

Meeting Pack

South West London Integrated Care Board

20 September 2023
10:00 – 13:00

Virtual Meeting on MS Teams

Board Meeting

Wednesday 20 September 2023

10.00 – 13.00

Location: Virtual Meeting on MS Teams

The ICB has four core purposes. These are to:

- Improve outcomes in population health and healthcare;
- Tackle inequalities in outcomes, experience and access;
- Enhance productivity and value for money; and
- Help the NHS support broader social and economic development.

	Time	Agenda Item	Sponsor	Enc
01	10.00	Welcome, Introductions and Apologies	Chair	
02		Declarations of Interest <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	10.05	Minutes, Action Log and Matters arising Minutes and actions arising from the SWL ICB Part 1 meeting held on the 19 July 2023	Chair	02
04	10.10	Decisions Made in Other Meetings	CEO	03
05	10.15	Chair's Report	Chair	04
IN FOCUS				
06	10.25	Winter Planning	Jonathan Bates	05
07	10.55	Children and Young People's Mental Health and Emotional Wellbeing	Vanessa Ford	06

	Time	Agenda Item	Sponsor	Enc
FOR DECISION				
08	11.25	Provider Collaborative Partnership Delivery Agreements	Karen Broughton/ Jonathan Bates	07
	11.35	COMFORT BREAK		
ITEMS FOR INFORMATION				
09	11.45	Green Plan Report: mid year progress report	Helen Jameson	08
10	11.55	Board Assurance Framework	Ben Luscombe	09
11	12.05	South West London Integrated Care Partnership Update	Cllr Ruth Dombey	10
12	12.15	Board Committee Updates and Reports <ul style="list-style-type: none"> • Finance & Planning Committee Update • Month 4 Finance Report • Quality & Oversight Committee Update <ul style="list-style-type: none"> ○ Quality Report ○ Performance Report 	Dick Sorabji Helen Jameson Elaine Clancy Jonathan Bates	11 12 13
13	12.35	Chief Executive Officer's Report	CEO	14
14	12.45	Any Other Business	All	
15	12.50	Meeting close	Chair	
16	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 22 November, Chaucer Centre, Canterbury Road, Morden, SM4 6PX

NHS South West London Integrated Care Board
Register of Declared Interests
September 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
Elaine Clancy	Chief Nursing Officer ICB Board Member ICP Board Member Quality & Oversight Committee Member People Board Member	Y	1. Langley Park Girls School 2. 1930 Fund for District Nurses				1 2	1 School Governor Langley Park Girls School 2 Trustee 1930 Fund for District Nurses	1 September 2017 2 December 2022	ongoing	Declared and discussed where relevant with conflicts of Interest Guardian
Mercy Jeyasingham	Non Executive Member ICB Board Member Chair of the Quality Oversight Committee Member of the Remuneration and Nominations Committee Chair of the People and Communities Engagement Assurance Committee	Y	1 Medicines and Healthcare products Regulatory Agency (MHRA).	1				1 Non Executive Director Medicines and Healthcare products Regulatory Agency (MHRA)	May-20	ongoing	Recuse from all discussion
Dick Sorabji	Non Executive Member ICB Board Member Chair of the Finance & Planning Committee Member of the Audit and Risk Committee	N	Nil Return								
Ruth Bailey	Non Executive Member ICB Board Member Chair of the Remuneration & Nominations Committee Member of the Audit and Risk Committee Chair of the People Board	Y	1 Executive Director (Job Share) of People and Organisational Effectiveness for Nursing and Midwifery Council 2 Husband is Director in UK Health Protection Agency. 4 Non-Executive Member on Hertfordshire and West Essex ICB		1 3		2	1 Executive Director (Job Share) of People and Organisational Effectiveness for Nursing and Midwifery Council 2 Husband is Director in UK Health Protection Agency. 3 Non-Executive Member on Hertfordshire & West Essex ICB	1 November 2022 2 October 2016 3 July 2022	1-3 Present	Declared and discussed where relevant with Conflicts of Interest Guardian
Martin Spencer	Non Executive Member ICB Board Member Chair of the Audit & Risk Committee	Y	1. NHS Counter Fraud Authority 2. Ofsted 3. Achieving for Children 4. Civil Service Commissioner 5. Education Skills and Funding Agency	1 2 3 4 5				1 Non Executive Director and Chair of the Remuneration Committee 2 Non Executive Director and Chair of the Audit Committee 3. Non Executive Director and Chair of the Audit and Risk Committee 4. Civil Service Commissioner 5. Chair	1. 09/18 2. 07/19 3. 11/20 4. 10/21 5. 10/18	1. 09/24 2. 07/23 3. 11/23 4. 10/26 5. 10/24	Recuse from all discussions
Sarah Blow	ICB Chief Executive ICB Board Member ICP Board Member Attendee of the Remuneration and Nominations Committee Member of Recovery & Sustainability Board	Y	1. LAS				1	1. My son is a band 3 call handler for LAS outside of SWLondon	Jan-22	Present	Individually determined
Karen Broughton	Deputy Chief Executive / Director of People & Transformation ICB Board Member ICP Board Member Attendee of the Remuneration and Nominations Committee People Board Member Member of Recovery & Sustainability Board	N	Nil Return								
Dr 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 2. Hounslow and Richmond Community Healthcare NHS Trust 3. Churchill Medical Centre GP Practice	1 2		3	3	1. CEO of Provider Trust in SWL 2. CEO of Provider Trust in SWL 3. Partner is the Practice Manager	1. 2019 2. 2021 3. 11 Sept 23	Present	Declared and discussed where relevant with Conflicts of Interest Guardian 3. Exclude from any discussion or decision that directly impacts on the Churchill Practice.

NHS South West London Integrated Care Board
Register of Declared Interests
September 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
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 2. Aspergillosis Trust	1	2			1. Group Chief Executive Officer of Provider Trust in SWL 2. Trustee of this Charity	01/08/2021 01/04/2023	Present	1. Declared and discussed where relevant with Conflicts of Interest Guardian 2.Remove from any discussion about this Charity
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 Halder Practice (GMS) 2. Joint Clinical Director, Brocklebank PCN 3. Brocklebank PCN is part of Battersea Healthcare (BHCIC) 4. Convenor, Wandsworth Borough Committee 5. Primary Care Representative, Wandsworth 6. Co-Chair Cardiology Network, SWL ICS 7. Clinical Director Primary Care, SWL ICS	1 3 4 5 7	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
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 •HVA Communications - Strategic Adviser Mar 2023 ongoing •DAC Beachcroft - Strategic Adviser April 2020 ongoing •ZPB - Strategic Adviser 2018 ongoing •Rinnous - 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 Richmond & Wandsworth LA ICB Participant ICP Member	N	Nil return								
Sara Milocco	Voluntary Sector ICB Observer	N	Nil return								
Aylissa Chase-Vilchez	Voluntary Sector ICB Observer	N	Nil return								

MINUTES
SWL ICB Board Meeting
Wednesday 19 July 2023
10.00 – 12.30
Microsoft Teams

Chair: Mike Bell

Members:	Designation & Organisation
Non-Executive Members	
Ruth Bailey (RB) – left the meeting between 10.40 and 11.45	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
John Byrne (JBy)	Executive Medical Director, SWL ICB.
Elaine Clancy (EC)	Chief Nursing Officer
Helen Jameson (HJ)	Chief Finance Officer, SWL ICB
Partner Members	
Vanessa Ford (VF) – left the meeting at 12.00	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).
Dr Nicola Jones (NJ)	Partner Member, Primary Medical Services (Wandsworth GP)
Jacqueline Totterdell (JT)	Partner Member, Acute Services (Group Chief Executive Officer St George's, Epsom and St Helier University Hospitals and Health Group)
Place Members	
Dr Annette Pautz (AP)	Place Member, Kingston (Kingston GP)
Mark Creelman (MC)	Place Member, Wandsworth (Executive Locality Lead, Merton, and Wandsworth)
Attendees	
Charlotte Gawne (CG)	Executive Director of Stakeholder & Partnership Engagement and Communications, SWL ICB
Jonathan Bates (JBa)	Chief Operating Officer, SWL ICB
Mike Jackson (MJa)	Participant, Local Authorities (Joint Chief Executive Richmond upon Thames & Wandsworth Council)
Observers	
Alyssa Chase-Vilchez (ACV)	SWL HealthWatch Representative
Sara Milocco (SM)	SWL Voluntary Sector Representative
In attendance	
Ben Luscombe (BL)	Chief of Staff, SWL ICB
Maureen Glover (MG)	Corporate Services Manager (ICS)
Martin Ellis (ME)	Chief Digital Information Officer

