planning Committee Attendee of the Audit and Risk Committee	N	Nil Return								
Dame Cally Palmer	Partner Member Specialised Services Member of the ICB Board Member of Recovery & Sustainability Board	Y	1. Chief Executive The Royal Marsden NHS Foundation Trust 2. NHS England/Improvement (national)	1 2				1. CEO of a Provider Trust in SWL 2. National Cancer Director	1. 2. April 2015	Present	Declared and discussed where relevant with Conflicts of Interest Guardian
Vanessa Ford	Partner Member Mental Health Services Chief Executive SWL & St. Georges Mental Health NHS Trust Member of the ICB Board	Y	1. Chief Executive SWL & St Georges Mental Health NHS Trust and a CEO member of the south London Mental Health and Community Partnership (SLP) 2. Merton Place Convenor and SRO for Regional NHS 111 programme for Mental Health 3. Mental health representative on the ICB	1	2. 3.			1. CEO of Provider Trust in SWL and a CEO member of the south London Mental Health and Community Partnership (SLP) 2. Merton Place Convenor and SRO for Regional NHS 111 3. Mental Health Representative on the ICB	1 August 2019 2. August 2021 3. August 2021	Present	Declared and discussed where relevant with Conflicts of Interest Guardian
Jo Farrar	Partner Member Community Services Member of the ICB Board Member of ICP Board Richmond Place Member People Board Member	Y	1. Chief Executive Kingston Hospital NHS Foundation Trust	1				1. CEO of Provider Trust in SWL	1 2019	Present	Declared and discussed where relevant with Conflicts of Interest Guardian
James Marsh	Partner Member Acute Services (Acting) Member of ICB Board (Acting) Member of Recovery & Sustainability Board (Acting)	Y	1 Acting Group Chief Executive Officer St George's, Epsom and St Helier University Hospitals and Health Group 2 Brother is a Non-Executive Director of Surrey Heartlands ICS	1			2	Acting Group Executive Officer of Provider Trust in SWL Brother is a Non-Executive Director of Surrey Heartlands ICS	1 April 2023 2 April 2022	Present	Declared and discussed where relevant with Conflicts of Interest Guardian
Jacqueline Totterdell	Partner Member Acute Services Member of the ICB Board Member of Recovery & Sustainability Board	Y	1 Group Chief Executive Officer St George's, Epsom and St Helier University Hospitals and Health Group	1				Group Chief Executive Officer of Provider Trust in SWL	01-Aug-21	Present	Declared and discussed where relevant with Conflicts of Interest Guardian

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
Dr Nicola Jones	Partner Member Primary Medical Services ICB Board Member ICP Board Member Member of the People and Communities Engagement Assurance Group (PCEAG)	Y	1. Managing Partner Brocklebank Practice, St Paul's Cottage Surgery (both PMS) and The Haider Practice (GMS) 2. Joint Clinical Director, Brocklebank PCN 3. Brocklebank PCN is part of Battersea Healthcare (BHCIC) 4. Convener, Wandsworth Borough Committee 5. Primary Care Representative, Wandsworth 6. Co-Chair Cardiology Network, SWL ICS 7. Clinical Director Primary Care, SWL ICS	1 3 4 5	2 6			1. Practices hold PMS/GMS contracts. Dr Nicola Jones holds no director post and has no specific responsibilities within BHCIC other than those of other member GPs.	1. 1996 2. 2020 3. 2018 4. 2022 5. 2022 6. 2022 7. 2022	1-7 Present	Adherence to COI policy
Ruth Dombey	Partner Member Local Authorities ICB Board Member Joint Chair of the ICP	N	Nil return								
Matthew Kershaw	Place Member Croydon Member of the ICB Board	Y	1. Chief Executive of Croydon Healthcare Services NHS Trust	1				Chief Executive of a provider Trust in SWL	1. 19/10/2019	Present	Declared and discussed where relevant with Conflicts of Interest Guardian
Dr Annette Pautz	Place Member Kingston Member of the ICB Board	Y	1 Holmwood Corner Surgery 2 Kingston General Practice Chambers Ltd. 3 NMWP PCN	1 2 3				1 Partner at Holmwood Corner Surgery 2 Member of Kingston General Practice Chambers Ltd. 3 Board Member NMWP PCN	1 01.04.21 2 01.04.21 3 01.04.21	1-3 Present	Declared and discussed where relevant with Conflicts of Interest Guardian
Dr Dagmar Zeuner	Place Member Merton Member of the ICB Board Member of the People and Communities Engagement Assurance Group (PCEAG)	Y	1. Director of Public Health, LBM In this role potential / perceived conflict of interest re any decision about future of St Heller's Hospital. 2. Partner is owner of ZG publishing (publishes the magazine: "Outdoor Swimmer"). 3. Honorary senior lecturer at the London School of Hygiene and Tropical Medicine. 4. Research advisor (occasional) for University of London/Institute of Child Health.	1 3			2		1. Feb 2016 2. Feb 2011 3. Apr 2006 4. Apr 2010		1. Not being a member of the CIC, being excluded from any decision making on the future of St Heller, which includes circulation of related unpublished papers.
Ian Dodds	Place Member Richmond ICB Board Member ICP Board Member	N	Nil Return								
James Blythe	Place Member Sutton ICB Board Member	Y	1.Managing Director - Epsom and St.Helier University Hospitals Trust 2.Spouse is a consultant doctor at Surrey & Sussex Healthcare NHS Trust		1		2		1.02/22 2. 01/22	Present	Recuse from discussions relating to relevant speciality and provider
Mark Creelman	Place Member Wandsworth ICB Board Member Member of Recovery & Sustainability Board	N	Nil return								
Jonathan Bates	Chief Operating Officer Participant of the of the ICB Board Member of the of the Quality Oversight Committee Member of the of the Finance and Planning Committee Member of Recovery & Sustainability Board	Y	1. Spouse provides primary care consultancy and interim support to a range of organisations.				1	Spouse provides primary care consultancy and interim support to a range of organisations.	Autumn 2020	Present	Highlighted potential conflict to the Accountable Officer
Charlotte Gawne	Executive Director for Communications, Engagement and strategic stakeholder relations Participant of the of the ICB Board Member of the People and Communities Engagement Assurance Group (PCEAG)	N	Nil Return								
Ben Luscombe	Chief of Staff Participant of the of the ICB Board Attendee of the of the Audit and Risk Committee Attendee of the Remuneration and Nominations Committee Attendee of the Quality Oversight Committee Attendee of the Recovery & Sustainability Board	N	Nil Return								
Mike Bell	ICB Board Chair ICP Board Co-Chair	Y	1. Lewisham and Greenwich NHS Trust 2. Director at MBARC Ltd (Research and consultancy company which works with central and local government and the NHS). Current clients are: •Welsh Government - Financial inclusion and Social Justice services - since 2013 - ongoing •NEL ICS - Executive Coaching - since 2020 - ongoing •NCL ICS - Primary Care development - May 2022 - 2023 •Visiba Health Care - Chair UK advisory Board Jan 2022 ongoing •Surrey Physion - Strategic Adviser Feb 2023 ongoing •VIA Communications - Strategic Adviser Mar 2023 ongoing •DAC Beachcroft - Strategic Adviser April 2020 ongoing •ZPB - Strategic Adviser 2018 ongoing •Rinnova - Strategic Adviser 2022 ongoing	1. 2.				1. Chair of Lewisham and Greenwich NHS Trust 2. Director of MBARC Ltd	1. Jul 2022 2. 2013	Present	Declared and discussed where relevant with Conflicts of Interest Guardian
Mike Jackson	Participant Member Local Authorities CEO of Richmonad & Wandsworth LA ICB Participant ICP Member	N	Nil return								

MINUTES
SWL ICB Board Meeting
Wednesday 15 March 2023
10.00 – 12.30
Microsoft Teams

Chair: Ruth Bailey, Non-Executive Member

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

Mike Jackson (MJ)	Participant, Local Authorities (Joint Chief Executive Richmond upon Thames & Wandsworth Council)
Observers	
Alyssa Chase-Vilchez (ACV)	SWL HealthWatch Representative
Simon Breeze (SBr)	SWL Voluntary Sector Representative.
In attendance	
Susan Sinclair (SS) – for agenda item 5	Managing Director, RMP
Dr Emma Kipps (EK) – for agenda item 5	Clinical Director, RMP
Viccie Nelson (VN) – for agenda item 6	Associate Director of Transformations Ageing Well
Ben Luscombe (BL)	Chief of Staff, SWL ICB
Maureen Glover (MG)	Corporate Services Manager (ICS)
Apologies	
John Byrne (JBy)	Executive Medical Director, SWL ICB.
James Blythe (JBI)	Place Member, Sutton (Managing Director Epsom & St Helier NHS Trust)

No.	AGENDA ITEM	Action by
1	Welcome and Apologies	
	<p>Ruth Bailey (RB) welcomed everyone to the meeting and noted that due to the industrial action being held by junior doctors, the ICB Board meeting was being held virtually.</p> <p>Apologies received were noted, and the meeting was quorate.</p>	
2	Declarations of Interest	
	<p>A register of declared interests was included in the meeting pack.</p> <p>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.</p>	
3	Minutes, Action Log and Matters arising	
	<p>The Board approved the minutes of the meeting held on 18 January 2023.</p> <p>The action log was reviewed and noted. There were no matters arising not on the agenda.</p>	
4	Decisions Made in Other Meetings	
	<p>SB presented the report.</p> <p>The Board noted that a paper “Increasing Capacity Framework – Independent Sector Contracts” had been discussed and approved at a Part 2 meeting of the ICB Board. At that meeting, the Board agreed the recommendation to commence a mini procurement process through the Increasing Capacity Framework.</p> <p>The Board noted the report.</p>	
5	Update on Cancer	
	<p>Dame Cally Palmer (CP) gave a presentation on Cancer, supported by Susan Sinclair (SS) and Dr Emma Kipps (EK).</p>	

	<p>Jonathan Bates (JBa) thanked the Royal Marsden Partners (RMP) for the immense amount of work done throughout the pandemic focusing on recovery and now on transformation, particularly the Core 20 Group and addressing inequalities.</p> <p>There was a discussion about the need to work jointly as a system, in particular how Local Authorities could support cancer screening and how general practice could be supported to continue the significant role they have in implementing pathways leading to diagnostics and early referrals. CP responded to a question about whether any consideration had been given to how professionals in dental, optometry and pharmacy could also provide support, advising that training had taken place with community pharmacy. A model was in place which needed to be evaluated to ensure all the governance and patient experience arrangements worked well.</p> <p>The Board was asked to note that when RMP was started, the focus was on the acute part of the pathway but work was now being undertaken across the entire pathway, working with primary care, and also thinking about communication with different communities to encourage people to come forward for screening. CP said she would welcome any ideas about how communication with the public could be improved.</p> <p>SS welcomed the work across the integrated care piece and noted that in partnership with the Population Health team in SWL real time screening metrics would be produced which would help provide a deeper understanding about the variation that was being seen across the borough.</p> <p>SB thanked RMP for their leadership but also noted that the RMP was made up of all of the partners in SWL and this had led to a very successful outcome for local people with cancer in SWL.</p> <p>The Board noted the report.</p>	
6	South West London Enhanced Health in Care Homes Programme	
	<p>Tonia Michaelides (TM) presented the report, supported by Viccie Nelson (VN).</p> <p>The Board welcomed the update on the care homes programme and noted that it would be beneficial to include a patient story and to build on service user engagement and the level of information shared with residents and their families.</p> <p>The Board noted that the Urgent Care Plan was critical to addressing the challenges in the environment and to avoid unnecessary conveyances and admissions.</p> <p>There was a discussion about digital care records that could be shared between different parties across the system. There had been significant focus on ensuring all care homes had digital devices and it was noted that there was a need to work with system partners to ensure all care homes were supported with this approach. Webinars and newsletters were also being provided to ensure good communication channels with care homes.</p> <p>Board members noted the challenge in relation to workforce in care homes and that this area was part of the Integrated Care Partnership discussion document. Another area of challenge was the vaccination programme and ensuring there was no decline in vaccination levels.</p> <p>SB noted that SWL was far ahead of other areas in terms of the work being undertaken on care homes and thanked VN for her personal commitment. It was</p>	

	<p>recognised that there was still more to do and the Board noted that this was a system responsibility that would be taken forward through the ICP and ICB.</p> <p>The Board noted the report.</p>	
7	Joint Working Model with NHSE for Specialised Services for 2023/2024 and ICB Signature of the Joint Working Agreement	
	<p>JBa presented the report.</p> <p>The Board approved the joint working model for the commissioning of specialised services in 2023/24 and authorised the ICB Chief Executive to sign the Joint Working Agreements on behalf of South West London ICB to enable new commissioning arrangements to “go live” from April 2023.</p>	
8	Pharmacy, Optometry and Dental Delegation	
	<p>Mark Creelman (MC) presented the paper.</p> <p>The Board noted the interest in this area and that there would be a lot of opportunity for closer working, not only with general practice, but as part of the Integrated Care System as this is developed for colleagues in dental, optometry and pharmacy. It was noted that there was a need to engage with Primary Care leaders about commissioning arrangements going forwards and the best way for them to interact and engage with colleagues in dentistry, optometry and pharmacy.</p> <p>MC noted that optometry, pharmacy and dentistry steering groups would be established and the membership of these was being reviewed to ensure they were representative of the whole system.</p> <p>The Board noted the contents of the report and agreed the establishment of a London POD Oversight Group with South West London ICB representation as the key management group for POD.</p>	
9	Delegation of the Annual Report and Accounts/Committee Update Report	
	<p>HJ presented the report.</p> <p>The Board agreed that the detailed work reviewing the Annual Report and Accounts would be undertaken by the Audit & Risk Committee with final sign off by the Board, either at an extra ordinary Board meeting or by taking Chair’s Action.</p> <p>The Board noted the content of the Report and agreed that the delegation of the detailed work would be undertaken by the Audit and Risk Committee but that final sign off would be taken by the Board.</p>	
10	Board Assurance Framework	
	<p>BL presented the report.</p> <p>The Board noted the current Board Assurance Framework (BAF).</p> <p>The Board noted the report.</p>	

11	ICB Reports	
	<p><u>SWL Quality Report</u></p> <p>GR presented the report</p> <p>The Board noted the report and the position on infection control.</p> <p><u>SWL Performance Report</u></p> <p>JBa presented the report.</p> <p>The Board noted the report, in particular that urgent and emergency care performance had improved in January.</p> <p><u>SWL Finance Report</u></p> <p>HJ presented the report.</p> <p>The Board noted that work was being undertaken on the Recovery Plan, looking at what was driving the imbalance between the allocation received and the funding spent on delivering services. A programme of work was being created to look at prioritising opportunities to reduce cost across all areas of the system.</p> <p>The Board noted the report.</p>	
12	Chief Executive Officer's Report	
	<p>SB presented the report.</p> <p>SB noted the industrial action and offered her personal thanks to all of the teams across the Health and Care system who were managing this and who had helped to ensure safe services were delivered.</p> <p>Board members noted there would be an in-depth discussion at a future Board Meeting on the SWL People and Communities Engagement Assurance Group (PCEAG).</p> <p>The Board noted the report.</p>	
13	Board Committee Updates	
	<p>Papers presented for information only were:</p> <ul style="list-style-type: none"> • Board Committee Updates: <ul style="list-style-type: none"> ○ Finance and Planning Committee ○ Quality and Oversight Committee 	
14	Questions from SWL Voluntary Community and Social Enterprise (VCSE) and Healthwatch	
	<p>Healthwatch</p> <p>ACV echoed comments that had been made during the RMP presentation and noted that there was room for the Integrated Care Partnership to contribute to the work being done in terms of earlier detection of cancer and helping to manage patients' symptoms.</p> <p>The Board noted that Healthwatch was a strong partner with regard to working with care homes and would be able to share the outcome of the work they were already doing in this area and collect the views of patients if that would be helpful.</p>	

	<p>ACV welcomed the proposal that patient engagement would be a focus area at a future meeting.</p> <p>In response to the comments made by ACV on cancer prevention SB noted that this was an area the ICP would be focusing on and Karen Broughton (KB) provided an update on the Forward Plan which would include a dedicated section on cancer.</p> <p>SWL Voluntary Community and Social Enterprise (VCSE)</p> <p>Simon Breeze (SBr) advised that sessions with the voluntary sector had been held in South West London to provide an update on the alliance and clarity on the work of the ICB. SB noted that across SWL a VCSE director post had now been recruited to and the postholder would start at the beginning of April.</p> <p>SBr commented that there was a need for clarity about the process for renewal of contracts, as many voluntary organisations were finding this difficult. SB thanked SBr for raising the issue and suggested he provide more information about specific organisations and processes to enable this to be looked in to.</p>	
15	Any Other Business	
	<p>RB noted that this was GR's last meeting. RB thanked GR, on behalf of the board, for her contribution and wished her good luck in her new role as Chief Nursing Officer with the African Medical Centre of Excellence.</p>	
16	Public Questions	
	<p>No written questions had been received from members of the public.</p>	

ACTION LOG

Date	Minute Ref	Action	Responsible Officer	Target Completion Date	Update	Status	Committee	Type
01.07.22	2	A Primary Care Strategy for SWL will be developed and brought to a future Board meeting for discussion and approval.	Mark Creelman	Jun-23	Primary Care Strategy is on the ICB agenda for May 2023.	Closed	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	Jul-23	JB to discuss with the ICB CEO Update 23.3.23: Significant work will take place to develop the strategy during spring 2023 when current operational pressures are expected to have mitigated to some degree, allowing time for focused work across the urgent and emergency care pathway and to facilitate alignment with the expected publication of the national Urgent & Emergency Care Strategy.	open	ICB Pt1	Action
18.1.23	6	BCF: JBa to report to a future Board meeting particularly assessing the impact on services of the Better Care Fund investments.	Jonathan Bates	Jul-23		Open	ICB Pt1	Action
18.1.23.	7	CNO to bring a report with a clear set of proposals to address the issues identified in the Kirkup review to a future Board meeting.	CNO	Sep-23		Open	ICB Pt1	Action

NHS South West London Integrated Care Board

Name of Meeting	ICB Board		
Date	Wednesday, 17 May 2023		
Title	Decisions made in other meetings		
Lead Director Lead (Name and Role)	Sarah Blow, Chief Executive Officer, SWL ICB		
Author(s) (Name and Role)	Jitendra Patel, ICB / ICP Secretary		
Agenda Item No.	04	Attachment No.	03
Purpose	Approve <input type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input checked="" type="checkbox"/>

Purpose

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

Executive Summary

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

At its Part 2 meeting on 17 April 2023:

The Board approved the 2023/24 Capital Plan, and the publication of its first year on the SWL ICB website. The plan is published at www.southwestlondon.icb.nhs.uk/content/uploads/2023/04/NHS-South-West-London-capital-plan-2023-24.pdf.

The Board also approved an update to the current SWL ICB Fertility Preservation Policy, to eradicate the potential disadvantage for patients with a diagnosis of gender dysphoria seeking access to NHS funded fertility preservation.

At its Part 2 meeting on 4 May 2023:

Following a recommendation by the Finance and Planning Committee, the Board approved the 2023/24 ICB Budget and the 2023/24 Operating Plan for submission to NHS England.

Recommendation

The Board is asked to:

- Note the decisions made at the 17 April 2023 and 4 May 2023 Part 2 meetings of the Board.

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		ICB Budget and Operating Plan have been through the appropriate ICB governance processes, including Finance and Planning Committee.	
Is an Equality Impact Assessment (EIA) necessary and has it been completed?		N/A	
What are the implications of the EIA and what, if any are the mitigations		N/A	
Patient and Public Engagement and Communication		N/A	
Previous Committees/Groups Enter any Committees/Groups at which this document has been previously considered	Committee/Group Name	Date Discussed	Outcome
	Finance and Planning Committee	25/04/2023	Agreed a recommendation to the Board to approve the 2023/24 ICB Budget and Operating Plan.
		Click or tap to enter a date.	
		Click or tap to enter a date.	
Supporting Documents		Annex A: Operating Plan 2023/24 Annex B: SWL ICB Financial Plan 2023/24 (included in separate pack of Supporting Information)	

NHS South West London Integrated Care Board

Name of Meeting	ICB Board		
Date	Wednesday, 17 May 2023		
Title	Chair's Report		
Lead Director Lead (Name and Role)	Mike Bell, Chair, SWL ICB		
Author(s) (Name and Role)	Jitendra Patel, ICB / ICP Secretary		
Agenda Item No.	05	Attachment No.	04
Purpose	Approve <input type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input checked="" type="checkbox"/>

Purpose

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

Executive Summary

At each Board meeting in public the Chair provides a brief verbal and / or written update regarding matters of interest to members of the Board and members of the Public.

Key Issues for the Board to be aware of:

Visits to NHS services across South West London

Recently, I was delighted to visit the newly developed Springfield Hospital in Wandsworth, part of South West London and St George's Mental Health NHS Trust.

The two new mental health facilities are part of a wider transformation at Springfield Hospital which sees mental health facilities integrated as part of new 'Springfield Village'. The transformation combines community, healthcare and residential neighbourhoods, including the creation of more than 800 new homes, a new public square, shops and a 32-acre public park.

The redevelopment at Springfield represents major innovation and investment in our local community and will take until approximately 2026 to fully complete.

In order to get a better understanding of the breadth of services provided across South West London and take the opportunity to meet clinicians and staff in those services I also visited St Helier Hospital, the Royal Marsden Cancer Centre in Sutton, the site of new Specialist Emergency Care Hospital, Wideway GP Practice in Mitcham, and St Georges Specialist Paediatric Unit.

King's Fund National ICS Summit

Earlier in May, I spoke about managing elective care waiting lists, at the King's Fund National ICS summit.

It was an important opportunity to share learning and potential solutions with other health and care leaders, and to discuss how ICBs and ICPs can work collaboratively to drive change.

Turning The Tide Celebration event

Last week I was the keynote speaker at the launch of Turning the Tide on Black, Asian and Minority Ethnic midwifery event as part of International Midwife's day celebrations to recognise the achievements of all ethnic minority staff working in maternity services.

More than 17,000 babies are born every year in South West London. The population that we serve is diverse, and the importance of an inclusive and diverse workforce which reflects our communities will continue to make our maternity services safer, more personalised and more family friendly for everyone across South West London.

South West London's Race Action Strategy

I attended the launch of South West London's Race Action Strategy and committed the ICB to ensuring that Race Equality is a priority for the ICB. I would also like to extend my thanks to Dr Gloria Rowland, who left the ICB at the end of April, for her leadership in this area.

NHS Confederation Expo 2023

I am pleased to have been invited to be a speaker at this year's NHS Confed Expo in June.

Delivered in partnership by NHS Confederation (a membership organisation that brings together, supports and speaks for the whole healthcare system in England, Wales and Northern Ireland) and NHS England, the conference is an opportunity to raise awareness and advocate for some of the fantastic work we do across South West London which is made possible through the relationships we have established over many years across the Health and Care, and Voluntary, Community and Social Enterprise (VCSE) sector.

Deaf Awareness week

As a system, we are committed to delivering high-quality, patient-centred, and accessible services, while as an employer providing a positive, inclusive and fair workplace free from discrimination.

The aim of Deaf Awareness week (1 – 7 May 2023) is to raise awareness of hearing loss in the UK and its impact on people's lives.

On 4 May 2023, during Deaf Awareness week, South West London and St George's Mental Health NHS Trust hosted Chief Nursing Officer England, Dame Ruth May, and Deputy Director Mental Health Nursing England, Dr Emma Wadey.

They toured the new Trinity building and a specialist deaf ward (Bluebell ward), learning some British Sign Language with staff and patients before hosting a Q&A session.

To discover more about how you can support friends, family, or colleagues with deafness, please visit the UK Council on Deafness at www.ukcod.org.

SWL ICP Integrated Care Strategy – Action Workshop event

In shaping our Integrated Care Strategy, the South West London Integrated Care Partnership (SWL ICP) have developed our priorities for the next five years. As will be covered during the ICP update item on the agenda, our **six priority areas** are:

1. Tackling our system-wide workforce challenges.
2. Reducing Health Inequalities.
3. Preventing ill-health, promoting self-care and supporting people to manage long term conditions.
4. Supporting the health and care needs of children and young people.
5. Positive focus on mental well-being.
6. Community-based support for older and frail people.

Across these six areas we are also focussing on these cross-cutting themes:

1. Equality, diversity and inclusion.
2. The green agenda.
3. Elevating the patient, carer and community voice.

An event to bring together colleagues from our stakeholders including partner organisations in the NHS, Local Authorities, VCSE partners, Healthwatch as well as people from across our communities has been organised for 24 May 2023 to help us shape and agree the practical actions we now need to take for each of our priorities.

In advance, I would like to thank all colleagues for making the time to attend and help with the collaborative approach in agreeing the practical actions we now need to take for each of our priorities.

Recommendation:

The Board is asked to:

- Note the contents of the report.

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
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Is an Equality Impact Assessment (EIA) necessary and has it been completed?	N/A
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What are the implications of the EIA and what, if any are the mitigations	N/A
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Patient and Public Engagement and Communication	N/A
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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
		Click or tap to enter a date.	
		Click or tap to enter a date.	
		Click or tap to enter a date.	

Supporting Documents	N/A
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NHS South West London Integrated Care Board

Name of Meeting	ICB Board		
Date	Wednesday, 17 May 2023		
Title	SWL Mental Health Strategy		
Lead Director Lead (Name and Role)	Vanessa Ford, Chief Executive South West London and St George's Mental Health Trust & SWL ICB Board Partner Member for Mental Health.		
Author(s) (Name and Role)	Amy Scammell, Director of Strategy, Transformation and Commercial Development, South West London and St George's Mental Health NHS Trust John Atherton, SWL Director of Mental Health Transformation		
Agenda Item No.	06	Attachment No.	05
Purpose	Approve <input checked="" type="checkbox"/>	Discuss <input checked="" type="checkbox"/>	Note <input type="checkbox"/>

Purpose

The South West London all age Mental Health Strategy is being brought to the ICB for approval.

Executive Summary

The development of a SWL Mental Health Strategy was one of the recommendations from an ICS commissioned review of the development of the Mental Health Provider Collaborative that was completed in early 2022.

During the last year we have completed a number of actions to inform the priorities of the strategy including a baseline assessment of current performance and expenditure, benchmarking of current services against national aspirations and the delivery of an extensive engagement programme.

The development of the strategy has been regularly reviewed and steered by members of both the SWL Mental Health Partnership Delivery and the SWL Mental Health Transformation Board.

The purpose of the strategy is:

- To confirm and refresh the mental health priorities for SWL .
- To respond to current challenges and drive forward service transformation.
- To focus on reducing fragmentation and unwarranted variation addressing legacy commissioning issues.
- To support the introduction of core models ensuring high quality care for across the whole of SWL.
- To focus on addressing population and community needs with a strong emphasis on prevention.
- To support the delivery of the broader aspirations of the ICS to improve outcomes, address inequalities and enhance collaboration, productivity, and value for money.

A slide pack summarising the key points of the strategy is included with the paper.

Key Issues for the Board to be aware of:

- The engagement programme that has been completed to identify the key priorities and deliverables of the strategy (Slides 5 & 6 of the slide pack).
- The four themes that run throughout the strategy and the outcomes to be delivered over 10 years (Slides 8 & 9 of the slide pack).

Following the SWL CEOs meeting on 25 April the following points were raised and will be addressed in the final published strategy document:

- Confirmation that the strategy covers all six boroughs. Croydon and SLAM have been fully engaged in the development of the strategy and are represented on the key ICS mental health groups who will oversee the delivery of the strategy.
- The link between mental and physical health is made in the strategy. We will continue to explore opportunities with the Acute Provider Collaborative to embed mental health in physical health pathways, including long term conditions.
- The ambition to reduce the number of suicides is based on those who are resident in SWL rather than the number of incidents of suicides in SWL. This is because suicide prevalence is reported based on borough of residence and linked to the local borough-based suicide prevention strategies.
- People with dual diagnosis will be supported by both mental health services and substance misuse services commissioned by the local authorities. The need for the services to work jointly together will be reflected in the strategy.

Recommendation

The Board is asked to:

- Approve the SWL all-age Mental Health Strategy.

Conflicts of Interest

No conflict of interests has been identified

Corporate Objectives

This document will impact on the following Board Objectives

- Supporting people to stay well and independent.
- Supporting care close to home in the community.
- Getting the best from collective resources so people receive care as quickly as possible.

Risks

This document links to the following Board risks:

The strategy addresses the board risk focused on the increased demand and waiting times for children and young people’s mental health services (CAMHS).

The other significant risk to the delivery is sufficient resources, both finance and workforce to secure the ambitions of the strategy.

Mitigations

Addressing the challenges in CAMHS is a key priority in the strategy and actions to do so have been identified for year 1.

<p>Actions taken to reduce any risks identified:</p>	<p>As far as possible 23/24 SDF, MHIS and other transformation money has been focused on delivering the priorities in the strategy. It is acknowledged that the current financial position of the ICS does not allow for additional investment at this stage.</p> <p>New workforce models are being developed for both patient facing and to support to the delivery of the transformation identified. Linked to the work of the SWL ICS People's Board this workstream will also support the delivery of ICP's priority around workforce.</p>		
<p>Financial/Resource Implications</p>	<p>See mitigation section above.</p>		
<p>Is an Equality Impact Assessment (EIA) necessary and has it been completed?</p>	<p>An EIA will be completed as part of any service change made to deliver the aims of the strategy.</p> <p>A key priority of the strategy is addressing health inequalities. Population health management data has been used to support the development of the strategy ensuring priorities to address health inequalities.</p>		
<p>What are the implications of the EIA and what, if any are the mitigations</p>	<p>Not applicable</p>		
<p>Patient and Public Engagement and Communication</p>	<p>An extensive programme of engagement has been completed and detailed in the strategy.</p>		
<p>Previous Committees/Groups 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>SWL MH Partnership Group</p>	<p>Ongoing</p>	<p>Support and development of the SWL MH strategy</p>
	<p>SWL MH Transformation Board</p>	<p>Ongoing</p>	<p>Support and development of the SWL MH strategy</p>
	<p>SWL CEOs Meeting</p>	<p>01/04/2023</p>	<p>Support given to the SWL MH Strategy</p>
<p>Supporting Documents</p>	<p>MH Strategy Development and Final Content</p> <p>Supporting Information in separate pack: Annex C - MH Strategy Annex D - MH Strategy Year 1 Delivery Plan</p>		

A decorative graphic in the bottom-left corner featuring various blue and green shapes: a large blue rounded rectangle, a green circle, a dark blue circle, a light blue rounded rectangle, a teal rounded rectangle, and a dark blue diagonal bar.

SWL Mental Health Strategy development and finalised content

Developing the SWL Mental Health Strategy

Mental Health (MH) is a priority for south west London and over the past year we have been developing a new mental health strategy for SW London. The strategy acts as a focus for us to identify priorities, respond to challenges, drive forward transformation and address population health needs in collaboration with service users, stakeholders and partners. We developed the strategy through a number of steps:



Approach to the developing the strategy

The steps in Strategy development have involved:

- 1. Assessment of population health need and the strategic landscape** using local and national benchmarking data and performance, quality, finance, activity and workforce data from the SWL CCG/ ICB and NHS providers. Joint Strategic Needs Assessments and Local Health and Care Plans have been reviewed. Outputs have been tested with a wide group of stakeholders.
- 2. Identification of innovation and best practice has led to the development of a summary 'library'** to help inform future service transformation.
- 3. Engagement with our local population** (including service users and carers) and professional stakeholders using an online and hard copy survey (with c1,000 responses) and virtual and face to face discussions.
- 4. Synthesis of data and information** by a core team to identify themes, priorities and ambitions.
- 5. Testing of content through reflective sessions** with stakeholders and revision of draft material via the mental health Partnership Delivery Group.
- 6. Place review and approval** via the Place Partnership Committees and mental health programme groups as appropriate.

The strategy development has been collaborative with ICS place based leaders, NHS mental health providers, Local Authority leads, voluntary community and social enterprise stakeholders, primary care, service users and carers and wider groups.

We have learned about our system...

We have key challenges to address

- Demand, acuity and complexity has increased through and since the pandemic.
- We are struggling to recruit and retain our workforce.
- Spend on mental health is lower in SWL than in other areas.
- There are gaps in our pathways and our delivery models and service performance vary by borough.
- We do not have much early support in place.

We have a diverse population with varied needs

- Ethnic diversity varies across SWL an some groups are over/ under represented in services.
- Wider determinants of health and wellbeing such as educational attainment, employment, stability of housing and income levels vary across SWL.
- Social challenges such as loneliness, isolation and alcohol misuse exist.
- Presenting needs vary across our population



We have heard what matters to local people...

We have carried out engagement activities with service users, carers, stakeholders and partners. Our public survey received nearly 1,000 responses and we held face to face or virtual meetings with stakeholder groups. Below are some of the key reflections from this work.

Waiting times are too long.

More community support is needed as much for prevention of illness as is it for supporting post-discharge.

Services across health, social care and voluntary sector need to work better together .

We need to focus on prevention and early support and take account of wider wellbeing.

A major challenge in accessing support was stigma or shame.

People need to know what services exist and how to access them. It is confusing at present.

Many people seek support from friends & family before seeking NHS help.

Carers need more support.

We have checked our draft thinking...

In October 2022 open reflective sessions were held with SW London stakeholders, service users and carers and those working in mental health services to consider the vision, aims and themes and offer any further elements. Key feedback from these sessions included:

- Vision was supported as including the right elements
- Aims supported as covering right areas
- Prevention, working with other services, waiting times, co-production highlighted as key elements to address
- Specific considerations were suggested around ethnic minority communities, carers (inc young carers), impact of social and wider determinants to health and wellbeing such as housing.

It was acknowledged that there is a tension being broad and inclusive and being focused to ensure delivery.

It was also agreed that terminology and language would also need careful thought as the Strategy was drafted.



Vision

“In SWL we want everyone to have access to the right support at the right time for their emotional wellbeing and mental health. We recognise that many influences come from wider factors such as employment, education, housing, and community and we will work in partnership with local authority colleagues to address these. Our services will work effectively together and with people who use our services as early as possible to meet needs and ensure everyone receives the support they need in the most appropriate setting.”

Aims

- Prevent mental illness and provide early support for recovery as we know this promotes good recovery and reduces the burden of ill-health.
- Increase equity of access, experience and outcomes for all SW Londoners – reducing unwarranted variation and ensuring a fair and sustainable allocation of resources.
- Better support and equip our children and young people and those that support them to manage their mental health and emotional wellbeing in the future.
- Design a new model for mental health workforce including voluntary and community sector and peer support to tackle mental health recruitment and retention issues.
- Expand bio-psycho-social care to address the mortality gap and the opportunity to increase years of quality life.
- Co-produce delivery of this strategy with service users/ residents in SW London, putting partnership with those who use services and those in our communities at the heart of everything we do.

We have developed four themes that will run through our strategy covering key elements determined through our understanding of the strategic landscape, the data analysis and engagement work:

1. Prevention and early support including:

- a) Support for children and young people and families
- b) Healthy environments
- c) Mental health literacy and reducing stigma

2. Bio-psycho-social model including:

- a) Physical healthcare for people with serious mental illness and mental health support for people with physical health care conditions
- b) Neighbourhood teams & integration
- c) Complex needs & co-occurring issues

3. Inequalities including

- a) At risk communities
- b) Unwarranted variation

4. Timely access including:

- a) Least restrictive care & recovery
- b) Waiting times
- c) Transitions
- d) Discharge



Proposed 10 year outcomes



South West London

We have set ourselves ambitious goals over a ten year period:

Our 10 year aspirations By 2032/33 we will have	
Population	Services
<ul style="list-style-type: none">• Increased equity of service access to reflect community demographics with no unwarranted variation in outcomes• Improved mental and emotional wellbeing for residents in SW London• Reduced the 'mortality gap' between those with serious mental illness and the general population• Eliminated racial inequality around overrepresentation of black people in detention, inpatient and crisis care• Ensured no person known to mental health services presents to A&E unless for physical health issue• Eliminated restrictive practices• Zero suicide• Significantly reduced self-harm• Eliminated inpatient stays outside of SW London for SW London residents• Closed unneeded acute inpatient beds	<ul style="list-style-type: none">• Fully integrated mental health care in place for people with serious mental illness and physical health needs, social care needs (including supported living), learning disability and autism, homelessness and substance misuse• Allocated resources based on need• Redirected mental health investment with the majority of spend occurring in primary care, voluntary community and social enterprise and community settings• Increased funding into mental health benchmarked with other areas nationally and increased the overall proportion of funding directed to children and young people's mental health specifically• Fully staffed services with new roles in our workforce and positive staff wellbeing, satisfaction and morale• Embedded research and evaluation of services, operational models and initiatives as standard practice using meaningful recovery and experience measures• Services responsive to population health needs and flexibly delivering changes

We have included specific 5 year outcomes for each theme in the document to guide our work.

In our first year – 2023/24 – we will focus on two key areas for delivery of improvements:

1. **Going further and faster for children and young people** making improvements around support available for CYP and families whilst waiting, support available in schools and transitions to adult or wider services.
2. **Embedding transformation of community transformation for adults with serious mental illness.**

We will also set up our delivery structures and carry out a number of pieces of enabling work to help us work together across the system including:

1. Ensuring our **governance structures** are in place to support delivery.
2. Completing a **detailed strategic review of mental health investment to date and the outcomes delivered** from this to form the basis of a longer term model aimed at allocating resources based on need.
3. Agreeing **approaches to outcomes measurement and evaluation** (including setting targets for delivery with people with lived experience and understanding our baseline data) and reviewing **public mental health work** to identify future initiatives for deployment in SW London.
4. Confirming **mental health leadership and resourcing** is in place.

Next steps

There are a number of actions and deliverables to progress:

1. Approval at SW London ICB Senior Management Team – 27 April 2023
2. Strategy production into final format – May 2023
3. SW London ICB Board meeting to approve strategy – 17 May 2023.
4. Year 1 delivery plan agreed at SW London Mental Health Partnership Delivery Group – May 2023.
5. Year 1 delivery work underway – June 2023.
6. Additional material produced and formal Strategy launch – July 2023.



NHS South West London Integrated Care Board

Name of Meeting	ICB Board		
Date	Wednesday, 17 May 2023		
Title	SWL Primary Care Strategy Update		
Lead Director Lead (Name and Role)	Dr Nicola Jones, SWL Clinical Lead for Primary Care Mark Creelman, Executive Locality Lead, Merton & Wandsworth		
Author(s) (Name and Role)	Andrew McMyllor, Director SWL Primary Care		
Agenda Item No.	07	Attachment No.	06
Purpose	Approve <input checked="" type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input type="checkbox"/>

Purpose

This paper is being brought to the Board to update members on the development of the South West London (SWL) Primary Care Strategy

Executive Summary

Primary Care is the cornerstone of delivering high quality care to the residents of SWL.