Matt Laundry (ML)	Chief Clinical Information Officer
Samantha Kelly (SK)	IM&T Change Manager (Digital Programmes)
Apologies	
Dame Cally Palmer (CP)	Partner Member, Specialised Services (Chief Executive Officer, The Royal Marsden NHS Foundation Trust)
Ian Dodds (ID)	Place Member, Richmond (Director of Children Services Royal Borough of Kingston upon Thames & London Borough of Richmond upon Thames)
Karen Broughton (KB)	Deputy CEO/Director of People & Transformation, SWL ICB
Matthew Kershaw (MK)	Place Member, Croydon (Chief Executive Officer and Place Based Leader for Health Croydon Healthcare Services NHS Trust)
James Blythe (JBI)	Place Member, Sutton (Managing Director Epsom & St Helier NHS Trust)

No.	AGENDA ITEM	Action by
1	Welcome and Apologies	
	<p>Mike Bell (MB) welcomed everyone to the meeting and apologies were noted. With no further apologies the meeting was quorate.</p> <p>It was noted that this meeting had originally been due to take place in Twickenham but because of planned industrial action affecting train services in South West London the decision had been made to move to a virtual meeting.</p> <p>MB thanked Dagmar Zeuner who had stepped down from the Board as Place member for Merton and said her contribution was greatly valued. A nominations and appointment process for the Merton Place member would be taking place.</p> <p>MB welcomed Elaine Clancy (EC) the SWL Chief Nursing Officer to her first SWL ICB Board meeting.</p>	
2	Declarations of Interest	
	A register of declared interests was included in the meeting pack. There were no further declarations relating to items on the agenda and the Board noted the register as a full and accurate record of all declared interests.	
3	Minutes, Action Log and Matters arising	
	<p>Minutes The Board approved the minutes of the meeting held on 28 June 2023.</p> <p>Action Log The action log was reviewed and it was noted that three actions remained open which were not due for completion until later in the year.</p>	
4	Decisions Made in Other Meetings	
	<p>Sarah Blow (SB) presented the report.</p> <p>It was noted that on 28 June a part 2 meeting was held for the Board to consider and approve the draft Annual Report and Accounts from 1 July 2022 to 31 March 2023 for the South West London Integrated Care Board and from 1 April 2022 to 30 June 2022 for the NHS South West London Clinical Commissioning Group, prior to submission for approval to NHS England. The Annual Report and Accounts would be published prior to the AGM in September.</p>	

	The Board noted the decisions made at the Part 2 meeting of the Board held on 28 June.	
5	Chair's Report	
	<p>Mike Bell (MB) presented the report and noted the very sad event in Wimbledon at a local school and thanked all colleagues in emergency services who provided support.</p> <p>MB also drew attention to the NHS 75th anniversaries of the NHS and Windrush and also to Pride 2023 and to Eid al-Adha Mubarak celebrations.</p> <p>The Board noted the report.</p>	
6	Update on ICS Digital	
	<p>John Byrne (JBy) presented the report supported by Martin Ellis (Chief Digital Information Officer), Matt Laundy (Chief Clinical Information Officer) and Sam Kelly (IM&T Change Manager (Digital Programmes)). ME gave a presentation to the Board and Sam Kelly gave a demonstration on London Care Records.</p> <p>Board members thanked ME and his team for their work and recognised that digital was a significant priority moving forward. The Board discussed the report, particularly digital exclusion, and our approach to the whole population. ME noted that a lot of work had been undertaken on digital exclusion but recognised that it would not be possible to become 100% digital and this would need to be accommodated. Charlotte Gawne (CG) noted that engagement had been undertaken with communities for the Joint Forward Plan and a lot of information was known about communities who experienced digital exclusion. Work was also being done with people who were traditionally excluded, or experienced health and inequalities, to become digitally enabled. Alyssa Chase Vilchez (ACV) offered Healthwatch as a partner, particularly in connecting people with the voluntary sector and asked to be included in conversations with SM and ME.</p> <p>Sara Milocco (SM) noted that she would like to see the voluntary sector more strategically embedded in the plans for digital innovation and that that the voluntary sector could play a substantial role in empowering communities. ME agreed to meet with SM outside of the meeting.</p> <p>The Board noted a number of other comments which ME would discuss and pick up as part of the Digital Strategy and implementation.</p> <p>SB concluded the discussion by thanking the team and noting that digital was a priority for the NHS and care and would have a positive impact on services and patients. It was noted that digital would be brought back to a future Board meeting and that it should also be considered in all items when transformation was being discussed.</p> <p>Action: Bring reports on Digital back to a future meeting of the Board.</p> <p>The Board noted the report.</p>	JBy
7	Scheme of Reservation and Delegation	
	<p>Scheme of Reservation and Delegation and Detailed Scheme of Delegation Review of Standing Orders and Standing Financial Instructions</p> <p>Helen Jameson (HJ) presented the report.</p>	

	<p>Martin Spencer (MS), as Chair of the Audit and Risk Committee, highlighted the change to the sign off process for contracts, noting that the addition of two extra signatories made the process more resilient. It was noted that it would be important to communicate the changes to the SoRD across the organisation to ensure adherence. MS confirmed that the Audit and Risk Committee was recommending the SoRD, SoD and Standing Orders and Standing Financial Instructions to the Board for approval.</p> <p>HJ and SM agreed to discuss issues with prompt payment of invoices for the Voluntary Sector.</p> <p>Action: HJ and SM to discuss issues regarding prompt payment of invoices for the Voluntary Sector.</p> <p>Mercy Jeyasingham (MJ) agreed that responsibility for scrutiny of equality and diversity should sit with the Board but noted that the Quality and Oversight Committee would continue to look at equality and diversity when it reviewed quality and performance reports.</p> <p>SB acknowledged Dick Sorabji's (DS) comment about the lack of alignment of previous processes and noted that the ICB had inherited some complex systems from previous organisations and this had been an opportunity to simplify the process and make it more straight forward for staff to make good decisions.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Accepted the recommendation by the Audit and Risk Committee to approve the updated SoRD/SoD. • Agreed to review the documents, in line with the update to the Public Contract Regulation Limited, in January 2024. • Approved the Standing Orders and Standing Financial Instructions as part of the annual review process. 	HJ/SM
8	Updated Finance and Planning Committee Terms of Reference (ToR)	
	<p>DS presented the updated Terms of Reference (ToR) for the Finance and Planning Committee.</p> <p>The Board approved the updated Terms of Reference for the Finance and Planning Committee.</p>	
9	NHSE Feedback on Operational Plan	
	<p>Jonathan Bates (JBa) and HJ presented the report.</p> <p>MB acknowledged the huge amount of work on the Operational Plan and passed on his thanks to everyone involved.</p> <p>In response to MB's question about perinatal access targets and the impact failure to access these services could have on a child's development, VF noted that a lot of work had been undertaken looking at Mental Health targets across all six boroughs. It was recognised that to achieve the targets for all six boroughs this year was not viable but the ICB was in a much stronger position to deliver for all six boroughs next year, which was in line with the work agreed through the Mental Health Strategy.</p> <p>SB talked about the elective recovery fund and noted there had been a change to the fund to accommodate the impact of industrial action nationally. It was</p>	