In response to both local and national drives including the Fuller Stocktake, SWL ICB held a launch event in November 2022. It was widely attended including GPs, Primary Care Network (PCN) Clinical Directors, patient groups and borough leads. The event began to articulate the direction of travel for Primary Care over the next 5 years. It draws from a number of complimentary workstreams and also national publications such as the Fuller Stocktake review.

It should be recognised that SWL has strong Primary Care, however, as mirrored across the country, it has several challenges including workforce challenges and patient expectations which have changed over the past three years, since COVID. Doing nothing is therefore not an option.

This direction of travel document focuses on those key priorities that are within the control of the ICB to develop and deliver, and that we believe will support our Primary Care workforce to continue to deliver the best care possible:

- **Proactive care** (working with health and care partners to provide targeted care to the most vulnerable), a key component of the Fuller review in developing Integrated Neighbourhood Teams.
- **Access** (providing patients with better experience of routine and same-day Primary Care, which in turn will support urgent & emergency care colleagues).
- **Prevention** (developed and owned locally with key partners to reduce future avoidable use of secondary care).

The document sets out that to deliver over the next five years there are four critical enablers:

- Workforce (morale, retention and recruitment).
- Estates (fit for purpose for the future).
- IT (ensuring the workforce have the tools needed for the job).
- Digital (making the best use of practice capacity and making it easier for patients to access Primary Care).

Each area is considered through the lens of the patient and the Primary Care staff needed to deliver change. Each workstream will be subject to a detailed delivery and action plan which will be regularly updated across the ICB teams. Each place/borough, via local governance and with the leadership of local clinicians, will implement plans for proactive care, access and prevention. Where it makes sense to, SWL will lead on 'once' initiatives across the ICB such as key digital programmes.

The document notes the many achievements already delivered within Primary Care since the Covid-19 pandemic and provides a challenging but achievable direction of travel for the next five years.

Key Issues for the Board to be aware of:

There are several issues including:

- The national GP contract is being renegotiated for 24/25 (including the future of PCNs). This is likely to necessitate ongoing changes as the strategy is implemented however it is expected that the development of Integrated Neighbourhood Teams will be a central component for the foreseeable future.
- Primary Care does not exist in isolation and with the focus on integration will be a vital delivery and system partner to most if not all integrated care developments.

Recommendation

The Board is asked to:

- Support the direction of travel as outlined within the strategy.
- Note the key challenges and support the plans to mitigate.
- Comment on the level of ambition within the document.
- Note that delivery is across the ICB, with SMT regularly monitoring progress.

Conflicts of Interest

Conflicts of interest may arise in the commissioning of new models of care, not only for primary care but with other partners. These will be identified and managed appropriately.

Corporate Objectives

This document will impact on the following Board Objectives

Aligns with the priorities and objectives of the ICB

Risks This document links to the following Board risks:	N/A
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Mitigations Actions taken to reduce any risks identified:	N/A
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Financial/Resource Implications	N/A
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Is an Equality Impact Assessment (EIA) necessary and has it been completed?	N/A for the overall strategy however each initiative is subject to full EIA as necessary.
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What are the implications of the EIA and what, if any are the mitigations	N/A
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Patient and Public Engagement and Communication	<p>The focus areas draw from two main sources; NHS England plans for primary care and patient insights into primary care conducted across SWL since October 2022.</p> <p>For example, over 3000 patients replied to surveys from their PCN to help inform local access and patient experience improvements. This ranged from putting on additional commuter clinics at 7am to targeting clinics to specific patient cohorts e.g. paediatrics.</p> <p>Stakeholder Event was held in November 2022 comprising a number of health and care professionals across SWL to advise on key elements of the emerging strategy at that stage. Local and SWL engagement has been carried out across Health and Wellbeing boards, Healthwatch committees and other stakeholder groups</p>
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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
	Quality and Oversight Committee	05/04/2023	Supportive of Direction of travel with some useful additions and comments such as:
	Various Place committees		<ul style="list-style-type: none"> • Same day care to be emphasised
	Healthwatch – various boroughs		

	HWBB – various		<ul style="list-style-type: none"> • Digital is not the only channel of access • LA involvement essential
	Local Primary Care forums		
	Local engagement groups		
		Click or tap to enter a date.	
		Click or tap to enter a date.	

Supporting Documents	<p>Primary Care Strategy Update – The next 5 years</p> <p>Supporting Information in separate pack: Annex E - Primary Care Strategy Appendices</p>
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Primary Care Strategy Update

The Next 5 Years

May 2023

Executive Summary

Primary care, including general practice, is an essential element of a high-quality and cost-effective health system. For most people, it is the typical entry point into health services. However, we know that primary care is experiencing many challenges such as a changing workforce, increasing demand as well as changing patient needs. Through this document we aim to set a direction of travel that will address these challenges, help to make Primary Care sustainable and ultimately benefit patients over the next 5 years.

Our ambition is for people in South West London to access primary care in the way that suits them best so that they can get the information, care and support they need quickly. We want to facilitate fully digitalised and connected primary care which eradicates clinical variation, improves health outcomes and looks proactively at the needs of patients so that we improve the continuity of care for those who need it and keep people healthier for longer.

We are committed to primary care being the foundation of local healthcare and we will aim to achieve this with our partners over the next five years by delivering against three key themes and four critical enablers;

- ensuring that general practice is **accessible** to routine and same-day needs through a variety of channels. We aim to continue increasing overall appointment numbers for different levels of need to enable patients to access the right clinical support at the right time.
- working to **prevent ill health** including the development of a directory of South West London prevention services particularly around smoking, immunisations, and long-term condition self-management (including digital apps).
- developing **proactive care** services via integrated neighbourhood teams (including the role of Primary Care Networks and their staff within them) that extend beyond traditional physical and mental health services to include social care, voluntary sector, self-management, and prevention support so that people can live their healthiest life and be independent for as long as possible.

Patient Experience

The aim is for all local residents to have a positive experience when accessing primary care services, but we are aware this is not always the case.

Insights from a number of patient feedback sources taken from over 160 reports, including Healthwatch has highlighted a number of areas of concern for primary care including:

General Practice Appointments

- **Difficulty with accessing GP appointments** with some residents avoiding contacting their GP and either looking elsewhere for support (such as the A&E), or not seeking further support.
- The sorts of **appointments available being appropriate for specific groups**. For example;
 - Older people prefer face-to-face appointments and there is a need to ensure those who should have longer appointments to explain complex issues should be aware of the option, for example for people living with dementia.
 - People with language barriers require access to interpreting and translation services and the ability to book a longer appointment.
- **Management of care for people with specific conditions**. For example;
 - Diabetes - there were some concerns about treatment being a postcode lottery due to inconsistencies between GP surgeries on the way diabetic conditions were treated.
 - Mental health - People want clearer pathways or compassionate GPs, Social Prescribers and Link Workers/Care Navigators who are trained to know where to send them. GP support post-discharge is not always adequate.
- **People want to be able access care in a variety of manners**, this might not always be via digital routes.

Dentistry

- **Variable access** and residents **unable to locate or register with an NHS dentist**.
- **Difficulty getting an appointment** when a problem arises.
- **Better communication needed**, such as improvements to websites.

Executive Summary

SWL is fortunate to benefit from relatively good primary care, however support is needed for them if our ambition to be excellent is to be realised. Broadly, we need to address four key challenges and enablers;

- **Workforce recruitment and retention** of GP, nursing, and other clinical and non-clinical skilled staff. Ultimately, we want to have a primary care workforce that:
 - Is broader in terms of roles and skills,
 - Is recognised and valued,
 - Is supported to train and develop,
 - Enjoys fulfilling work that provides opportunities for development and career progression,
 - Is here to stay, now, in five years, ten years and beyond.
- further developing our primary care **estate, digital initiatives, and GP IT infrastructure** to ensure our practices have the tools and environment to improve and develop.

The direction of travel for the next 5 years considers each of the three themes and four enablers in-turn. All boroughs have developed detailed actions plans against each of the three themes along with SWL in developing plans for the key enablers.

We recognise there are many other elements and enablers for a successful primary care, but given primary care is a very complex part of the system we have generalised where this makes sense to. For example, there is no explicit reference to cancer pathways or work in nursing homes as there are detailed strategies in progress or in place, along with many other pathways and workstreams. Rather, through this primary care strategy we are seeking to improve overall access, and care offered within primary care which in turn will benefit the delivery of all workstreams associated with primary care.

Executive Summary

Themes



Prevention

The NHS Long Term Plan (2019) declared prevention as a key priority, specifically focusing on:

- Smoking reduction
- Obesity and weight management
- Alcohol and drug intake
- Cardiovascular disease
- Diabetes prevention

Given the focus on covid-19 and the subsequent success of the vaccination programme, we now have an opportunity to reinvigorate prevention agendas relevant to the 2019 long term plan.

We will support primary care to help people stay well for longer by enabling them to make healthier lifestyle choices and treating avoidable illnesses early on.

We will work with local partners to maximise opportunities for preventing ill health, while making best use of technology and the voluntary, community and social enterprises (VCSE).



Proactive care

A key component of the recent Fuller Stocktake is proactive care and the establishment of Integrated Neighbourhood Teams (INTs). This is where teams from across PCNs, wider primary care, community, mental health, secondary care, social care, and those in the VCSE work together to improve the health and wellbeing of a local community.

INTs focus on those with complex needs who would benefit from proactive care planning. This involves the various partners meeting regularly to discuss cases and issues, and to work with identified patients in developing personalised care plans to help keep patients out of hospital and increase independence.

South West London will develop and embed integrated neighbourhood teams in all localities in coming years.



Improving access

Patients and their carers need to be able to easily navigate their way around primary care, both for same-day needs and routine enquiries such as ordering repeat prescriptions.

We will support practices and PCNs to offer timely access to appointments, in line with patient need, for same-day care and routine care. This approach aligns with the principles in the Fuller Stocktake and should reduce the number of people subsequently turning up to A&E.

We will look to reduce variation, address access issues across South West London and optimise the use of technology to support practices.

The primary care workforce is a key enabler. We will continue to support the development of the workforce so that access can be optimised.

We recognise that many patients cannot or choose not to access digital options, and we will work to address these challenges.

Enablers



Workforce

The strength of our workforce underpins everything we do. A well resourced and supported workforce will be essential to successfully delivering on the way forward.

We recognise a variety of general practice roles are important to support sustainability. We will continue increasing the number of clinical and non-clinical roles while helping staff to continue to learn and develop.

We will continue to work with the South West Training Hub to deliver recruitment and retention packages, supporting all our primary care staff with their development, wellbeing and morale.

We will also consider how providers in the voluntary, community and social enterprise sector can become a meaningful part of the primary care team.



Digital

We will maximise and optimise the use of technology to help patients and their carers navigate primary care more efficiently.

We will support practices to test the tools they require to deliver streamlined online consultations, telephony systems, demand and capacity mapping and improve workflow. This means that more patients will receive appropriate advice, care and treatment and not experience the duplication that currently exists.

Patients will understand their options for viewing their own records, and will be able to access services in a variety of ways, including online, video or phone. We aim to promote the use of the NHS mobile app as the single front door for people to digitally access primary care services.



IT

We will remove unnecessary manual intervention, variation and duplication and continue to level up where capabilities differ so that primary care has a **good core standard of IT capability so that clinicians and their teams can spend more time with patients.**

We will enable care and services to be provided in the most appropriate setting by providing flexible access to technology.

We will reduce the time it takes for staff to benefit from the use of technology by removing unnecessary variation across boroughs so we can simplify training and support.



Estates

A new ICB estates strategy will present a clear direction and set of principles that will shape the future estate. It will respond to the anticipated future direction of the model of care, the primary care strategy and other emerging clinical models.

Principles will be developed collaboratively with partners, with a shared ambition, across the integrated care system (ICS). They will focus on areas of opportunity that have been identified across the ICS including better links to digital.

1 Introduction

Primary Care within the Integrated Care System

1 Helping people stay well

Part of a more ambitious and joined-up **approach to prevention.**

2 Proactive, personalised care

Supported by integrated neighbourhood teams – **for people with more complex needs**, including those with multiple long-term conditions.

3 Streamlining access to care

Providing people more choice about how they access care, and ensuring care is optimised when needed.

Scale



Home

- **Patients, carers and families**
- Self-care and self management
- Access to digital and online services
- Remote monitoring for complex and at-risk patients



Neighbourhood

- **0 – 50,000 people**
- Individual GP practices as the fundamental building block of the way forward, as well as groups of GP practices working with community services, community pharmacy, mental health, acute, social care and VCSE to deliver more coordinated and proactive care



Place

- **250,000 – 500,000 people**
- Partnerships of health and care organisations – including local authorities, NHS providers, voluntary and community organisations, social care providers and others – come together to join up the planning and delivery of services, redesign care pathways, engage with local communities, address health inequalities and the social and economic determinants of health



System

- **500,000 – 3 million people**
- Health and care partners come together at scale to set overall system strategy, manage resources and performance, plan specialist services, and drive strategic improvements in areas such as workforce, digital infrastructure and estates



All too often, most of our effort is focused on treating people who have already become sick.

We need to create a sense of urgency around providing proactive care and improving outcomes for our population – not only will this help our citizens to lead more active and happier lives, it will help us to reduce the pressure on the NHS and social care...

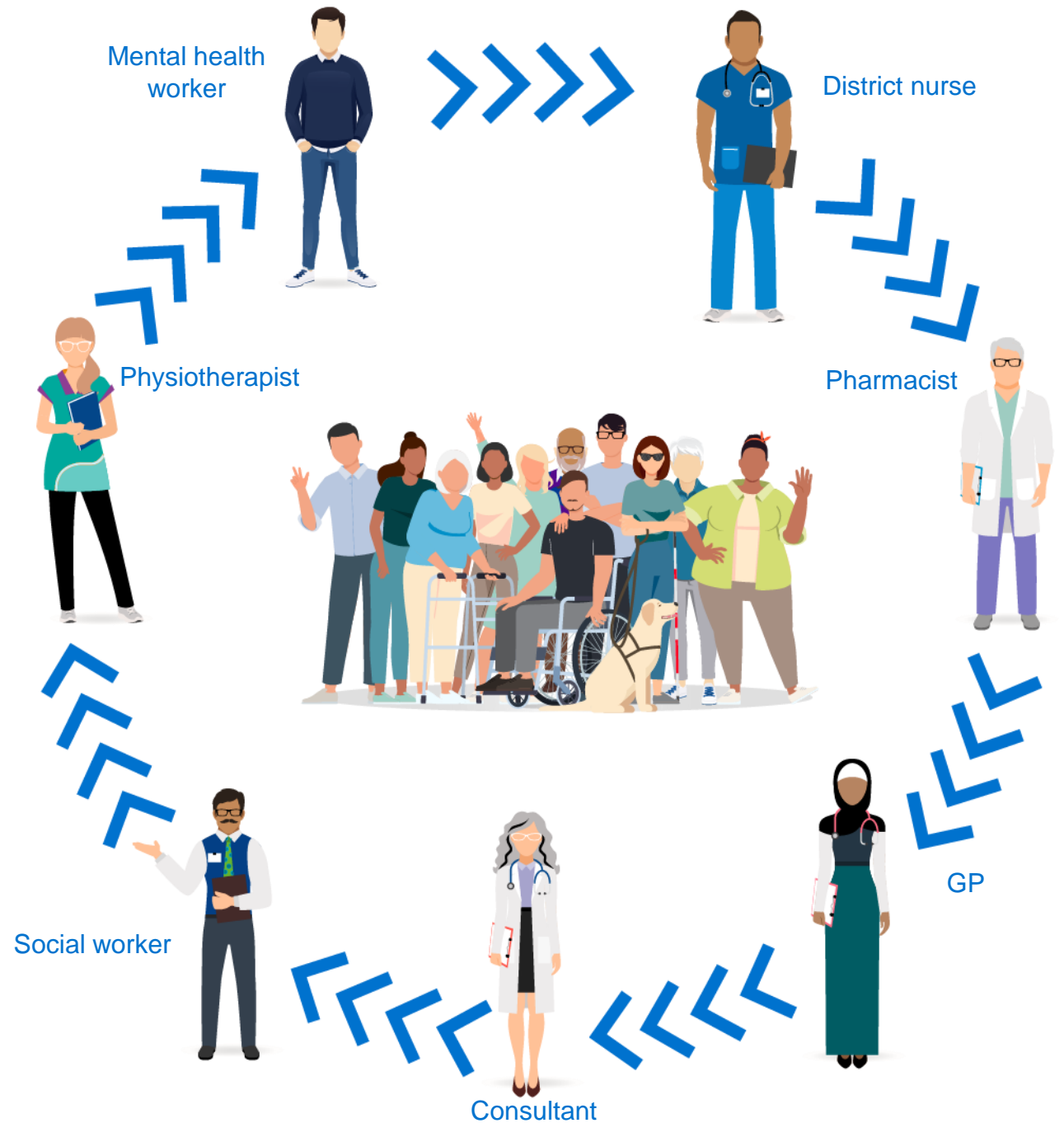
Dr Claire Fuller – Next steps for integrating Primary Care

What it means for patients

Over the next 5 years we want primary care in South West London to have further developed into a sustainable model for practices and patients. Patients will have access to:

- Coordinated and timely care from a range of skilled professionals for those patients with complex needs, chronic conditions and frailty – integrated neighbourhood teams will form the basis of this way of working

- Timely access to routine and same-day care for patients who require episodic care, where continuity may be less important
- Preventative advice and services tailored to target the prevention of longer term ill health



Quality

Care Quality Commission (CQC)

South West London practices have a history of providing high quality services for patients:

- 162 (93%) of 175 SWL GP practices have a CQC rating of 'good' or 'outstanding'
- 12 practices are subject to 'requires improvement' or 'inadequate' ratings and are receiving support from local teams to help respond to their challenges

Quality surveillance

Each of our boroughs has a quality and oversight group comprising of local lead clinicians. The purpose of these groups is to proactively monitor and support practices where any early concerns are identified beyond the formal CQC process.

A comprehensive quality dashboard pulls together all available data at practice and PCN level and is used to support local conversations to improve quality on specific topics, for example, cancer screening rates.

93%

**of South West
London GP
practices are rated
'Good' or
'Outstanding'
by the Care Quality
Commission**

The SWL Primary Care Team also supports quality monitoring by reviewing national data reporting, such as the GP Patient Survey, complaints data, and practice e-declaration (eDec) on opening times.

Results are fed back to local teams and the SWL Quality Team for assurance and to identify any areas of variation.



Self-assessment: Where are we now



Proactive care

Already in place

- Existing services provide many aspects of proactive care, e.g. the award-winning Kingston & Richmond proactive care model
- Risk stratification is a familiar approach for GPs and other clinicians to identify patients most likely to benefit from joined up care as part of an integrated neighbourhood team

Still to do

- Develop existing services to include all aspects of the proactive care operating model
- Ensure full roll out of INTs across all boroughs in SWL
- Consider how existing services and workforce can evolve to deliver the new proactive care requirements
- Consider training and other ways to support staff with their new ways of working



Improving access

Already in place

- Patient survey results are the best in London and in many places are better than the national average
- Delivering over 7000 extra appointments per month through practices working together since October 2022
- Face-to-face appointments are increasing – in the first half of 2022 they rose from 52% of all appointments to 62% by the end of 2022

Still to do

- Support practices and PCNs to get feedback from local patients on access and shape models according to local need, e.g. some patients may prefer 7am commuter clinics to evening appointments
- Make best use of digital technology as well as demand and capacity tools to streamline access models
- Reduce unwarranted variation in access standards



Prevention

Already in place

- National Diabetes Prevention, Diabetes Structured Education, Diabetes Remission, NHS Digital Weight Management and Diabetes Book & Learn Service are in place and available across SWL
- Digital self-management system now in place (MSK and pelvic health modules) with more than 90% of GP practices using it
- Meeting and working to exceed national targets, e.g. learning disability health checks for people aged over 14

Still to do

- Annual checks and annual reviews, e.g. implementing revised specification for patients with serious mental illness across all practices from 23/24.
- Increase the number of patients on certain types of medication to help better manage their condition
- Automated referral and digital self-management so patients can self-refer for certain conditions and thereby access treatment quicker.

Self-assessment: Where are we now



Digital

Already in place

- Online consultation solution procured and live which is helping 1000's more patients get the most appropriate care quicker
- 2-way messaging, e.g. where a patient can send a photo for their GP to review and the GP can immediately correspond
- NHS mobile app is promoted as the front door for digital access with 55% having downloaded it

Still to do

- Further embed the NHS app as the single front door for digital access including integration within existing services
- Development of PCN digital maturity so that all patients and staff across SWL have access to digital technologies
- Ongoing evaluation of a number of PCN projects such as e-Hubs that help workforce resilience



Estates

Already in place

- Borough estates strategies are in place and identify areas of need and priority issues for premises
- A number of large-scale schemes are developing, including Sleaford Street (Nine Elms Vauxhall - Wandsworth) and Colliers Wood redevelopment (Merton), plus the Croydon out-of-hospital programme
- 54 improvement grant applications have been submitted by practices in 22/23 and are awaiting outcomes. Process in place for 23/24

Still to do

- Conduct space utilisation studies at 214 sites
- PCN estates strategies to also help support the establishment of INTs
- Strategic priority planning and decision making to improve the utilisation of primary care estate space
- Ongoing large scale developments, including Estates and Technology Transformation Fund (ETTF) schemes and modernising premises that are not fit for purpose



IT

Already in place

- Following the merger of CCG and GP IT teams, the focus has been on:
- stabilisation
 - resilience
 - reducing unnecessary variation and risk
 - resolving the legacy position
 - Covid-19
 - engaging across South West London to listen, increase and strengthen practice engagement

Still to do

- Roll out prioritised workstreams, high priority workstreams include application rationalisation
- Remove unnecessary manual intervention, variation and duplication
- Continue investing in equipment (within financial envelope)



Workforce

Already in place

- 561 additional roles now in place over the past 4 years with further increases planned in 23/24 across a number of new professional areas
- Successful retention schemes are underway: 74 fellows (new GPs and nurses) supported; 29 mentors
- SWL Training Hub has been procured by Health Education England (HEE) and is in place to support the roll out of education initiatives

Still to do

- Plan to increase and maintain nursing workforce – looking ahead 10 years at potential retirement
- Plan for recruitment and retention of GPs to supplement the GP workforce
- Ensure all staff are working in supportive cultures that motivate them to stay
- Develop skill sets – including voluntary and community providers – to bring together diverse primary care teams

Same-day Access

Where are we now

- On average 40% of overall practice appointments each month across SWL are delivered the same-day.
- Primary care is open 7-days per week providing appointments during the following hours:
 - Core hours: 8am-6.30pm
 - Weekday evenings: 6.30pm-8pm
 - Saturdays: 9am-8pm
 - Sundays: 10am-4pm as a minimum
 - Bank holidays: 8am-8pm
- Same-day appointment slots available to NHS 111 for all primary care services. On average there are 10,000 onward referrals per month from NHS 111 to primary care.
- Additional primary care capacity provided to support surges in demand e.g. during winter, to cover strike action.
- Increase in referrals to community pharmacist consultation service from general practice (5,400 in Q4 2023/24).



Next steps

- To ensure consistency in the access that patients and their carers can expect; **patients should be offered an assessment of need, or signposted to an appropriate service, at first contact with the practice.**
- Continue to make best use of the whole workforce to offer a range of appointments to support patient needs / conditions.
- Prospective record access to be offered (unless the patient has opted out or any exceptions apply) by 31 October 2023 to make it easier for patients to access their health information online, without having to contact their practice.
- Practices are to transition from current analogue telephone lines to cloud based telephony (CBT) by December 2025. Digital telephony (CBT) provides greater functionality for practices and patients as well as collaboration across Primary Care Networks. This includes call queuing or call back which provide a better patient experience when the lines are busy, as well as management information and data to support practices gain insight and improve their responsiveness further.
- Plan to increase overall appointments by a further 3% in 2023/24.
- Achieving the Annual Health Check target of 75% for people with learning disabilities.

Summary

Primary care is not an island. It is an essential element of a high-quality and cost-effective health system. We are fortunate that in South West London we have really good primary care, and our performance data backs this up. However we know there are challenges, not least around the retention of our highly skilled and competent workforce along with the changing nature of patient expectations of healthcare. Doing nothing is not an option.

Through this document on the way forward over the next 5 years we have focused on three key themes; **access, prevention and proactive care** that we know we can focus on and deliver within SWL. We have also identified four challenges that are fundamental enablers in the delivery of our themes; **workforce, digital, GPIT and estates**. We will focus on these over the coming months and years as we recognise primary care cannot continue to deliver for patients unless we address each of them.

Delivery will be across the ICB, with each of our boroughs focused on improving access throughout 2023/24 along with rolling out Integrated Neighbourhood Teams to deliver on the proactive care and prevention agenda. SWL will work on 'once across SWL' initiatives, ranging from digital to workforce along with IT and estates. The Senior Management Team will receive quarterly progress reports.

Each borough will track its progress at local committees with named clinical and managerial leads for each initiative. Across SWL we will aggregate highlight reports quarterly to Senior Management Team and the ICB Board as required.

Working together across South West London, we will ensure that **patients and their carers will be able to access primary care in the way that suits them best so that they can get the information, care and support they need quickly.**

NHS South West London Integrated Care Board

Name of Meeting	ICB Board		
Date	Wednesday, 17 May 2023		
Title	2023-25 Green Plan		
Lead Director Lead (Name and Role)	Helen Jameson, Chief Financial Officer		
Author(s) (Name and Role)	Piya Patel, Acting Director of SWL ICS Capital – Finance		
Agenda Item No.	08	Attachment No.	07
Purpose	Approve <input checked="" type="checkbox"/>	Discuss <input checked="" type="checkbox"/>	Note <input type="checkbox"/>

Purpose

To share highlights from our achievements to date under the 2022/23 SWL Green Plan and to seek feedback and approval of the 2023-25 SWL Green Plan (which will form part of the Joint Forward Plan as well as support a cross-cutting priority relating to sustainability within the ICP strategy).

Executive Summary

In October 2020, the Greener NHS National Programme published its new strategy, 'Delivering a net zero National Health Service'. This national report highlighted that if left unabated climate change will disrupt care, resulting in poor environmental health which contributes to major diseases, including cardiac problems, asthma, and cancer. The NHS itself is a contributor to the problem and therefore by tackling its direct and indirect carbon emissions, it can help mitigate issues and improve communities.

The Greener NHS strategy set ambitious targets for the entire NHS to reach net zero carbon emissions:

- By 2040 for the emissions it controls directly (e.g. use of fossil fuels) with an ambition of 80% reduction by 2028-32.
- By 2045 for those it can influence (e.g. within supply chains) with an ambition of 80% reduction by 2036-39.

The first collective SWL Green Plan was created for 2022/23 (with each Trust also having their own organisational green plan) in response to this ambition. Highlights of our achievements in this first year are laid out in the papers, including two more detailed examples of how our Trusts have been making a difference.

Since the national ambition was laid out, the ICP strategy has identified sustainability as a key cross cutting theme. The ICB 5-year Joint Forward Plan is also being developed, which will include how the ICB intends to discharge their duty in relation to Climate Change Act 2008 and how it will deliver against the NHS Net Zero target with its partners.

The draft 2023-25 SWL Green Plan has been co-created with partners through a series of feedback exercises with the SWL Green Plan Delivery Group and system sustainability leads. It sets out how we are seeking to build 2022/23 successes over the next 2 years, as well as our ambition to work more closely with Primary Care and Local Authority partners to increase the impact we can make for our local population.

Key Issues for the Board to be aware of:

- We aim to drive the agenda through creating momentum through incremental change, networking and shared learning.
- Whilst this is an NHS system plan, it is important we focus on much closer partnership working across the wider ICP partners to deliver maximum benefit.
- We wish to use the ICP Board meeting in July to further discuss how the ICB and ICP can work closer together to support common activities and our shared sustainability ambitions.

Recommendation

The Board is asked to:

- Note the systems achievements in 2022/23.
- Provide feedback on the draft 2023-25 SWL Green Plan.
- Support and approve the 2023-25 SWL Green Plan.

Conflicts of Interest

n/a

Corporate Objectives

This document will impact on the following Board Objectives

Tackling the Green agenda in line with the NHS’s commitment to continue to reduce carbon emissions:

- by 2040 for the emissions it controls directly (e.g. use of fossil fuels) with an ambition of 80% reduction by 2028-32.
- by 2045 for those it can influence (e.g. within supply chains) with an ambition of 80% reduction by 2036-39.

Risks

This document links to the following Board risks:

Lack of engagement and ownership by partners across the organisations.
Loss of momentum to drive forward change.

Mitigations

Actions taken to reduce any risks identified:

Positioning the SWL Green Plan as an umbrella strategy to capture and support the excellent work happening within organisations as well as providing a framework for shared practice and learning.

Establish mechanisms and increase resource within the ICB to facilitate networking and sharing of best practice between our partners and reach out to a wider network of enthusiastic staff.

	Build sustainability considerations into normal systems and processes.
--	--

Financial/Resource Implications	In the context of limited capital and revenue resources, we should be pursuing supplementary sources of funding where available (e.g. Public Sector Decarbonisation Grants). A small fund has been planned within the SWL capital envelope to support innovative change.
--	--

Is an Equality Impact Assessment (EIA) necessary and has it been completed?	EIA will be completed for individual schemes prior to delivery.
--	---

What are the implications of the EIA and what, if any are the mitigations	n/a
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Patient and Public Engagement and Communication	Local engagement reports have been analysed and key feedback is informing the strategy.
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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
	Senior Management Team (SMT)	09/03/2023	Reviewed achievements to date and key highlights from the proposed SWL Green Plan for recommendation to the Finance & Planning Committee; requested that updated SWL Green Plan is subsequently circulated to SMT and CEOs
	Chief Executive Officers (CEOs)	04/04/2023	Supported draft SWL Green Plan and agreed to review alignment of local plans.
	ICB Finance & Planning Committee	25/04/2023	Supported draft SWL Green Plan and recommends approval to the Board.

Supporting Documents	Development of the 2023-25 SWL Green Plan Draft 2023-25 SWL Green Plan
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Developing the South West London Green Plan 2023-25

ICB Board

17 May 2023



In October 2020, the Greener NHS National Programme published its new strategy, 'Delivering a net zero National Health Service'. This report highlighted that if left unabated climate change will disrupt care, resulting in poor environmental health which contributes to major diseases, including cardiac problems, asthma, and cancer.

The Greener NHS strategy set ambitious targets for the entire NHS to reach Net zero carbon emissions:

- by 2040 for the emissions it controls directly (e.g. use of fossil fuels) with an ambition of 80% reduction by 2028-32
- by 2045 for those it can influence (e.g. within supply chains) with an ambition of 80% reduction by 2036-39.

It mandated each Trust to have a Board approved Green Plan, and for each ICS to have a Board approved plan by April 2022. Our 2022/23 Green plan was created in response to this directive and was our first collective plan towards the National 'Net Zero' target. We acknowledged that we contribute to the problem as a health system and committed to:

1. Deliver on the targets set centrally
2. Create measurable sustainable action plans that will materially improve the sustainability of our services
3. Seek actively a number of innovations that make use of our existing assets, resources and circumstances that go beyond centrally-defined targets
4. Co-ordinate activities and communications that will help change the behaviours of our people – both when they work and when they are not working

Since this time the ICP strategy has identified sustainability as a key cross cutting theme and the ICB 5 year Joint Forward Plan is being developed, which will include how the ICB intends to discharge their duty in relation to Climate Change Act 2008 and how it will deliver against the NHS Net Zero target with its partners.

The Board is asked to note the successes in 2022/23 and to approve 2023-25 plan, noting the approach of co-designing the plan and focus on strengthen work with wider partners to increase the impact for our population

What we have we achieved in 2022/23

Whilst sustainability activities have been ongoing across our SWL NHS organisations, the first year of our Net Zero Green Plan has required us to set a new governance structure, agree plan principles, develop workstreams, and to group individual organisation actions.

As a health system, our trusts have made strong progress, the list below summarises the breadth of our key achievements to date which we are looking to build upon (see appendix for more detail).



All trusts have **Green Plans in place** that support the NET Zero strategy



PN0620 compliant across SWL trusts (10% social value weighting in tenders above PCR threshold)



Digital appointments increased, with some trusts exceeding national targets



All trusts well **below National Desflurane reduction target**



Switch to **renewable energy** across trust sites



Nitrous Oxide waste reduction plans initiated with leak tests complete on all sites



Numerous **sustainability days and awareness campaigns successfully completed**



Carbon neutral food suppliers introduced



All trust now have **Carbon Footprint calculations**



Surgical instrument recycling processes introduced



Electric fleet introduced across trusts



Solar panel installations underway trust sites



Electric vehicle charger infrastructure projects implemented and underway



Safe re-usable theatre equipment practices introduced



MDI recycling points setup, awareness schemes initiated to switch use



UK's First Reduced Carbon patient menu introduced by a SWL trust



Created **green spaces** and increased plant biodiversity at trust sites



All trusts have **switched to recycled paper**



Heat Decarbonisation projects initiated across trusts



Cycle to work and active travel incentive schemes in place



LED lighting transition projects underway

Our learning

The first year of our SWL Green Plan has been a huge learning experience and we have taken time to review our achievements to inform how we proceed together as a system and how to build on what has been achieved to go further together as part of a 2023-25 SWL Green Plan.

In January we undertook a feedback exercise with the sustainability leads across the patch to review our activities over 2022/23 and agree on how we can learn from our experiences. Key themes from our sessions were:

- More staff engagement so that we can drive the behaviours changes through our organisations
- More patient engagement so that they can also influence better prescribing and pathway approaches
- Need for carbon literacy so that we can understand our footprint data better and target specific reductions
- To collaborate better as partners to share information, resource and reduce duplication.

A further workshop was held in February where partners reviewed these themes and co-created the emerging approach, objectives and areas of focus for the 2023-25 SWL Green Plan.



Where are we going next?



South West London

Our partners have made great progress across our ICS, with significant achievements in medicines, estates, procurement and transport. We want to offer a framework for us to progress with greater momentum, maintain consistency across our ICS, and embed sustainability into our culture. Sustainability can no longer be treated as an activity on its own, if we are to be successful in changing our behaviours and operations, it needs to be a part of everything that we do.

We want to make it easier for our partners to collaborate and to share information and best practice in order to learn from and support one another in moving towards and championing our common net zero goals. A renewed governance structure that has been designed to strengthen our networks and streamline our efforts to deliver change and we have launched a “Greener SWL” teams portal to support our partners to make contact with one another and coordinate Green Plan activities.

We also have reflected that we will increase the scope of our activities this year and reach out across to primary care, local authority and additional partners that were not with us at the start of our journey, aligned to our commitments under the upcoming 5 year Joint Forward Plan and ICP strategy. Given the later timing of the Joint Forward Plan for 2023/24 and ICP strategy than the finalisation of this plan, we will take action to ensure that the commitments made by SWL in the finalised 2023-25 Green Plan will be reflected in the Joint Forward Plan.

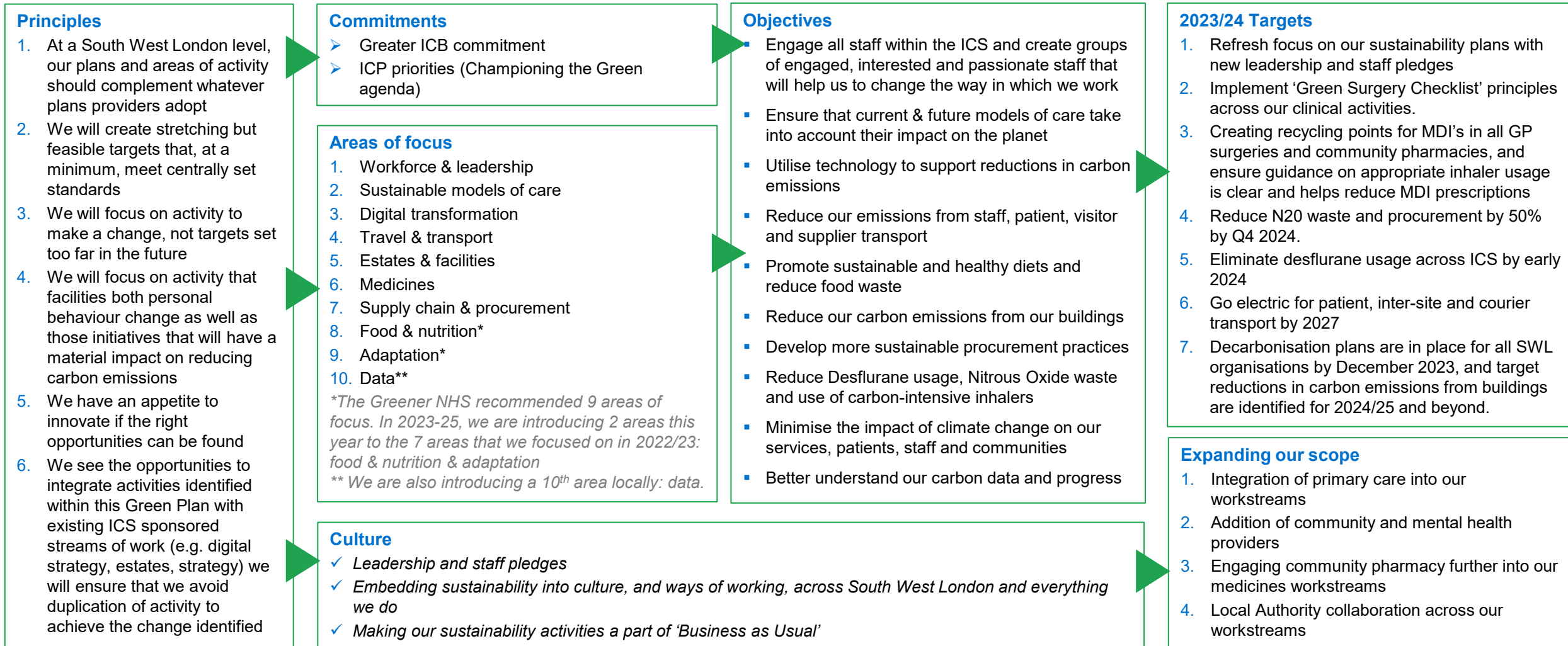
A overview of the 2023-25 SWL Green Plan can be found on the next slide, and the full draft is attached separately.

Highlights from the draft 2023-25 Green Plan: Vision



South West London

The 2023-25 plan has been co-created with our partners to build on the experiences gained over the last year and aims to create better collaboration across our ICS, and supports our ambitions in our Five Year Joint Forward Plan. A summary of this plan is detailed below.



Highlights from the 2023-25 Green Plan: what would success look like in 2025?



If we achieve our vision and our aims, we will have managed to “embed sustainability into business as usual” and everything that we do. In doing that we will have:

- Fundamentally changed the mindsets of our partners, staff, and patients
- Changed the way in which we manage our operations and functions for the better
- We will have a good understanding of our carbon emissions and how to reduce these in line with our national target

Most importantly, we will be united across South West London in reducing health inequalities and the impact of climate change on our local communities

A decorative graphic in the bottom-left corner consisting of several overlapping rounded shapes in shades of blue, green, and teal, along with a small white circle with a blue outline.

Case Studies

ICB Board

17 May 2023

Reduced Carbon Menus
apetito, Mitie &
St. George's University Hospitals
NHS Foundation Trust (Tooting Site)



St George's, Epsom
and St Helier
University Hospitals and Health Group



Making a real difference

- Jenni Doman, Site Director
- Estates and Facilities, SGH

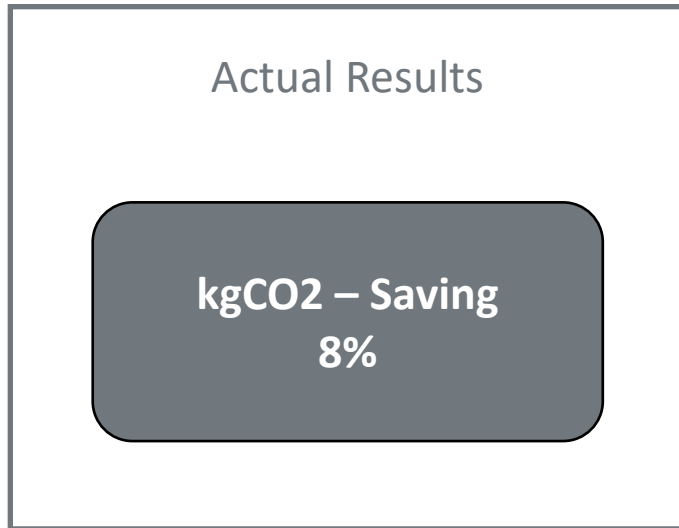
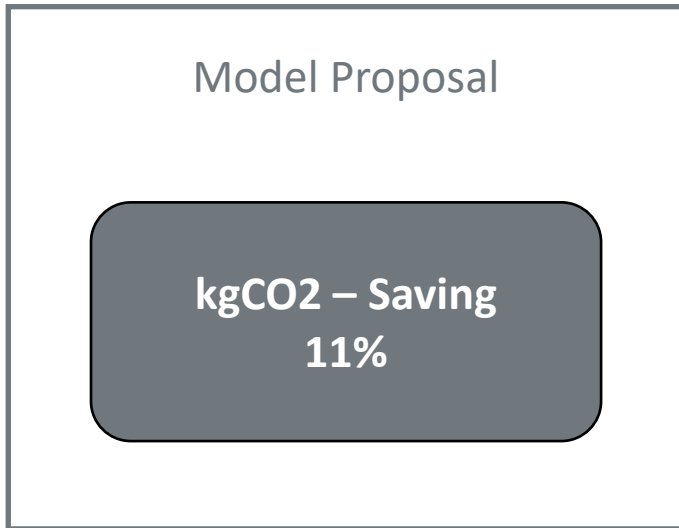
Project



- Joint Collaboration with SGUH Facilities, Nursing and Therapies teams, Apetito, and Mitie
- Review of main two week menu cycle and special plated meals menus to review dishes with high carbon footprint
- Agreed new menu with reduced carbon levels with apetito and SGH Dietitians, piloted and then rolled out across Trust and measured results
- Menu now in place and delivering carbon reductions
- Further reviews now in place for phase 2 to continue reducing carbon and maintain quality, standards and patient satisfaction



Results



MONDAY LUNCH

MAIN COURSES

- Lamb Grill Steak in Minted Gravy
- Baked Chicken & Vegetable Pie
- Penne Pasta in Tomato & Basil Sauce



HOT DESSERTS

- Somerset Apple Cake
- Clotted Cream Rice Pudding
- Custard



SIDES & VEGETABLES

- Mashed Potato
- Sauté Potatoes
- Cut Green Beans
- Mixed Vegetables
- Gravy



COLD DESSERTS

- Thick & Creamy Yoghurt
- Cheese & Crackers
- Fresh Fruit Cocktail
- Selection of Fresh Fruit
- Toffee Sponge Dessert
- Blackcurrant Cheesecake
- Chocolate Mousse



MONDAY SUPPER

MAIN COURSES

- Beef Lasagne
- Chicken & Sweetcorn Bake
- Vegetable Quiche



HOT DESSERTS

- Bread & Butter Pudding
- Tapioca Pudding
- Custard



SIDES & VEGETABLES

- Mashed Potato
- Potato Wedges
- Peas
- Sliced Carrots
- Gravy



COLD DESSERTS

- Thick & Creamy Yoghurt
- Cheese & Crackers
- Fresh Fruit Cocktail
- Selection of Fresh Fruit
- Toffee Sponge Dessert
- Blackcurrant Cheesecake
- Chocolate Mousse



AVAILABLE AT EACH MEAL

JACKET POTATOES

- Plain
- With Cheese Portion
- With Tuna Mayonnaise
- With Beans



PREFER A SANDWICH OR SALAD?

See the selection at the front of this menu booklet.
Please ask your ward host if you would like to change your portion size.

Results

St. George's	Current Total	Cost Neutral			Higher Saving		
		Total	Var.	Var. (%)	Total	Var.	Var. (%)
Embodied Carbon (tonnes p.a.)	250	230	20	8%	184	66	26%
Multi & Twin Entrée (spend p.a.)	£273k	£270k	£3k	1%	£280k	(£7k)	(2%)

20 tonnes saved is equivalent to charging **2,550,644** smartphones or planting **26 acres** of forestry to offset

66 tonnes saved is equivalent to charging **8,417,126** smartphones or planting **86 acres** of forestry to offset

Increase in **patient satisfaction** on catering survey 5-10%



Next steps?

- “Bulk Meal system” fully footprinted
 - 223 dishes
 - Entrees, potato, vegetables, accompaniments, hot desserts
- “Plated Meal system” (Carte Choix) fully footprinted
 - 44 dishes
- St Georges - Version 2
 - Menu design
 - Refine menus
 - Footprints on menu
 - Order of menus – eye-tracking
 - Host training
 - Patient Satisfaction data and survey questions
- Site of Excellence NHSE – review in progress following visit



MONDAY LUNCH

MAIN COURSES

Lamb Grill Steak in Minted Gravy
 Baked Chicken & Vegetable Pie
 Penne Pasta in Tomato & Basil Sauce

★
 E
 V V ★

HOT DESSERTS

Somerset Apple Cake
 Clotted Cream Rice Pudding
 Custard

V ★ E
 GF ★ E
 GF V ★

SIDES & VEGETABLES

Mashed Potato
 Sauté Potatoes
 Cut Green Beans
 Mixed Vegetables
 Gravy

GF V ★
 GF V V
 GF V V
 GF V V
 V ★

COLD DESSERTS

Thick & Creamy Yoghurt
 Cheese & Crackers
 Fresh Fruit Cocktail
 Selection of Fresh Fruit
 Toffee Sponge Dessert
 Blackcurrant Cheesecake
 Chocolate Mousse

GF V ★ E
 V E
 GF V V
 GF V V
 V ★ E
 V ★
 GF V ★

MONDAY SUPPER

MAIN COURSES

Beef Lasagne
 Chicken & Sweetcorn Bake
 Vegetable Quiche

★
 E
 V E

HOT DESSERTS

Bread & Butter Pudding
 Tapioca Pudding
 Custard

V ★ E
 GF V V
 GF V ★

SIDES & VEGETABLES

Mashed Potato
 Potato Wedges
 Peas
 Sliced Carrots
 Gravy

GF V ★
 GF V V
 GF V V
 GF V V
 V ★

COLD DESSERTS

Thick & Creamy Yoghurt
 Cheese & Crackers
 Fresh Fruit Cocktail
 Selection of Fresh Fruit
 Toffee Sponge Dessert
 Blackcurrant Cheesecake
 Chocolate Mousse

GF V ★ E
 V E
 GF V V
 GF V V
 V ★ E
 V ★
 GF V ★

AVAILABLE AT EACH MEAL

JACKET POTATOES

Plain
 With Cheese Portion
 With Tuna Mayonnaise
 With Beans

GF V V ★
 GF V ★ E
 GF ★ E
 GF V V ★

PREFER A SANDWICH OR SALAD?

See the selection at the front of this menu booklet.
 Please ask your ward host if you would like to change your portion size.



OUR CARBON REDUCTION PLEDGE

The NHS has pledged to become the world's first carbon net-zero national health system by 2040. Mitie are proud to support St George's Hospital with our Plan Zero initiative.

Our new carbon reduction menu is designed not only to provide tasty, nutritious dishes but also to do our bit to help tackle the worldwide problem of climate change. This menu has been curated to reflect a growing demand to be more environmentally sympathetic. Reducing impact on the world around us and to protect the planet for future generations.

Our dedicated team of Dietitians have worked closely with Mitie and our supplier Apetito, to create a delicious menu filled with popular choices that are most importantly nutritionally balanced for you, our patients to aid in the best recovery possible. Whilst also considerate to the environmental impact.

Our new hot main meal options across lunch and supper have an

11%

lower carbon footprint than our previous menu...



The dietetic team have kept patient favourites on the menu! There is a variety of food on offer catering for meat-based meals and also vegetarian or plant based. The menu has been compiled whilst carefully maintaining compliance with core energy and protein targets for both nutritionally well and nutritionally vulnerable patients.



OUR CARBON REDUCTION PLEDGE



This saves an amount of carbon equivalent to planting over **140 TREES** every year or sending over **3 BILLION** text messages!

WHAT YOU CAN EXPECT FROM THE NEW MENU

Beef and lamb dishes have the largest carbon footprint on the menu, so whilst we haven't removed these options from the menu, we have reduced their frequency a little. However, they will still feature on 13 days out of a 14 day cycle for at least one meal per day. Our dietitians have sought other nutritious protein sources such as chicken, pork, lentils and soya.

LOOK OUT FOR

New to the menu is Tomato & Mozzarella Cous Cous, a vegetarian dish that is packed with flavour and texture. Meat Free Mushroom & Chicken Style Pie, a classic, hearty dish made meat free but remains full of flavour. BBQ Mexican Bean & Jackfruit, a vegan treat consisting of borlotti beans in a tomato sauce with grilled peppers, and jackfruit in barbecue sauce.

Our new menu – supporting both your recovery and that of our planet.

Green investing

Ian Garlington
Integrated Programme Director

Investing in our future

Integrated Programme

SERVICES • PEOPLE • ENVIRONMENT • ENGAGEMENT

Transforming mental health services

Shaftesbury Building
Springfield Hospital

SUMMER
2023



Richmond Royal refurbishment
Richmond

AUTUMN
2023



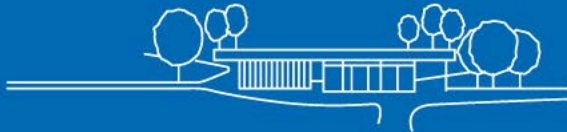
Final areas of the new
Springfield Park

AUTUMN
2024



The first area of the new 32-acre
Springfield Park

SUMMER
2023



The new Barnes Hospital
Richmond

SUMMER
2024



New facilities at Tolworth Hospital
Kingston

SUMMER
2026



Investing in our future

Integrated Programme

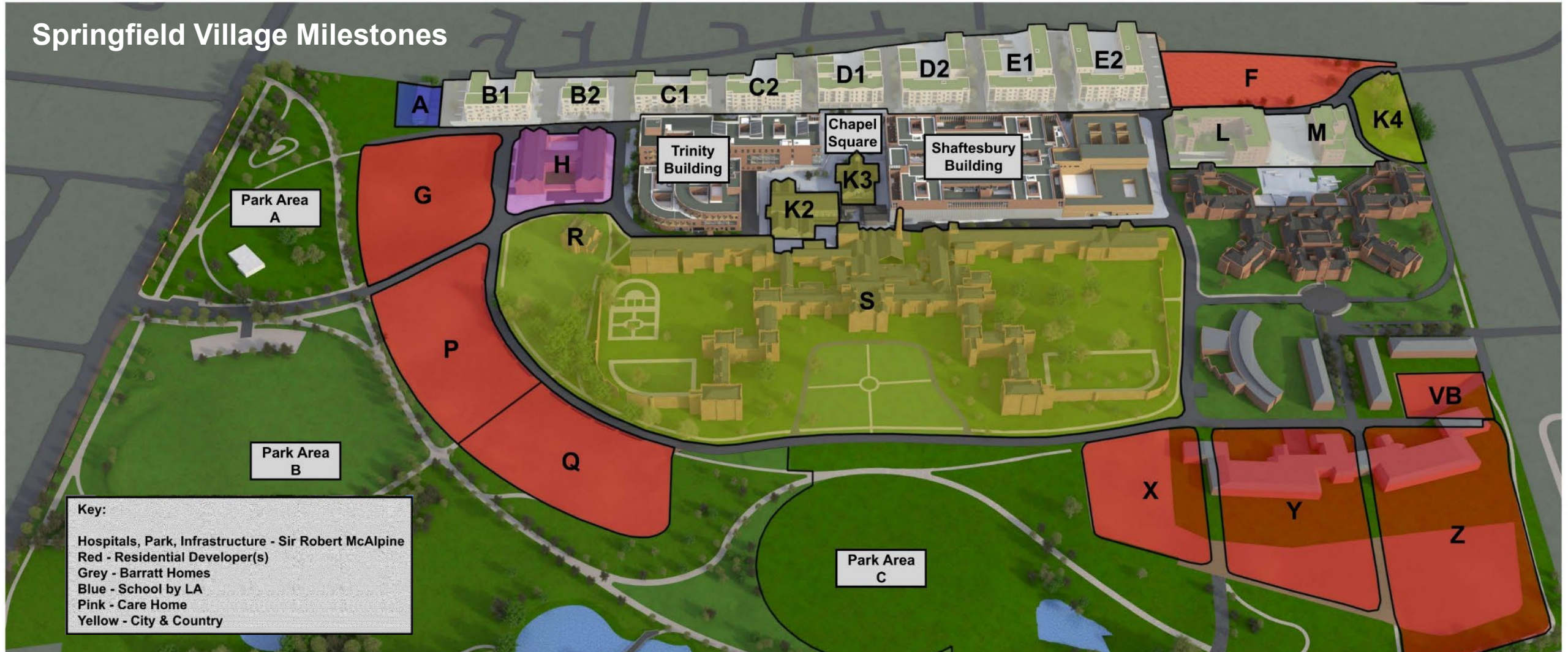
SERVICES • PEOPLE • ENVIRONMENT • ENGAGEMENT

Green elements of our Trust

Our presentation will touch on the following aspects of our developments:

1. BREEAM excellent as standard
2. Nordic style district heating for the entire village (sitewide)
3. Electric only building (Tolworth)
4. Zero to landfill (Construction)
5. Influence over non-vehicle routes (permeable)
6. Reduction in hydrocarbon v. increase in EV (sitewide inc non- health)
7. Flood defence (with bio-diversity)
8. Staff facilities (supporting choice)
9. Retail units (reducing travel)
10. TfL additional routes and s106 provision

Springfield Village Milestones



December 2019 Hospitals and Infrastructure commence	August 2020 C&C (plot S) start on site with listed buildings	January 2021 Barratt (plots B-E and L&M) start	Spring 2021 C&C and Barratt new homes sales launch	Winter 2021/2 C&C first completions	Spring/Summer 2022 Barratt first completions	Autumn/Winter 2022 Trinity and Shaftesbury Complete	Winter 2022 New care home completion	Summer 2023 Park Area B open to public	Autumn 2024 Park Area A and C open to public	2024/2025... X,Y,Z,Vb works continue
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Facts about Springfield Village

1. If you take the stairs from the bottom of the building to the top floor you will climb 200 steps – cultural shift of staff / choices that impact on energy use
2. The paint used on all the walls within the hospitals absorbs carbon from the atmosphere and its part of our carbon reduction
3. The Atrium in Trinity is also a complex cooling system
4. The ponds in the new park will take all our rainwater and prevent flooding
5. Our new facilities are very 'green' - we took no soil off site and moved 35,000m³ of it into the new park – that's the same volume as 70 average family homes
6. We have planted more than 700 new trees
7. The park already has its first users - 125 Geese, mostly Canadian but including some Egyptian Geese
8. When complete in 2027, the new Springfield Village will be home to more than 5000 people (4000 residents and 1000 staff and patients) – maintaining communities and reducing social traffic movements affordable homes
9. Springfield village is the largest urban regeneration in London since the 2012 Olympic park – Green credentials only maximised due to Health being the driver for the urban regeneration.

Tolworth

Next phase in our green journey

1. 100% electric building to the very latest BREEAM excellent
2. Workforce migration (600 head-count) mitigated with reduced non-vehicle travel times
3. Social benefit (anchor) through local commerce supporting economic viability & reducing journeys – ‘mini - 10 minute neighbourhood’

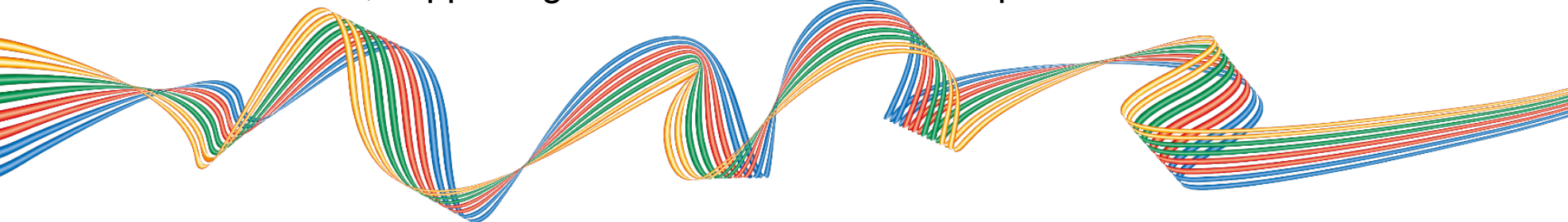
- 1 Access to Site
- 2 Pedestrian Access
- 3 Central Plaza
- 4 Parking
- 5 Visual Amenity Garden
- 6 Cycle parking
- 7 Café Terrace
- 8 Invertebrate habitat piles
- 9 Ambulance Parking and Loading Bay
- 10 Refuse Store / FM Area
- 11 Ellis Building (Iris Ward) Garden Realignment
- 12 Main Building Entrance
- 13 Seating Area



By 2026...

We will have:

- Two 'green' centres of excellence for mental healthcare in Wandsworth and Kingston and a new outpatient hub in Richmond. Supporting equity of access to service and geographic location – reducing journey times, increasing quality
- Opened up our inpatient estate, increasing access routes and permeability, breaking stigma and changing how people use our sites
- Supported the development of nearly 1,300 hyper energy efficient new homes and green space across South West London
- Provision of nearly 1000 EV charging points
- Facilitated more than £1bn of commerce in transforming our estate, supporting our local economy in the process



South West London Green Plan 2023-25

May 2023



Contents

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3. Carbon Footprint
4. What we have already achieved
5. 2023-25 Vision
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Introduction



South West London

Climate change has a huge impact on public health. As a National Health Service, we represent 4% of the UK Carbon footprint so we are morally obliged to lead and influence the transition to net zero. As an ICS, we recognise that this is a health emergency and we can see the impact to our communities and services across South West London.

Tackling the causes and mitigating the impacts of climate change will provide us with an opportunity to improve health on several fronts. Cutting down emissions will reduce adverse weather pressures on our services, save on admissions and improve the health of our communities. We recognise that we have a role in this.

This document provides an overview of our 2023-25 SWL Green Plan for the health system. This is not a new plan, but more a refresh of our approach taking on board learnings from our the first year of our collective SWL Green Plan and our 2022/23 activities. A year on in our collective efforts, our vision and commitment to the NHS National target is even stronger and we are building on our efforts to increase our influence in 2023-25.

In developing this plan, we undertook a series of feedback and engagement exercises to ensure we incorporated our partners' viewpoints and their lessons learnt. Our refreshed plan continues to be and steps up a collaborative effort to network our partners and bring together all of our net zero activities across the ICS.

Our partners have made great progress over the last 12 months across our ICS, with significant achievements in medicines, estates, procurement and transport. This refreshed plan offers a framework for us to progress with greater momentum, maintain consistency across our ICS, and to also make "sustainability a part of business as usual".

We want to make it easier for our partners to collaborate and to share information and best practice in order to learn from and support one another in moving towards and championing our common net zero goals. Our plan provides a renewed governance structure that has been designed to strengthen our networks and streamline our efforts to deliver change and have launched the "Greener SWL" teams portal, worked through feedback from our partners, and have formed new relationships across our ICS.

Our scope of Green Plan activities will also increase this year, with the addition of primary care, local authority colleagues and additional partners that were not with us at the start of our journey, ensuring that we are aligning to our ambitions in the SWL Five Year Joint Forward Plan and Integrated Care Partnership strategies.

The next two years will be challenging, but an exciting time for us to make a difference across South West London.

South West London Context



South West London

Our South West London health system spans 296km² and covers 6 London Boroughs: Croydon, Kingston, Merton, Richmond, Sutton & Wandsworth.

We have 7 in-sector trusts and foundation trusts, providing acute, community and mental health services:

- Croydon Health Services NHS Trust (CHS)
- Epsom & St Helier University Hospitals NHS Trust (ESHT)
- Hounslow & Richmond Community Healthcare NHS Trust (HRCH)
- Kingston Hospital NHS Foundation Trust (KHFT)
- The Royal Marsden NHS Foundation Trust (RMFT)
- South West London & St Georges Mental Health NHS Trust (SWLSTG)
- St George's Hospital NHS Foundation Trust (SGUH)

We have 39 Primary Care Networks (PCNs) consisting of 173 GP practices

We also have 3 significant out-of-sector providers operating within our borders that we collaborate closely with:

- Central London Community Healthcare (CLCH)
- South London & Maudsley NHS Foundation Trust (SLaM)
- Your Healthcare CIC (YHC)

Our partnership extends to local government and voluntary organisations through our SWL Integrated Care Partnership (ICP) and place-based ICPs.



Our resident population is 1.5 million and this is projected to grow by another 30,000 in the next 10 years.

Our current population is slightly younger compared to the average for England. Our average age has increased by 1-3 years since 2011 and it is projected that we will have c.30,000 less children and young people, c.4,000 more working age people, and c.58,000 more older adults by 2033.

We are less deprived than the average for both London and England, however there is significant variation between our places. 50% of our most deprived residents live in Croydon, 22% in Wandsworth, 11% in Merton and in Sutton, compared to 4% in Richmond and 2% in Kingston.

Ethnic diversity across our boroughs varies significantly, from Croydon as the 12th most ethnically diverse London borough to Richmond as the least ethnically diverse borough in London.

Carbon footprint

What is a Carbon Footprint and how is this measured?

A carbon footprint is the total greenhouse gas emissions caused by an individual, event, organization, service, place or product, expressed as carbon dioxide equivalent (CO₂e).

To meet the NHS pledge and become the world's first Net Zero health service, this has been divided into 3 protocol scopes and grouped into two calculations:

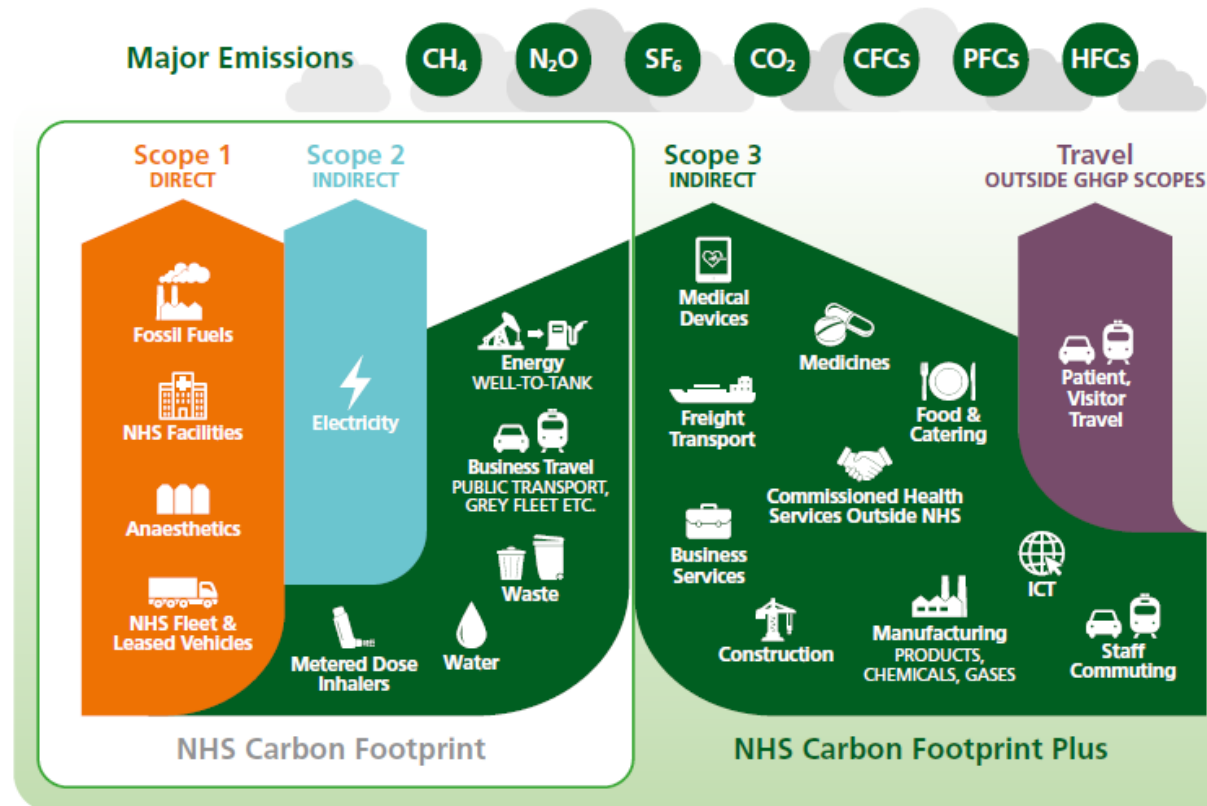
NHS Carbon Footprint

Emissions we directly control (scope 1) and indirectly control (scope 2), e.g. use of fossil fuels, which must reduce to net zero by 2040 with an ambition of an 80% reduction by 2028-32. In our calculations this will include: building energy, waste, water, anaesthetic gases, inhalers, business travel and fleet.

NHS Carbon Footprint Plus

Emissions we can influence (scope 3), e.g. within supply chains, which must reduce to net zero by 2045 with an ambition of an 80% reduction by 2036-39. In our calculations this will include: staff travel, patient travel, visitor travel, medicines, medical equipment and other supply chain, as well as commissioned health services outside the NHS.

Greenhouse Gas Protocol scopes in the context of the NHS Carbon Footprint Plus



Source: Greener NHS Carbon Footprint Plus

Carbon footprint

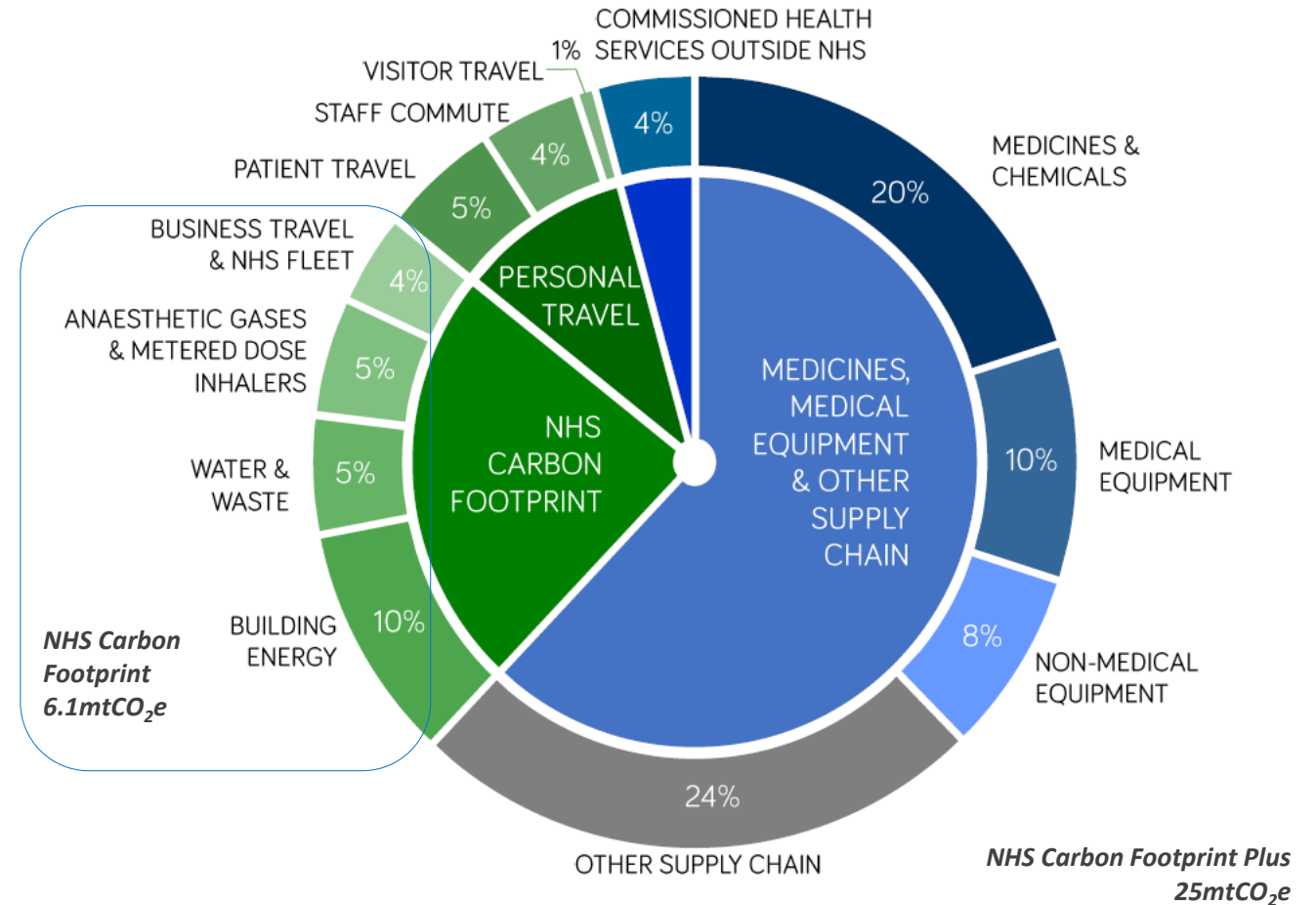
The NHS Carbon Footprint Print and Carbon Footprint Plus

Providing safe and good quality healthcare across the NHS results in a vast amount of resources being used. In 2020, the NHS was responsible for 24.9 million tonnes of carbon dioxide equivalents (tCO₂e), contributing to 4% of the UK's overall carbon footprint.

The chart shown highlights the individual elements that make up the NHS Carbon Footprint Plus total (scope 1, 2 & 3) of 25mtCO₂e.

Within this total is the NHS Carbon Footprint total (scope 1 & 2) which is 6.1mtCO₂e

The values shown have been provided by the 'Delivering a Net Zero NHS' report and are based on 2019/20 data. These serve as the national baseline that we must reduce to net zero over the next 18-23 years.

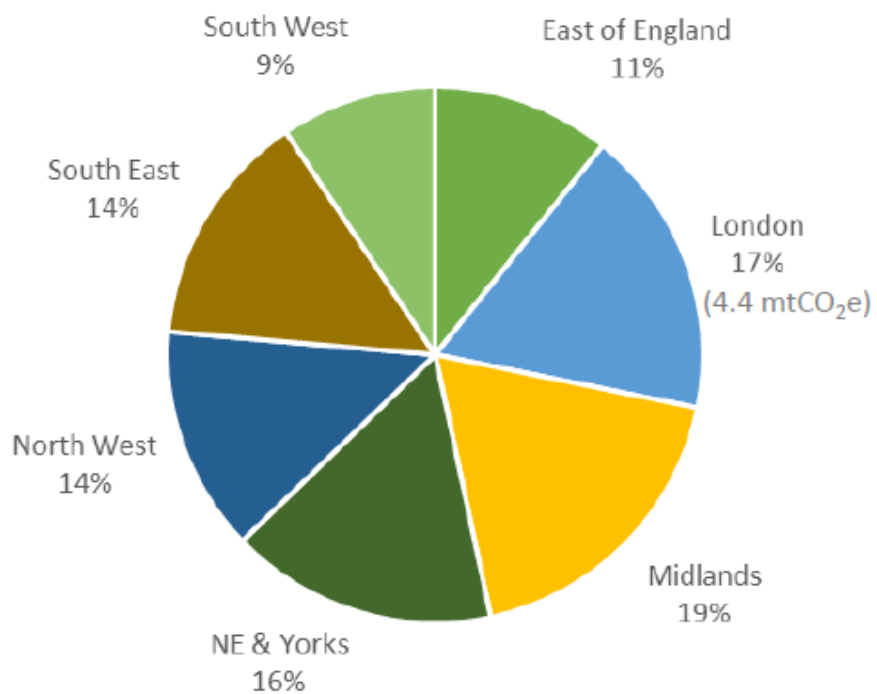


Source: 'Delivering a Net Zero NHS' report

Carbon footprint

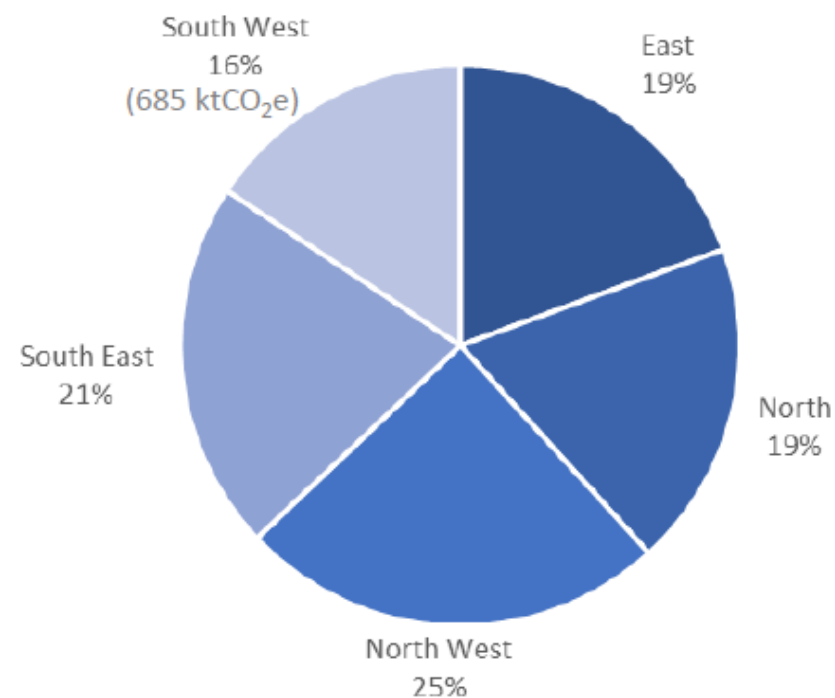
Regional and London Carbon Footprint Plus

NHS Carbon Footprint Plus by Region



National Carbon Footprint Plus: 25mtCO₂e

London Carbon Footprint Plus



London Carbon Footprint Plus: 4.4mtCO₂e

Carbon footprint

SWL Carbon Footprint Plus & Carbon Footprint Plus

At the start of green plan activities our SWL NHS Carbon Footprint Plus total was estimated at 685ktCO₂e.

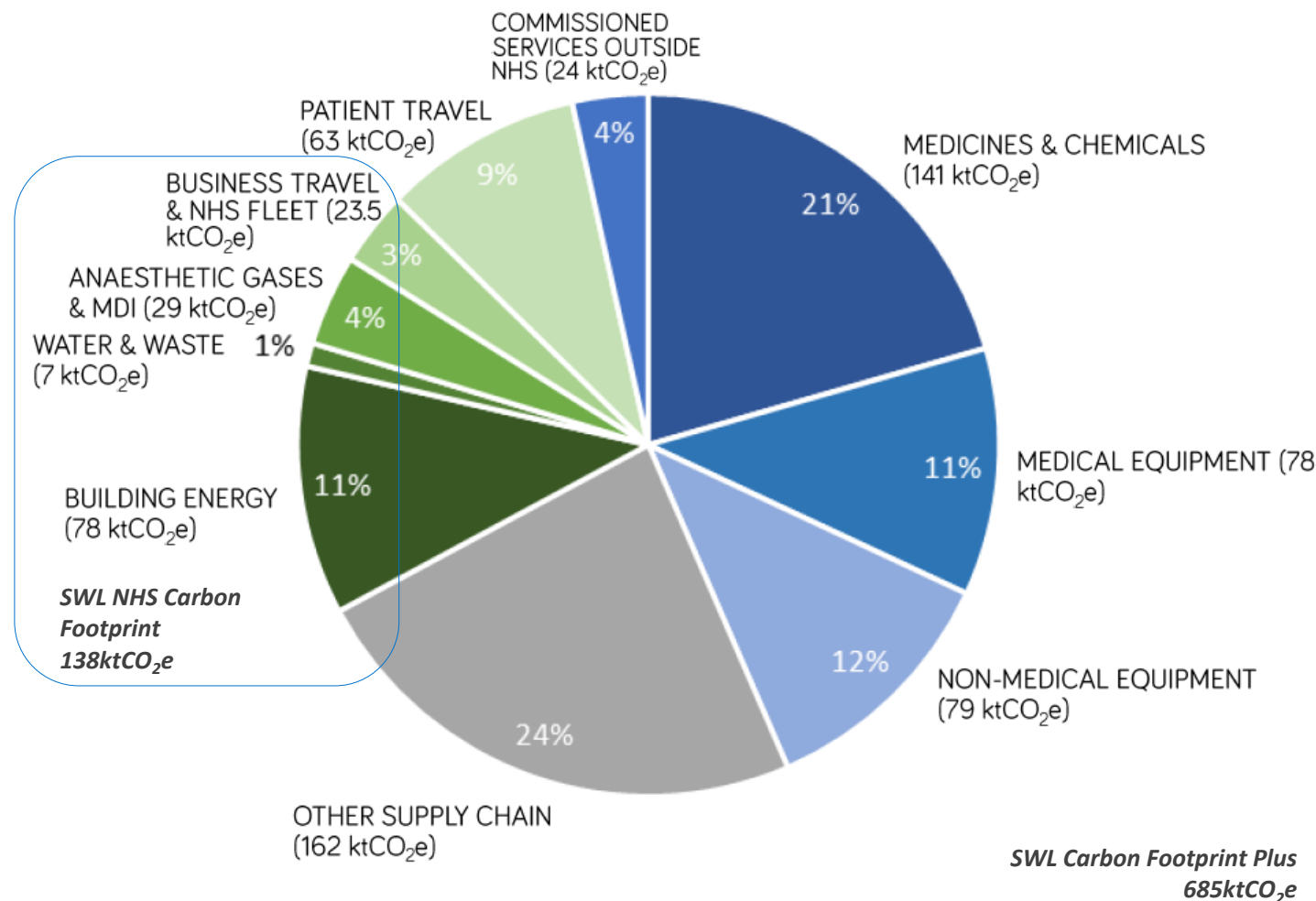
Our SWL NHS Carbon Footprint total was estimated at 138ktCO₂e.