	<p>recognised that there was a need for the ICB to do as much as possible on elective recovery to reduce waiting lists.</p> <p>Jo Farrar (JF) said he had been involved in the production of the plan and everyone was working closely together to achieve the best outcome from a challenging situation.</p> <p>The Board noted the NHSE feedback on the Operational Plan.</p>	
10	South West London Integrated Care Partnership Update	
	<p>Cllr Ruth Dombey (RD) presented the Report and a short video of the ICP Conference on 24 May was shown.</p> <p>SM noted that in the workforce development session it was difficult for the voluntary sector to bring their perspective to the table because a lot of colleagues around the table were from the NHS. SM suggested that the SWL Strategy needed to embed the voluntary sector in the workforce development chapter in a way that enabled the voluntary sector to contribute. RD noted the comments about the voluntary sector and said she would be having discussions about holding an event which would bring the voluntary groups to the ICP and help NHS colleagues understand the power and the value of the work already done.</p> <p>RD raised children’s mental health issues. This was partly due, post Covid, to children and young people struggling to go back to school and there was a need to look at how young people could be supported. It was noted that Healthwatch had done some interesting work in relation to children’s mental health and the suggestion was made for ACV to pull together the work that had been undertaken by the six Healthwatch organisations in SWL.</p> <p>Action: ACV to pull together the work undertaken by the six Healthwatch organisations in SWL in relation to children’s mental health.</p> <p>In response to comment from JT, regarding the work Andrew Murray had done on mental health in schools, SB noted that this initiative had been rolled out to nearly all of the schools in SWL and it would be helpful to share that learning with the Board. It was noted that a substantive item on children and young people’s mental health would be brought back to a future meeting.</p> <p>Action: EC to provide an “in focus” item on Children and Young People’s Services at a future Board.</p> <p>MB thanked CG and her team for their work in organising this major and successful event.</p> <p>The Board noted the report.</p>	<p>ACV</p> <p>EC</p>
11	Board Committee Updates and Reports	
	<p>Finance & Planning Committee Update DS presented the report which gave an overview of the key issues discussed at the Finance and Planning Committee in May. DS drew attention to the deep dive on prescribing, the Wandsworth Place Update and the financial position at M2.</p> <p>Month 2 Finance Report HJ presented the report and noted the M2 financial position.</p>	

	<p>Quality & Oversight Committee Update Mercy Jeyasingham presented the report and noted that the Committee had met in June when it undertook a deep dive into community paediatrics.</p> <p>Quality Report JBy presented the report. and drew attention to work undertaken on safeguarding.</p> <p>Performance Report JBa presented the report noting that SWL had exceeded the national 28-day Faster Diagnostic standard for the second consecutive month and had also exceeded the target for Learning Disability Health Checks.</p> <p>Audit & Risk Committee Update MS presented the report and noted that the focus of the meeting in June was the review of the Annual Report and Accounts for 2022/23.</p> <p>Remuneration & Nominations Committee Ruth Bailey presented the report and noted that at its meeting in June the Committee had considered two confidential staffing issues.</p> <p>The Board noted the Committee updates and reports.</p>	
12	Chief Executive Officer's Report	
	<p>SB presented the report and thanked all staff across SWL for dealing with the industrial action and noted the impact that this had on both patients and staff.</p> <p>A verbal update was given on the significant increase in the number of cases of measles that were being seen in children. SB provided assurance to the Board that work was being undertaken in SWL to ensure support was in place to provide additional vaccination clinics if required.</p> <p>In response to a comment from RD about the Right Care Right Person model, SB noted that there were good relationships on the ground with the NHS, police and others. It was recognised that A&E was not necessarily the right place for people who were having a mental crisis but sometimes there might also be a physical health problem. Work was being undertaken by CEs in SWL to develop a plan to have co-located access to mental health and physical health with A&Es.</p> <p>In response to ACV about whether an independent evaluation was in place or planned in relation to the Right Care Right Person model, SB noted that this model had only been done in one other part of the country and it was likely that little evaluation would have been done yet. Moving forward as the model was implemented in SWL an evaluation of the impact would be undertaken.</p> <p>RD noted the continuing importance for the green agenda and that it was an issue of discussion at the ICP. In response, SB agreed and noted that it would regularly be brought to the Board for discussion.</p> <p>The Board noted the report.</p>	
13	Any Other Business	
	There was no other business and the meeting was closed.	

14	Public Questions	
	MB thanked Wendy Micklewright for her input relating to matters discussed at the May meeting of the Board, which had previously been responded to.	

Next meeting in public: Wednesday 20 September: Guildhall, High Street, Kingston-upon-Thames, KT1 1EU

ICB Board Part 1 - Action Log

Date: 17 August 2023

Date of Meeting	Reference	Agenda Item	Action	Responsible Officer	Target Completion Date	Update	Status
18.1.23	ICB-02	2022/23 Better Care Fund Section 75s & Wandsworth Section 256 (Adults)	BCF: Report to a future Board meeting assessing the impact on services of the Better Care Fund investments.	Karen Broughton Tonia Michaelides	Nov-23		Open
18.1.23.	ICB-03	SWL Local Maternity & Neonatal System (LMNS) Kirkup Update Report	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.	Elaine Clancy	Nov-23	Update 09/08/2023 - moved to November Board Meeting	Open
19.7.23	ICB-04	Update on ICS Digital	Bring Digital back to the Board in July 2024	John Byrne	Jul-24		Open
19.7.23	ICB-05	South West London Integrated Care Partnership Update	ACV to pull together the work undertaken by the six Healthwatch organisations in SWL in relation to children's mental health	Ayssa Chase-Vilchez	Sep-23		Open
19.7.23	ICB-06	South West London Integrated Care Partnership Update	EC to provide an "in focus" item on Children and Young People's Services at a future Board	Elaine Clancy	May-24		Open

NHS South West London Integrated Care Board

Name of Meeting	ICB Board		
Date	Wednesday, 20 September 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)	Maureen Glover, Corporate Services Manager (ICS)		
Agenda Item No.	04	Attachment No.	03
Purpose	Approve <input type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input checked="" type="checkbox"/>
Purpose			
<p>To ensure that all Board members are aware of decisions that have been made, by the Board and its committees, in other meetings.</p>			
Executive Summary			
<p>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.</p> <p>At a Part 2 meeting of the Board on 19 July 2023, the Board agreed that when the existing urgent care contract lapses, the CHS Acute and Community contract becomes the default contractual arrangement for urgent care provision.</p>			
Recommendation			
The Board is asked to:			
<ul style="list-style-type: none"> Note the decision made at the Part 2 Meeting of the Board on 19 July 2023. 			
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.	

Supporting Documents	N/A
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NHS South West London Integrated Care Board			
Name of Meeting	ICB Board		
Date	Wednesday, 20 September 2023		
Title	Chair's Report		
Lead Director Lead (Name and Role)	Mike Bell, Chair, SWL ICB		
Author(s) (Name and Role)	Funke Ojatalayo, ICB Head of Assurance		
Agenda Item No.	05	Attachment No.	04
Purpose	Approve <input type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input checked="" type="checkbox"/>
<p>Purpose</p> <p>The report is provided for information and to update the Board on key issues not covered in other substantive agenda items.</p> <p>Executive Summary</p> <p>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.</p> <p>Key Issues for the Board to be aware of:</p> <p>South Asian Heritage Month</p> <p>South Asian Heritage Month took place between 18 July - 17 August, this year the focus was on the Indian Partition.</p> <p>Many people from India migrated to Britain post-war to help rebuild the country and today, the NHS includes 50,000 people of South Asian descent. We are immensely proud of our rich and diverse NHS community and here at SWL ICB, have taken the opportunity to commemorate, mark and celebrate South Asian cultures, histories and communities through a series of events and activities.</p> <p>HSJ Awards 2023</p> <p>I am pleased to announce that South West London ICB has been shortlisted for a Health Service Journal Award in the “Driving Efficiency Through Technology” category for our Universal Care Plan Programme, an initiative to improve the coordination and quality of urgent care in London.</p> <p>The ICB, along with South London Trusts, South East London Integrated Care Board and South London Specialised Services have also been nominated in the category of “Acute Sector Innovation of the Year”.</p> <p>Judging will take place in September and the awards ceremony will be held in November. Congratulations to everyone involved in these projects on being shortlisted.</p>			

Sharing our Learning from Virtual Wards

Leaders and frontline professionals across health, care and the voluntary sector came together on 28th June to discuss and share learning from South West London's virtual ward programme.

SWL's four virtual wards cover our six boroughs and support patients who would otherwise need in-patient hospital beds. Due to the programme, we are able to discharge patients from hospital earlier, as well as prevent unnecessary admissions, meaning patients can recover at home on a virtual ward.

Learning from Brazil – How community health and wellbeing workers in Wandsworth link people to the help they need

A scheme, which transformed the health of people in Brazil's poorest neighbourhoods, is coming to South West London after being successfully implemented in Westminster, where it led to an 82% increase in take up of cancer screening and health checks, as well as a 47% increase in immunisations. The scheme brings community health and wellbeing workers to the heart of those neighbourhoods where health inequalities lead to lower life expectancy.

The scheme focuses on every aspect of life that can influence health, including housing, employment, social isolation and financial pressures and links people with the help they need.