These initial estimates provided the programme with actual carbon values to work with and carbon targets to aim for.

To meet the 2028-32 target we estimated that we would have to reduce carbon emissions from building energy, water & waste, anaesthetic gases, metered dose inhalers, business and patient travel by 80% to 28ktCO₂e.

Since the publish of the initial estimates, revised estimates have been produced by NHS analytics and the Greener NHS team utilising additional ERIC and data collation information.

The latest values are shown overleaf and form the our updated baseline. The updated calculations detail lower carbon footprint values for SWL. This provides an indication that through our current actions, we are moving in the direction.



Carbon footprint



South West London

SWL Carbon Footprint & Latest Baseline

	Building Energy	Water & waste	Anaesthetic gases & metered dose inhalers	Business travel & fleet	Personal Travel	Medicines & chemicals	Medical equipment	Non-medical equipment	Other supply chain	Commissioned health services outside NHS	NHS Carbon Footprint (scope 1 & 2)	NHS Carbon Footprint Plus (Scope 1,2 & 3)
Croydon	10.80	0.48	1.81	2.43	5.25	17.36	12.20	7.94	20.20	0.00	15.52	78.45
Epsom	11.90	0.87	3.14	4.74	7.59	24.43	15.97	9.56	21.48	1.18	20.64	100.85
Hounslow & Richmond	0.67	1.50	0.00	0.05	4.71	2.02	1.99	1.73	3.67	0.16	2.23	16.50
Kingston	10.48	0.44	2.15	1.58	4.51	12.87	9.40	2.69	13.08	0.01	14.65	57.22
Royal Marsden	13.31	0.34	0.34	2.47	5.79	23.98	10.28	5.96	14.84	0.63	16.46	77.93
St Georges	31.54	1.40	2.80	9.94	11.31	47.27	30.82	12.68	35.12	0.38	45.68	183.27
SWL & St Georges Mental Health	4.11	0.12	0.01	1.24	2.96	2.29	0.27	3.38	19.95	0.35	5.48	34.67
Total (ktCO23)	82.82	5.16	10.25	22.44	42.12	130.22	80.92	43.93	128.33	2.71	120.66	548.90

In November 2022, the Greener NHS team provided updated carbon footprint calculations for in-sector SWL ICS providers based on 19/20 data analysis. These are our latest figures, which now total:

- Carbon Footprint Plus: 549ktCO₂e (*136ktCO₂e less than our starting estimate*)
- Carbon Footprint: 121ktCO₂e (*17ktCO₂e less than our starting estimate*).

Our highest emissions are from medicines, supply chain, medical equipment and building energy.

We will continue to work with the Greener NHS dashboard and its further updates to measure our progress. At present, neither the ICB as an organisation nor the Primary Care sector are factored into baseline calculations. Reviewing our carbon footprint data and how we can better track ourselves as a system will form part of the 2023/24 plan actions.

What we have already achieved

As an ICS, our trusts have made strong progress. The list below summarises the breadth of our key achievements this year.



All trusts have **Green Plans in place** that support the Net Zero strategy



PN0620 compliant across SWL trusts (10% social value weighting in tenders above PCR threshold)



Digital appointments increased, with some trusts exceeding national targets



All trusts well **below National Desflurane Reduction target**



Switch to **renewable energy** across trust sites



Nitrous Oxide waste reduction plans initiated with leak tests complete on all sites



Numerous **sustainability days and awareness campaigns successfully completed**



Carbon neutral food suppliers introduced



All trusts now have **Carbon Footprint calculations**



Surgical instrument recycling processes introduced



Electric fleet introduced across trusts



Solar panel installations underway trust sites



Electric vehicle charger infrastructure projects implemented and underway



Safe re-usable theatre equipment practices introduced



MDI recycling points setup, awareness schemes initiated to switch use



UK's First Reduced Carbon patient menu introduced by a SWL Trust



Created **green spaces** and increased plant biodiversity at trust sites



All trusts have **switched to recycled paper**



Heat Decarbonisation projects initiated across trusts

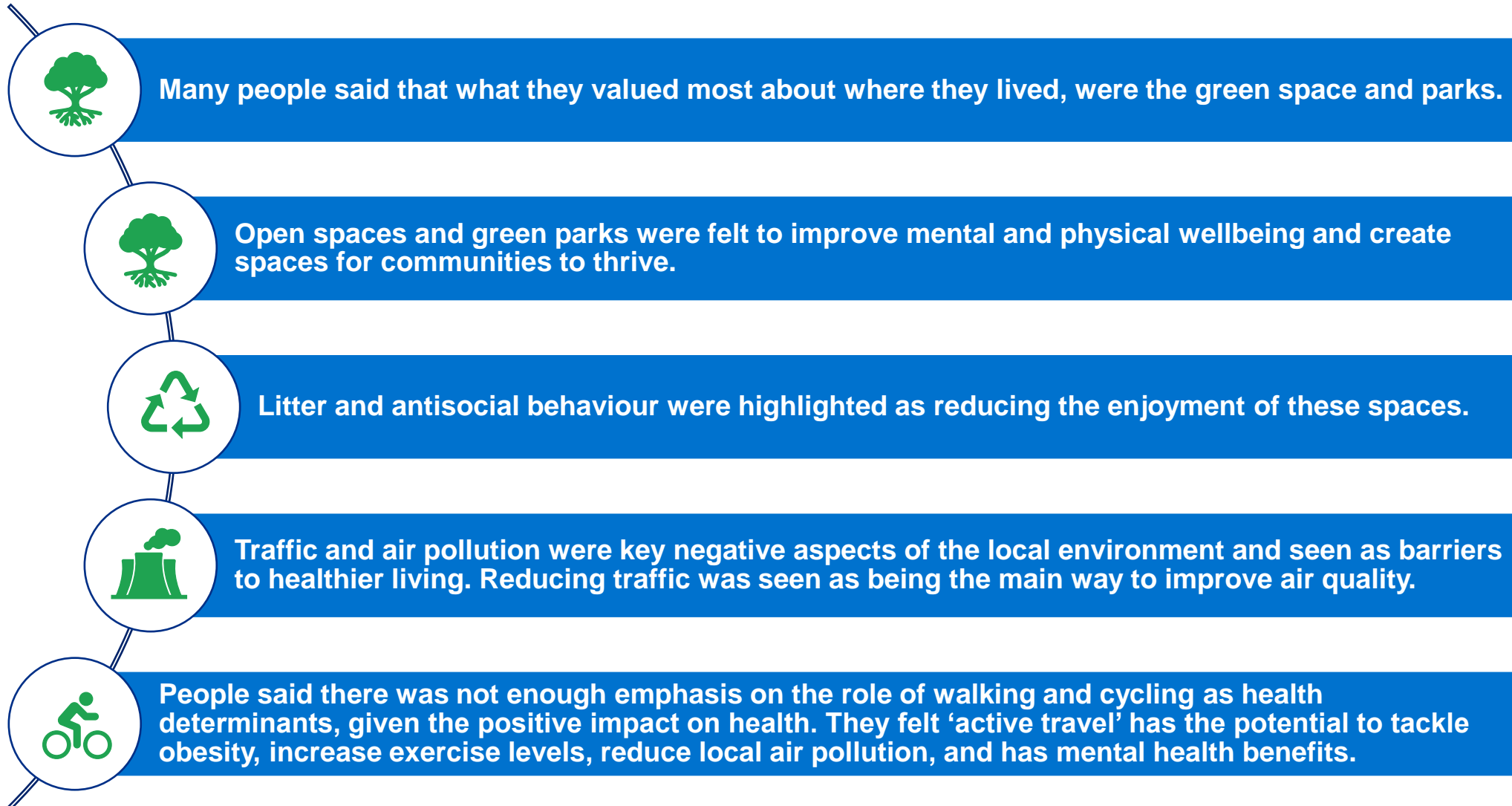


Cycle to work and active travel incentive schemes in place



LED lighting transition projects underway

What are our communities telling us



2023-25 Vision



South West London

Our SWL Green Vision

We continue to acknowledge that the SWL health system is a contributor to the problem through our existing operations and influences, and commit to making the necessary changes to help deliver a Net Zero health service across South West London, and also to support the wider NHS strategy.

Tackling climate change in health and social care provides us with an opportunity to both think differently and do things differently together. Having a SWL system-wide approach we can deliver benefits in terms of partnership working, collaboration and efficiency, whilst ensuring we tackle the challenges of the climate emergency and improve the wider factors of health.

We seek to deliver on the targets set centrally and to:

- create measurable action plans that will materially improve the sustainability of our services,
- explore innovations that make use of our existing assets, resources and circumstances that go beyond centrally-defined targets
- co-ordinate activities and communications that will help change the behaviours of our people – both when they work and when they are not working.

ICB Commitments

Our refreshed plan sees the ICB, following its formal establishment on 1 July 2023, making a greater commitment towards our net zero efforts:

Lead the culture change to embed sustainability into business as usual:

- ✓ *Every ICS plan or strategy presented to the ICB will be required to address the contribution towards our sustainability vision*
- ✓ *Every report to the ICB will have an impact statement of sustainability*
- ✓ *Sustainability targets will be embedded into key objectives of key decision makers through the ICS and where appropriate, member and partner bodies.*

Reduce the ICB corporate estate:

- ✓ The ICB will commit to reducing its estate dependency and adopting new, innovative, and greener ways of working

Learning from our experiences

In developing this plan, we undertook a series of engagement activities with our partners so that we could co-create our plan. Key outcomes from these exercises were:

Coordinated communications and engagement

ICS wide communications principles will be created to join up messaging and activities across SWL. This will not take away from individual organisational communication plans, but will concentrate on key areas across the ICS so that there is consistency, in messaging, activities, and core campaigns.

Collaboration

Within our refreshed governance structure, we will utilise existing channels to reduce duplication and integrate our activities. We will expand these groups to include the necessary additional partners such as the local authorities and primary care. This will enable us to create better networks that bring together colleagues across groups and organisations. We have already created a SWL Teams portal to share information and bring colleagues together.

Innovation

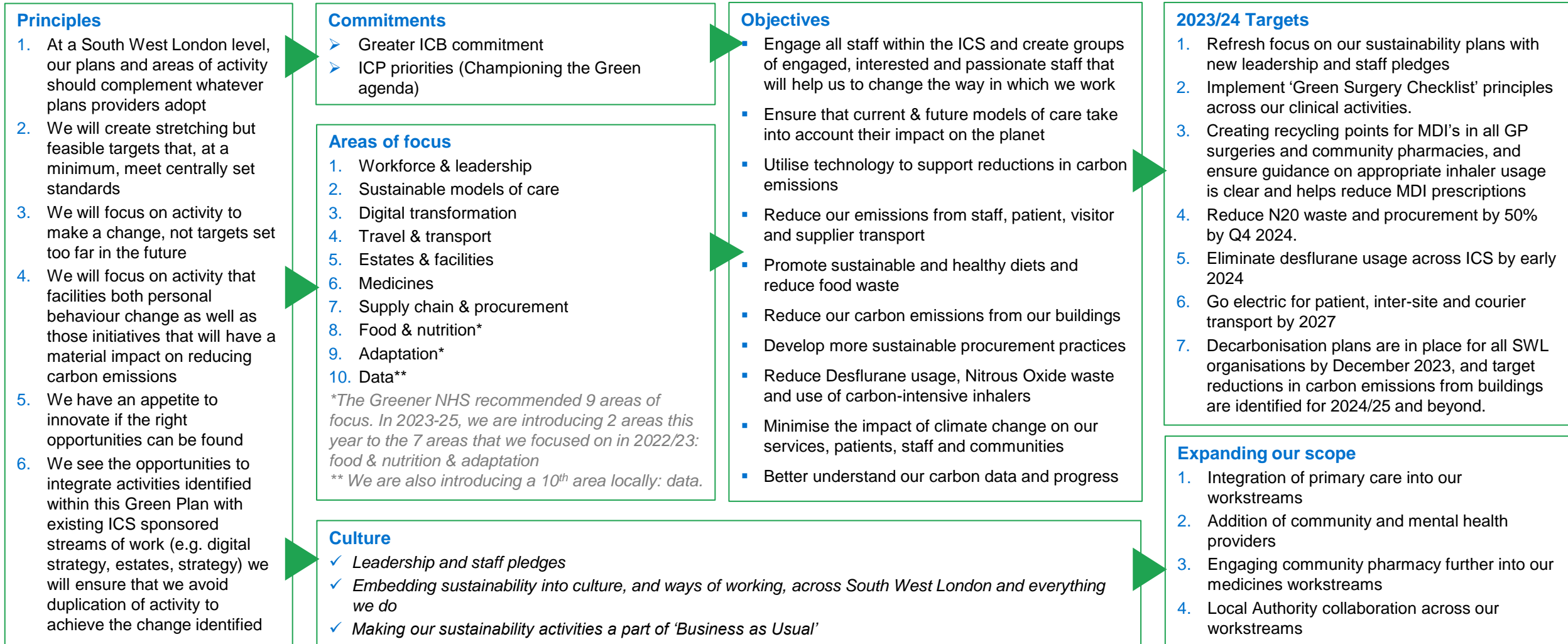
We will build innovation into our activities by rewarding entrepreneurship and creating new and better ways of working.

Our 2023-25 Plan



South West London

The 2023-25 plan has been co-created with our partners to build on the experiences gained over the last year and aims to create better collaboration across our ICS, and supports our ambitions in our Five Year Joint Forward Plan. A summary of this plan is detailed below.



Our 2023-25 Plan



South West London

Leadership and staff pledges

Leadership pledges will be fundamental towards our efforts to embed a sustainability culture across SWL.

As part of our plan, leadership pledges will be agreed across the ICS.

Within our communication and engagement activities, this will also be extended to all staff across the ICS, to encourage and enable staff to make personal pledges to improve sustainability.

As we progress through the year, we will increase our influence, harnessing the enthusiasm of staff through the creation of staff champions and facilitators.

Our Trust Plans

All of our trusts have approved Green Plans in place that set out how they will meet national NHS targets, and have also updated their plans to reflect their new focuses for 2023/24.

Our ICS Green Plan brings together our partners' Green Plans, and through our workstreams we will monitor our collective progress against our common targets.

The Greener NHS National team has commissioned external support to analyse trust and ICS green plans, so that it can understand the level of ambition, areas of innovation, and identify new support requirements. As an ICS we will review outputs to see where we can bring in learnings to improve our plans.

Extending our scope

Primary Care

Primary Care is a key component in helping the ICS to engage with our communities to tackle climate change and improve health outcomes. As our workstreams and working groups develop, it is vital that we incorporate primary care leads representing our Primary Care Networks (PCNs) into our activities. We will also seek to introduce new actions and targets to align primary care with that of our other ICS partners. We recognise that this may be a challenge given the vast geographical arrangement and differences across PCNs in their existing properties and sizes. We will keep abreast of the thinking in this area at a national and regional level to support us.

Other partners

We will also reach out to integrate additional SWL ICS partners that were not involved in our first year, including The South London Mental Health Partnership and Your Healthcare CIC. We will strive for much greater engagement with our Local Authority partners and membership of borough colleagues across relevant workstreams and working groups.

As with primary care, our community pharmacies also have a huge impact within our localities. Over the course of the next two years, we will introduce community pharmacies into our medicines workstreams.

Our approach to workstreams and working groups

Our refreshed approach to workstreams addresses the feedback received. To reduce duplication and the number of groups, areas of focus will be absorbed into existing ICS-wide channels as much as possible. Where this is not possible and there is no crossover of activities, a specific 'Green Plan' group will be created with a relevant mix of the appropriate ICS partner leads and representatives (e.g. as the Medicines workstream has done in 2022/23).

Going forward, leads and members will have greater autonomy over their actions and how they deliver outcomes, and workstream leads will share progress at the Green Plan Delivery Group. As we develop programmes of work further, workstream themes may need to cross over to achieve outcomes. To support this, task and finish groups will be setup to bring together key staff across our partner organisations to focus on the activities that need to cut across and tackle common sustainability projects together.

Our governance

Leadership, governance and working groups

ICB & ICP Boards: Set the strategic direction and receives progress updates; approves respective system Green Plans

Change and Sustainability Group: Shares best practice, agrees opportunities for collaboration, reviews priorities, reviews six-monthly progress reports; meets quarterly

Green Plan Delivery Group: Reviews progress of workstreams, agrees and coordinates details of the Green Plan; meets monthly

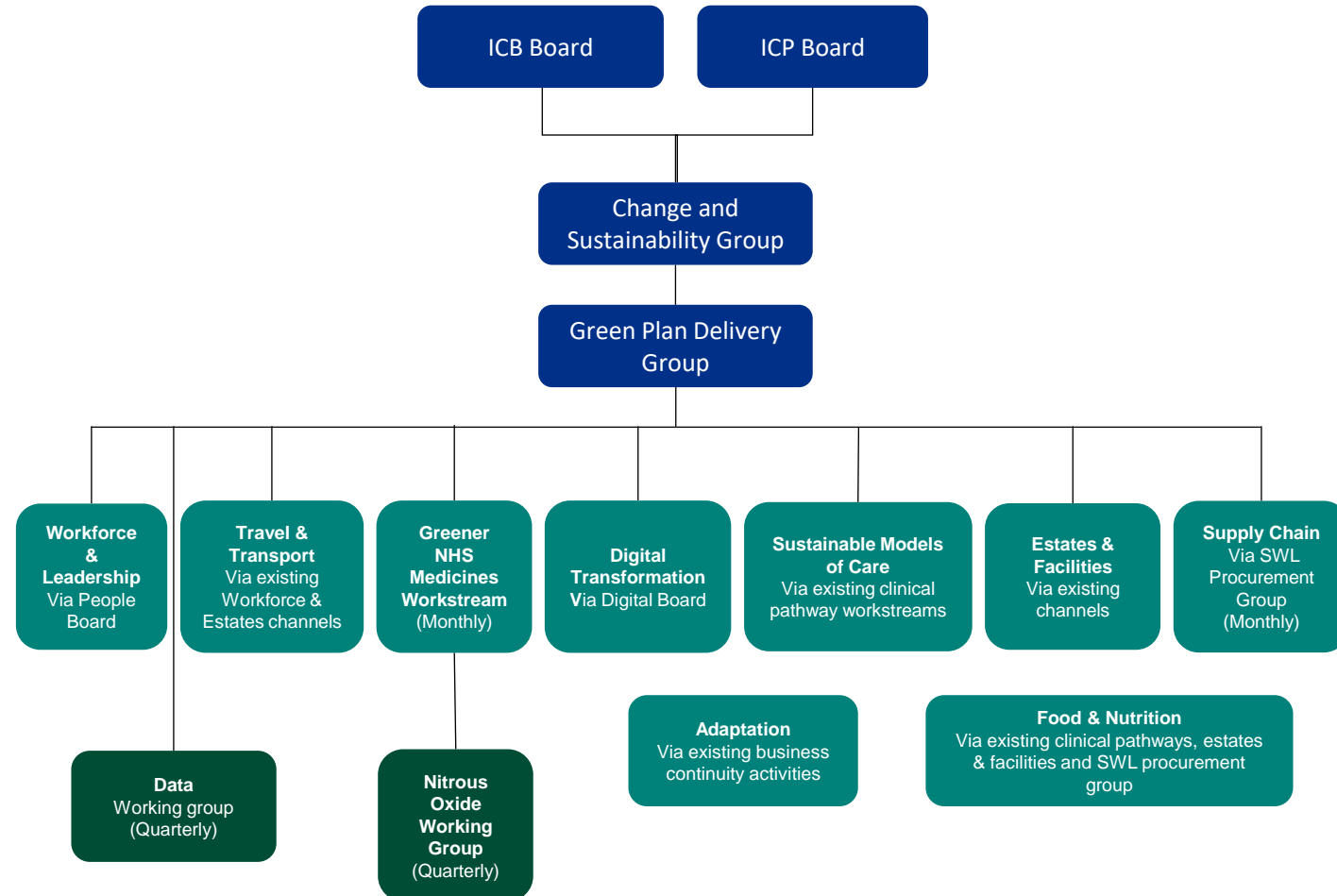
Workstreams: Dedicated 'Green Plan' workstreams or absorbed within existing channels; monitor progress of area of focus activities and actions; meets monthly (lesser activity workstreams such as adaptation may meet quarterly).

Task and finish groups: working/delivery groups that cut across workstreams or organisations to come together on projects and implementation of joint activities; meets quarterly or more frequently if required.

Supported by:

ICS Communications: Supports on key ICS campaigns to drive engagement and behavioural change. Meets through existing weekly and monthly comms lead channels with trusts and local authorities.

ICS Sustainability lead: Leads on facilitating Green plan progress and coordination within the ICS, liaison with NHSE, dissemination of guidance to sustainability leads in our partner organisations and our networks.



Our 2023-25 Plan: areas of focus

Workforce and leadership

Ensure we engage all staff within the ICS and undertake activities, establish structures and create groups of engaged, interested and passionate staff that will help us to change the way in which we work and embed sustainability into everything we do

Engage Chief Executives, ICS leadership team and Board

Establishing the appropriate resources to deliver this Green Plan

Establish new workstreams and working groups, support existing ones to align to the new plan

Establish and maintain an ICS communications plan to ensure consistency, in messaging, activities, and campaigns

Provide a means to set and monitor leadership and staff pledges across the ICS

Sustainable models of care

Ensure that current and future models of care take into account their impact on people and the planet and have overall improvement of public health at their heart

Investing in sustainability thinking, assessments, education and opportunities for innovation that will help us to design lower carbon health and care services

Engage with clinical networks to help increase awareness and influence lower carbon practices

Innovate safe remote and lower carbon means of healthcare delivery, diagnostics and intervention.

Explore green social prescribing options

To change the mindset that 'single use' is safest in clinical practice and invest in compliant sustainable alternatives

Adopting 'Green Surgery' Checklist guidance

Digital transformation

Utilise technology to streamline health and care, whilst reducing its associated cost and carbon emissions

Reduce our dependency on paper, both in terms of corporate, back office and patient records.

Digitalise wherever possible

Meet national targets for remote consultations and explore options for telemedicine

Adopt newer and smarter ways of working that reduce our dependency on estate and travel.

Travel and transport

Reduce our carbon emissions from staff, patient, visitor and supplier transport

Meet national targets for fleet vehicles

Promote greener and healthier forms of travel for staff and patients. Educate staff and patients on the climate impacts of their travel

Promote air pollution awareness and how we can help to reduce this

Make sustainable staff benefits and incentive schemes relating to travel available for all staff

Expand electric fleet across the ICS to remove fossil fuel NHS fleet from SWL.

Expand electric vehicle charging options within car parks to support and influence change

Work with local authorities and public transport to improve accessibility for staff and patients travelling to healthcare locations

Food and nutrition

Promote sustainable and healthy diets and reduce food waste

Promote healthier eating and healthier options

Reduce single sachets and disposable plastics in our food supply

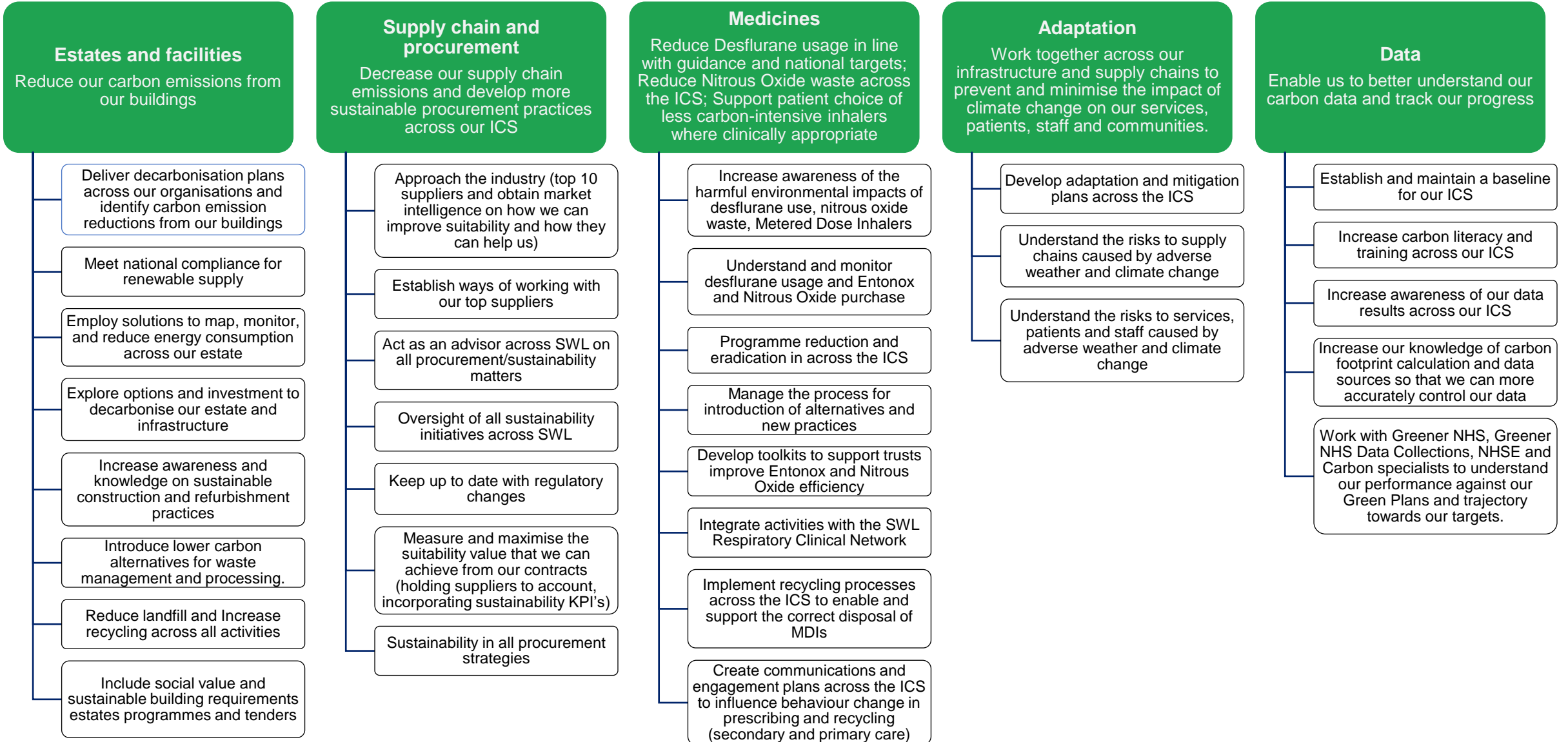
Reduce food waste and expand food recycling

Increase meat free, dairy free and less carbon intensive food alternatives

Increase carbon neutral food supplies and provisions

Explore options to source locally within our supply chain

Our 2023-25 Plan : areas of focus



Our 2023-25 Plan: investment



South West London

Investment and funding

To achieve net zero targets, SWL ICB and its partner trusts will need to invest and prioritise Green projects.

We are making step changes to ensure that sustainability is at the forefront of all of our decisions including:

- Ensuring that sustainability is central to infrastructure planning over the next 3-5 years, and that our estates and digital strategies are aligned to reducing our carbon footprint
- Our prioritisation framework is being amended to ensure that sustainability is a key component to decision-making
- We are refreshing our business case processes to ensure that all new investments need to set out its alignment and contribution to the sustainability agenda

In 2023/24, we are also creating a specific sustainability capital investment fund to support Green Plan priorities and innovative developments at trust level that can be scaled.

To further support this, our trusts are being encouraged to apply for grant funding under the Public Sector Decarbonisation Scheme (PSDS), potential funding from the Greater London Authority (GLA) and charitable funds. Through our portal, workstreams and regular updates we will keep our partners informed on potential funding opportunities, streams and bids. As an ICS we will also come together to share lessons learnt and best practice on the completion of bids so that we can improve our applications.

We will also ensure that we build a pipeline of potential schemes so that this can be shared with NHSE and the GLA to influence national discussions relating to future funding for the Net Zero agenda.

Our 2023-25 Plan: timeline

Our refreshed plan is not intended to cease current activities, but seeks to improve our efforts, with new workstreams and focus. The actions below will help us align with existing activities.



Timeframe	Actions	Potential staff and public campaign days
Q1 2023/24	<ul style="list-style-type: none"> Sign off of 2023-25 plan at ICB and ICP level Establish and launch Leadership pledges Review activities against existing SWL channels and refresh membership (to include relevant trust, local authority and primary care), and agree new actions and set KPIs to support 2023/24 targets Agree ICS wide Green communications principles and priority areas (including 1 x campaign day per quarter) Initiate culture change activities to embed sustainability into every ICS plan/strategy and to incorporate sustainability impact statements into every report to the ICB Quarterly Change and Sustainability meeting 	Every Flower Counts – 31st May 2023 Bike Week – 8th to 15th June 2023 Clean Air Day – 15th June 2023
Q2 2023/24	<ul style="list-style-type: none"> Promote and recruit staff pledges Having identified leads to create new workstreams for Food & Nutrition, Adaptation and Data, agree actions for the rest of the year. Six monthly progress report to ICB senior management team and ICB Board, prior to submission to NHSE Quarterly Change and Sustainability meeting 	Plastic Free July – 1st to 31st July 2023 Love Parks Week – 28th July to 4th August 2023 Secondhand September – 1st to 30th September
Q3 2023/24	<ul style="list-style-type: none"> Deliver external review re: ICB carbon data and roadmap for carbon reduction to support planning for future years Early planning discussions for 2024/25 and annual report 2023/24 Quarterly Change and Sustainability meeting 	National Tree Week – 25th November to 3rd December 2023
Q4 2023/24	<ul style="list-style-type: none"> Build sustainability into key objectives of key decision makers throughout the ICS Finalisation and sign off annual report 2023/24 at ICB Board Refresh plan for 2024/25 and ICB/ICP Boards to sign off Six monthly progress report to ICB senior management team and ICB Board, prior to submission to NHSE Quarterly Change and Sustainability meeting 	Big Energy Saving Week - tbc The Great British Spring Clean - tbc

What would success look like in 2025?



If we achieve our vision and our aims, we will have managed to “embed sustainability into business as usual” and everything that we do. In doing that we will have:

- Fundamentally changed the mindsets of our partners, staff, and patients
- Changed the way in which we manage our operations and functions for the better
- We will have a good understanding of our carbon emissions and how to reduce these in line with our national target

Most importantly, we will be united across South West London in reducing health inequalities and the impact of climate change on our local communities

Acknowledgements



South West London

- Integrated Care Board (ICB)
- Integrated Care Partnership (ICP)
- London Borough of Croydon
- Royal Borough of Kingston
- Merton Council
- London Borough of Richmond upon Thames
- London Borough of Sutton
- London Borough of Wandsworth
- Croydon Health Services NHS Trust
- Epsom & St Helier University Hospital NHS Trust
- Kingston Hospital NHS Foundation Trust
- St Georges NHS foundation Trust
- Hounslow and Richmond Community Healthcare NHS Trust
- The Royal Marsden Foundation Trust
- South West London and St George's Mental Health NHS Trust
- SWL Primary Care Networks (PCNs)
- Central London Community Healthcare NHS Trust
- South London & Maudsley NHS Foundation Trust (SLaM)
- Your Healthcare CIC (YHC)

References



South West London

Delivering a Net Zero National Health Service (NHS England)

<https://www.england.nhs.uk/greenernhs/a-net-zero-nhs>

How to produce a Green Plan: A three-year strategy towards net zero (NHS England)

<https://www.england.nhs.uk/greenernhs/getinvolved/organisation>

NHS Greener Campaign

[Greener NHS \(england.nhs.uk\)](https://www.england.nhs.uk/greener-nhs/)

NHS Long term plan

[NHS Long Term Plan](https://www.longtermplan.nhs.uk/)

NHS South West London Integrated Care Board

Name of Meeting	ICB Board		
Date	Wednesday, 17 May 2023		
Title	2023/2024 South West London Partnership Delivery Agreements		
Lead Director Lead (Name and Role)	Karen Broughton, SWL Deputy Chief Executive/Director of Transformation and People		
Author(s) (Name and Role)	Tonia Michaelides, SWL Director of Health and Care in the Community		
Agenda Item No.	09	Attachment No.	08
Purpose	Approve <input checked="" type="checkbox"/>	Discuss <input checked="" type="checkbox"/>	Note <input type="checkbox"/>

Purpose

The purpose of the paper is to seek ICB Board approval for SWL Place 2023/2024 Partnership Delivery Agreements.

Executive Summary

The 2023/2024 Partnership Delivery Agreements have been drawn up to support the delivery of those functions that the ICB have identified as the responsibility of the six SWL Places.

During 2022/2023 shadow Partnership Delivery Agreements were drawn up. Using the learning from 2022/2023 agreements the 2023/2024 agreement with leads from place. The final documents reflect their input together with the feedback from other ICS groups such as at the SWL ICB Senior Management Team (SMT).

Partnership Delivery Agreements are currently being drafted for both the acute and cancer provider collaboratives and the ICB Board will be asked to approve these at a later date.

The Partnership Delivery Agreement has been drawn up for the Mental Health Provider Collaborative, except for the financial schedule. Now that the 23/24 ICB budgets have been agreed the financial schedule can be drafted to include in the agreement. The ICB will be asked to approve the Mental Health Provider Collaborative Partnership Delivery Agreement at their next meeting.

Key Issues for the Board to be aware of:

- The approach taking in developing the agreement has been to 'future proof' it as far as possible to prevent the need for extensive rewrites in coming years. However, it is acknowledged that as the ICB and place develop the nature and wording of the agreements may change.

Following approval of these agreements by the ICB Board it is recommended that any further amendments to this year's agreement be approved by the SMT. Approval for any material changes will be sought from the ICB Board.

- The six SWL Places will provide regular updates to the SWL ICB SMT, with an annual report provided to the ICB Board.
- Local Health and Plans are currently being refreshed with a view to have this process completed by the end of June 2023. Once Local Health and Care plans have been approved a link to them will be included in each Place document.

Recommendation

The Board is asked to:

- Approve the 2023/2024 SWL Place Partnership Agreements.
- Approve recommendation that the SMT agree any future changes to the document, seeking ICB approval for any material changes.

Conflicts of Interest

No conflict of interest has been identified

Corporate Objectives

This document will impact on the following Board Objectives

- Improve outcomes in population health and healthcare
- Support the delivery of the ICB's financial and performance targets

Risks

This document links to the following Board risks:

No specific risks have been identified with the Partnership Agreement document.

Any risks arising around the responsibilities identified for Place in areas such as of quality, finance, performance will be addressed through the ICB oversight and governance framework.

Mitigations

Actions taken to reduce any risks identified:

Not applicable to the document itself as no risks have been identified.

Mitigations for any risks arising from the responsibilities identified for Place and in areas of quality, finance, performance will be addressed through the ICB oversight and governance framework.

Financial/Resource Implications

See mitigation section above.

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

An EIA is not necessary for the Place Partnership Agreement itself.

What are the implications of the EIA and what, if any are the mitigations	Not applicable
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Patient and Public Engagement and Communication	Not applicable
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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
	SWL SMT	Documents discussed at several meetings	Support and comments to drafts of both Partnership Delivery Agreement
	SWL Place Meetings	01/04/2023	Support given to the draft of the Place Partnership Delivery Agreement

Supporting Documents	2023/24 Place Partnership Delivery Agreement
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**2023/2024 Partnership Delivery Agreement between
NHS South West London Integrated Care Board and
XXXXX Place**

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- A. Place Performance metrics
- B. XXXX Local Health and Care Plan
- C. Ways of Working

1. Introduction

South West London Integrated Care Systems (SWL ICS) is a partnership of health and care organisations that have come together to plan and deliver integrated services and to improve the health and wellbeing of the population it serves.

NHS South West London Integrated Care Board (SWL ICB) is a statutory organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget, and arranging for the provision of health services across SWL ICS.

In SWL we have six ICS Places: Croydon, Kingston, Merton, Richmond, Sutton, and Wandsworth. These six places are co-terminus with the six Local Authorities in SWL.

The purpose of our ICS Places, aligned to the ICS purpose is to:

- To support and develop primary care networks (PCNs) which join up primary and community services across local neighbourhoods.
- To simplify, modernise and join up health and care (including through technology and by joining up primary and secondary care where appropriate).
- To understand and identify – using population health management techniques and other intelligence – people and families at risk of being left behind and to organise proactive support for them; and
- To coordinate the local contribution to health, social and economic development to prevent future risks to ill-health within different population groups.

The purpose of this partnership delivery agreement is to set out the joint expectations between SWL ICB and XXXXX place for delivering shared outcomes for the local population in line with the core purposes identified for each place.

The agreement also details the delegated responsibility of place in supporting the delivery of SWL ICB's responsibilities and priorities as appropriate.

2. Purpose of the Agreement

This Partnership Delivery Agreement is between SWL ICB and XXXX Place. The agreement is effective between 1st April 2023 and March 31st 2024.

The purpose of the agreement is to describe the following:

- The Place's responsibility in the areas of finance (delegated service budgets and running costs), delivery of key metrics and quality.
- The Place's role and responsibility to support as agreed the delivery of the ICB's 2023/2024 priorities as detailed in the Operating Plan and Joint Forward Plan.

- The Place's role and responsibility to support the delivery of the ICP's strategy as reflected in local health and care plans.

It is recognised that the SWL ICB's 2023/2024 Operating plan has now been submitted and Joint Forward Plan together with the SWL ICP strategy are under development. The partnership delivery agreement will be updated throughout the year via discussion and agreement with the six SWL places as the ICB Plan and ICP strategy is finalised. Therefore, in recognition of the on-going development of the ICS there will be a need for a level of flexibility as the agreement will require amendment to reflect where the system is in its development.

The partnership delivery agreement is not a legally binding, and it does not change the statutory roles and responsibilities of the ICB.

3. Place Focus Areas

Four focus areas for place have been identified nationally as summarised in Section 1. For each of the focus areas XXX Place will have responsibility for delivery as described below:

- **Support and Development of PCNs**

Transformation/Service Development

Place will be responsible for supporting the delivery of the ambition for primary care as set out in the SWL Primary Care Strategy (to be published during 23/24) through identifying and delivering the key priorities for their local system. They will work with PCNs to develop and deliver their organisational development plans.

Quality

Place will provide support to PCNs in SWL and quality oversight for primary care services as appropriate.

Performance

Place will be responsible for working with primary care providers to deliver the metrics identified for this service area as highlighted in Appendix B.

- **Joining up health and care**

Transformation/Service Development

Working with partners Place is responsible for developing integrated services for their population. To achieve this Places will support the delivery of SWL wide ambition for integration as described in ICS Strategies and local health and care plans. Place will also be responsible for developing joint transformation plans with

their local authority such as the Better Care Fund (BCF) and working with the VCSE sector.

Quality

Each Place will monitor the delivery of those services they are responsible for as part of the planning cycle, including quality monitoring, reviewing performance and outcomes, and workforce planning.

Each place will support quality oversight for those NHS and non-NHS contracts for NHS services they are responsible for.

Performance

Place will be responsible for working with community-based providers to deliver the metrics identified for this service area as highlighted in Appendix B

- **Proactive Support of people and families at risk of being left behind**

Transformation/Service Development

Each Place should support the delivery of the priorities to reduce health inequalities using a population health management approach. The local health and care plans (LHCPs) reflect the local focus for addressing health inequalities as identified in the NHS CORE20+ approach and the SWL ICP strategy.

Quality

When developing plans to join up health and care services Places will ensure that they have a population focus with clear quality improvement priorities based on a sound understanding of quality issues within the context of the local population's needs, variation, and inequalities

Places will also ensure that plans are co-produced with people using services and that people using services, the public and staff shape how services are designed, delivered, and evaluated.

Performance

Place will be responsible for working with local partners to deliver the metrics identified for the service areas as highlighted in Appendix A, together with the outcomes in the LHCPs focused on reducing health inequalities.

- ***Local contribution to health, social and economic development to prevent future risks to ill-health within different population groups.***

Transformation/Service Development

Through the local health and care plans, Place will identify the key prevention priorities for their population. Place will oversee the delivery of some health prevention services such as immunisation. Using the 'Making Every Contact Count' (MECC) approach place will work with local partners to ensure every opportunity to offer health prevention interventions is utilised. This includes working with NHS providers, local authorities, education and training providers and local businesses.

Quality

Using a population health management and other data sources, such as public health data, Place will identify priorities for prevention.

Performance

Place will be responsible for working with to deliver the metrics identified for this area as highlighted in Appendix B together with the outcomes in the LHCPs focused on reducing health inequalities.

- Additional responsibilities

Alongside the specific responsibilities place has for the four focus areas they also have responsibilities in the areas of quality, finance, and performance. These are detailed below:

- **Quality**

Places have a responsibility for improving the health of their local population by working across the place partnership ensuring the following:

- Engagement with local people to ensure that LHCPs priorities are targeted to the needs of the population.
- A focus on prevention of ill-health particularly focusing on addressing health inequalities.
- Leading the co-ordinating of out of hospital care improving health outcomes and the quality of service offered.

Places will also support the delivery of the ICBs quality statutory functions as agreed.

- **Finance**

The ICB will allocate budgets on an annual basis to Place for specific areas aligned to the four purposes of Place and the functions they are responsible for. These budgets will be signed off in line with standard ICB procedures and Place will be expected to follow the SWL ICB Standing Financial Instructions, Scheme of Delegation and financial and procurement policies and regulations.

Place will be expected to manage within the allocated budget each year. Monthly reports will be produced which Place will be expected to prepare and report on including any variations and mitigations. Reports will be reviewed through SWL ICB Senior Management Team meeting and Finance and Planning Committee, with Place's expected to attend the Committee on request.

Place will be required to contribute to any savings requirement in line with the ICB's budget setting guidance.

- **Performance**

A review of the nationally set metrics has identified a number that Place is responsible for the delivery of, aligned to the four purposes of place and Place functions. The metrics Places are responsible for are listed in Appendix A.

The metrics that have been identified as the responsibility of Place are nationally set and have been drawn from:

- 22/23 NHS Oversight Framework (the most recent version)
- 23/24 Operational Planning Guidance
- NHS Long Term Plan

Of the 28 metrics identified as the responsibility of Place it is not anticipated that Places will be actively engaged in delivering the metrics all the time. This is because many of the metrics, such as Annual Health Checks for People with a Learning Disability, have been achieved for some time and will therefore require little or no action unless their performance changes

It is expected that Places will focus on a number of small metrics at any given time informed by performance as reported in the ICB reports and place priorities. The metrics for focus at Place will change throughout the year as performance against the targets change.

During 23/24 the ICB and Place will continue to work to develop performance information available to place to achieve the following:

- Joined up NHS, Local Authorities and Public Health reporting
- Clarity over what metrics are available (and down to what level), and produce timelines for the reporting of metrics that are not yet being reported, both locally and by ICB Business Intelligence (BI)/reporting functions.
- As far as possible, the ICB BI team will build direct links to data, where this is not possible, we will work to align ICB reporting products with local reporting functions.

4. SWL ICB and ICP Priorities

Our collective priorities for 23/24 are aligned with the NHS Operating Framework and NHS Business Plan priorities.

The ICB will support local decision making, empowering local Places to make the best decisions for their local populations and will have a focus on the following key areas during the year as outlined in the 23/24 Operational Planning Guidance:

- Recovering core services and improving productivity.
- Delivering the key ambitions in the Long-Term Plan (LTP) and
- Continue transforming the NHS for the future

Alongside this, systems are required to:

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

The ICB is preparing a Joint Forward Plan (JFP) which will be published by June 30 2023.

The JFP will describe how the ICB intend to arrange and/or provide NHS services to meet the population's physical and mental health needs.

The JFP will also include the delivery of universal NHS commitments and address ICSs' four core purposes and how it will meet its legal requirements.

The JFP will be co-produced with Place and other partners to ensure that it reflects system wide as well as local priorities and is in line with national, regional and statutory requirements.

The Integrated Care Partnership (ICP) is preparing its strategy which will set priorities for the Integrated Care System, setting out how we can deliver more joined-up, preventative, and person-centred care for South West London people, across the course of their life.

The final ICP strategy will be published in summer 2023.

5. Place Priorities

Since 2018, each Place has developed a local Health and Care Plan (LHCP). Current LHCP's are being reviewed to ensure that they support the delivery of the four purposes of place outlined in the introduction.

Whilst each place will have identified specific local priorities in the LHCP there are some common themes. LHCP priorities will be identified for the whole of the life course and grouped under Start Well, Live Well and Age Well.

Common themes in the LHCPs include:

- *Start Well*

Children and Young People's Mental Health and Emotional Well Being
Childhood Obesity
SEN, Disabilities, and children looked after
Early years
CYP transition for physical and mental health services

- *Live Well*

Long Term Conditions
Mental Health
Prevention including healthy lifestyle

- *Age Well*

Healthy ageing
Loneliness and social isolation

As well as specific priorities the LCHPs will identify cross cutting themes such as: Health inequalities, prevention and early intervention, healthy places, support to carers and integration of services

A link to XXXX Place published LHCP can be found in Appendix B.

6. Place Governance

Place is accountable to the SWL ICB for delivering its identified responsibilities as included in this partnership delivery agreement. The SWL SMT provides oversight of the partnership delivery agreement on behalf of the ICB.

The Place Committee should operate in accordance with the NHS South West London Standing Financial Instructions and Standing Orders.

Where there is a likelihood of the responsibilities laid out in this agreement cannot be delivered, this will be reported via agreed reporting mechanisms as summarised in section 7 or by expectation to the SWL SMT.

A 'no surprises' approach in reporting risk to delivery should be adopted to enable actions to mitigate the risk to delivery identified as early as possible. Via the SMT the ICB will ensure that any identified support to bring delivery back on track is put in Place.

The Place Committee is responsible for fulfilling the following as detailed in this agreement and as appropriate to place:

- Scheme of Delegation (as outlined in the NHS South West London Constitution)
- NHS South West London Assurance & Performance Framework
- Achievement of NHS South West London Corporate Objectives

- Discharging the statutory duties of SWL South West London for the commissioning of health and healthcare services for the local population.

Where the Place Committee identifies a risk, issue, decision, or action that affects more than one borough or threatens the achievement of NHS South West London objectives or would benefit from being 'done once' across the ICB and requires a cross-borough decision, the item will be taken to SWL SMT by Place Executive Director or their deputy.

The Place Committee will not commit or implicate another Place Committee or ICB Directorate through its decision making without prior discussion at the SWL SMT unless where two Place Committees have met together, fully quorate and have agreed a decision in common.

7. SWL ICB Approach to Oversight

The ICB has developed a set of principles that guide the operation of our performance oversight arrangements and how we will operate:

- We will work towards being a fully self-managed system which has robust processes and governance required to ensure that the system continues to deliver high quality services and outcomes. SWL relies on high quality information at an appropriate level of detail, collaborative decision-making, a shared understanding of the desired outcomes and objectives, and a clear set of identified success measures that allow effective prioritisation.
- Whilst the ICB retains its statutory responsibilities, we will work Place so that over time local accountability increases in line with delegated authority and areas of focus.
- We will jointly take an integrated approach to performance oversight considering how these may affect delivery (including quality, finance, and workforce).
- We will ensure a transparent assessment of performance risk and the development of a jointly agreed approach by all parties.
- We will develop a collective approach to oversight that aids an ICS shared vision and understanding of performance based on co-production and collaboration.
- We will establish governance systems that demonstrate clear roles and accountabilities for performance oversight and well-defined processes for managing performance and associated risks.
- We will focus on what matters ensuring that any performance oversight arrangements are not over burdensome on the ICS system.
- We will learn and utilise appropriate insights from performance to ensure that the health needs are well understood by the ICS. We will focus on performance, continuous improvement, and knowledge transfer within the ICS.

- Any intervention will be targeted and proportionate following full dialogue with the and will take place for the minimum time required to rectify performance issue.

The key meeting to enact the ICBs approach to oversight in respect to place is the monthly Place Focus Group. Senior attendance from place is required at each meeting.

The Place Focus Group brings together the oversight of quality, performance and finance and operates based on the principles outlined above. Oversight and recommendations from the group will be feed into the relevant oversight committees via ICB Performance Report.

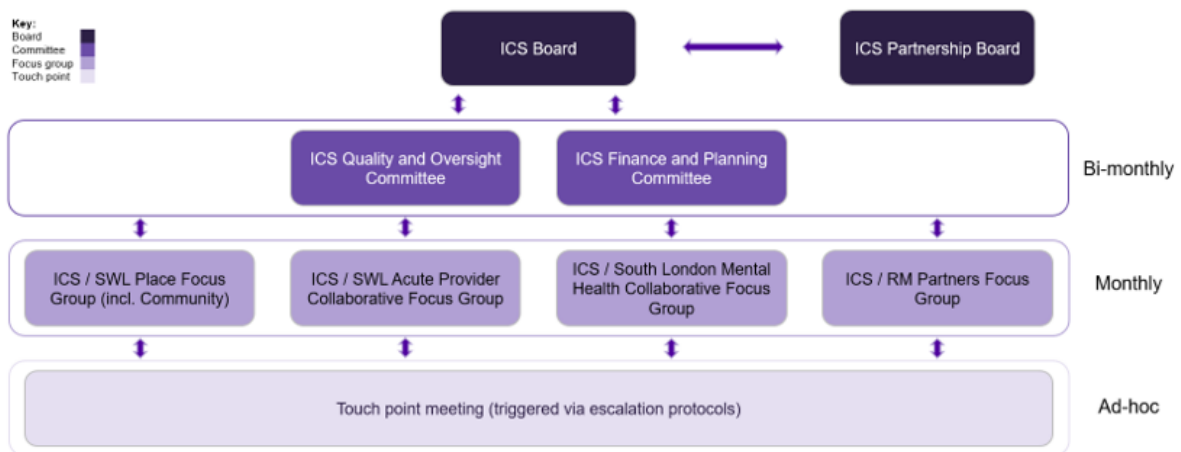


Chart showing the ICS Quality and Oversight governance structure

8. Reporting Arrangements

The Place Committee will report to the ICB via the SWL SMT. The Place Committee will be represented on the SWL SMT by the Executive Place Director, or their deputy, as agreed with the CEO.

Through the regular ICB reports such as quality, performance and finance, progress against the deliverables described in the accountability agreement will be monitored by exception. The ICB reports are reviewed monthly at the SWL SMT.

Highlight reporting by Place will be made to the SWL SMT every quarter. Each Place will be asked to provide an annual review to the ICB Board during Q4 (January- March).

Appendices

- A. Place Performance metrics
- B. XXXX Local Health and Care Plan
- C. Ways of Working

Appendix B Place Performance metrics

Grouping	Indicator Name	Delivery	Local Oversight	Collaborative	Place Responsible For
Integrating Care	2-hour Urgent Community Response (UCR) first care contacts	Community Provider	Place	-	Responsible
Integrating Care	Community Services Waiting Lists	Community Provider	Place	-	Responsible
Integrating Care	Pathway 2 - Care home, designated setting, Hospice, Community rehab setting	System	Place	-	Responsible
Integrating Care	Pathway 3 - Care Home, Designated setting	System	Place	-	Responsible
Integrating Care	Virtual Ward capacity	Community Provider	Place	-	Responsible
Integrating Care	Proportion of patients discharged from hospital to their usual place of residence	Acute Provider	Place	-	Responsible
Integrating Care	Total virtual ward capacity per 100k of adult population (S106a)	Community Provider and Place	Place	-	Responsible
Integrating Care	Proportion of people referred to a post COVID service who are not assessed by a registered health care assessment within 15 weeks of referral	Community Provider and Place	Place	-	Responsible
LD and Autism	Learning disability registers and annual health checks delivered by GPs	General Practice	Place	-	Responsible
Medicines Management	Antimicrobial resistance: total prescribing of antibiotics in primary care (S044a)	General Practice	Place	-	Responsible
Medicines Management	Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care (S044b)	General Practice	Place	-	Responsible
Mental Health	Estimated diagnosis rate for people with dementia	General Practice	Place	SLMHP	Responsible
Mental Health	People with severe mental illness receiving a full annual physical health check and follow up interventions	General Practice	Place	SLMHP	Responsible
Personalisation	Personal Health Budgets	Place	Place	-	Responsible
Personalisation	Personalised Care and Support Planning	General Practice	Place	-	Responsible
Personalisation	Social Prescribing Referrals	PCN	Place	-	Responsible
Primary Care	Number of people supported through the NHS Diabetes Prevention programme (S051a)	General Practice	Place	-	Responsible

Grouping	Indicator Name	Delivery	Local Oversight	Collaborative	Place Responsible For
Primary Care	Diabetes patients that have achieved all the NICE recommended treatment targets (adults and children) (S052a)	General Practice	Place	-	Responsible
Primary Care	Population vaccination coverage – MMR for two doses (5 years old) to reach the optimal standard nationally (95%) (S046a)	General Practice	Place	-	Responsible
Primary Care	Number and Crude Rate/100,000 population of General Practice Referrals to NHS Digital Weight Management Programme (S055a)	General Practice	Place	-	Responsible
Primary Care	Appointments in General Practice	General Practice	Place	-	Responsible
Primary Care	Number of Completed Referrals to Community Pharmacist Consultation Service (CPCS) from general practice per 100,000 population	General Practice	Place	-	Responsible
Primary Care	Number of general practice appointments per 10,000 weighted patients (S001a)	General Practice	Place	-	Responsible
Primary Care	Patient experience of GP services (S037a)	General Practice	Place	-	Responsible
Community Pharmacist	Number of Completed Referrals to Community Pharmacist Consultation Service (CPCS) from general practice	General Practice	Place	-	Responsible
Vaccinations	COVID % Adults vaccinated (S045a)	-	Place	-	Responsible
Vaccinations	Percentage of people aged 65 and over who received a flu vaccination (S047a)	General Practice / Community Pharmacy	Place	-	Responsible

Appendix B XXXX Local Health and Care Plan

A link to XXXX Local Health and Care Plan can be found here

Appendix C Ways of Working

To support the delivery of both the ICS and place priorities it is important that there is strong collaboration and working across all ICS partners. Outside of the four focus areas identified for Place in national guidance there are specific service areas and transformation workstreams that Place will need to lead or contribute to.

The approach to ways of working is summarised below:

- **Decision Making**

The approach to decision making across the ICS is one of subsidiarity and partners are committed to making decisions at a local level. By adopting this approach, we will ensure that:

- There is clarity about which decisions are best made at a local level to respond to the needs of the individuals and communities and which decisions are best made at strategic level to achieve economies of scale.
- Local communities are involved in making decisions about services that affect them.
- Decisions are made once and are empowering.

- **Delivery of other functions**

As well as being responsible for the four focus areas highlighted in national guidance place has responsibility for a number of functions. In some cases, the responsibility sits entirely with place and in some cases, they are delivered in collaboration with ICB leads.

The other areas that Place has responsibility for are:

- Place Management Costs
- Community Services
- Continuing Health Care
- Primary Care budgets (non-core contract)
- Budgets aligned or pooled with the local authorities e.g., BCF
- Local non-NHS services such as those provided by the VCSE

- **Digital Transformation**

Place will support their partners in the development of digital solutions and programmes at local level where appropriate. By doing so Place will help to enable the delivery of health and care improvements through contributing to and supporting the ICS-wide Digital Strategy and plans.

- **Joint Working**

To support joint working, it is expected that all place-based partnerships will embed the principle of mutual accountability, where all partners, irrespective of their own formal accountability relationships, consider themselves mutually accountable to

each other and to the population and communities they serve, even where not underpinned in formal arrangements. This will ensure there is collective ownership of each place's local vision, priorities, plans and delivery, and the co-operation required to deliver this.

- **Working with the SWL Provider Collaboratives**

There are 3 providers collaboratives in SWL – acute, cancer and mental health. All six places partnership groups have representation from the provider collaboratives. Examples of areas of collaboration between place and the provider collaboratives include – development of end-to-end pathways, local workforce plans and engagement with the local population.

NHS South West London Integrated Care Board

Name of Meeting	ICB Board		
Date	Wednesday, 17 May 2023		
Title	South West London anti-racism framework development		
Lead Director Lead (Name and Role)	Sarah Blow, Chief Executive Officer, SWL ICB		
Author(s) (Name and Role)	Melissa Berry, Programme Director – Diversity, Equality and Inclusion, SWL ICB Vhenekayi Nyambayo, Head of Inequalities, SWL ICB June Okochi, Deputy Director - Quality Improvement, SWL ICB		
Agenda Item No.	10	Attachment No.	09
Purpose	Approve <input checked="" type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input checked="" type="checkbox"/>

Purpose

To note and approve the South West London approach to delivering an anti-racism framework for the system, aligning with the five strategic commitments for London health and care partners.

Executive Summary

South West London ICB and the teams within it are fully committed to addressing racism. South West London ICB leadership is committed to supporting the system to be an anti-racist system by developing an anti-racism framework. This framework will have an integrated and transformational approach.

The negative impact of the Covid pandemic particularly amongst Black, Asian and minority ethnic communities, as well as the death of George Floyd has shone a light on structural racism. National reports e.g., NHS Race and Health Observatory, Public Health England – Beyond the data, and Marmot Build Back Fairer have shown the evidence of ethnic health inequalities.

London ICB CEOs and Chairs have developed a position statement showing a commitment to tackling racism and discrimination:

Anti-racism statement from the London Health Board for the ICB CEO and Chairs

“The Chairs and CEOs of London’s five Integrated Care Boards would like to express their commitment and support to a strategic anti-racism approach in London’s Health and Care System.

We understand our role, not just as leaders of statutory NHS bodies, but as the conveners of Health, Care and Community Partners, in driving forward this agenda, and embedding race equity into being part of how our health and care system operates. We are deeply proud to serve in London’s diverse systems, where this diversity is central to the prosperity, strength and energy of our collective delivery. As such, our ICBs have developed strategies for tackling structural and systemic racism and are working towards embedding this approach into our emerging integrated care strategies, joint forward plans and workforce planning. We recognise that this challenge is not personal racism, nor just institutional racism, but the myriad of ways that society works through systems, structures, processes and social norms that leads one group to have poorer outcomes.

We are on a journey to see differently, respond differently and lead differently in order to achieve our anti-racism ambitions. We are taking actions that fit our specific situations for example anti-racism training and

development for our staff and establishing race equality groups to advise our boards in order to help close health and workforce equity gaps. We will continue to evaluate and monitor our efforts to ensure these positive changes become embedded into our organisational and system culture”.

The statement from the CEOs and Chairs also aligns with the Mayor of London’s commitment to tackle structural racism with five strategic commitments:

- **Leadership commitment**
- **Commitment to our ethnic minority workforce**
- **Commitment to target health equity**
- **Commitment to becoming an anchor institution**
- **Commitment to our local communities**

In focusing on staff and community engagement, working with a data analytics company to understand race awareness, with a VCSE organisation leading on delivery and community engagement.

Recommendation

The Board is asked to:

- Note the commitment of the ICB CEOs and Chairs in London
- Support the development of the anti-racism framework for the SWL system
- Adopt the five strategic commitments

Conflicts of Interest

N/A

Corporate Objectives

This document will impact on the following Board Objectives

An anti racism approach will support the tackling of health inequalities which is one of the ICS/ICB objectives.
As a public body, we are expected to deliver legal duties of the Equality Act 2010 and the Health and Social Care Act 2022.

Risks

This document links to the following Board risks:

Failure to engage partners in the process could risk delivery
Non delivery will impact on evidencing compliance with our legal duties

Mitigations

Actions taken to reduce any risks identified:

We will seek ICB approval for the work and have conducted a webinar/soft launch on 19th April for health and care partners.
We will continue to engage widely and listen.
We will be setting out a framework approach
CEO will lead this work

Financial/Resource Implications

Phase 1 of the delivery of the framework will be funded using NHS Health Inequalities (22/23) Fund

Is an Equality Impact Assessment (EIA) necessary and has it been completed?	Yes, this will be required for actions that are recommended for delivery of the framework
--	---

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

Patient and Public Engagement and Communication	We will work with the VCSE delivery partner for the framework to engage with communities and grassroots organisations.
--	--

Previous Committees/Groups	Committee/Group Name	Date Discussed	Outcome
Committees/Groups at which this work has been previously considered	CEOs	18/04/2023	Update on the approach
	Senior Management Team	13/04/2023	Report and approach discussed and approved
	Anti-racism strategy and implementation group	11/04/2023	Update on the approach
	Health Inequalities and EDI Board	19/04/2023 13/03/2023	Approach was discussed and agreed by Board

Supporting Documents	SWL Anti-Racism Position Paper – Developing a Framework
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South West London's Anti-Racism Position Paper – Developing a Framework

1. National and regional context

The negative impact of the Covid pandemic particularly amongst Black, Asian and minority ethnic communities, as well as the Black Lives Matter movement has shone a light on structural racism. National reports e.g., NHS Race and Health Observatory rapid evidence review, Public Health England – Beyond the data, and Marmot Build Back Fairer have shown the evidence of ethnic health inequalities. Other reports such as The Kings Fund - Caring for Change, and the Messenger Review highlight the importance of compassionate, diverse and inclusive leadership in health and social care. The National Patient Safety Strategy (2019) emphasises the need for Just Culture in fostering psychological safety in care delivery - addressing these inequalities will improve staff experience and patient outcomes.

In London the ICB CEOs and Chairs have committed to tackling and addressing racism and discrimination (See London's Chairs and CEOs position statement below):

Anti-racism statement from the London Health Board for the ICB CEO and Chairs

“The Chairs and CEOs of London's five Integrated Care Boards would like to express their commitment and support to a strategic anti-racism approach in London's Health and Care System.

We understand our role, not just as leaders of statutory NHS bodies, but as the conveners of Health, Care and Community Partners, in driving forward this agenda, and embedding race equity into being part of how our health and care system operates. We are deeply proud to serve in London's diverse systems, where this diversity is central to the prosperity, strength and energy of our collective delivery. As such, our ICBs have developed strategies for tackling structural and systemic racism and are working towards embedding this approach into our emerging integrated care strategies, joint forward plans and workforce planning. We recognise that this challenge is not personal racism, nor just institutional racism, but the myriad of ways that society works through systems, structures, processes and social norms that leads one group to have poorer outcomes.

We are on a journey to see differently, respond differently and lead differently in order to achieve our anti-racism ambitions. We are taking actions that fit our specific situations for example anti-racism training and development for our staff and establishing race equality groups to advise our boards in order to help close health and workforce equity gaps. We will continue to evaluate and monitor our efforts to ensure these positive changes become embedded into our organisational and system culture”.

The statement from the CEOs and Chairs above also aligns with the Mayor of London's commitment to tackle structural racism using five strategic commitments:

- **Leadership commitment:** to being anti-racist health and care systems and organisations, with Board representation, strategy development and the

application of an anti-racist approach to policies.

- **Commitment to our ethnic minority workforce:** to support our ethnic minority staff and create enabling workplaces.
- **Commitment to target health equity:** to prioritise and deliver evidence informed, culturally competent interventions to narrow the gap, by reducing inequities people from ethnic minorities face in access, uptake, experiences and outcomes of our health and care services.
- **Commitment to becoming an anchor institution:** to leverage our positions as anchor institutions to tackle the wider determinants of inequality.
- **Commitment to our local communities:** to work with our communities to amplify their voices, in the decision, design and delivery of services, to rebuild trust and confidence.

The CEO for South West London ICB is our Senior Responsible Officer for the development of the anti-racism framework for the system.

2. South West London context

South West London ICB has agreed to the development of an anti-racism framework to be one of the key priorities for the system in tackling health and racial inequalities. This was presented at the July 2022 ICB Board¹ and ICP² Board meeting, and is included in the Phase 1 Joint Forward Plan document¹.

In South West London, our Core20 (20% most deprived) population for all ages, and Children and Young People ages 0-25 years is disproportionately represented by Black, Asian and minority ethnic communities. For all ages, 4.5 in 10 Black people in South West London in the Core20 population. For those aged 0-25 years, 5 in 10 Black people in South West London in the Core20 population.

Figure 1: Core20 infographic – Ethnicity all ages³



Figure 2: Core20 infographic – Ethnicity aged 0-25 years¹

¹ <https://www.southwestlondon.icb.nhs.uk/content/uploads/2022/06/NHS-South-West-London-ICB-Board-papers-1-July-2022.pdf>

² <https://www.southwestlondonics.org.uk/content/uploads/2022/07/SWL-ICP-in-public-meeting-pack-13072022-1.pdf>

³ <https://www.southwestlondon.icb.nhs.uk/content/uploads/2023/03/Developing-our-NHS-Joint-Forward-Plan.pdf>



Further to this, insights from people and communities show that amongst Black, Asian and minority ethnic communities, there is a fear of racism and unconscious bias which has led to mistrust and fear of services (including maternity services). Further information can be found in the Joint Forward Plan - Insights from people and communities report⁴.

3. South West London ICS approach

We oppose all forms of racism and will actively work to dismantle racist and discriminatory policies and practices across all of health and care. We want to make anti-racism everyone's business; therefore, our long-term commitment for the South West London health and care system is to be an anti-racist system by developing an anti-racism framework that aligns with the Mayor's five strategic commitments. We will focus on the following three key areas simultaneously to deliver the anti-racism framework for the system:



Governance and strategic oversight

As we progress the development of the framework we will be reviewing our governance in support of our approach. In order to support the initial development of the framework we have set up a South West London anti-racism strategy and implementation group with system partners from NHS, local authorities and VCSE

⁴ <https://www.southwestlondon.icb.nhs.uk/content/uploads/2023/03/Joint-Forward-Plan-%E2%80%93-Insight-from-people-and-communities-March-2023.pdf>

organisations. This group is chaired by the Non-Executive Director / Chair of the People Committee, SWL St George's Mental Health NHS Trust. The group will provide strategic direction on the delivery of the SWL anti-racism framework. The group will report initially into the South West London Health Inequalities and EDI Delivery Group and Board. The governance of this work is subject to ongoing review as we identify the approach to system governance through the ICP and ICB.

Intelligence and diagnostics

Following a process where suppliers were invited to engage via Contracts Finder, with interested suppliers requested to provide a written quotation, Flair Impact were identified as the organisation that met our required specification.

South West London ICB have allocated health inequalities funding to commission Flair Impact to lead on intelligence and diagnostics by performing data analytics on racial awareness, inclusion, behaviours and diversity in the workplace. [Flair Impact \(www.flairimpact.com\)](http://www.flairimpact.com) are technology experts who leverage the power of data to beat racial bias in business, and will work with South West London health and care partners in the system over a three-year period. They help organisations to benchmark performance and lay the right foundations to measure and progress racial equity.

Flair's offer complements and goes beyond existing ethnicity reporting approaches such as the NHS Workforce Race Equality Standards (WRES). This is a transformational integrated approach, unlike previous metrics that are transactional, these measure will support us to be proactive in tackling racism in health and social care.

Delivery and community engagement

Following an Expression of Interest process that was widely advertised to South West London VCSE organisations, Kingston Race and Equalities Council were identified as the organisation that met our required specification and were successful in a bid to deliver a community engagement framework across South West London.

Kingston Race and Equalities Council (KREC) have 40 years' experience tackling discrimination, Hate Crimes and promoting Race Equality to Black, Asian minority ethnic communities in South London. KREC will work with South West London health and care partners in the system to support delivery of the framework.

Health Inequalities funding (2022/23) for the first phase of this project has been committed for Flair Impact and Kingston Race and Equalities Council to deliver the work.

4. Wider work in the ICB that informs the strategic commitments

Examples of wider work within the ICB that help inform the five strategic commitments are as follows:

- **Public Sector Equality Duty (PSED):** The PSED is designed to support ICBs and other public bodies to think about equality across work and identify major challenges before taking action to tackle them. The PSED consists of a general

duty and specific duties. The general duty requires ICBs to actively think about how they can prevent discrimination, advance equality and foster good relations.

South West London publish the most recent equality information (including Workforce Race Equality Standards – see below) and equality objectives which has a focus on: Culture and leadership, Development, Education, Recruitment and Tackling Health inequalities – sighting improvement of racial diversity of the workforce⁵.

- **NHS Workforce Race Equality Standard (WRES):** The NHS Workforce Race Equality Standard (WRES) is used across the NHS to narrow the gap between the treatment of ethnic minority and white staff through collection, analysis and acting on specific workforce data, with the aim of improving diversity of leadership and the experience of staff from minority ethnic backgrounds.

There are nine indicators, all of which draw a direct comparison between White and minority ethnic staff experience. Four focus on workforce data, four are based on data from the national NHS Staff Survey questions, and one indicator considers whether the governing body membership is broadly representative of the overall workforce. South West London have analysed the NHS WRES data at system level:

- Black and ethnic minority staff make up 51% of the workforce compared with 49.9% in London.
- Black and ethnic minority staff are 1.7 times more likely to be subject to disciplinary action than White staff, a slight decrease from 1.87 previously.

There are workforce initiatives in train such as Just culture work, trained mediators, the positive action leadership development programme. These assets will also feed into the development of the anti-racism framework.

- **Equality Delivery System (EDS):** EDS is an improvement tool for patients, staff and leaders of the NHS. It supports NHS organisations in England - in active conversations with patients, public, staff, staff networks, community groups and trade unions - to review and develop their approach in addressing health inequalities through three domains driven by data, evidence, engagement and insight:

- Commissioned or provided services
- Workforce health and wellbeing
- Inclusive leadership

Race as one of the protected characteristics is considered as part of the evidence, scoring and improvement plans across these three domains. South West London published their EDS 2022 report in February 2023⁶.

- **Core20PLUS Connectors:** The Connectors programme is part of the support

⁵ <https://www.southwestlondon.icb.nhs.uk/content/uploads/2023/03/NHS-South-West-London-Public-Sector-Equality-Duty-report-2022-23.pdf>

⁶ <https://www.southwestlondon.icb.nhs.uk/content/uploads/2023/02/NHS-South-West-London-Equality-Delivery-System-Report-2022-final.pdf>

framework for progressing the goals of Core20PLUS5, a national NHS England and NHS Improvement approach to support the reduction of health inequalities at both a national and system level. The programme builds on many other community-based initiatives and experience from other volunteer roles which support health improvement and reducing inequalities. South West London is part of the Wave 1 cohort with over 30 connectors across the system, supporting the Core20 population, including Black, Asian and minority ethnic communities, and other PLUS groups through health and wellbeing activities and events. Further details can be found in the PSED report (22/23)⁵.

- **South West London Health Inequalities Fund (22/23):** Funding was allocated to projects and programmes for local and system delivery in tackling health inequalities using a needs and evidence-based approach. Some projects and programmes that are underway specifically focus on supporting Black, Asian and minority ethnic communities. Further details can be found in the ICP Paper (January 2023)⁷.

We hope to capture other examples of work from system partners that align with the five strategic commitments through a mapping exercise with the South West London anti-racism strategy and implementation group.

Our current performance against the Mayors five strategic commitments are detailed in the Appendix.

5. Ask of the Board

We ask that the Board:

- Note the commitment of the ICB CEOs and Chairs in London
- Support the development of the anti-racism framework for the SWL system
- Adopt the five strategic commitments

⁷ <https://www.southwestlondonics.org.uk/content/uploads/2023/01/South-West-London-Integrated-Care-Partnership-meeting-papers-Thursday-12-January-2023.pdf> (pages 60-74)

Appendix

Ask of London Health and Care System leaders	South West London action(s)
<p>Leadership commitment: to being anti-racist health and care systems and organisations, with Board representation, strategy development and anti-racist approach to all policies.</p>	<p>Pending:</p> <ul style="list-style-type: none"> • A request for South West London ICB Board and ICP Board to pledge to the five strategic commitments • South West London ICS identify key sponsors in the system to help drive this agenda • Existing workforce initiatives that will help inform the framework: <ul style="list-style-type: none"> ○ Launch of the Inclusive Board development programme for ICB Board members <p>Ongoing:</p> <ul style="list-style-type: none"> • South West London ICB are rated 'Developing' in the EDS report for Inclusive Leadership • A South West London ICS governance for the anti-racism framework • South West London ICS health inequalities priorities include developing an anti-racism framework for the system. • Existing workforce initiatives that will help inform the framework: <ul style="list-style-type: none"> ○ The NHS South West London Positive Action Development Programme is being developed to generate innovative and inclusive system leaders for the future, leaders who will help to create a more inclusive senior leadership. This programme is open to all staff currently working at Band 8C (or equivalent) with a focus on ensuring at least 60% - 70% of spaces reserved for Black, Asian and Ethnic Minority participants.
<p>Commitment to our ethnic minority workforce: to support our ethnic minority staff and create enabling workplaces.</p>	<p>Pending:</p> <ul style="list-style-type: none"> • We will be working with flair impact to understand racial basis across the system with system partners who want to be a part of phase one. • Existing workforce initiatives that will help inform the framework: <ul style="list-style-type: none"> ○ Analysis of the NHS 22/23 Workforce Race Equality Standard for South West London ICB/ICS ○ Supporting the NHS Medical Workforce Race Equality Standard with a pilot project at Kingston Hospital ○ Pilot of the ASK Aunty project ○ Just culture work which has a focus on the staff survey indicators and the WRES to close the gap between the number of Black and Ethnic Minority Staff going through the disciplinary process and white staff with the aim to be

	<p>below the national average and to have an increased level of satisfaction for our staff.</p> <p>Ongoing:</p> <ul style="list-style-type: none"> • PSED report – commitment to equality information and objectives • South West London ICB are rated ‘Developing’ in the EDS report for Workplace health and wellbeing • South West London ICS governance including an anti-racism strategy and implementation group and the Health Inequalities and EDI Board • One of the key ambitions for tackling health inequalities in South West London (see Phase 1 Joint Forward Plan) • Existing workforce initiatives that will help inform the framework: <ul style="list-style-type: none"> ◦ Working with the Sutton training hub to deliver the NHS Primary Care WRES
<p>Commitment to target health equity: to prioritise and deliver evidence informed, culturally competent interventions to narrow the gap, by reducing inequities people from ethnic minorities face in access, uptake, experiences and outcomes of our health and care services.</p>	<p>Ongoing:</p> <ul style="list-style-type: none"> • South West London commitment to the Core20PLUS5 approach – including the PLUS group Black, Asian and minority ethnic communities • South West London ICS governance including a Health Inequalities and EDI Board • Health Inequalities funded projects and programmes at system and local level including supporting Black, Asian and minority ethnic communities • South West London Core20PLUS Connectors supporting Core20 populations, including Black, Asian and minority ethnic communities
<p>Commitment to becoming an anchor institution: to leverage our positions as anchor institutions to tackle the wider determinants of inequality.</p>	<p>Ongoing:</p> <ul style="list-style-type: none"> • One of the key ambitions for tackling health inequalities in South West London (see Phase 1 Joint Forward Plan)
<p>Commitment to our local communities: to work with our communities to amplify their voices, in the decision, design and delivery of services, to rebuild trust and confidence.</p>	<p>Pending:</p> <ul style="list-style-type: none"> • Work with Kingston Race and Equality Council, and system partners to engage with communities and grassroots organisations on the framework. <p>Ongoing:</p> <ul style="list-style-type: none"> • South West London Core20PLUS Connectors supporting Core20 populations, including Black, Asian and minority ethnic communities • Joint Forward Plan – Insights from people and communities from

	<p>recent health and care engagement with people and communities conducted in the six boroughs that are covered by the South West London</p> <ul style="list-style-type: none">• One of the key ambitions for tackling health inequalities in South West London (see Phase 1 Joint Forward Plan)
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NHS South West London Integrated Care Board

Name of Meeting	ICB Board		
Date	Wednesday, 17 May 2023		
Title	Updated Audit and Risk Committee Terms of Reference		
Non-Executive Member Chair	Martin Spencer		
Lead Director Lead (Name and Role)	Helen Jameson, Chief Finance Officer, SWL ICB.		
Author(s) (Name and Role)	Jitendra Patel, ICB / ICP Secretary		
Agenda Item No.	11	Attachment No.	10
Purpose	Approve <input checked="" type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input type="checkbox"/>

Purpose

To seek approval by the Board of the updated Audit and Risk Committee Terms of Reference.

Executive Summary

The Terms of Reference (ToR) for the Audit and Risk Committee were updated to incorporate feedback from members and attendees of the Committee.

Any proposed amendments to the ToR are required to be submitted to the Board for approval.

Key Issues for the Board to be aware of:

The Committee agreed the updated ToR at its meeting on 4 April 2023, and to recommend its subsequent approval by the Board. The amendments were:

- Moving the frequency of meetings to four meetings (rather than five) per year to optimise the annual business cycle; and
- Changes to paragraph 5.9 to reflect that if the Chair is absent or is disqualified from participating by a conflict of interest, a Chair shall be nominated by other members attending that meeting and any potential conflicts regarding independence by way of being a Chair of other Committees shall be noted.

Recommendation

The Board is asked to:

- **Approve** the updated Terms of Reference for the Audit and Risk Committee.

Conflicts of Interest

N/A

Corporate Objectives

This document will impact on the following Board Objectives

Overall delivery of the ICB's objectives

Risks

This document links to the following Board risks:

N/A

Mitigations

Actions taken to reduce any risks identified:

N/A

Financial/Resource Implications

N/A

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

N/A

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

N/A

Patient and Public Engagement and Communication

N/A

Previous Committees/Groups

Enter any Committees/Groups at which this document has been previously considered

Committee/Group Name

Date Discussed

Outcome

Click or tap to enter a date.

Click or tap to enter a date.

Click or tap to enter a date.