In Wandsworth, the pilot project will run in partnership with the five GP practices in Battersea Primary Care Network, NHS South West London, Wandsworth Council, Wandsworth Community Empowerment Network and other community organisations on Battersea's Doddington and Rollo Estate. It has received a grant from NHS South West London's health inequalities fund, which offered funding opportunities for innovative projects to tackle unequal access to healthcare.

South West London ICS Digital Pioneer Fellowship programme

I was pleased to be invited, along with our Chief Medical Officer, Dr John Byrne, to speak at the Digital Pioneer Fellowship launch about digital priorities for SWL.

We are partnering with the Health Innovation Network to encourage innovation, enhance digital leadership skills, facilitate health and care transformation and establish a supportive and collaborative network throughout South West London.

The South West London ICS Digital Pioneer Fellowship programme will help 40 people design and lead health and care transformation projects underpinned by digital innovation. The programme is designed to equip fellows with new skills and knowledge, from building good business cases and using Agile as a project delivery technique, to structuring a good evaluation and implementing change management principles.

Ultra Low Emission Zone (ULEZ) Program

The Ultra Low Emission Zone (ULEZ) program implemented in London to tackle the challenges of air pollution and traffic congestion was extended to outer London boroughs last month. The health benefits of the ULEZ are predicted to be considerable and is intended to advance the goal to reduce toxic air pollution levels and improve respiratory health in Londoners

NHS South West London ICB Annual General Meeting

We are pleased to invite you to attend the first NHS South West London Integrated Care Board Annual General Meeting (AGM) from 2pm to 4pm on Monday, 25 September 2023.

This will be our first AGM and we are looking forward to seeing our communities, partners and staff face to face at Wimbledon Everyday Church Auditorium. At the AGM we will share our achievements, and challenges in our first year as an Integrated Care Board as well as presenting our annual accounts and annual report. There will be an opportunity for you to ask questions to our Board and for you to email your questions in advance. Contact details are available on our website.

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

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, 20 September 2023		
Title	Winter Planning		
Lead Director (Name and Role)	Jonathan Bates, Chief Operating Officer		
Author(s) (Name and Role)	Caroline Morris, Director of Collaborative Commissioning Michelle Woodward, Head of Urgent and Emergency Care.		
Agenda Item No.	06	Attachment No.	05
Purpose	Approve <input checked="" type="checkbox"/>	Discuss <input checked="" type="checkbox"/>	Note <input type="checkbox"/>

Purpose

This paper is being brought to the Board to provide assurance on the activities and planning that have contributed towards a robust approach to managing the expected additional demands that will be placed on the health and care system as we move into the winter period.

Executive Summary

- The South West London ICB winter plan represents the outputs of a whole-system approach to considering the demand and consequent capacity that will be required to manage services effectively over the winter period (running from October '23 to March '24).
- The forthcoming winter will present significant challenges to the SW London system, given the ongoing pressures being experienced across the Urgent & Emergency Care pathway this summer coupled with the probability of further Industrial Action.
- To help address this challenge, for the first time this year, the plan has been completed in August, allowing more time to mobilise additional activities and where necessary recruit effectively into short term winter roles. Early notification of the funds that are available to the system has been welcomed with the UEC Board running a process to ensure that the £13.1m received has been allocated fairly across the system and spending prioritised against approaches with tangible benefits.
- Working closely to align the winter funding with the Adult Social Care Discharge Fund, we have been able to deploy the resources we have across the breadth of Urgent and Emergency Care Pathway from front door to discharge. We have prioritised maintaining acute escalation bedded capacity as requested by NHS England.
- The attached document describes in some detail the plans in place to support winter and is designed to provide the Board with assurance that there has been a comprehensive and considered examination of what we are already doing, and what more we need to do. Many of these interventions form part of existing programmes of work, such as those described in

the community sector; some are specific to this time of year, for instance the flu vaccination programme and in some cases we have described further contingency plans. We have drawn them into this document to represent the full scope of activities underway to support capacity building and transformation that better supports demand management and alternatives to Acute Care.

Key Issues for the Board to be aware of

- Despite this extensive planning, there remain a number of unknowns heading into winter which may have a negative impact on the system. Of note:
 - Should there be a significant increase in the level of Covid infections alongside flu outbreaks, this will place further pressure on the system requiring us to create further surge in already stretched services.
 - We are facing constrained resources having invested in escalation beds all year.
 - Our workforce remains constrained across a number of sectors with the risk of further, significant Industrial Action.

Recommendation

The Board is asked to:

- Note and approve the attached winter planning document.
- Confirm that it is assured that preparations for the coming winter period have been undertaken in a robust manner and highlight any further opportunities to add greater resilience to our collective, winter plans.

Conflicts of Interest

N/A

Corporate Objectives

This document will impact on the following Board Objectives

Planning for winter to provide the best service to patients is a core responsibility.

Risks

This document links to the following Board risks:

RSK-035 – Failure to secure sufficient staffing, including in the social care workforce
RSK- 037 – Failure to deliver timely and high quality Urgent and Emergency Care Services

<p>Mitigations Actions taken to reduce any risks identified:</p>	<p>The winter plan is specifically designed to reduce the risks as described above.</p>
<p>Financial/Resource Implications</p>	<p>The Plan articulates the investment of £13.1m to support the health service and £12.4m for the Adult Social Care Discharge Fund, which will see an increase in resources across the system.</p>
<p>Is an Equality Impact Assessment (EIA) necessary and has it been completed?</p>	<p>An equality impact assessment is underway, while it is difficult to complete a single assessment against a whole system plan such as this, it is clear that there are areas of focus.</p>
<p>What are the implications of the EIA and what, if any are the mitigations</p>	<p>It is known that older people, the very young and those with disabilities use urgent and emergency care more frequently than other groups. This plan specifically sets out interventions to improve services for frail people, seeks to improve the pathways for access to urgent care and ensuring increased urgent care capacity over the winter period.</p> <p>We also know that certain communities can struggle to access urgent care. Our communications plan specifically targets these communities with interventions known to work to support them to access care effectively.</p>
<p>Patient and Public Engagement and Communication</p>	<p>A key aim of the winter plan is to help patients access care effectively. The measures contained within this plan specifically set out how we will continue to communicate with and engage patients in urgent and emergency care.</p>

Previous Committees/Groups	Committee/Group Name	Date Discussed	Outcome
<p>Enter any Committees/Groups at which this document has been previously considered</p>	<p>UEC Board</p>	<p>12/05/2023</p>	<p>Approach to winter plan and indicative allocations approved.</p>
	<p>Finance & Planning Committee</p>	<p>06/04/2023</p>	<p>Approach to funding allocation approved.</p>
	<p>SWL Senior Management Team</p>	<p>31/08/2023</p>	<p>Further work on plan to be completed prior to sign off by SRO.</p>
	<p>UEC Board Review</p>	<p>01/09/2023</p>	<p>Delegated sign off to SRO</p>
	<p>SRO Sign Off</p>	<p>06/09/2023</p>	<p>Approved</p>

<p>Supporting Documents</p>	<p>SWL Winter Plan</p>
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Preparations for Winter

2023/24



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Executive Summary

- The South West London ICB winter plan represents the outputs of a whole-system approach to considering the demand and consequent capacity that will be required to manage services effectively over the winter period (running from October '23 to March '24).
- This document describes in some detail the plans in place to support winter and is designed to provide the Board with assurance that there has been a comprehensive and considered examination of what we are already doing, and what more we need to do. Many of these interventions form part of existing programmes of work, such as those described in the community sector; some are specific to this time of year, for instance the flu vaccination programme and in some cases, we have described further steps we need to take to build resilience over the coming months. We have drawn them into this document to represent the full scope of activities underway to support capacity building and transformation that better supports demand management and alternatives to acute hospital care, where appropriate.
- The scale of the challenge within South West London this winter is clear throughout this document. Patients, with both physical and/or mental health needs, appear to be presenting with increasing acuity, resulting in longer stays in hospital and greater needs on discharge. The ongoing industrial action is impacting adversely on service provision, further impacting workforce morale and with substantial implications for elective care as well as urgent care. We also go into the winter period with a number of unknowns that may have a negative impact on the system such as the level of Covid infections alongside possible flu outbreaks.
- For the first time this year, the plan has been completed in August, allowing more time to mobilise additional activities and where necessary recruit effectively into short term winter roles. Early notification of the funds available to the system has been welcomed with the UEC Board running a process to ensure that the £13.1m received has been allocated fairly across the system and spending prioritised against approaches with tangible benefits. In addition, a further £12.14M of Adult Social Care Discharge Funding has also been distributed between NHS providers and local authorities to improve discharge capacity and processes.
- The South West London system has sought to match expected demand levels to capacity in such a way as to maintain performance across the period without needing to utilise capacity set aside for elective recovery. Acute Trusts have set an ambition that aims to deliver 80% against the 4-Hour ED target across Q4, representing a 9% improvement on where we are now. Planning to achieve this challenging stretch target, which is above the national ambition, is acting as a call to arms across the whole system in a combined effort to treat patients in a timely manner and in the right place. Nonetheless, this is going to be a hugely challenging winter, despite comprehensive planning and system-wide commitment, that will require intense operational focus.