Supporting Documents

Updated Terms of Reference for the Audit and Risk Committee



NHS South West London
Integrated Care Board

Appendix One

NHS South West London Integrated Care Board

Audit and Risk Committee

Terms of Reference

Document Management

Revision history

Version	Date	Summary of changes
1.0	07.06.22	ToR presented to GoG
1.1	04.04.23	Updated to reflect changes agreed at Audit and Risk Committee meeting in February, specifically reverting to four meetings per year. In addition, clarification around Chair arrangements, in the absence (due to a conflict or otherwise) of the substantive Chair, are included.

Reviewers

This document must be reviewed by the following:

Reviewer	Title / responsibility	Date	Version
Audit and Risk Committee	Oversee the development and implementation of the ToR.	04.04.23	1.1

Approved by

This document must be approved by the following people:

Name	Title	Date	Version
ICB Board	ICB Board	17.05.23	2.0
ICB Board	ICB Board	01.07.22	1.0
Sarah Blow	ICS CEO Designate	07.06.22	1.0
Millie Banerjee	ICS Chair Designate	07.06.22	1.0

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1. Constitution

- 1.1 The Audit and Risk Committee (the Committee) is established by the Integrated Care Board (the Board or ICB) as a Committee of the Board in accordance with its Constitution, Standing Financial Instructions (SFIs), Standing Orders and Scheme of Reservation and Delegation (SoRD).
- 1.2 These Terms of Reference (ToR) set out the membership, remit, responsibilities, and reporting arrangements of the Committee and may only be changed with the approval of the Board. They will be published as part of the Governance Handbook on the ICB's website.
- 1.3 The Committee is a non-executive committee of the Board and its members, including those who are not members of the Board, are bound by the Standing Orders and other policies of the ICB.

2. Authority

- 2.1 The Committee is authorised by the Board to:
 - Investigate any activity within its ToR;
 - Seek any information it requires within its remit, from any employee or member of the ICB (who are directed to co-operate with any request made by the Committee) within its remit as outlined in these ToR;
 - Commission any reports it deems necessary to help fulfil its obligations;
 - Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so, the Committee must follow any procedures put in place by the ICB for obtaining legal or professional advice;
 - Create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee's members. The Committee shall determine the membership and ToR of any such task and finish sub-groups in accordance with the ICB's Constitution, Standing Orders and SoRD but may not delegate any decisions to such groups.
- 2.2 For the avoidance of doubt, the Committee will comply with, the ICB Standing Orders, SFIs and the SoRD,.
- 2.3 The Committee has no executive powers, other than those delegated in the SoRD and specified in these ToR

3. Purpose

- 3.1 To contribute to the overall delivery of the ICB objectives by providing oversight and assurance to the Board on the adequacy of governance, risk management and internal control processes within the ICB.

- 3.2 The duties of the Committee will be driven by the organisation's objectives and the associated risks. An annual programme of business will be agreed before the start of the financial year; however this will be flexible to new and emerging priorities and risks.

4. Responsibilities of the Committee

- 4.1 The Committee's duties are as follows:

Integrated governance, risk management and internal control

- 4.2 To review the adequacy and effectiveness of the system of integrated governance, risk management and internal control across the whole of the ICB's activities that support the achievement of its objectives, and to highlight any areas of weakness to the Board.
- 4.3 To ensure that financial systems and governance are established which facilitate compliance with DHSC's Group Accounting Manual.
- 4.4 To review the adequacy and effectiveness of the assurance processes that indicate the degree of achievement of the ICB's objectives, the effectiveness of the management of principal risks.
- 4.5 To have oversight of system risks where they relate to the achievement of the ICB's objectives.
- 4.6 To ensure consistency that the ICB acts consistently with the principles and guidance established in HMT's Managing Public Money.
- 4.7 To seek reports and assurance from directors and managers as appropriate, concentrating on the systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.
- 4.8 To identify opportunities to improve governance, risk management and internal control processes across the ICB.
- 4.9 To have oversight of urgent decisions exercised by the Board.

Internal Audit

- 4.10 To ensure that there is an effective internal audit function that meets the Public Sector Internal Audit Standards and provides appropriate independent assurance to the Board. This will be achieved by:
- Considering the provision of the internal audit service and the costs involved;
 - Reviewing and approving the annual internal audit plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the assurance framework;
 - Considering the major findings of internal audit work, including the Head of Internal Audit Opinion, (and management's response), and ensure coordination between the internal and external auditors to optimise the use of audit resources;
 - Approve the appointment of the ICB's internal auditor service;
 - Ensuring that the internal audit function is adequately resourced and has appropriate standing within the organisation; and

- Monitoring the effectiveness of internal audit and carrying out an annual review.

External Audit

- 4.11 To review and monitor the external auditor's independence and objectivity and the effectiveness of the audit process. In particular, the Committee will review the work and findings of the external auditors and consider the implications and management's responses to their work. This will be achieved by:
- Considering the appointment and performance of the external auditors, as far as the rules governing the appointment permit;
 - Discussing and agreeing with the external auditors, before the audit commences, the nature and scope of the audit as set out in the annual plan;
 - Discussing with the external auditors their evaluation of audit risks and assessment of the organisation and the impact on the audit fee; and
 - Reviewing all external audit reports, including to those charged with governance (before its submission to the Board) and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.

Other assurance functions

- 4.12 To review the findings of assurance functions in the ICB, and to consider the implications for the governance of the ICB.
- 4.13 To review the work of other committees in the ICB, whose work can provide relevant assurance to the Audit and Risk Committee's own areas of responsibility.
- 4.14 To review the assurance processes in place in relation to financial performance across the ICB including the completeness and accuracy of information provided.
- 4.15 To review the findings of external bodies and consider the implications for governance of the ICB. These will include, but will not be limited to:
- Reviews and reports issued by arm's length bodies or regulators and inspectors: e.g. National Audit Office, Select Committees, NHS Resolution, CQC; and
 - Reviews and reports issued by professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges and accreditation bodies).

Counter fraud

- 4.16 To assure itself that the ICB has adequate arrangements in place for counter fraud, bribery and corruption (including cyber security) that meet NHS Counter Fraud Authority's (NHSCFA) standards and shall review the outcomes of work in these areas.
- 4.17 To review, approve and monitor counter fraud work plans, receiving regular updates on counter fraud activity, monitor the implementation of action plans, provide direct

access and liaison with those responsible for counter fraud, review annual reports on counter fraud, and discuss NHSCFA quality assessment reports.

- 4.18 To ensure that the counter fraud service provides appropriate progress reports and that these are scrutinised and challenged where appropriate.
- 4.19 To be responsible for ensuring that the counter fraud service submits an Annual Report and Self-Review Assessment, outlining key work undertaken during each financial year to meet the NHS Standards for Commissioners; Fraud, Bribery and Corruption.
- 4.20 To report concerns of suspected fraud, bribery and corruption to the NHSCFA.

Freedom to Speak Up

- 4.21 To review the adequacy and security of the ICB's arrangements for its employees, contractors and external parties to raise concerns, in confidence, in relation to financial, clinical management, or other matters. The Committee shall ensure that these arrangements allow proportionate and independent investigation of such matters and appropriate follow up action.

Information Governance (IG)

- 4.22 To receive regular updates on IG compliance (including uptake & completion of data security training), data breaches and any related issues and risks.
- 4.23 To review the annual Senior Information Risk Owner (SIRO) report, the submission for the Data Security & Protection Toolkit and relevant reports and action plans.
- 4.24 To receive reports on audits to assess information and IT security arrangements, including the annual Data Security & Protection Toolkit audit.
- 4.25 To provide assurance to the Board that there is an effective framework in place for the management of risks associated with information governance.

Financial reporting

- 4.26 To monitor the integrity of the financial statements of the ICB and any formal announcements relating to its financial performance.
- 4.27 To ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to the completeness and accuracy of the information provided.
- 4.28 To review the annual report and financial statements (including accounting policies) before submission to the Board focusing particularly on:
 - The wording in the Governance Statement and other disclosures relevant to the Terms of Reference of the Committee;
 - Changes in accounting policies, practices and estimation techniques;
 - Unadjusted mis-statements in the Financial Statements;
 - Significant judgements and estimates made in preparing of the Financial Statements;
 - Significant adjustments resulting from the audit;
 - Letter of representation; and
 - Qualitative aspects of financial reporting.

Conflicts of Interest

- 4.29 The Chair of the Committee will be the nominated Conflicts of Interest Guardian.
- 4.30 The Committee shall satisfy itself that the ICB's policy, systems and processes for the management of conflicts, (including gifts and hospitality and bribery) are effective including receiving reports relating to non-compliance with the ICB policy and procedures relating to conflicts of interest.

Management

- 4.31 To request and review reports and assurances from directors and managers on the overall arrangements for governance, risk management and internal control.
- 4.32 The Committee may also request specific reports from individual functions within the ICB as they may be appropriate to the overall arrangements.
- 4.33 To receive reports of breaches of policy and normal procedure or proceedings, including such as suspensions of the ICB's standing orders, in order provide assurance in relation to the appropriateness of decisions and to derive future learning.

Communication

- 4.34 To co-ordinate and manage communications on governance, risk management and internal control with stakeholders internally and externally
- 4.35 To develop an approach with other committees, including the Integrated Care Partnership, to ensure the relationship between them is understood.

5. Membership and attendance

Membership

- 5.1 The Committee members shall be appointed by the Board in accordance with the ICB Constitution.
- 5.2 The Board will appoint no fewer than three members of the Committee comprising three Non-Executive Members of the Board. Other members of the Committee need not be members of the Board, but they may be.
- 5.3 Members are required to attend a minimum of 75% of meetings, other than absence due to sickness.
- 5.4 Members may nominate deputies to represent them in their absence and make decisions on their behalf, subject to the approval of the Chair.
- 5.5 Neither the Chair of the Board, nor employees of the ICB will be members of the Committee.
- 5.6 Members will possess between them knowledge, skills and experience in: accounting, risk management, internal, external audit; and technical or specialist issues pertinent to the ICB's business. When determining the membership of the Committee, active consideration will be made to diversity and equality.

Chair and vice chair

- 5.7 The Committee will be chaired by a Non-Executive Member of the Board appointed on account of their specific knowledge skills and experience making them suitable to chair the Committee.

- 5.8 The Chair of the Committee shall be independent and therefore may not chair any other committees. In so far as it is possible, they will not be a member of any other committee.
- 5.9 If the Chair is absent or is disqualified from participating by a conflict of interest, a Chair shall be nominated by other members attending that meeting and any potential conflicts regarding independence by way of being a Chair of other Committees shall be noted.
- 5.10 The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR.

Attendees

- 5.11 The Committee shall have the following non-voting attendees (as and when required):
- Chief Finance Officer or their nominated deputy;
 - Senior Governance Advisor;
 - Representatives of both internal and external audit;
 - Individuals who lead on risk management and counter fraud matters;
 - Other directors and/or managers as appropriate.
- 5.12 Attendees may present at meetings and contribute to the relevant discussions but are not allowed to participate in any formal vote.
- 5.13 Attendees may nominate deputies to represent them in their absence, with agreement of the Chair.
- 5.14 Other individuals may be invited to attend all or part of any meeting as and when appropriate to assist it with its discussions on any particular matter including representatives from the Health and Wellbeing Board(s), Secondary and Community Providers.
- 5.15 The Committee may invite or allow people to attend meetings as observers. Observers may not present at meetings, contribute to any discussion or participate in any formal vote.
- 5.16 The Chief Executive should be invited to attend the meeting at least annually.
- 5.17 The Chair of the ICB may also be invited to attend one meeting each year in order to gain an understanding of the Committee's operations.
- 5.18 The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

Access

- 5.19 Regardless of attendance, External Audit, Internal Audit, Local Counter Fraud and Security Management providers will have full and unrestricted rights of access to the Committee.

6. Meeting Frequency, Quoracy and Decisions

- 6.1 The Committee will meet a minimum four times a year and arrangements and notice for calling meetings are set out in the Standing Orders.. Additional meetings may take place as required.

- 6.2 The Board, Chair or Chief Executive may ask the Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.
- 6.3 The Committees may choose to meet physically, at its discretion. However, by default, the Committees will be held virtually. Meetings, unless previously agreed by the Chair, will be held virtually via MS Teams or suitable alternative platform.

Quorum

- 6.4 For a meeting to be quorate a minimum of two Non-Executive Members of the Board are required, including the Chair or Vice Chair of the Committee.
- 6.5 If any member of the Committee has been disqualified from participating in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.
- 6.6 If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

Decision making and voting

- 6.7 Decisions will be taken in accordance with the Standing Orders. The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.
- 6.8 Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter.
- 6.9 Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote.
- 6.10 If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication.

7. Accountability and reporting

- 7.1 The Committee is accountable to the Board and shall report to the Board on how it discharges its responsibilities.
- 7.2 The Committee shall make any such recommendations to the Board it deems appropriate on any area within its remit where action or improvement is needed.
- 7.3 The minutes of the meetings shall be formally recorded by the secretary and submitted to the Board (in the private session) in accordance with the Standing Orders.
- 7.4 The Chair will provide assurance reports to the Board at each meeting and shall draw to the attention of the Board any issues that require disclosure to the Board or require action.
- 7.5 The Committee will provide the Board with an Annual Report, timed to support finalisation of the accounts and the Governance Statement. The report will summarise its conclusions from the work it has done during the year specifically commenting on:
- The fitness for purpose of the assurance framework;
 - The completeness and 'embeddedness' of risk management in the organisation;

- The integration of governance arrangements;
- The appropriateness of the evidence that shows the organisation is fulfilling its regulatory requirements; and
- The robustness of the processes behind the quality accounts.

8. Conflicts of Interest

- 8.1 Conflicts of Interest shall be dealt with in accordance with the ICB Conflicts of Interest Policy.
- 8.2 The Committee will have a Register of Declared Interests that will be presented as a standing item on the agenda.
- 8.3 All members and attendees of the Committee must declare any relevant personal, non-personal, pecuniary or potential interests at the commencement of any meeting. The Committee Chair will determine if there is a conflict of interest such that the member and/or attendee will be required not to participate in a discussion.

9. Behaviours and Conduct

ICB values

- 9.1 Members will be expected to conduct business in line with the ICB values and objectives.
- 9.2 Members of, and those attending, the Committee shall behave in accordance with the ICB's Constitution, Standing Orders, and Standards of Business Conduct Policy.

Equality and diversity

- 9.3 Members must demonstrably consider the equality and diversity implications of decisions they make.

10. Secretariat and Administration

- 10.1 The Committee shall be supported with a secretariat function which will include ensuring that:
- The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive lead;
 - Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements;
 - Records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary;
 - Good quality minutes are taken in accordance with the Standing Orders and agreed with the Chair and that a record of matters arising, action points and issues to be carried forward between meetings, and progress against those actions is monitored;
 - The Chair is supported to prepare and deliver reports to the Board; and

- The Committee is updated on pertinent issues / areas of interest / policy developments;

11. Review

- 11.1 The Committee will review its effectiveness at least annually and recommend any changes it considers necessary to the Board.
- 11.2 These ToR will be reviewed at least annually and more frequently if required. Any proposed amendments to the ToR will be submitted to the Board for approval.

Date of approval: 17 May 2023 (tbc)

Date of next review: 01 April 2024

NHS South West London Integrated Care Board

Name of Meeting	ICB Board		
Date	Wednesday, 17 May 2023		
Title	South West London Integrated Care Partnership Update		
Lead Director Lead (Name and Role)	Cllr Ruth Dombey, Chair, Integrated Care Partnership Board		
Author(s) (Name and Role)	Rachel Flagg, Director Integrated Care Partnership Development Chloe Hardcastle, Deputy Director, Strategy & Transformation		
Agenda Item No.	12	Attachment No.	11
Purpose	Approve <input type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input checked="" type="checkbox"/>

Purpose

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

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 were considered at the ICP's meeting on 19 April 2023.

Key Issues for the Board to be aware of:

The ICP Board met on 19 April 2023 and considered the following items of business at its meeting:

Responses to Shaping our Integrated Care Partnership Strategy Discussion Document

The ICP board welcomed the detailed summary of the broad range of responses received as part of engagement on the Discussion Document and the way that the feedback from across the system had been reflected. The Board gave additional comments to be incorporated into the final strategy and agreed the ICP's five-year strategic priorities as amended. These are:

- **Tackling and reducing health inequalities** we will continue to work across organisations, places, neighbourhoods to tackle health inequalities in everything we do.
- **Preventing ill-health, promoting 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 community. A focus on both primary and secondary prevention, which will include supporting people to manage long-term conditions, for example, diabetes, chronic obstructive pulmonary disorder (COPD),

musculoskeletal conditions (MSK), cardiovascular disease (CVD) and ischaemic heart disease.

- **Supporting the health and care needs of children and young people** including looked after children, children with special educational needs (SEND), reducing obesity, dental decay, alcohol misuse and 'risky behaviour', mental health, childhood immunisations and wellbeing particularly the transition to adult mental health service.
- **Positive focus on mental well-being** including dementia, addressing the anticipated increase in need, easy and appropriate access for people when they are in a mental health crisis, services as close to home as possible and supporting people to return safely home from hospital. Making sure our children and young people have the best possible experience and outcomes when receiving care and treatment, including timely access with good coordination between children and adult services.
- **Community based support for older and frail people** including addressing loneliness and social isolation, bereavement and improving their experience, health and wellbeing and preventing hospital admission and when in hospital to support them to get home quickly.

In addition, the following cross-cutting areas of focus have been agreed as underpinning the delivery of our future priorities:

- **Equality, diversity, and inclusion** including tackling racism and discrimination.
- **Championing the green agenda** for example sustainability, air quality, our estate and responding to climate change and related health issues.
- **Elevating patient, carers, and community voices** including co-production of improvement and design of services and emphasising their role in decision making.

Tackling our system wide **workforce** challenges has been agreed as the ICP's focus for the first year.

Four emerging work programmes have been identified:

- **Making South West London a great place to work** to improve the retention of our existing people and attract new staff into South West London, supporting staff health and wellbeing.
- **Targeted action around difficult to recruit to roles** – roles for targeted action to be agreed across our health and care partnership.
- **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, roles to reflect the communities we serve and help tackle poverty.

Developing the ICP Integrated Care Strategy

The Board agreed the approach to the next steps for developing the final Integrated Care Partnership Strategy. There will be a conference on 24 May at AFC Wimbledon, shaped around a series of accelerator workshops, on each of the ICP strategic priorities, to determine key action areas and delivery plans. Each workstream will be led by joint NHS and Local Authority sponsors who will go on to lead the development of each section of the final strategy.

The final ICP Strategy will be received by the ICP Board on 20 July, prior to publication.

Developing the Joint Forward Plan

Karen Broughton gave an update on the development of the NHS Joint Forward plan, including how place and Health and Wellbeing Board priorities will be reflected. The Board noted the update.

2023/24 Innovation Fund Process

The Board discussed the proposed process for the Innovation Fund which will be set up to support the delivery of the ICP Strategy. Members of the Board reflected on the learning from 2022/23 process, in particular the challenges of mobilising short-term projects within the required timescales. In response, there was a proposal to explore the creation of an 18-month Innovation Fund programme that would start in October 2023 and run until March 2025. This proposal was supported by the Board and is being further developed. The Board noted that the funding for the 2023/24 Innovation Fund had yet to be agreed by the Integrated Care Board as its financial plan had not yet been finalised and therefore the creation of the innovation fund was agreed in principle at this time.

Recommendation

The Board is asked to:

- Note the contents of this report.

Conflicts of Interest

There are no identified conflicts of interest

Corporate Objectives

This document will impact on the following Board Objectives

The update report identified the activities of the SWL ICP in line with the core objectives of the Board

Risks

This document links to the following Board risks:

None identified

Mitigations

Actions taken to reduce any risks identified:

None identified

Financial/Resource Implications

None identified at this stage

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

An EIA will be developed for each priority as we develop the strategy

What are the implications of the EIA and what, if any are the mitigations	n/a
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Patient and Public Engagement and Communication	No specific implications are identified
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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
	ICB	18/01/2023	ICP update noted
	ICP	19/04/2023	Revised priorities following engagement approved
		Click or tap to enter a date.	

Supporting Documents	ICP Board Papers, 19 April 2023 South-West-London-Integrated-Care-Partnership-board-papers-April-2023.pdf (southwestlondonics.org.uk)
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NHS South West London Integrated Care Board

Name of Meeting	ICB Board		
Date	Wednesday, 17 May 2023		
Title	Finance & Planning Committee Update and the South West London ICS NHS month 12 Finance Report; Unaudited 2022/23 Financial Position.		
Non-Executive Member Chair	Dick Sorabji		
Lead Director Lead (Name and Role)	Helen Jameson, Chief Finance Officer		
Author(s) (Name and Role)	Neil McDowell/Joanna Watson – Deputy Chief Finance Officer		
Agenda Item No.	13	Attachment No.	12
Purpose	Approve <input type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input checked="" type="checkbox"/>

Purpose

The purpose of this report is to provide the Board with an overview from the Non-Executive Member Chair of the Committee regarding the key issues discussed in the Finance and Planning Committee since the last Board meeting.

The paper also provides the Board with oversight and assurance from the relevant Executive Director. It provides and update the ICB on the ICB internal unaudited financial position for 2022/23; and an update the ICB on the SWL system unaudited financial position for 2022/23.

Finance and Planning Committee Chair's Report

- The Committee met on 28 March 2023 and 25 April 2023, both meetings were quorate. Following consideration and discussion of key items at the meetings, the updates below are highlighted.
- On 28 March 2023, the Committee discussed the following areas:

Finance and Planning updates

- Noted the Month 11 system finance report with the related financial challenges going into 2023/24.
- The workforce challenges, with spending more than planned on agency costs, and the likelihood of a significant proportion of efficiency programme delivered non-recurrently.
- The capital forecast on track position.
- Noted the Month 11 ICB finance report.
- Received an update on the position of the 2023/24 SWL plans which meet the requirements of national priorities, prior to submission to NHS England (NHSE) on 30 March 2023, particularly with regard to the identified key risks and any areas of non-compliance against national targets.

- Noted the work across the system to build a recovery plan which drives the change needed to deliver financial sustainability and meet the healthcare needs of the SWL population in 2023/24 and beyond.
- Received assurance on the controls put in place to ensure actions being taken which continue to strengthen financial controls.

Capital Plans

- Noted the requirement for ICBs to publish their system capital plan.
- Approved the publication of the 2022/23 Capital Plan, in accordance with the delegated authority granted to the committee at the March 2023 ICB Board meeting.
- Agreed to recommend approval of the draft 2023/24 Capital Plan to the Board, prior to publication on the ICB website.

Tolworth Hospital Business Case by South West London & St George's

- Provided with an overview of the updates to the Tolworth business case, in response to DHSC requirements (case previously agreed at the CCG Board), as part of South West London and St George's Mental Health NHS Trust's Estates Modernisation Programme.
- Provided with assurance on the due diligence carried out to date for the business case to be submitted to the Joint Investment Committee in June.
- Supported the business case and delegated authority to the Chief Finance Officer and Accountable Officer to formally notify both the Trust and the Department of Health and Social Care of that support.

Contract Awards

- Reviewed contract awards in line with the ICB governance arrangements and responsibilities of the committee.
- Agreed with a process for the relevant Clinical Networks to be involved in the review of clinical service contracts, along with the requirement to identify appropriate efficiencies.

3. On 25 April 2023, the Committee discussed the following areas:

Green Plan

- Received an update on key achievements during 2022/23 as a result of sustainability activities across our SWL providers.
- Provided feedback and supported the 2023-25 SWL Green Plan (which will form part of the Joint Forward Plan as well as support a cross-cutting priority relating to sustainability within the ICP strategy) to support the sustainability ambitions across SWL partner organisations.
- Agreed to recommend approval of the 2023-25 SWL Green Plan to the Board.

Finance and Planning updates

- Noted the ongoing work across the system to improve the financial revenue deficit position.
- Noted that the 2023/24 plan needs to be approved by the Board prior to final submission to NHSE on 4 May 2023.
- Discussed the Operating Plan, noted the significant financial challenge and its implications for the importance of delivering transformation in services over two years. Agreed to recommend and support the 2023/24 operating plan for sign off by the Board.

- Received a report on collaborative work on transforming services across the system and noted the progress on the development of the recovery plan required during 2023/24, with further work required to agree solutions to close the efficiencies gap in line with a transformational approach to deliver significant change.
- Noted the approach to setting the budgets for the ICB and significantly discussed, reviewed associated risks, and recommended the 2023/24 budget to the Board, for approval.

ICT Procurement Process

- Noted the learning from the review of the procurement process as part of the transition to the ICB.

Contract Awards

- Reviewed contract awards in line with the ICB governance arrangements and responsibilities of the committee.

Executive Director Summary

The report sets out the SWL ICS financial position as reported at year end 2022/23 pre-audit.

In line with the systems forecast the draft financial position for the system is a £57.2m deficit (subject to audit). The deficit is largely driven by under delivery of savings and the impact of inflation, which have been highlighted as risks throughout the year.

The report includes an update on the ICB financial position, which is a £0.2m surplus for 2022/23 (subject to audit), against a plan deficit of £3.0m.

The 2022/23 SWL capital departmental expenditure limit (CDEL) position is broadly in line with SWL CDEL system envelope at £138.2m. The ICB met the requirement to publish the 2022/23 capital plan by 30 March and provided a copy to the integrated care partnership, Health & Wellbeing Board and NHS England.

Key Issues for the Board to be aware of:

In line with the systems forecast the draft financial position for the system is a £57.2m deficit (subject to audit). Two SWL Trusts have reported a deficit for M12; Epsom and St Helier Hospitals (£35m deficit) and St George's Hospital (£30m deficit). All other SWL organisations reported a breakeven or surplus position.

Recommendation

The Board is asked to:

- Note the ICB internal 2022/23 unaudited financial position.
- Note the ICS revenue 2022/23 unaudited financial position.
- Note the ICS capital 2022/23 unaudited financial position.

Conflicts of Interest	
N/A	
Corporate Objectives This document will impact on the following Board Objectives	Achieving Financial Balance
Risks This document links to the following Board risks:	Significant risks to in-year breakeven have now crystallised in the revised system 2022/23 position.
Mitigations Actions taken to reduce any risks identified:	<ul style="list-style-type: none"> • Strengthening oversight by increasing efficiency reporting and tracking. • Increased and enhanced grip and control actions for the 2023/24 financial year. • Completion of a detailed financial recovery plan. • Finance and Planning Committee will scrutinise the ICB's financial performance. • NHS Trust and ICB Chief Executive scrutiny and leadership is focused on financial delivery.
Financial/Resource Implications	Within the report.
Is an Equality Impact Assessment (EIA) necessary and has it been completed?	N/A
What are the implications of the EIA and what, if any are the mitigations	N/A
Patient and Public Engagement and Communication	N/A

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

Supporting Documents	SWL ICS Finance Report Month 12
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SWL NHS Finance Report; Unaudited 2022/23 Financial Position

May 2023

Contents

- ICB 2022/23 unaudited financial position
- SWL NHS system 2022/23 unaudited financial position
- SWL NHS system 2022/23 capital position
- Summary



ICB 2022/23 unaudited financial position



ICB financial overview unaudited financial position



South West London

Key Messages:

1. The information in this report is based on unaudited accounts for 2022/23 . The ICB has reported a £230k underspend for 2022/23. This is an overall improvement of £3.2m from the original deficit plan of £3m.
2. Within the financial position there were overspends in Prescribing (£12.5m), CHC (£5m) and Non-contracted activity (NCA, £3m). These were offset by non recurrent benefits including under spends in Primary care IT (£2.2m), Primary care transformation schemes (£780k) and System development fund (SDF, £720k)
3. In line with NHSE guidance for 2022/23 elective recovery fund (ERF) was not clawed back for any underperformance.
4. The total efficiency programme for the year was £30.6m and this was delivered in full although £9.7m was on a non recurrent basis
5. The additionally notified pay offer has been reflected in line with NHSE guidance

Targets

1. The Mental Health Investment Standard has over achieved by £200k;
2. Running costs are within the target set which includes the additional pay offer funding (£32.6m full year, £25.2m 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 unaudited financial position



South West London

IFR	Sum of Budget £000s	Sum of Actual £000s	Sum of Variance £000s
OTHER PROGRAMME SERVICES	£25,436	£3,455	£21,980
CORPORATE	£25,071	£25,173	-£102
MENTAL HEALTH	£244,413	£244,804	-£391
COMMUNITY HEALTH SERVICES	£237,945	£240,406	-£2,461
CONTINUING CARE	£126,801	£131,893	-£5,092
ACUTE	£1,305,966	£1,311,283	-£5,317
PRIMARY CARE	£386,867	£395,254	-£8,387
Grand Total	£2,352,498	£2,352,268	£230

SWL Overview: (favourable/-adverse variance)

- The ICB is reporting £230k full year favourable position against £3m adverse plan, so an overall £3.2m improvement
- The ICB was holding funding within the programme service position to cover for overspends including inflationary increases that have materialised in other category areas. These included:
- Additional costs within community for a discharge to assess team to help with pressures in acute hospitals.
- £5m overspend in Continuing Healthcare is as previously reported increased volume of clients plus excess inflation
- GP Referrals for ophthalmic services into an Independent Sector Provider has increased costs in the acute area.
- Primary care has overspent entirely due to prescribing although some budget areas such as IT have underspent to mitigate this.

SWL NHS system 2022/23 unaudited financial position



SWL 2022/23 unaudited financial position



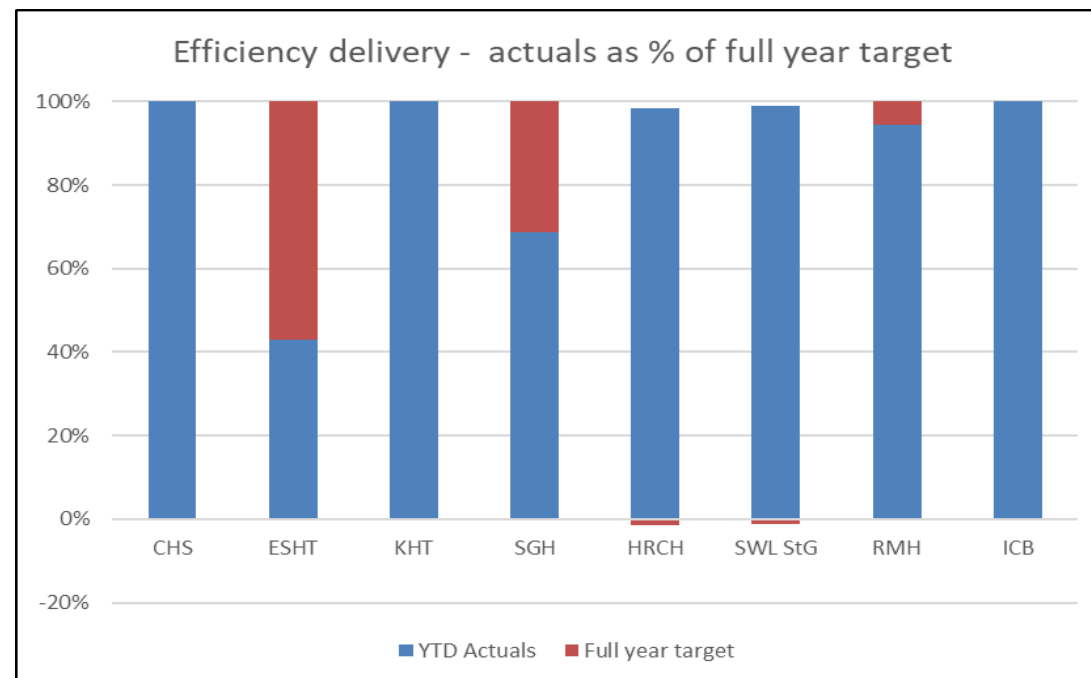
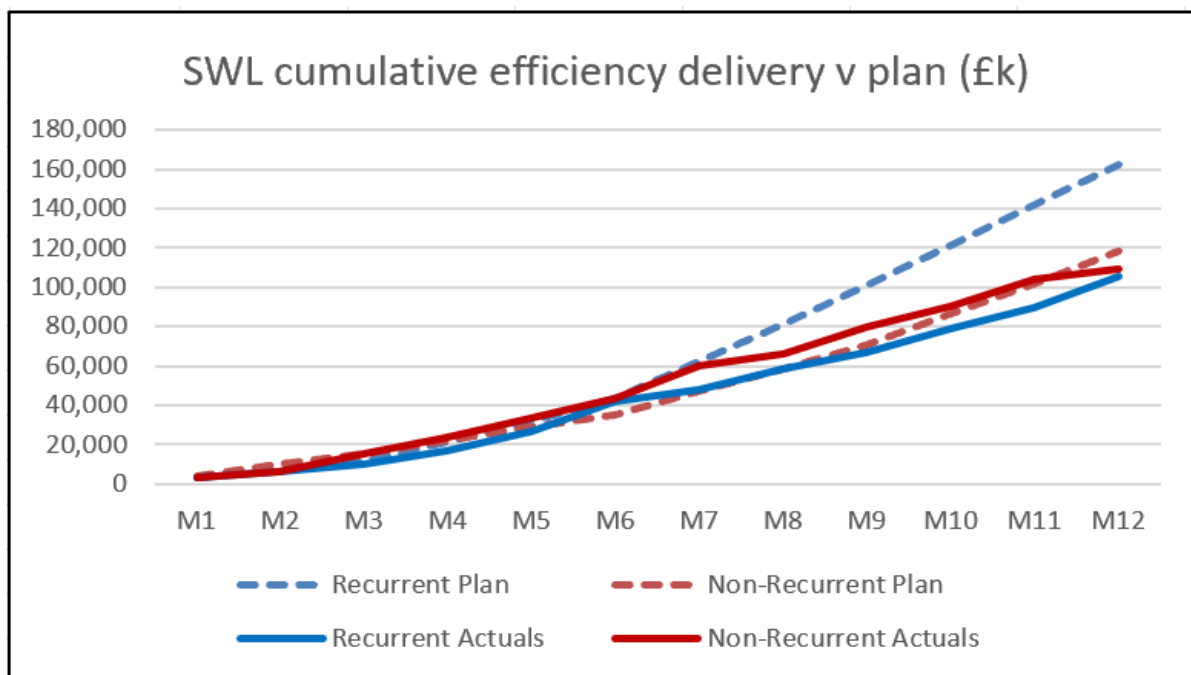
South West London

- The overall SWL ICS system position for 2022/23 is a deficit of £57.2m (subject to audit). This is in line with the NHSE expectation and the M11 Forecast outturn.
- Epsom and St Helier Hospitals and St George's Hospital have reported deficits of £35m and £30m respectively . All other SWL organisations reported a breakeven or surplus position.

MONTH 12	Surplus/(deficit) for the purposes of system achievement		
£m	Plan	Actual	Variance
Croydon Hospital	-0.0	0.0	0.0
Epsom and St.Helier Hospital	0.0	-35.0	-35.0
Kingston Hospital	0.0	0.0	0.0
St. Georges Hospital	0.0	-30.0	-30.0
Hounslow & Richmond Community Healthcare	0.0	0.3	0.3
South West London & St. Georges Mental Health	-0.0	0.0	0.0
The Royal Marsden Hospital	3.0	7.2	4.2
Trusts Total	3.0	-57.4	-60.4
South West London Integrated Care Board (ICB)	-3.0	0.2	3.2
South West London System	-0.0	-57.2	-57.2

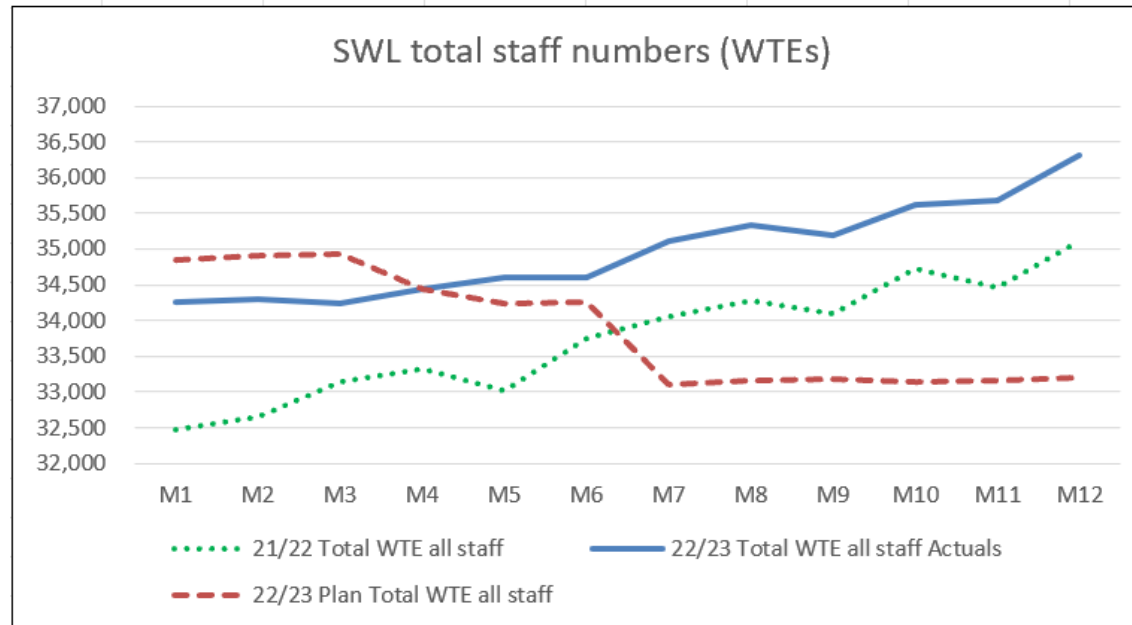
Efficiency - summary

- The total system planned efficiency for the year was £280.4m.
- Efficiency delivery risk has now crystallised in the system deficit of £57.2m
- £215.1m efficiency has been delivered in total against a plan of £280.4m (£65.4m adverse). Favourable performance at the HRCH (£0.1m) and SWLSG (£0.1m) offset by adverse performance at ESH (£34.5m), SGH (£30m) and RMH (£1.1m)
- Of which, £105.8m has been delivered recurrently against a plan of £162.3m (£56.5m adverse) and £109.3m has been delivered NR against a plan of £118.2m (£8.9m adverse).



Workforce

- The charts shows workforce WTE movements across the year and compares to plan and 2021/22. Over the course of 2022/23, SWL trust's WTEs (all staff, including bank and agency) have increased by a total of 2,050.
- Overall trust system pay costs are £138.5m higher than plan (6% of total pay bill) when the following exceptional centrally funded items are excluded
 - employer pension contributions (£81.1m),
 - non consolidated pay offer estimate (£59.3m)
 - the in year pay uplift (£41.2m)
- The system agency cap for the year was set at the planned level of agency spend. Actual agency spend has exceeded this target by £46.8m (72%).