Introduction

- Preparing for the coming Winter Period has involved all parts of the Integrated Care System in a period of reflection and action planning to ensure that the services we provide are in the best possible shape for the expected increase in demand.
- Urgent and Emergency Care Services are at the centre of this planning and in this paper we look in detail at the arrangements that have been made to date.
- We started our planning in March, when we received a £13.1m funding allocation alongside guidance that systems must “Permanently sustain the additional capacity that was funded through winter 2022/23” and £12.4m for the Adult Social Care Discharge Fund. In order to make the most of these allocations, we have aligned our plans with Local Authorities to ensure we maximise the money and resources available.
- With that in mind, local systems developed plans for the year with maintaining bedded capacity as a priority. Planning how to spend the funds earlier in the year has meant we can prepare sooner, keeping or recruiting staff earlier to avoid spending more on agency and bank staff.
- At the end of July, the system received a NHSE Winter letter reiterating the need to continue the work we have already started on recovery, emphasising that system’s key focus should be on reducing waiting times in Emergency Departments and reducing delays in ambulance response for those waiting in the community. A set of Key Lines of Enquiry (KLOEs) have been responded to, reflecting the contents of this presentation.
- As we have been undertaking this planning earlier than in previous years, there is still time to further refine approaches as we develop a better understanding of what the main pressures are likely to be.



UEC in Context

Urgent and Emergency Care in Context

(Activity numbers are an average per month July 22- June 23)



Now **2542**

 Mid-Winter **2653**

General and Acute & Equivalent (G&A) Beds



14%

Beds with patients not meeting criteria to reside



95%+

G&A Bed occupancy



£1.3 bn

 40% of ICB budget

Non-Elective Spend



59,000

People Attending ED



36000

111 calls



72,000
 In last 12 months

Ambulance arrivals



700,000 +
 per month

GP appointments



Social care **36,000**

NHS **34,000**

Workforce



425

Virtual Ward Beds available by March '24



340

Urgent Community Response call outs

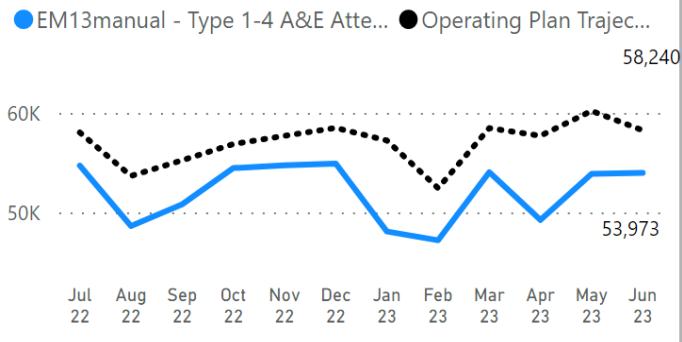


7,200

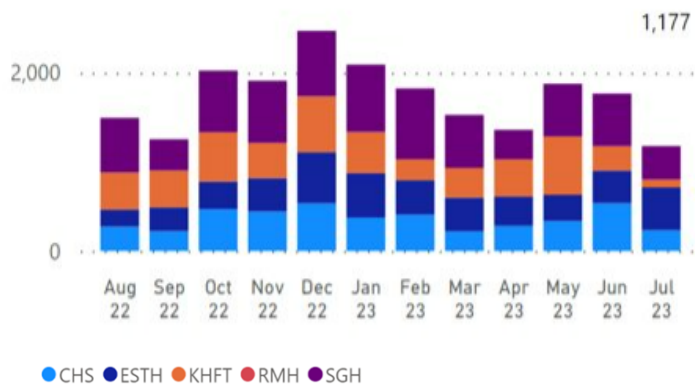
Non-Elective Episodes of care

Current UEC Performance

A&E Attendances (All Types)



12 Hour A&E Breaches



- ED attendances are lower than planned, and lower than last year by some 5,000 per month across the system. This is partly because of the continued expansion of streaming services at the front door of ED, such as Same Day Emergency Care units, and urgent community response services that prevent attendances. There have also been 6,000 fewer ambulance conveyances over the year.

- The number of patients waiting in ED for more than 12-hours after a decision to admit remains high, although improving. Hospitals face challenges moving patients from ED into wards. Despite retaining winter beds throughout the summer months, flow is still very challenged with 14% of all G&A beds occupied by someone who could be elsewhere in the system.

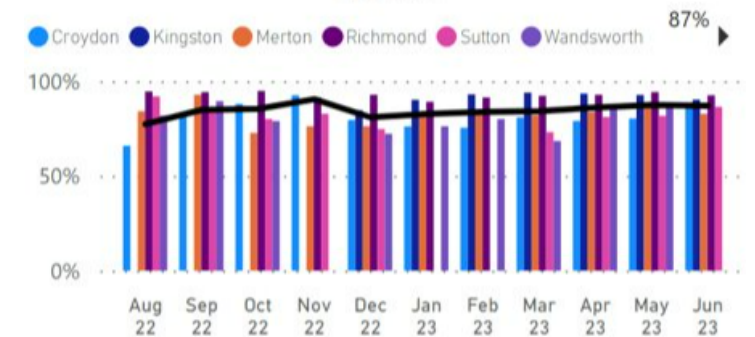
- SWL virtual ward capacity, which allows those almost ready for discharge to be go home with ongoing support is underutilised with around half of the available beds occupied. The reasons for this include the need to change culture within clinical teams to support their patients into the care of the virtual ward and effective matching of capacity to patient need.

- SWL community 2-hour urgent response service is well used with around 340 episodes of care a month representing nearly 90% utilisation.

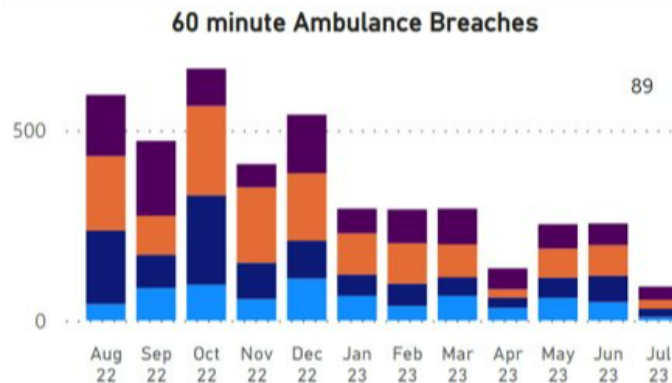
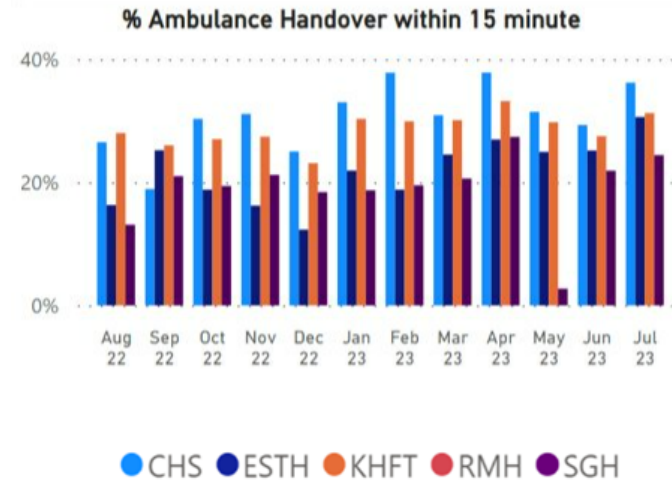
SWL Virtual Ward Capacity and Occupancy



Community 2 Hour Urgent Response Performance - Provider



Ambulance Handover



- Ambulance handover is a core priority for SWL and considerable daily operational focus is spent on ensuring timely handover.
- Ambulances that arrive at hospital under blue light are generally handed to ED staff almost immediately. However, for all others, which form the majority of arrivals, the NHS has a target to hand over the patient within 15 minutes of arrival. There is a slow upward trend in the speed of handover.
- The number of ambulances waiting over 60 minutes to handover has materially improved in the last year. Our ambition is to have no 60 minute breaches as we go into this winter, and we are working with LAS on a new handover procedure triggered after a 45 minute wait. In order to meet this 45 minute procedure, hospitals have found ways to accommodate patients within the ED through the use of cohorting (where one crew or nurse oversees a number of patients that are waiting to be seen), “fit to sit”, where patient are seated rather than on trolleys and Boarding, that is sending patients to a ward before an expected discharge has happened in anticipation of a free bed.
- The root cause of most delays lies in discharge processes and lack of community capacity. Acute hospital beds remain occupied by patients waiting to go elsewhere, ED cannot move patients onto the wards and so there is less space for patients arriving by ambulance.

A photograph of a hospital hallway. In the foreground, a nurse in a blue uniform is assisting an elderly patient in a wheelchair. The patient is wearing light blue hospital pajamas and looking up at the nurse. In the background, a doctor in a white coat and a nurse in a white uniform are walking. A sign above a doorway reads 'Pathology'. A green fire exit sign is visible on the wall. The hallway has large windows on the left and recessed ceiling lights.

Key objectives for this winter

NHSE objectives for the ICS this winter

- The letter “Delivering resilience for the NHS this Winter” described the four areas of that ICBs should focus on in planning for winter. In addition, the SWL UEC Board also identified additional areas that need to be considered if we are going to have a successful winter and which are described in this presentation. The four areas of national focus are:
 - **Continue to deliver on the UEC Recovery Plan**, which keeps the timely ambulance handover and the 4 Hour Emergency Department target as the two key targets, by ensuring high-impact interventions are in place (see next slide).
 - **Complete operational and surge planning for winter scenarios**, referring to the operational planning round, asking systems to review these plans including demand and capacity over Winter and specifically the festive period/early January. There is additional focus on responding to peaks driven by external factors such as ‘flu, with these plans inherently protecting elective and cancer, primary care access and anticipatory care.
 - ICBs should **ensure effective system working across all parts of the system** including acute trusts and community care, elective care, Children and Young People, Mental Health, primary, community, intermediate and social care and the Voluntary Community and Social Enterprise sector. An updated specification for System Coordination Centres and revised OPEL (Operational Pressures Escalation Levels) Framework has also been published to ensure co-ordinated consistent approach across systems.
 - **Supporting our workforce** highlights the critical importance of our staff and their wellbeing. It goes on to describe the need to protect staff and patients through ‘flu and Covid vaccination programme. Systems and providers are also urged to continue retention and staff attendance through a systematic focus on all elements of the NHS People Promise in the Long-Term Workforce Plan, and continued supply from education and training.

10 High-Impact Interventions

- 1. Same Day Emergency Care (SDEC):** reduce variation in SDEC provision ensuring operation of a variety of SDEC services for at least 12 hours per day, 7 days per week.
- 2. Frailty:** reduce variation in acute frailty services. Improving recognition of cases that could benefit from specific frailty services, making referrals to avoid admission.
- 3. Inpatient flow and length of stay (acute):** reduce variation in inpatient care (including mental health) and length of stay for key pathways/conditions/cohorts by implementing in-hospital efficiencies and bringing forward discharge processes for pathway 0 patients.
- 4. Community bed productivity and flow:** reduce variation in inpatient care and length of stay, including mental health, by implementing in-hospital efficiencies and bringing forward discharge processes.
- 5. Care transfer hubs:** implement a standard operating procedure and minimum standards for care transfer hubs to reduce variation and maximise access to community rehabilitation and prevent re-admission to a hospital bed.
- 6. Intermediate care demand and capacity:** support the operationalisation of ongoing demand and capacity planning, including through improved use of data to improve access to and quality of intermediate care including community rehabilitation.
- 7. Virtual wards:** standardise and improve care across all virtual ward services to improve the level of care to prevent admission to hospital and help with discharge.
- 8. Urgent Community Response:** increase the volume and consistency of referrals to improve patient care and ease pressure on ambulance services, avoiding admission.
- 9. Single point of access:** driving standardisation of urgent integrated care coordination which will facilitate whole system management of patients into the right care setting, with the right clinician or team, at the right time. This should include mental health crisis pathways and alternatives to admission, e.g. home treatment
- 10. Acute Respiratory Infection Hubs:** support consistent roll out of services, prioritising acute respiratory infection, to provide same day urgent assessment with the benefit of releasing capacity in ED and general practice to support system pressures

SWL- specific focus

Building on the NHSE Recovery Plan and winter letter, South West London partners have :

- **Nominated 50 improvement champions** from across SWL to participate in training and development, networking and online support. These individuals represent a cross-section of operational managers and clinicians from across the system who are able to make improvements to services on the front line.
- **Completed a self-assessment Maturity Index** to highlight areas requiring greatest support from the list of 10 High Impact Interventions. This indicated the following focus areas for each system:

System	Priority 1	Priority 2	Priority 3	Priority 4
Merton & Wandsworth	Same Day Emergency Care	Community Beds	Single Point of Access	Acute respiratory response
Sutton	Urgent Community Response	Single Point of Access	Acute respiratory response	Virtual Wards
Kingston & Richmond	Inpatient Flow	Single Point of Access	Acute respiratory response	Virtual Wards
Croydon:	Frailty	Inpatient Flow	Single Point of Access	Acute respiratory response

In addition, the SWL UEC Board has considered how being an ICS should change the way we work to focus on:

- Rapid implementation of the three Priority Areas, sharing learning quickly and working collaboratively across the ICS to maximise the benefits of joint working
- Increasing and then sustaining the speed of ambulance handover
- Rapid and timely implementation of the actions in this plan, ensuring our resources are spent wisely and particularly continuing to transform our UEC services so they are used wisely by our population
- Ensuring the most vulnerable people in our population are actively considered in all of our plans such as through the immunisation programme, in access to services and our work with homelessness people attending emergency departments
- Ensuring we have robust plans in place to respond effectively to surges in demand over the winter period,
- Supporting our UEC workforce to be resilient across the winter period



SWL Winter Preparations

1: Increase speed of Ambulance Handover

- Increasing the speed of Ambulance Handover is a top priority this winter as we know it impacts on our most vulnerable group of patients: those waiting at home or in the community who are not under the care of a health professional. When ambulances are waiting at a hospital to handover patients for long periods, it means they will not be available to respond quickly to those patients waiting in the community.
- All of our hospitals are keenly aware of this and are working hard to reduce the time it is taking for crews to be released from the hospital sites. These delays are often caused by reduced flow in the urgent and emergency care pathway so improving efficiencies at every stage are key, however, the pressures have become so intense that we have started to use more challenging means to reduce handover waits at the front door.

Capacity and resilience over Winter:

- Winter funding has been allocated to extend the use of London Ambulance Service (LAS) Hospital Liaison Officers (HALO) in Emergency Departments. This staff group has proved invaluable in liaising between hospital teams, LAS crews and central LAS functions to support flow and be part of the decision-making process when using the escalation framework.
- All of our hospitals are using cohorting, which is where patients who meet certain criteria are able to be managed in one area, looked after by a paramedic in times of pressure. Most of our hospitals are also using boarding when needed to improve flow for patients that need to be admitted to hospital. The models vary slightly, but it usually means a patient on a ward due to be discharged is moved to a seated area to allow a patient to be admitted from ED.
- In response to intense operational pressures, we are piloting the 45-minute handover protocol at St George's in September with a view to rolling this out across SWL ahead of Winter subject to learning from the pilot. This is where a crew will leave a patient following a clinical handover after 45 minutes allowing the crew to be released.

Challenges and Risks:

- Additional resource, such as the HALOs, need to be backfilled which is an additional pressure on the LAS workforce.
- Initiatives such as cohorting and boarding require careful consideration of clinical risk and need to be balanced against the potential harm caused for patients waiting longer in ED or in the community for an ambulance.
- The 45-minute handover protocol in particular will be closely monitored to understand the benefits, issues and any unintended consequences such as more conveyances to hospital.

2: Extend Same Day Emergency Care (SDEC) capacity

- SWL is currently the only London ICB that meets the national standard to provide SDEC 12 hours a day, 7 days a week. We are also the only London ICB to have a hospital that is receiving referrals directly from 111 and LAS without a clinician having to call the service first. SDEC has seen continual expansion and growth in our area and we know there is still potential to do more to increase care on the day for patients who can then go home rather than stay in hospital. The SWL SDEC Group is working together on this, sharing learning as well as providing a focus for regional and national priorities.