SWL NHS system 2022/23 capital position



Capital position 2022/23

- The unaudited M12 SWL CDEL position is £138.2m against the original plan of £144.7m (over programmed by 5% (£6.4m) in line with NHSE guidance). The position is reflective of in-year SWL CDEL reallocations between trusts.
- Plan included assumptions about the status of national programme funding which changed in-year, and schemes were reprofiled with NHSE. New national funding was awarded for new schemes in the latter months of the year. National programmes are underspent by £18.9m overall vs plan as a result.
- A primary care capital allocation of £2.6m was ringfenced for SWL at the start of the year, but managed by the London region. £0.3m additional funding awarded in year has been offset by slippage of £0.8m due to the late funding processes.

Month 12	Year end			
	Plan	Actual	Variance	Variance
Provider capital	£m	£m	£m	%
Croydon Hospital	32.1	28.0	(4.1)	(12.8%)
Epsom and St.Helier Hospital	46.7	37.2	(9.6)	(20.4%)
Kingston Hospital	35.2	18.0	(17.2)	(49.0%)
St. Georges Hospital	45.3	46.9	1.6	3.5%
Hounslow & Richmond Community Healthcare	2.0	2.0	-	-
South West London & St. Georges Mental Health	24.0	27.2	3.2	13.2%
The Royal Marsden Hospital	24.1	24.9	0.7	3.1%
Trusts Net CDEL (SWL & National)	209.5	184.1	(25.4)	(12.1%)
IFRS16 technical adjustment	34.7	21.2	(13.5)	(38.9%)
Trusts CDEL after national technical adjustment	244.2	205.3	(38.9)	(15.9%)
Grants, donations and peppercorn leases	44.3	30.1	(14.2)	(32.1%)
Trusts Net capital expenditure	288.5	235.4	(53.1)	(18.4%)
SWL ICB	2.6	2.1	(0.5)	(20.1%)
System capital expenditure	291.1	237.5	(53.6)	(18.4%)
Net CDEL Breakdown:				
SWL CDEL	144.7	138.2	(6.5)	(4.5%)
National CDEL	64.8	45.9	(18.9)	(29.1%)
Trusts Net CDEL	209.5	184.1	(25.4)	(12.1%)

Summary



Summary

- The Board is asked to note:
 - The ICB internal 2022/23 unaudited financial position of £230k favourable position against £3m adverse plan.
 - The ICS revenue 2022/23 unaudited financial position of £57.2m deficit against a breakeven plan.
 - The ICS capital unaudited financial position of £138.2m.



NHS South West London Integrated Care Board

Name of Meeting	ICB Board		
Date	Wednesday, 17 May 2023		
Title	Quality and Oversight Committee Update and Quality and Performance Reports		
Non-Executive Member Chair	Mercy Jeyasingham		
Lead Director Lead (Name and Role)	Dr John Byrne, Chief Medical Officer Jonathan Bates, Chief Operating Officer		
Author(s) (Name and Role)	June Okochi, Deputy Programme Director for Quality Improvement Suzanne Bates, Director of Performance Oversight		
Agenda Item No.	13	Attachment No.	13
Purpose	Approve <input type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input checked="" type="checkbox"/>

Purpose:

The purpose of this report is to provide the Board with an overview from the Non-Executive Member Chair of the Committee regarding the key issues discussed in the Quality and Oversight Committee since the last Board meeting.

The paper also provides the Board with oversight and assurance from the relevant Executive Directors regarding the overall performance and quality of services and health care provided to the population of South West London. The report highlights the current operational and strategic areas for consideration. The report also includes a summary of key points around quality and performance that were discussed at the SWL ICS Quality and Oversight Committee on 7th April.

Quality and Oversight Committee Chair's Report

The Committee met on 5 April 2023. Following consideration and discussion of key items at the meetings, the updates below are highlighted:

SWL Acute Provider Collaborative (APC) update - The South West London Acute Provider Collaborative provided a high level summary of the SWL elective plans for 2023/24.

Integrated Medicines Optimisation Committee Annual Report 2022/ 2023 – the Committee noted and approved the Integrated Medicines Optimisation Committee Annual Reporting for 2022/23.

Quality Impact Assessment Template – The Committee noted that a Quality Impact Assessment Policy is being developed to support the assessment template and will be presented to SWL Senior Management Team (SMT) in May 2023 and come back to the Quality and Oversight Committee in June 2023 for approval.

SWL Primary Care Strategy – The Committee noted the SWL Primary Care Strategy. The strategy has been developed following an engagement event for GPs, Primary Care Networks, Clinical Directors, Patient Groups and Borough Lead in November 2022 to consider the direction of travel in primary care, focused on general practice and the publication of the Fuller Stocktake review in May 2022.

Primary Care Quality Framework – The Committee noted and approved the Primary Care Quality Framework. The framework sets out how we will work collaboratively with our primary care providers to give the right support at the right time to ensure that high quality care is kept at the forefront of service transformation and delivery.

Safeguarding Review - The committee noted the progress that had been made on this and the next steps.

Patient Tracking List Inequality Report (October 2022) – The Committee noted the report, noting that overall, there is no disparity in people waiting however access to the waiting list needs to be explored further. The SWL Health and Inequalities Board will continue to have oversight of this work.

Executive Director Summary

Key areas where SWL has seen improvements in quality:

- Significant reduction in Continuing Health Care overdue assessments
- There has been an increase in the access times to Child & Adolescent Mental Health Service in SWL emergency departments
- Croydon Maternity Services rated 'good' by the CQC
- Patient Safety Incident Response Framework implementation on track and national webinar presentation in March by SWL ICB as exemplar system, sharing best practices.

Key areas where SWL has seen improvements in performance:

- The year-end position for Severe Mental Illness health checks showed a significant improvement to 58% and was just short of the 60% national ambition
- SWL exceeded the national 28-day Faster Diagnosis Standard (which informs patients whether they had cancer or not) for the first time this year.
- 12-hour A&E breaches have decreased since the December peak and SWL is no longer an outlier in London. Some of the measures taken to improve flow through the hospital are: new continuous flow models, winter schemes, virtual wards, the urgent community response car and hospital ambulance liaison officers on site.
- Overall diagnostic access has improved to the best position seen in 22/23 financial year.
- The uptake of Childhood Immunisations was back up above the London average in Quarter 3 of 2022/23. For pre-school boosters, SWL is performing marginally better than the London average by 1%.

Key issues for the Board to be aware of:

- Decrease in e-coli and c-diff cases across the system.

- A&E performance against the four-hour standard improved, despite an overall increase in attendances in March. However, timely access for mental health patients is a significant and growing issue currently.
- IAPT access levels were below plan in February. South West London & St George's is focusing on the patients who need second treatment, which has reduced numbers of first seen. However, the ICS continues to meet national thresholds for waiting times for first treatment within 6 weeks (75% standard) and 18 weeks (95% standard).
- For 62-day Cancer Screening, SWL Providers performance was 60.6% in February against the 90% standard. This is driven by Breast Screening. In response, the Breast Screening Service is reinstating timed appointments on a phased basis across all SWL sites to support increased uptake.
- Industrial action and winter pressure are impacting on overall elective performance at this time.

Recommendation

The Board is asked to:

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

Conflicts of Interest

None known

Corporate Objectives

This document will impact on the following Board Objectives

Quality and Performance is underpinned across South West London's corporate objectives.

Risks

This document links to the following Board risks:

Risks are included in the SWL ICB Corporate risk register and escalated to the Board Assurance Framework where appropriate. Poor performance against constitutional standards is a risk to the delivery of timely patient care, especially in the current climate of recovery following the COVID pandemic.

Mitigations

Actions taken to reduce any risks identified:

As detailed in the risk register. Action plans are in place within each recovery workstream to mitigate poor performance and enable a return to compliance with the constitutional standards, which will support overall patient care improvement.

Financial/Resource Implications

Compliance with constitutional standards, particularly following the pandemic will have financial and resource implications

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

Yes, where there is a relevance to this report.

What are the implications of the EIA and what, if any are the mitigations	Ongoing implementation of identified impact within patient safety and quality work programmes and as part of CORE20PLUS5.
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Patient and Public Engagement and Communication	We are working with Safety and Quality Patient Partners, patients and public including specific impacted communities linking with our Voluntary Care Sector organisations to ensure we are listening to the voices of our population and using this insight to improve quality
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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
	SWL ICB Senior Management team	27/04/2023	Document reviewed and recommended for approval
	QOC	07/04/2023	Presented and noted
Supporting Documents	System Quality Report ICB Performance Report		

South West London Integrated Care Board
ICB Board Meeting
17 May 2023

Integrated Care System Quality Report

Introduction

This report provides an overview of the quality of health services delivered by South West London (SWL) Integrated Care System's (ICS) healthcare providers. The focus of the report is about current issues and areas of improvement, and to provide the Board with assurance.

Executive summary

The Board is asked to be assured that work continues across the system on all the subjects and issues raised in this report to ensure quality challenges are mitigated through the provider's and system's risk and governance processes.

Key areas where SWL has seen improvements in quality:

- ✓ Significant reductions in Continuing Healthcare (CHC) overdue assessments
- ✓ Extended access times in SWL CAMHS (children and adolescent mental health services) emergency departments.
- ✓ Croydon Hospital Services (CHS) Maternity Services rated 'good' by the Care Quality Commission (CQC).
- ✓ Patient Safety Incident Response Framework (PSIRF) implementation is on track; a presentation by SWL ICB as an exemplar system and sharing best practices was given during a national webinar on 13 March 2023.
- ✓ Overdue legacy serious incidents (SIs) reducing significantly.

Key areas / to note (high profile cases):

- SWL is reporting a decrease in e-coli and c-diff cases across most providers. Providers continue to implement improvement plans working closely with the ICS leads in order that we maintain this improvement.

Key updates:

Equality Delivery System: South West London ICB has completed and published its Equality Delivery System 2022 report in line with national requirements from NHS England. The Public Sector Equality Duty (PSED) is designed to support ICBs and other public bodies to think about equality across all work, to identify major challenges and take action to tackle them. The PSED requires ICBs to actively think about how they can prevent discrimination, advance equality, and foster good relations. South West London ICB published their PSED reports in March 2023, highlighting equality information, objectives, and activities to reduce health inequalities.

<https://www.southwestlondon.icb.nhs.uk/publications/public-sector-equality-duty-report-2021-22/>

<https://www.southwestlondon.icb.nhs.uk/publications/public-sector-equality-duty-report-2022-23/>

CHC:

- Recovery team has successfully cleared all backlog cases (664) of CHC funded care assessments
- Successful transfer to in-house CHC for Merton and Wandsworth on 1 April 2023

1. Children & Young People

1.1 CAMHS in Emergency Departments

There has been an increase in the hours that CAMHS support is available in all Emergency Departments (ED) across the system. Children and young adults can now access mental health care in ED from 09:00 to 22:00 hours every day.

2. PSIRF (Patient Safety Incident Response Framework)

SWL ICB was invited by the national team (NHS England) to share their PSIRF progress journey and presented at the national webinar on 13 March 2023 as part of the sharing and learning programme, and the presentation was warmly received.

A system stakeholder event took place on 18 April 2023 for feedback on our provider's PSIR Plan as part of the implementation phases to support the ICB PSIRF policy and plan sign off. A date for final sign off is being provisionally planned for early to mid-July 2023; this has been adjusted from the previous plan of 19 May 2023 to align with our provider's internal sign off timelines, prior to the ICB sign off. This means a soft launch transition to PSIRF will commence in July 2023 instead of June 2023.

2.1 Independent/Non-NHS providers

The ICB continues to engage and support this group of providers, offering 1:1 support and an implementation pack has been issued with tailored guidance to assist with their implementation of the framework.

2.2 Independent/Non-NHS providers (CHC)

As of March 2023, engagement has been initiated with this sector and there is a plan to start workshops and webinars. A support pack has been tailored for this group, and assistance from the London AQP (Any Qualified Provider) contracts team is being discussed.

3. Quality Impact Assessment Template

A Quality Impact Assessment Policy is being developed to support the assessment template and will be presented to SWL Senior Management Team (SMT) in May 2023 and come back to the Quality and Oversight Committee in June 2023 for approval.

4. SWL System Quality Council Terms of Reference

In line with the National Quality Board's requirement and guidance for ICSs to establish System Quality Groups, SWL has established its System Quality Council (SQC). The SQC was established in shadow form with the inaugural launch meeting held on 14th January 2022.

5. SWL Quality & Performance Risk Register

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

Recommendations

The Board is asked to note:

1. PSIRF transition work continues and is progressing well.

2. All quality issues and risks continue to be closely monitored and reported to the Quality and Oversight Committee.

South West London Integrated Board Report

April 2023 (Month 12 Data)

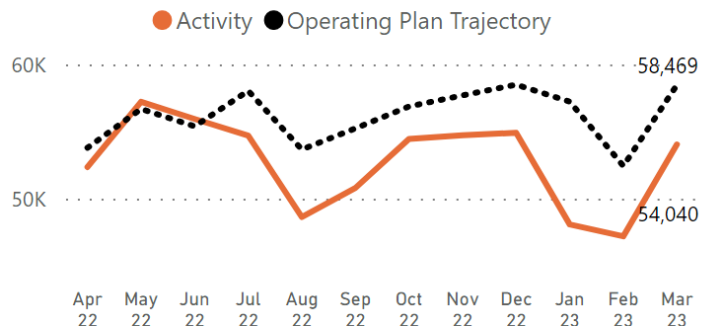
SRO: Jonathan Bates



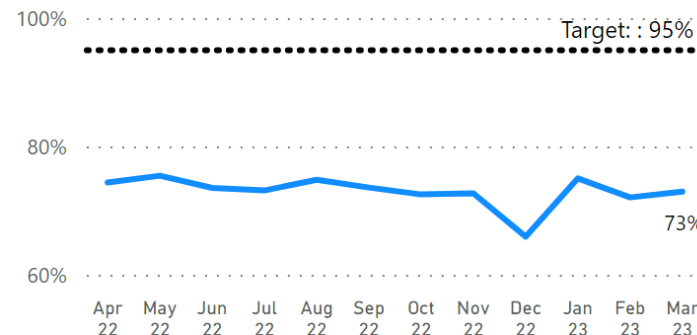
- The South West London (SWL) Integrated Board report presents the latest published and unpublished data assessing delivery against the NHS Constitutional standards and locally agreed on metrics. These metrics relate to acute, mental health, community and primary care services and other significant borough/Place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

- **Physical care 12 Hour A&E Breaches:** 1,526 patients waited over 12 hours from decision to admit to admission in March, down from 1,823 in February. SWL had the second lowest number of 12-hour breaches in London this month and the tenth highest nationally (an improvement on previous months). There were 294 x 60-minute London Ambulance Service handover breaches, a similar outcome to January and February, a significant decrease in comparison to December but still a very challenged position. Intensive action to manage the position takes place on a regular basis, often hourly. Regional escalation calls occur across London plus discussions via the Urgent and Emergency Care Delivery Board.
- **Mental Health 12 Hour A&E Breaches:** Unvalidated figures show that in March, 116 x 12-hour breaches were reported for Mental Health patients, mainly waiting for a bed. This is a significant increase on recent months and reflects the scale of challenge for mental health patients presenting in crisis at this time. This position is being replicated across London.
- **A&E 4 Hour Waits:** Accident & Emergency attendances at local providers increased in March. Despite this, SWL performance increased to 73.0% against the 4-hour standard of 95%, above the London position of 66.4%. Only Kingston Hospital Foundation Trust achieved 61.5% while the other trusts were above 70%. The percentage of abandoned 111 calls increased to 19.7% in March reflecting the pressures of industrial action seen across the urgent care pathway.
- **Cancer:** Performance against the two-week wait standard (target 93%) was 87.7% in February 2023. Against the 62-day standard of 85%, SWL was the highest performing sector in London, with 67.1% in February. On the 28-Day faster diagnostic standard (75% target), performance was 79.2%, the first time since March 2022 that SWL reported a compliant position and a significant step forward in sharing timely outcomes with patients.
- **Planned Care:** Trusts are working on plans to close the elective gap, particularly in ordinary elective spells; however, winter pressures and industrial action have impacted recovery. The proportion of patients waiting less than 6 weeks for diagnostic tests has improved in month to the best position in the last year, with imaging having the most significant improvement both in terms of the proportion of patients seen within 6 weeks and recovering backlog position.
- **52 Week Waits:** There were 1,086 patients waiting over 52 weeks for treatment at SWL providers against a trajectory of 970 for February, an increase of 16 on January outcome. SWL continue to have the fewest patients waiting over 52 weeks in London. 28 patients were waiting over 78 weeks against a trajectory of 5. The majority of the waiters (15) were at St George's NHS Trust, mainly in Cardiology (5) and Plastic Surgery (4).
- **Severe Mental Illness Health checks:** Q4 data 2022/23 shows that SWL have achieved a performance of 57.7%, a significant improvement compared to 45.7% reported in Q3, with 9,095 SMI patients having received all six annual health checks.
- **Childhood Immunisations:** SWL was back above the London average in Quarter 3 2022/23. Uptake for pre-school boosters in SWL is performing marginally better than the London average by 1%. Local immunisation plans are being discussed with Place Partnership Boards/Immunisation Committees to support the development of a new Immunisations Strategy.

A&E Attendances (All Types)



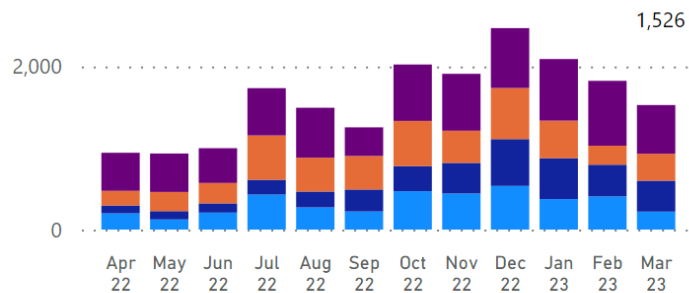
A&E (All Types) 4 Hour Standard



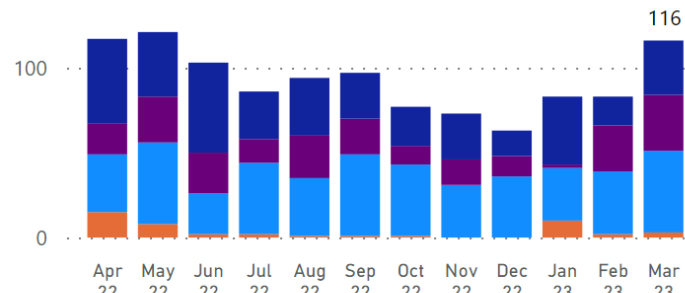
Summary

Performance against the 4 hour target increased slightly in March despite the sharp uptick in attendances. Calls to 111 increased, response times continued to not meet expectations and abandonment rates rose. Industrial action both within and outside the NHS caused additional stress on the system and the workforce in particular, although it was noted that attendances were less than usual on these days. Ongoing discharge delays continue to impact the non-elective admitted pathway. The SWL UEC Board continues to monitor local versions of the Continuous Flow model being piloted in SWL. Winter schemes funded through the Adult Social Care Fund and through UEC, align to the ICB's winter demand and capacity plans and are in place with close monitoring.

12 Hour A&E Breaches



12 Hour Mental Health A&E Breaches (Unvalidated)



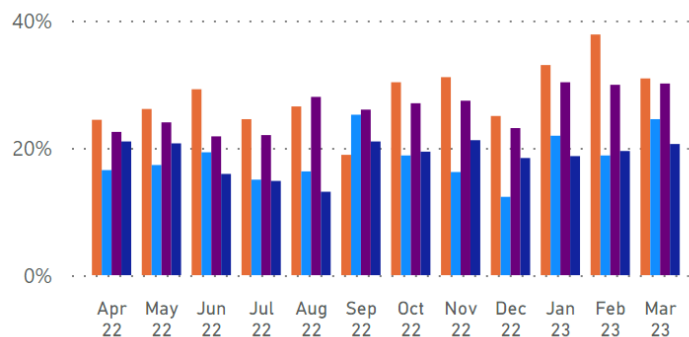
A&E Attendances

There was a significant increase in A&E attendances as expected in plans, however they remained below the planned trajectory. Performance improved slightly to 73% in March, despite this increase.

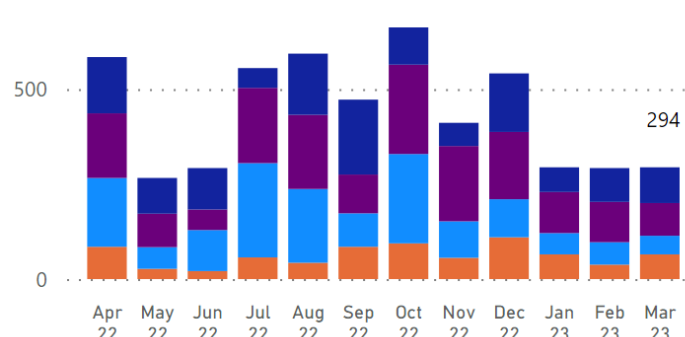
12 Hour breaches

There was a marked improvement in the number of physical 12-hour breaches. There was an increase in patients in Mental Health (MH) crisis attending Emergency Departments (EDs) and demand for MH beds continued to be extremely high, resulting in more patients waiting for more than 12 hours in EDs. A number of mitigations are in place including daily escalation of all breaches, patient clinical risks rated using the bed prioritisation scoring and additional private sector beds being made available. A multi-agency discharge event was also undertaken to expedite discharges.

% Ambulance Handover within 15 minute



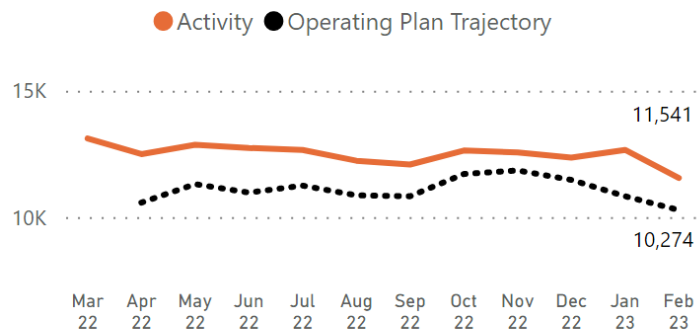
60 minute Ambulance Breaches



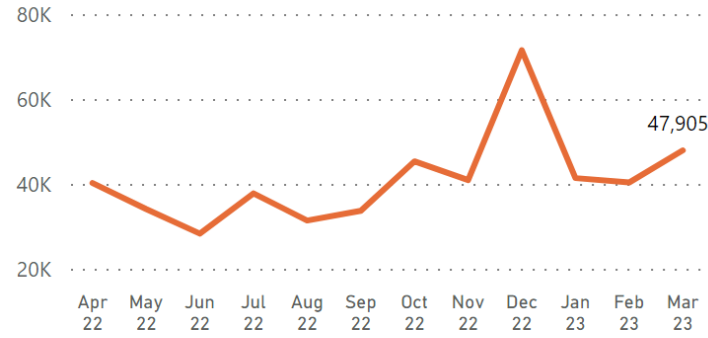
Ambulance handovers

Long ambulance waits (60+ minutes) remained static following a marked decrease in January. Measures have been taken to improve the position such as cohorting and a new process for immediate handover for waits over 45 minutes is in place. Some of these measures have become routine practice to mitigate winter pressures. Further mitigations are under review and the continuation of HALOs (Hospital Ambulance Liaison Officer) at SWL sites has been made a priority for 23/24 funding.

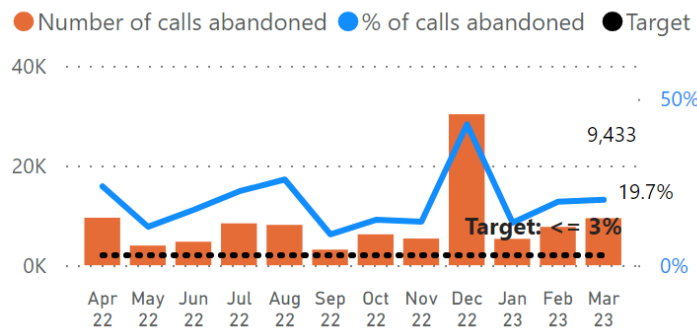
Total Non-elective Spells



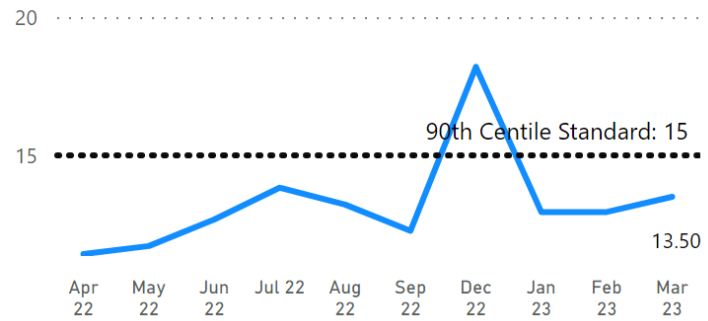
111 Call Volumes



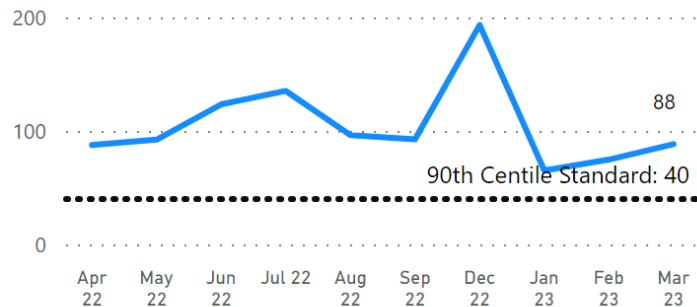
111 Calls Abandoned



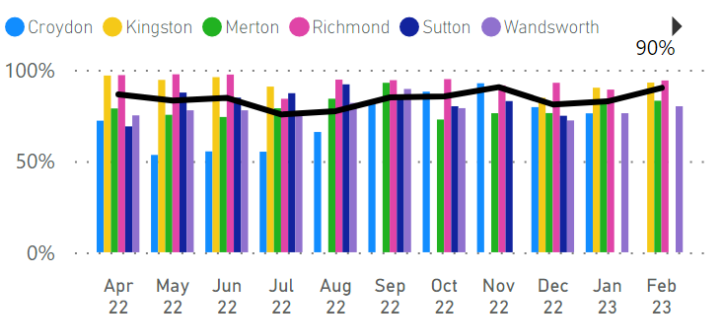
Ambulance Category 1 Emergency Response Times (minutes)



Ambulance Category 2 Emergency Response Times (minutes)



Community 2 Hour Urgent Response Performance - Provider



Non-elective spells

The number of spells continues to be above plan reflecting the acuity of patients accessing urgent care services.

111 Calls

SWL received 47,905 calls in March, a sharp increase from January and February and 17k more than contracted, this is largely due to the industrial action. As a result, performance decreased in March with 19.7% of calls abandoned and the average response time to answer calls was 400 seconds. Despite this, the call abandonment rate for SWL was the third lowest of the London ICSs. Performance was impacted by sickness levels and both LAS and PPG struggled with rota fill, particularly on evenings and weekends.

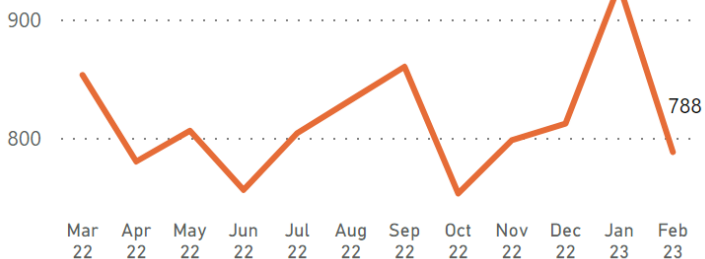
Ambulance Response Times

Category 1 conveyances remained steady against the response time standards, but Category 2 slightly worsened in February.

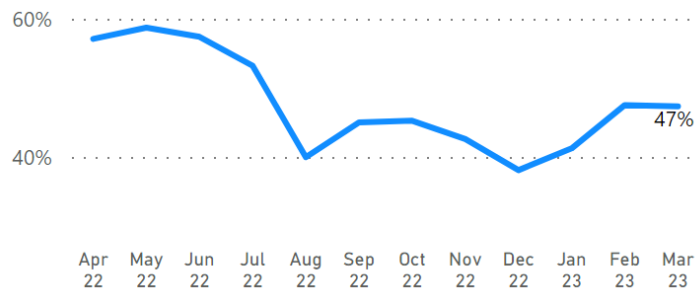
2-Hour Urgent Community Response

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). These services can accept the nationally set 9 clinical conditions and all have fall pick-up services, including equipment to lift patients from the floor. Engagement work continues with Care Homes, LAS and 111 to increase the volume of referrals to Urgent Community Response and to meet the requirements of the winter resilience plan.

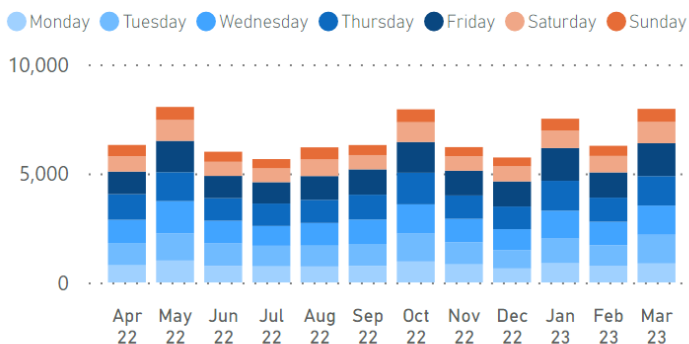
Number of Patients staying 21+ Days (Super Stranded)



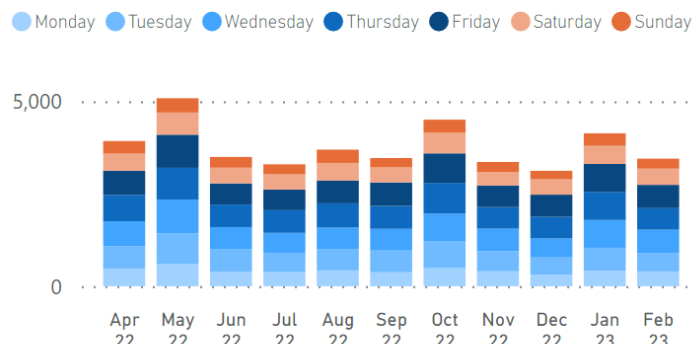
Daily discharges as % of patients who no longer meet the criteria to reside in hospital



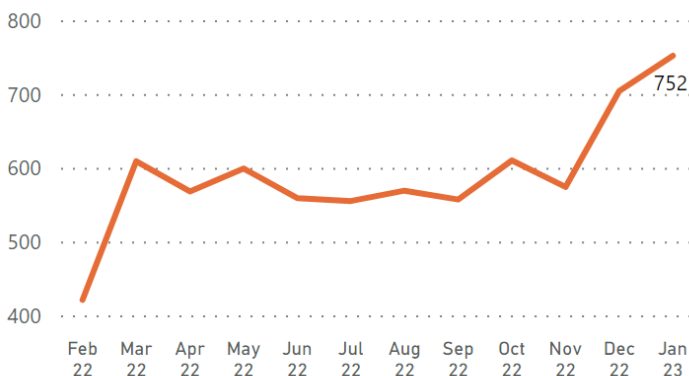
Total Discharges by Weekday



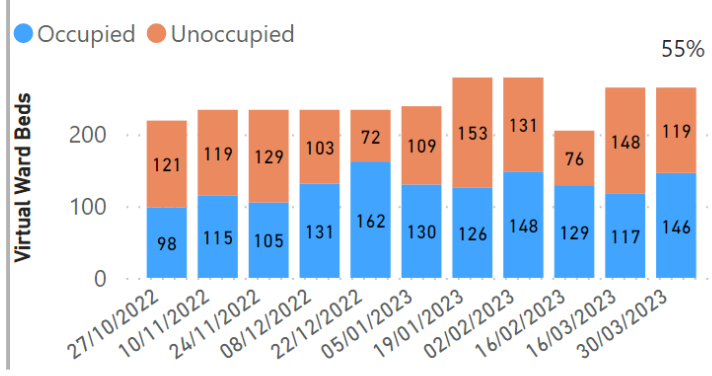
Total Discharges before 5pm by Weekday



Emergency Admissions from a Care Home



SWL Virtual Ward Capacity and Occupancy



Patients with a length of stay over 21 days

Delayed discharge performance has improved since January's seasonal peak. The bed bureau scheme as well as additional interventions put in place using winter discharge funds helped facilitate discharge to care homes or their preferred residence.

% patients not meeting the criteria to reside

There was a slight decrease compared to last month, Pathway 3 placement challenges and in-hospital delays continue to be the main drivers. Particularly the placement of complex patients with behaviours that challenge. There remains a continued focus to understand the operational issues and identify areas of improvement. This will be enabled by the findings from the finalised SWL discharge review, which aims to improve discharge processes.

Total discharges by weekday and before 5.00pm

Weekday discharges remain consistent although there is a slight improvement in weekend discharges. Trusts are continuing to use the additional adult social care fund to improve this. Trusts have also increased the hours of operation and functionality of their discharge lounges to further support.

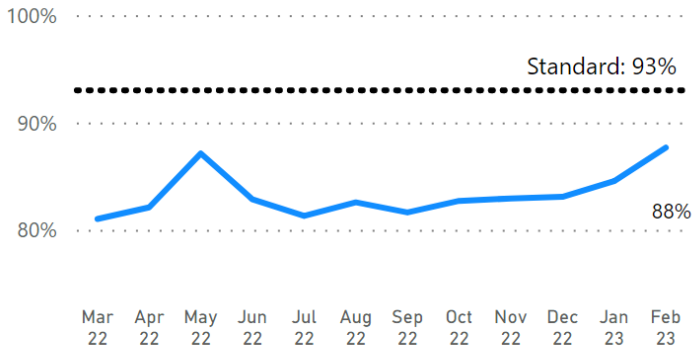
Emergency admissions from a care home

February data is currently not available and will be updated in next month's report. The increased admissions in January were due to greater prevalence of respiratory illness and Covid in Care Homes, which coincided with a relaxation of national IPC requirements for PPE and visiting.

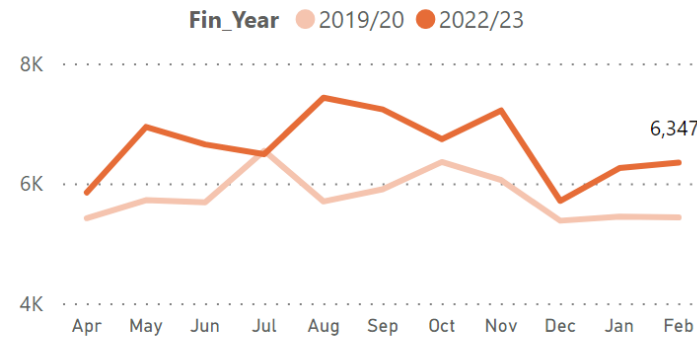
Virtual Ward

Capacity stands at 265, with a 55% occupancy, and there is ongoing engagement with clinicians to increase referrals. The Central Remote Monitoring Hub is going live with 24/7 running from 17 April 2023. Priorities for 23/24 have been agreed and next steps identified, including clinical leadership and in-reach for the Local Virtual Wards and a social care bridging service.

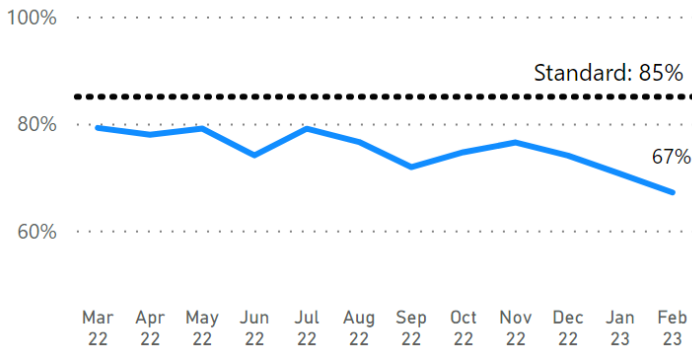
2 Week Waits: Performance against Standard



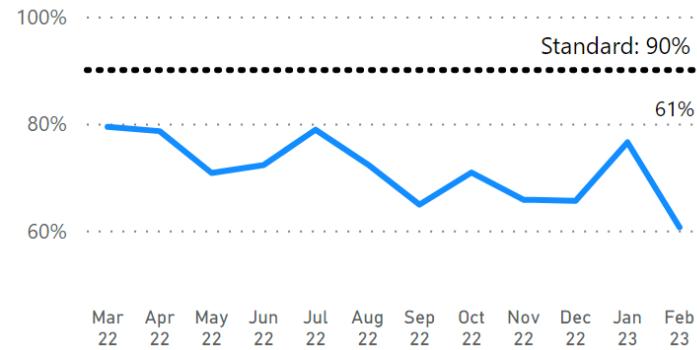
2 Week Waits: Activity



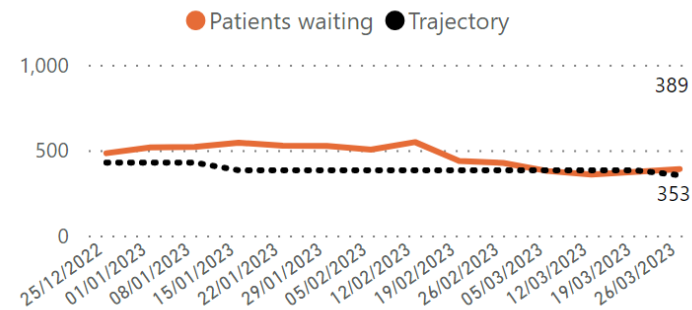
62 Day GP Referrals: Performance against Standard



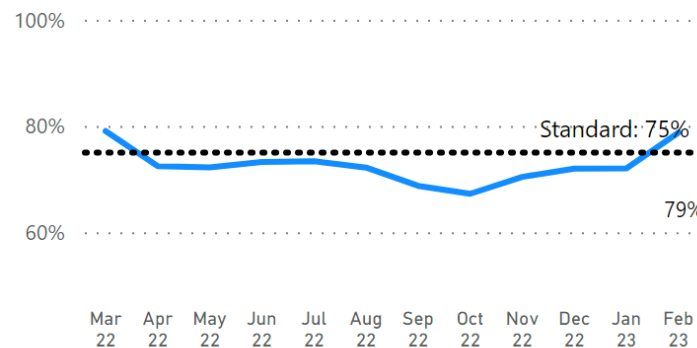
62 Day Screening: Performance against Standard



Total patients waiting over 62 days to begin cancer treatment



Faster Diagnosis Standard: Performance against Standard



2 week wait performance and Activity

Performance in February improved to 87.7% but is still below the constitutional standard of 93%. Performance has remained challenged due to a 15% increase in referrals when compared to February 2019. Epsom & St Helier (95.9%) continues to report a compliant position. Breast and Skin pathways continue to be a challenge at Croydon, Kingston and St George's Trusts and account for 50% of all 2 week wait breaches. Sarcoma continues to be a challenge at Royal Marsden. The Trust is receiving mutual aid from Croydon and out-of-sector.