Increasing Capacity and Resilience

- The majority of our SDEC departments take referrals from 111 and LAS via a phonecall referral, however Croydon is the only Trust in London to take patients directly from LAS without a call. This is called the “trusted assessor” model. Croydon is also taking referrals from 111 without needing a call from a clinician and this channel is seeing significant growth in terms of referrals. Other Trusts are keen to follow suit and we are using the SWL SDEC Group to promote the benefits of this model.
- The 111 service is actively promoting SDEC within their service including bringing in clinicians to explain to advisors what the service is about to encourage utilisation.

Risks, Challenges and Support

- Some departments are challenged by workforce and estate limitations, particularly in terms of expanding services to take additional activity. The ongoing pressures also mean that whilst teams may be keen to try new ways of working, it can be difficult to find the capacity to secure engagement. Sites can be in a position of needing to bed part of their SDEC area due to pressures, which reduces the capacity of the service.
- There are ongoing issues with consistent data reporting across SWL because of technical issues with the hospital IT systems (Cerner) which makes it harder to have a clear view of activity across the ICS.

3: Increase access to frailty pathways

- Frailty services support patients by preventing, admission where frail patients could be better cared for in the community with better outcomes. Work has been undertaken with each system to understand the challenges, opportunities and map service provision from primary care through to the acute setting to enable a more person-centred approach to the support provided within the community setting. Using this information, a standard model of care has been developed across SWL to improve the recognition of patients that could benefit from specific frailty services, promoting referrals to community services to avoid unnecessary admissions. This work will result in reduction in variation in acute frailty service provision and patient outcomes.

Capacity and resilience over winter:

- Proactive care programmes operate in each of the SWL Places and via primary care routinely focus on early identification of patients using standardised frailty tools and action plans co-produced to manage risk, deterioration, escalation and avoid reactive and acute episodes. Community assets such as social prescribers, voluntary sector groups and pharmacists have been engaged and will work with local teams to help coordinate care.
- Frailty services currently operate 7 days a week with frailty in-reach to ED, Acute Medical Units, and SDEC in place across most hospital within the system. Local plans have been developed to ensure programmes are aligned with System Frailty programme and the ambition for a consistent offer across SWL. Frailty pathways are in place for virtual wards to help prevent admissions and support earlier discharges.
- Remote monitoring of patients are in place in 40% of Care homes in SWL and services such as the falls pick up services, rapid response and care home in reach teams work with care homes to avoid the unnecessary conveyances of patients to the acute setting. Hydration projects are mobilising in the care homes across SWL to monitor the uptake of fluids in frail patients and ensure they remain hydrated and sensor-based falls prevention technology has also been introduced into a small cohort of care homes as part of the Adult Social Care technology fund.

Challenges and Risks

- There is variation in the service offer across SWL, with most not having limited frailty services due to estate restrictions and historic commissioning approaches.
- The recruitment and retention of a sustainable workforce in SWL remains a challenge.
- Services have historically been commissioned with a strong focus on reactive care resulting in patients presenting in acute services unnecessarily.

4a: Improve inpatient flow and reduce length of stay

- Maintaining the number of beds in place has been a priority for this coming winter, but there is still much to do to ensure this capacity is available for our sickest patients. There are many interdependencies from improving internal hospital processes through to improving discharge and the availability of out-of-hospital capacity such as the right care home places, social care and rehabilitation.

Capacity and resilience over Winter:

- All SWL Acute Trusts have work programmes dedicated to improving continuous flow with specific projects aimed at reducing length of stay. This includes a reduction in patients with a length of stay over 14 and 21 days. Internal standards and processes have been reviewed in order to highlight improvements in in-hospital efficiencies with a particular focus on improved MDT working, bed management processes and weekend discharge.
- Actions are under way to ensure that the 10 high impact changes highlighted within the UEC recovery plan are implemented within the existing programmes, however the transfer of care hubs and single points of access are particular areas of focus. Alongside these focus areas, work is underway to make sure assessment goals are determined within first 48 hours of admission onto the ward, alongside setting of estimated discharge dates to support timely discharges.
- A standardised escalation policy has been developed for SWL meaning all complex discharges for patients who no longer meet the criteria to reside should be escalated to a director at Place for resolution within 21 days which should result in a reduction in the number of long stay patients within the acute setting.

Challenges and Risks:

- The culture change required by clinicians and patients to fully embrace the opportunities presented by the step-down models as well as new initiatives such as virtual wards remains a continual process of education and engagement.
- The ambition across SWL is to have integrated teams within all the Trusts, however workforce challenges remain the biggest risk to continual flow. A shortage of therapy, nursing and skilled social care staff mean that embedding stable teams within each trust is challenging.

4b: Increase use of community and intermediate care services South West London

- Reflecting on the previous slide, SWL is building confidence in bedded services outside acute hospital wards with a particularly focus on intermediate care and community-based services.

Capacity and resilience over Winter:

Intermediate care

- Intermediate care beds are available in most of the systems across SWL with the exception of Sutton Health and Care who aspire to open 18 therapy-led beds shortly. Plans have been developed with local authorities to ensure that the Better Care Fund is used to not just increase bedded capacity but also optimise provision of social care support.
- All systems are progressing the transformation of intermediate care capacity in SWL to support both patients stepping down from acute care but also stepping up from the community setting to avoid unnecessary inpatient admissions. Alongside this the SWL Choice Policy has been strengthened to ensure that patients are aware that their care within the hospital is only for acute needs and their care will be transferred to the most appropriate setting of care when they have been medically optimised, so they can continue their recovery.

Community

- Work continues to improve discharges and achieve reductions in length of stay. These works are being informed by learning emerging from initiatives such as the Frontrunner programme in Croydon and the (Emergency Care Intensive Support Team) ECIST work in Kingston hospitals and learning from the SWL discharge review undertaken to simplify processes, create standard operating processes and minimise steps to timely transfer of care. Discharge to Assess is established for all patients and work is underway to support wards with timely discharges. Daily referrals and conversation take place between wards and community teams to ensure wards are adequately staffed to support appropriate therapy support through community in-reach teams.

Challenges and Risks:

- Discharges into alternative care settings, particularly for complex patients such as those with behaviours that challenge, remains an ongoing regional challenge.
- Data access to support discharges is progressing within the SWL system but there is more to do to standardise the quality of data capture and quality of recording

5: Expand and increase utilisation of Virtual Wards

- A virtual ward is a safe and efficient alternative to NHS bedded care. Virtual Wards support patients who would otherwise be in hospital to receive the acute care and treatment the need in their own home. This includes either preventing avoidable admissions into hospital or supporting early discharge out of hospital. The four virtual wards are supported by a Central Remote Monitoring Hub, hosted by Croydon Hospital, which provides 24/7 monitoring, operating 365 days a year, ensuring patients are kept safe within the comfort of their own homes. All virtual wards in SWL offer frailty and respiratory pathways as a minimum.

Capacity and resilience over Winter:

- The Virtual Ward will increase its bed base to deliver a total of 425 additional bedded capacity in the community this winter, with a focus on frailty and respiratory patients. To maximise the use of this capacity, new cohorts of patients, including those with heart failure and those requiring Intravenous Antibiotics will be able to be admitted.
- Achieving higher bed utilisation is a key priority, and this will be achieved through extending the ability of the virtual ward to admit patients from Same Day Emergency Care services and the urgent community response team, as well as working with 111 and LAS to facilitate direct referrals into the Virtual Ward.
- Virtual Ward staff will in-reach into key acute hospital wards operating a “pull model”, to identify patients who could be discharged into the service, building awareness of the capabilities and benefits of the service and supporting teams to consider discharge earlier

Challenges and Risks:

- Low referrals and uptake across system for tech-enabled virtual wards, with a developing understanding of the technology offered by service delivery
- Cultural change and perceptions of risk, including confidence of service delivery amongst acute hospital staff
- There is a need for greater facilitation to embed and champion new pathways

6: Increase capacity in Urgent Community Response Services **South West London**

- SWL has one of the best performing 2-hour Urgent Community Response (UCR) services in London. The team were recently asked to speak at the national community webinar to share the approach, impact and learning particularly on the work done to improve referrals from care homes which is currently the best in London. In SWL, all UCR services have been fully up and running since April 22/23. They are delivered by five providers in six SWL boroughs 7 days a week from 8am to 8pm, except for Sutton, which delivers the service 24/7. Referrals are accepted from different sources, including, self-referrals, Care Homes, GPs, Community Health Services, 111, LAS, and more. The main priorities of the services include increasing the volume and consistency of referrals to improve patient care and ease pressure on ambulance services and avoid hospital admission. UCR services support nine nationally prescribed clinical areas including Falls, frailty, Palliative/end-of-life crisis support, confusion/delirium and urgent catheter care.