62-day GP referrals

SWL providers continued to be the highest performing in London reporting 67.1% in February, which was below the Constitutional Standard of 85% and the 70.6% reported in January. This reflects a pattern of significant challenge that has been reported nationally due to seasonal pressures.

62-day Screening

SWL Providers performance was 60.6% in February against the 90% standard and continues to be driven by Breast Screening. The SWL Breast Screening Service is reinstating timed appointments on a phased basis across all SWL sites to support increased uptake. Ongoing work continues to ensure there is adequate treatment capacity.

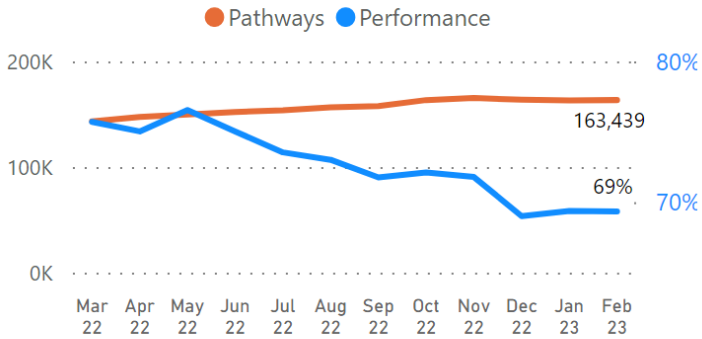
Total patients waiting over 62 days for treatment

Recovery plans set last year have successfully reduced the number of patients waiting over 62 days for treatment, with 389 people waiting against a trajectory of 353 at the end of March.

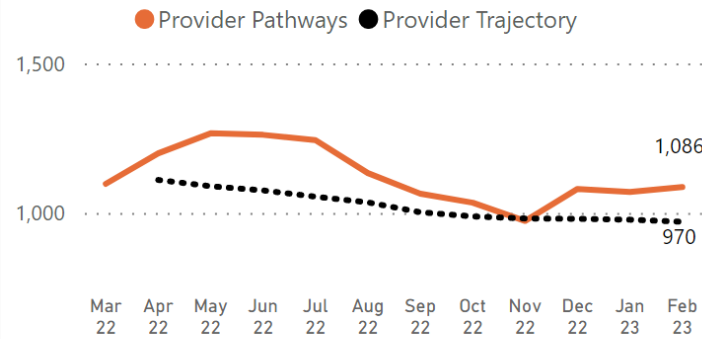
Faster diagnosis standard

SWL reported a compliant position of 79.0% against the Faster Diagnosis Standard, for the first time since March 2022. With the exception of Croydon (56.0%) all other SWL providers reported a compliant position. Croydon has seen a 6% improvement since January, and it is predicted that performance will continue to improve in Q1. The ICS will continue to work with Royal Marsden Partners to support performance improvement in the most challenged pathways.

Incomplete RTT Pathways (ICS)



Incomplete RTT Pathways >=52 Weeks



Incomplete waiting list pathways

At SWL level there were 163,439 patients on an incomplete pathway. 69.3% of patients were waiting under 18 weeks, similar to January 2023 outcome. The number of patients waiting in SWL has increased by 16.1% in the last year, higher than the London increase of 12.4%. However, SWL ICS has the lowest waiting list in London per population and the fewest patients waiting over 52 weeks.

Long waiters – patients waiting over 52 weeks for treatment

There were 1,086 patients waiting over 52 weeks for treatment at SWL providers against a trajectory of 970 in February.

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

28 patients were waiting over 78 weeks for treatment against a trajectory of 5 for the end of February. The majority of the waiters (15) were at St George's NHS Trust, mainly in Cardiology (5) and Plastic Surgery (4). (Provisional data for the end of March shows that there were 9 patients waiting over 78 weeks). There were 4 patients recorded as waiting over 104 weeks for treatment in SWL at the end of February, (1 at ESTH and 3 at KHFT). These patients were rapidly booked and treated, and provisional data for the end of March shows that there were 0 patients waiting over 104 weeks for treatment.

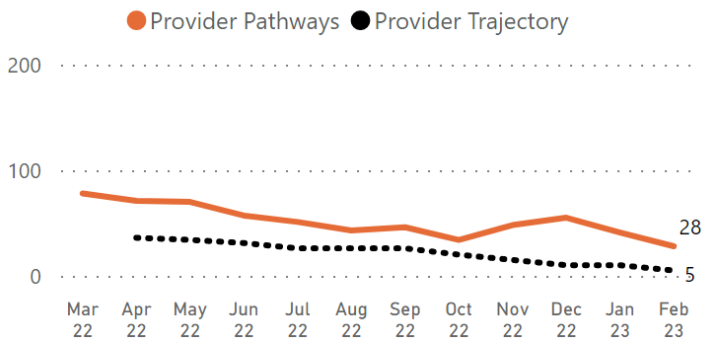
Elective day case spells

February day case activity is just below plan (-1%). This now brings the overall elective performance achievement to 97%. Industrial action impact is yet to be quantified. SWL continue to do well against the year-to-date plan (2% above plan).

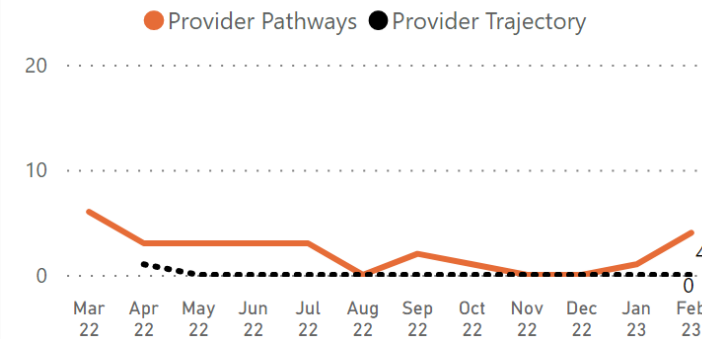
Elective ordinary spells

For February, elective ordinary spells were below plan (-29%), and the year-to-date performance is at -24%. Some of this is due to the shift to day case. Trusts are working on plans to close the elective gap; however, winter pressures and industrial action have impacted recovery.

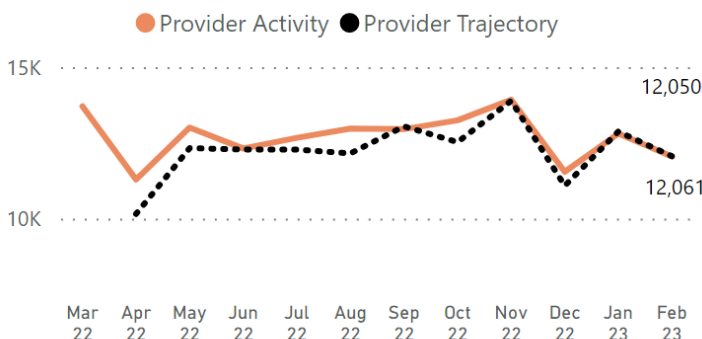
Incomplete RTT Pathways >=78 Weeks



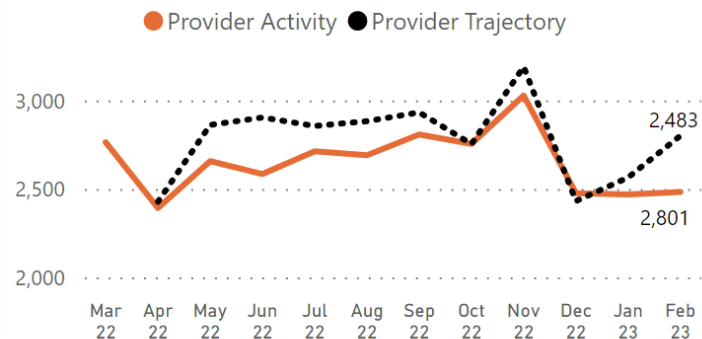
Incomplete RTT Pathways >=104 Weeks



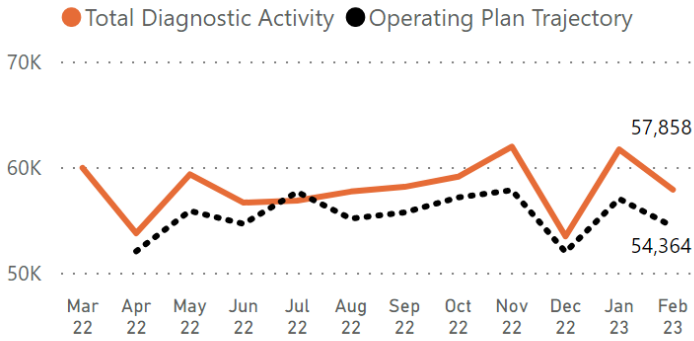
Elective day case spells



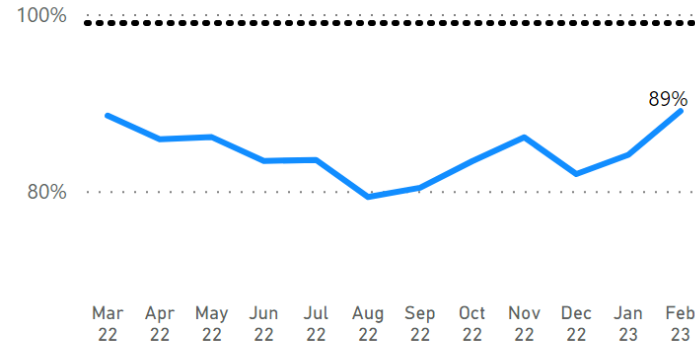
Elective ordinary spells



Diagnostic Tests (Activity)



Diagnostics: % waiting less than 6 Weeks



Diagnostic Activity (7 tests) -

Performance declined in February but remained above planned trajectory. The position is driven by demand pressures, including new referrals and support to cancer recovery. In addition to continued backlog challenges, industrial action is a contributing factor to performance in month.

% waiting less than 6 weeks (All tests)

The proportion of patients waiting less than 6 weeks has improved in month. Imaging has seen most significant improvement both in terms of the proportion of patients seen within 6 weeks and recovering backlog position.

Consultant led first outpatient attendances (Specific Acute)

System performance declined in February, although the position has been adversely impacted by missing data in St. George's NHS Trust month 11 position. It is estimated to be circa 4,000 missing attendances. Work is underway to correct the reporting for month 12 submission. It is likely the corrected position will still track below plan given the productivity impact from industrial action.

Consultant led follow up outpatient attendances (Specific Acute)

February activity levels fell below plan for the first time in 2022/23. This position is likely as a result of the industrial action and the consequential loss of productivity over the period, resulting in follow up reduction.

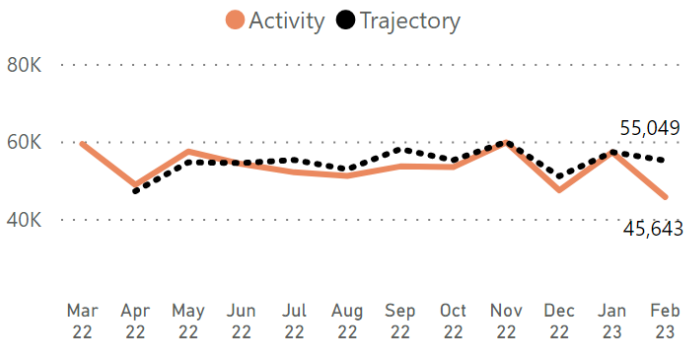
GP Specific referrals for first consultant led outpatient appointment

Referrals continue to track below plan. The position appears to be normalising following the expected seasonal decline in December.

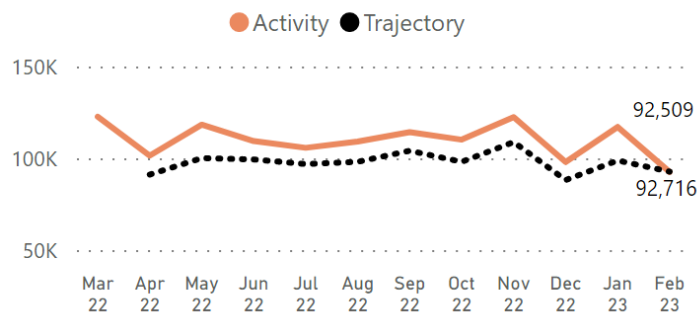
Other Specific referrals for first consultant led outpatient appointment

There is a continued high proportion of consultant-to-consultant referrals, most prevalent in cardiology and therapy related specialties.

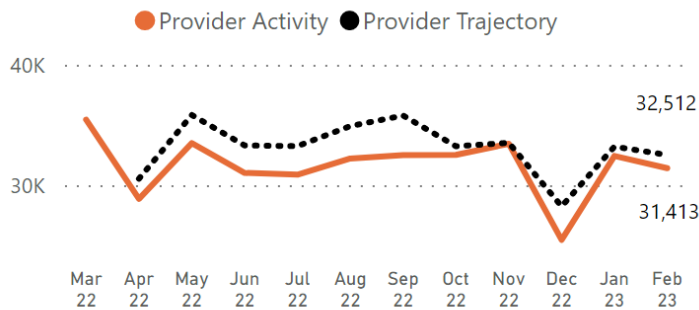
Consultant-led first outpatient attendances (Specific acute)



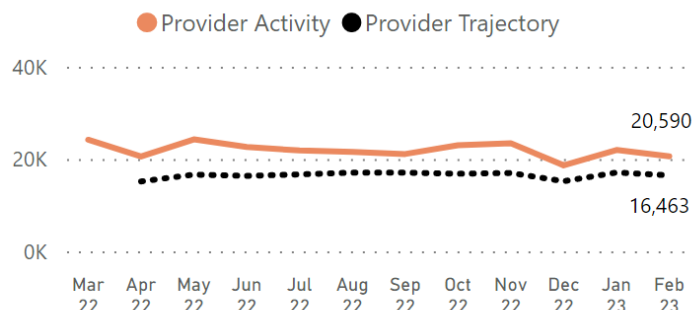
Consultant-led follow-up outpatient attendances (Specific acute)



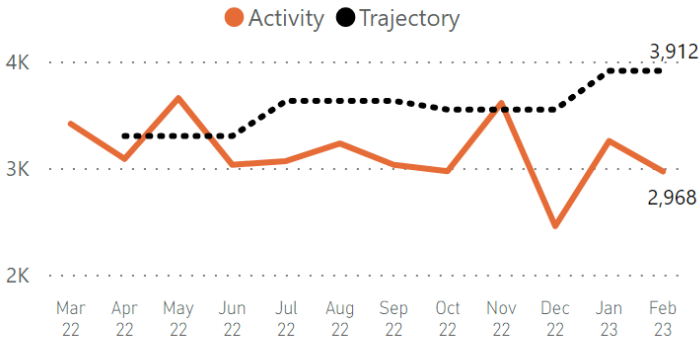
GP Specific Acute Referrals made for a First Consultant-Led Outpatient Appointment (Provider)



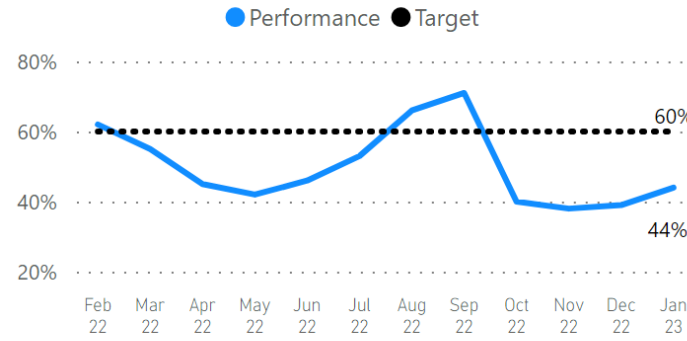
Other Specific Acute Referrals made for a First Consultant-Led Outpatient Appointment (Provider)



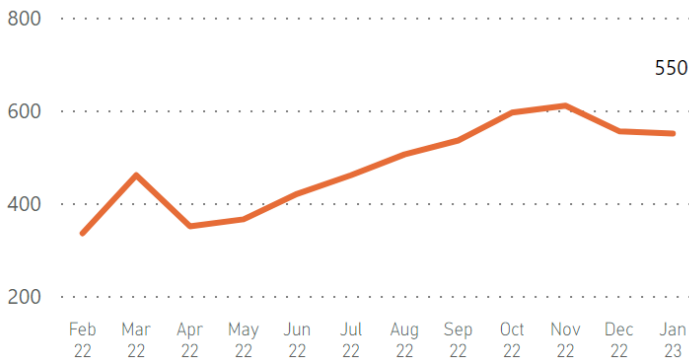
IAPT Access



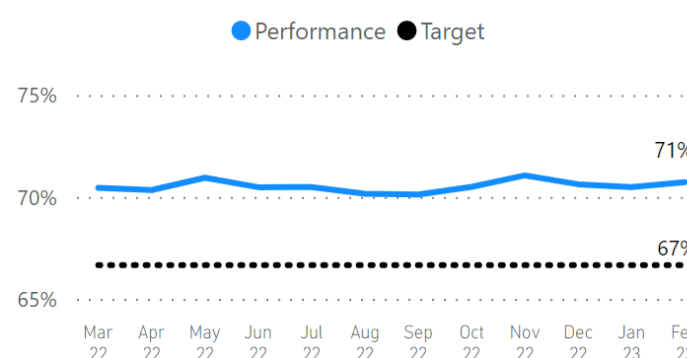
Early Intervention Psychosis (EIP)



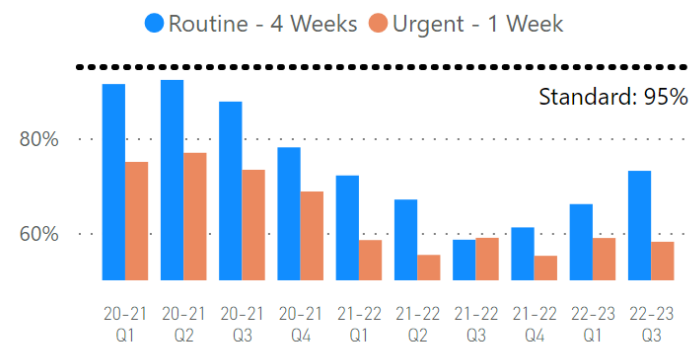
Number of Out of Area Placements



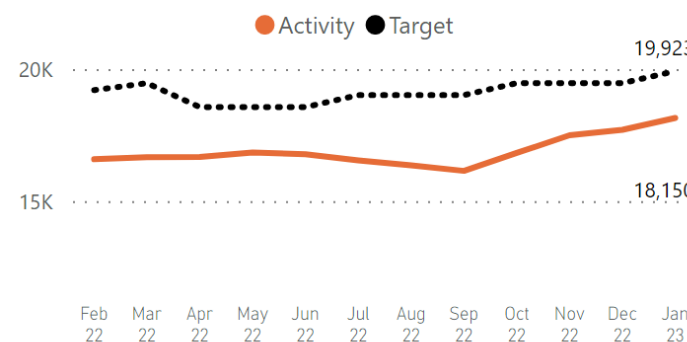
Dementia Diagnosis Rate



CYP Eating Disorders Seen within Target Time



CYP Access Rate - Rolling 12 Months



Improving Access to Psychological Therapies Access

Access levels were below plan in February though they remained similar to the average for the year. Operating plans have been developed to increase capacity and improve recruitment. South West London & St George's (SWLSTG) is focusing on patients who need second treatments, reducing numbers of first seen.

Early Intervention in Psychosis

Performance improved since the decline in October-December. Vacancies continue to impact on delivery, along with the speed of referral into the Early Intervention in Psychosis service. SWLSTG are reviewing their referral process, to ensure patients are seen within the two-week period. The Trust are also exploring a digital solution to initiate a prompt in the electronic patient record.

Out of Area Placements

There were 550 out of area placements reported in January 2023 for SWL. Demand and mental health provider bed availability impacts performance. SWLSTG and Local Authorities continue to work on improvement projects, plus the ten key interventions set out in the Mental Health 'Discharge Challenge' guidance. A MADE event was held in early April to further expedite discharges.

Dementia Diagnosis rate

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

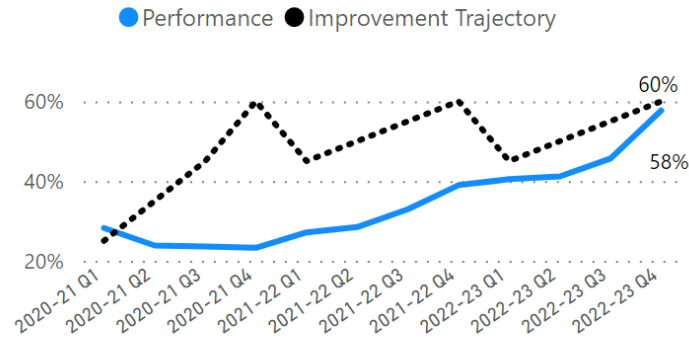
CYP Eating disorders

Performance for routine appointments continues to improve but remains below target. Demand and capacity issues within the service have led to long waits. There is ongoing recruitment with vacant posts being advertised.

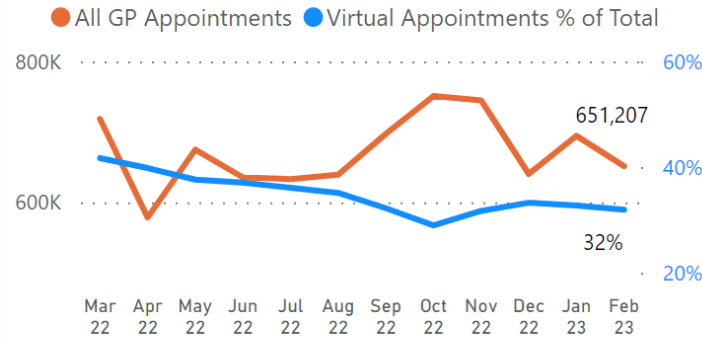
CYP Access rate

Latest data available (January 23) reports 18,150 children and young people having received at least one contact (rolling 12 month), against a target trajectory of 19,923 client contacts.

SMI Physical Health Checks



Virtual Appointments in General Practice and % of Total



Severe Mental Illness Physical Health Checks

Q4 data 2023 shows that SWL have achieved a performance of 57.7%, an improvement when compared to Q3, with 9,095 SMI patients having received all six annual health checks. Primary Care is experiencing significant pressures which could adversely affect the delivery of SMI physical health checks for Q1 23/24.

GP Appointments

Over 650,000 appointments were delivered in SWL in February 2023. 66% of appointments were face-to-face consultations in February.

SWL COVID Vaccinations

The Spring Programme began on 3rd April for residents in older adults care homes, with the wider programme starting on 17th April. In the first two weeks SWL provided 1,682 vaccinations to care home residents (at least 12% of our homes and 10% of residents). Invitations to eligible cohorts have been expedited in London; all invitations will be sent by the first week of May. Local communications and engagement is in place to promote vaccination sites and publicise pop up events across the six boroughs. Work continues in collaboration with the six places to develop the SWL Immunisation Strategy.

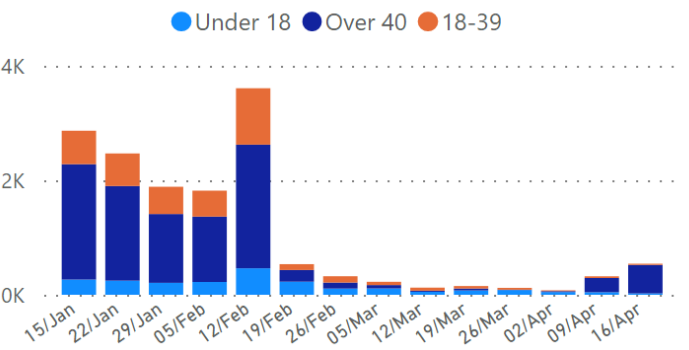
Learning Disability Health Checks

SWL is on track to deliver against national AHC 75% target by the end of March (with the 12 -month rolling current position showing SWL will exceed the target).

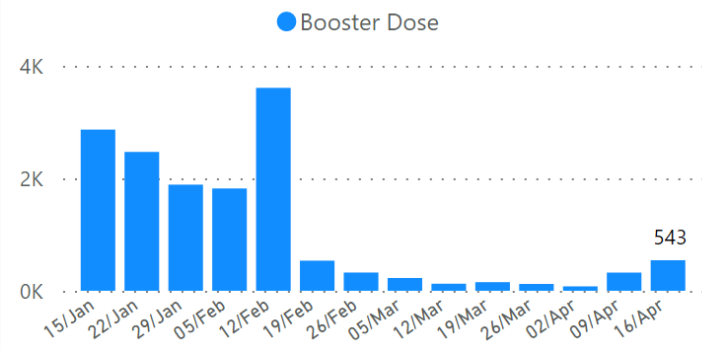
Childhood Immunisations

SWL performance (87%) exceeded the London average of 83%. Uptake for pre-school boosters in SWL is performing marginally better than the London average by 1%. Local immunisation plans for vaccine uptake are being discussed with Place Partnership Boards/Immunisation Committees during April to support the development of a new Immunisations Strategy. Vaccination awareness activities are being planned for World Immunisation Week – 24th April 2023. The childhood immunisation dashboard is under review and will be relaunched in June.

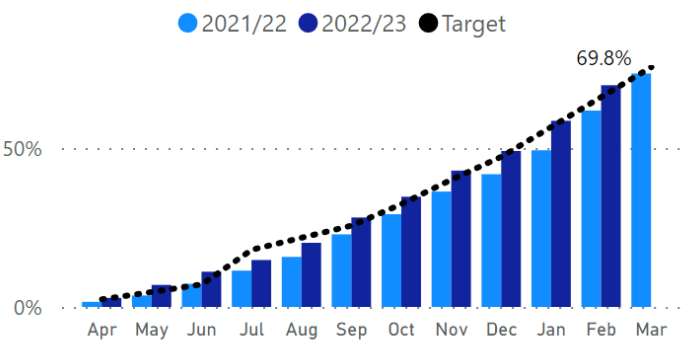
SWL Covid Vaccinations by age group



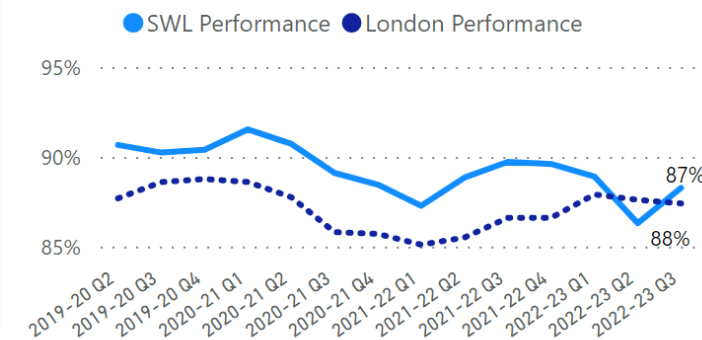
SWL Covid Vaccinations by Dose



Learning Disability Annual Health Checks Cumulative



Childhood Immunisations



NHS South West London Integrated Care Board

Name of Meeting	ICB Board		
Date	Wednesday, 17 May 2023		
Title	Audit and Risk Committee Update		
Non-Executive Member Chair	Martin Spencer		
Lead Director Lead (Name and Role)	Helen Jameson, Chief Finance Officer, SWL ICB.		
Author(s) (Name and Role)	Jitendra Patel, ICB / ICP Secretary		
Agenda Item No.	13	Attachment No.	14
Purpose	Approve <input type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input checked="" type="checkbox"/>

Purpose

To provide the Board with updates from the Audit and Risk Committee.

Executive Summary

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

Key Issues for the Board to be aware of:

Audit and Risk Committee

The Committee met on 4 April 2023 and the meeting was quorate. Following consideration and discussion of key items at the meeting, the updates below are highlighted.

1. External Audit

- Agreed that the auditors will arrange a workshop, prior to the submission of the accounts, on updates to accounting standards and audit requirements.

2. Single Tender Wavers (STWs)

- Noted that a report on STWs, to consider a strengthened approach, will be presented to a Finance & Planning Committee.

3. Draft Annual Report and Accounts 2022/23

- Noted the requirements for the submission to NHS England (NHSE) of the Annual Report and Accounts, in line with national guidance, inclusive of the submission of the final 3-month report of NHS South West London Clinical Commissioning Group (SWL CCG) from 1 April 2022 to 30 June 2022, and the draft NHS South West London Integrated Care Board (SWL ICB) Annual Report for the nine months from 1 July 2022 to 31 March 2023.
- Provided feedback, on the structure and narrative, for consideration prior to the final submission of the Annual Report which will be approved by the Board, in June.
- Agreed the draft People and Communities Annual Report, included as part of the requirements for the Annual Report, which will be used as part of NHSE's assessment of the ICB's local engagement work.

4. Annual Accounts 2022/23

Accounting Policies

- Noted the update on Accounting Policies 2022/23 applied in the preparation of the ICB accounts for the 9 months to 31 March 2023, with the expectation that NHSE will issue a new statutory accounts template in April 2023, and that no material changes are expected.
- Provided with assurance on the approach and application of the accounting policies across the ICS.

Annual Accounts timetable

- Noted the key deadlines within the Annual Accounts 2022/23 timetable, with the ICB Board meeting on 28 June 2023 to approve the final Annual Report and Accounts, following prior recommendation for approval from the Audit and Risk Committee.

5. Audit and Assurance Reports

Internal Audit

- Noted the Internal Audit update and received assurance on the progress of actions in response to the conclusion of respective audits.
- Noted the draft Head of Internal Audit Opinion (HoIAO), with the expectation of reasonable assurance to follow in the final HoIAO which will be presented to the Committee in June, as part of the Annual Report and Accounts submission.
- The challenges of internal audit from a system perspective, balancing the role of the ICB as a statutory organisation with its statutory responsibilities, were noted.
- Approved the Internal Audit Plan 2023/24, noting the internal audit process will change and evolve as the ICB develops.

External Audit

- Noted the External Audit update, with the expectation that the combined findings of the April 2022 - June 2022 audit, and the July 2022 - March 2023 audit will be presented at the next meeting of the Committee.
- Sought assurance on the approximate materiality value quoted, with a review and re-calculation expected from the auditor.

Counter Fraud

- Noted the Counter Fraud update, including an increase in reported fraud cases which is in line with the national trend, particularly relating to cyber fraud. This increase may have been as a result of an increased awareness amongst staff of potential fraud cases.

- Assurance on areas of good practice were noted, alongside the positive Annual Assessment for 2022/23.
- Approved the 2023/24 workplan, following discussion of the potential risks affecting fraud, noting that the national team provides alerts and information on trends.

6. Committee workplan

- Noted the draft workplan for 2023/24 which will be updated to align with the programme within the audit workplan.
- An updated Committee work plan will be provided at the next meeting, including an update on the risk register.

Recommendation

The Board is asked to:

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

Conflicts of Interest

N/A

Corporate Objectives

This document will impact on the following Board Objectives

Overall delivery of the ICB's objectives

Risks

This document links to the following Board risks:

N/A

Mitigations

Actions taken to reduce any risks identified:

N/A

Financial/Resource Implications

Noted within the committee updates and approvals in line with the ICB governance framework where appropriate.

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

N/A

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

N/A

Patient and Public Engagement and Communication

N/A

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

Supporting Documents	n/a
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NHS South West London Integrated Care Board

Name of Meeting	ICB Board		
Date	Wednesday, 17 May 2023		
Title	Remuneration and Nominations Committee update		
Non-Executive Member Chair	Ruth Bailey		
Lead Director Lead (Name and Role)	Karen Broughton, Deputy Chief Executive Officer / Director of Transformation and People, SWL ICB.		
Author(s) (Name and Role)	Jitendra Patel, ICB / ICP Secretary		
Agenda Item No.	13	Attachment No.	15
Purpose	Approve <input type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input checked="" type="checkbox"/>

Purpose

To provide the Board with updates from the Remuneration and Nominations Committees.

Executive Summary

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

Key Issues for the Board to be aware of:

Remuneration and Nominations Committee update

The Committee met on 3 May 2023, following discussion and consideration of key issues the updates below are highlighted.

1. Chief Nursing Officer appointment

- The Chief Nursing Officer (CNO) is a member of the South West London ICB (SWL ICB) Board.
- Following a due recruitment and appointment process as a result of the resignation of the former CNO, the Committee noted and ratified the appointment and salary of the new CNO for SWL ICB.
- The salary is in line with NHS England's Very Senior Managers guidance.

<p>Recommendation</p> <p>The Board is asked to:</p> <ul style="list-style-type: none"> Note the key points discussed and decisions made at the Remuneration and Nominations Committee meeting.
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<p>Conflicts of Interest</p> <p>N/A</p>
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<p>Corporate Objectives This document will impact on the following Board Objectives</p>	Overall delivery of the ICB's objectives
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<p>Risks This document links to the following Board risks:</p>	N/A
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<p>Mitigations Actions taken to reduce any risks identified:</p>	N/A
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<p>Financial/Resource Implications</p>	Noted within the committee updates and approval in line with the ICB governance framework where appropriate.
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<p>Is an Equality Impact Assessment (EIA) necessary and has it been completed?</p>	N/A
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<p>What are the implications of the EIA and what, if any are the mitigations</p>	N/A
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<p>Patient and Public Engagement and Communication</p>	N/A
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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
		Click or tap to enter a date.	
		Click or tap to enter a date.	
		Click or tap to enter a date.	

<p>Supporting Documents</p>	n/a
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NHS South West London Integrated Care Board

Name of Meeting	ICB Board		
Date	Wednesday, 17 May 2023		
Title	Chief Executive Officer's Report		
Lead Director Lead (Name and Role)	Sarah Blow, Chief Executive Officer, SWL ICB		
Author(s) (Name and Role)	Jitendra Patel, ICB / ICP Secretary		
Agenda Item No.	14	Attachment No.	16
Purpose	Approve <input type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input checked="" type="checkbox"/>

Purpose

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

Executive Summary

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

Key Issues for the Board to be aware of:

Industrial Action

Firstly, I would like to thank all of our staff across the system who have been involved in continuing to support Health and Care services through this prolonged period of Industrial Action. As you will no doubt be aware, the NHS Staff Council recently voted to accept the Governments pay offer.

Although this will affect the majority of our staff, the Royal College of Nursing, Unite, the Society of Radiographers, and the Royal College of Podiatry unions have not accepted the pay deal. In addition to this, the pay offer does not affect the dispute with Junior Doctors. This means we may continue to see disruption to services in the future.

Joint Forward Plan

As previously updated, ICBs along with their partner trusts are required to prepare their five-year Joint Forward Plan (JFP) before the start of each financial year. However, for this first year, NHS England has specified the 30 June 2023 as the date for publishing and sharing the final plan.

The first phase of developing the JFP is now complete and outlines our understanding of the health needs and health inequalities in South West London, the wider determinants of health, and importantly the views, experiences and concerns of our people and communities.

Feedback has been sought from a wide range of stakeholders including ICB Board Members; NHS Chief Executives and Chairs; Health and Wellbeing Board Chairs; Local Authority Leaders, CEOs, Directors of Public Health, Directors of Adult Social Services and Directors of Children's Services; South West London Health Watches and VCSE leads.

The feedback will help to develop the final plan, which will outline our delivery actions, respond to the views of our people and communities, and set out how we will measure progress and outcomes.

The final plan will be approved by the Board in June prior to publication at the end of June 2023.

Disability Advice Line

As the Board will recognise, we constantly support approaches to make our workplace more accessible. As such, we are developing an innovative support service that gives confidential independent disability advice. Hosted by Epsom and St Helier University Hospitals and funded by the South West London Integrated Care System (SWL ICS).

The Disability Advice Line (DAL) will introduce and raise awareness of 'disability potential' within South West London and measure its impact through the increased number of disabled people at every stage of the recruitment process. The DAL offer will include:

- Advice and support for managers on disability work-related issues.
- Support for existing employees with a disability, undeclared or changing conditions.
- Practical support for job redesign, redeployment and reasonable adjustments.
- Awareness training (specific disability and medical condition).
- Access to confidential specialist information (including for disabled applicants and existing employees with mental, physical, and hidden disabilities).
- Support with Access to Work application pre-and post-employment.

Hewitt Review: An independent review of integrated care systems

The Rt Hon Patricia Hewitt was commissioned to lead an independent review of Integrated Care Systems (ICSs) in November 2022. The review set out to consider the oversight and governance of ICSs in England, and the NHS targets and priorities for which Integrated Care Boards are accountable, including those set out in the government's mandate to NHS England.

The government is now considering the recommendations made by the review.

Further information the report can be found at

assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1148568/the-hewitt-review.pdf.

NHS75 – Celebrating 75 years of the NHS

On 5 July 2023, the NHS will mark 75 years of service. Treating 1.3 million people a day the NHS has been a constant presence throughout our lives. The NHS belongs to all of us and we are keen for as many people as possible to get the opportunity to mark the NHS's 75th birthday.

There are a wide range of ways for you to get involved with the NHS's 75th birthday celebrations, from attending events in your local area through to supporting the work of the NHS.

Staff and volunteers have been encouraged to enter a photography competition to share - through photos – their unique stories, to show what inspires and moves them, and share the extraordinary diversity of their talents.

In addition, staff have been supported to sign up to the 'NHS Ambassadors' programme which connects NHS staff with schools to give talks about the wide and stimulating range of careers across the service – both clinical and non-clinical.

Further information can be found at www.england.nhs.uk/nhsbirthday/get-involved/

World Immunisation Week

World Immunisation Week ran from 24 April 2023 – 30 April 2023. We used the opportunity to remind people of the importance of keeping up to date with routine vaccinations at all life stages.

Dr John Byrne, Chief Medical Officer, SWL ICB, talked about the importance of vaccinations here www.youtube.com/watch?v=0enBoGH4Kfg

As a reminder, the NHS offers a range of vaccinations to people from birth into older age to safely protect them against potentially serious illnesses. Keeping up to date with routine vaccinations is essential in preventing severe illnesses amongst all age groups.

As well as protecting you and the people around you, this also decreases pressure on the NHS and reduces hospital admissions.

You can find out which vaccinations are available to you and when to have them by searching online for 'NHS vaccines and when to have them'.

Covid-19 booster programme

The Covid-19 vaccination programme continues to expand in South West London with the offer of a targeted spring booster for people most at risk of Covid-19 infection, including over-75s, those with a weakened immune system and older adult care home residents.

Following latest guidance from the Joint Committee on Vaccination and Immunisation (JCVI), an additional dose of the Covid-19 vaccination is recommended for a select group of people, to maximise protection against coronavirus throughout spring and summer.

Protection against the virus fades over time, so all people aged 75 and above by 30 June 2023, or aged 5 and above with a weakened immune system, can now get an appointment. Vaccinations in care homes for older adults have begun. After 30 June 2022, the NHS offer will become more targeted to those at increased risk, usually during seasonal campaigns.

Many people will already have received an invitation through the NHS App, where they can book their appointment. Alternatively, to book for yourself or a family member, please visit the NHS website at www.nhs.uk/nhs-services/covid-19-services/covid-19-vaccination-services/book-covid-19-vaccination/ or call 119 for free.

Recommendation:

The Board is asked to:

- Note the contents of the report.

Conflicts of Interest

N/A

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

Supporting Documents	N/A
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