Capacity and resilience over Winter:

- While the UCR service is well utilised, work is underway to streamline referral processes and improve direct pathways into these services from a range of sources including a Joint UCR/LAS car, 111 and ambulance services. This involves working with the Directory of Services (DOS and MIDOS) to improve line of sight to UCR services and work direct with providers, including primary care and eligible patient cohorts to increase awareness of the services.
- The service aims to increase the overall number of referrals accepted in UCR services over the winter period, with a particular focus on maintaining a high number of referrals from Care Homes, maintaining people in their place of residence rather than calling out an ambulance. The service is also working with Emergency Departments to offer an alternative to admission for suitable patients.

Challenges and Risks:

- Insufficient UCR workforce which could lead to capacity issues
- Referrers find it difficult to navigate service as pathways into UCR are not yet standardised across South West London, with each service having slightly different approaches
- Delays in establishing local Single Points of Access that support referrers with speedy decision making

7: Increase Primary Care capacity

- By far the majority of urgent care encounters over the winter period happen in Primary Care, and pressure on primary care services in terms of access or capacity has a direct impact on other parts of the UEC system, particularly ED, UTC and ambulance. This will particularly be the case in the event of a significant flu or covid outbreak, or a sustained period of very cold weather.

Capacity and resilience over Winter:

- Plans are being developed by each borough to respond to the expected surge in demand. These include:
 - A focus on respiratory capacity to manage the expected rise in respiratory illness
 - Additional 4-hour session (12-4pm), weekdays, via hub location to enable practices, NHS 111 and ED to divert patients.
 - Same day appointments
 - Virtual/telephone appointments which can be switched to face-to-face as required.
 - Additional capacity between mid-Oct to mid-Jan to be stood up as required dependent on additional funding
- Extended community pharmacy services. The Pharmacy First Service will be in place by the end of 2023 ready for Q4.
- A proactive care programme is being rolled out across all boroughs to meet the needs of complex patients and those with long-term conditions. Risk stratification and population health management tools are being used to identify cohorts to manage patients proactively including frailty and frequent attenders supported by virtual wards.
- Increasing support for self-directed care. There is work ongoing to encourage and support patients to use the self-referral pathways:
 - Patients to use available messaging software to communicate with practices including for self-monitoring.
 - Practices to use available website guidance to update and ensure improved user experience with online tools correctly displayed.

Challenges and Risks:

- Workforce remains a key challenge over the winter months and difficult to obtain at short notice.

8: Ensure sufficient capacity in the 111 Service

- The 111 service, provided by Practice Plus Group (PPG) with support from LAS, is a first port of call for patients to get the right advice or treatment they need, be that for their physical or mental health. Patients are assessed and can be directly booked into a face-to-face service such as to GP practices, Urgent Treatment Centres, SDEC, urgent community response services and mental health crisis services. It is vital that this service works well to minimise the number of patients visiting ED.

Capacity and resilience over Winter:

- Ensuring the right level of staffing is the most significant area of focus this year to ensure patients receive a fast and appropriate response to their call. Recruitment and training is on constant offer to achieve sufficient rota fill for clinicians and non-clinicians and Staff Advocates are being appointed to support staff during recruitment and their first three months in the role to improve retention. New roles that specifically target hard to fill shifts at weekends and overnight are being trialled. The service is increasing the number of Mental Health First Aiders to support call handling staff. Over the winter period enhanced rates of pay will be offered to target hard to fill shifts such as week
- SWL participates in the Regional Demand and Capacity Group which meets bi-weekly to discuss workforce planning across the ICBs to understand the forecasting for call volumes.
- Over the next period, a spring clean of existing systems and processes is being undertaken to ensure that they are fit for purpose this winter. For instance, amongst other initiatives, SWL is leading a London-wide review of ED validation pathways review during September to ensure pathways and reporting are consistent across all 111 providers and working to ensure that pathways and reporting of Ambulance Cat 3 and 4 validations are consistent across all 111 providers
- In the event of a surge of calls in South West London, PPG is able to call on 111 National Resilience Arrangements which balance calls.

Challenges and Risks:

- The key risk is maintaining the workforce needed to achieve service levels, particularly for quick call answering times. SWL commissioners meet with PPG weekly to ensure issues are addressed and plans for improvements are delivering the expected outcomes.

9: Mobilise Acute Respiratory Infection Hubs

- Last Winter, SWL in common with the rest of the country, experienced an unexpected outbreak of “Strep A”, mainly affecting children and that was widely reported in the media causing a high level of anxiety in the population. This led to a significant uptick in demand on UEC and Primary Care services in particular. Acute Respiratory Infection Hubs (ARI) were quickly stood up across SWL, but by that time they were operational, the peak of demand had passed and utilisation was relatively low.

Capacity and resilience over Winter:

- Based on learning from last year and the pandemic, the system is developing an alternative plan to the full Acute Respiratory Infection Hubs. Instead, respiratory surge plans are being developed in primary care by each borough which would include:
 - An additional 4-hour session (12-4pm), weekdays in each borough, delivered via a Primary Care Hub to enable practices, NHS 111 and ED to see increased numbers of urgent patients same day.
 - Increase in same day appointments across the whole of primary care.
 - Increase in virtual/telephone appointments, which can be switched to face-to-face as required.
- It is estimated that the peak demand for this intervention would be between mid-Oct to mid-Jan. The proposed model above would be much quicker to mobilise than last year’s model. The ICB will monitor respiratory illness rates to inform a decision on whether and if to stand up this intervention.

Challenges and Risks:

- The UEC Board is considering the benefits of implementing the proposed respiratory surge proposals, given the learning from last year.

10: Implement the Covid and Flu vaccination programme

Maintaining high levels of vaccination rates amongst our population remains a key priority for the system. Preventing our most vulnerable patients from becoming unwell remains one of the most cost-effective interventions that the ICS can make to reduce demand on services over the winter period.

Increasing Capacity and Resilience

This year the estate for vaccinations is being expanded significantly with the ambition of increasing the number of community pharmacies offering vaccination. While this process has yet to complete, it is already known that the number of sites will at least double compared to last year. The Programme is therefore confident that it can deliver to ambulatory patients and respond to surge requirements.

Housebound and care home patients will be vaccinated through Practices/Primary Care Networks. Where these are not standing up for the delivery of the Covid programme we will utilise a hybrid model which will include selected pharmacies and our Roving Team. This is a tried and tested model that worked well in the Spring 23 campaign.

A new national deployment model is being introduced to supply vaccine to all sites, which will be automated with a front loading of vaccine according to geographical demand and past uptake. Deliveries can now be made multiple times per week for any site.

Every opportunity is being made to increase co-administration with the flu vaccination and encourage eligible cohorts to receive both. Our MECC offer (on all sites) will continue into winter linking in with other winter health initiatives and working with local partners to promote the staying healthy agenda.

Front line staff across SW London Trusts will be offered both Flu and Covid boosters early within the programme.

Risks, Challenges and Support

- There may be a lower or slower uptake from the public due to vaccine fatigue. Our comms and engagement plans are being developed to mitigate against this
- Work has taken place of the summer to mitigate against a potential measles outbreak in London. There is a risk that the measles programme, which will continue through the early part of the Covid and Flu programmes, may reduce capacity across delivery pillars.

11. Improve Mental Health Crisis capacity

- We continue to see a growing number of people with complex mental health needs accessing emergency services when they need support and care in a crisis. There has been a sustained 25% increase in demand for mental health services generally, with people presenting with increased acuity. In most cases, emergency services are not the best environment for people to receive the mental health support and care and there are already a number of different mental health crisis services, such as Coral Crisis Hub and rapid assessment clinic.

Capacity and resilience over Winter:

Reducing Length of Stay to improve flow:

- Hostel beds are being purchased to support people in crisis as an alternative to admission as well as stepdown from inpatient to facilitate early discharge.
- The Interface Team is working with partners to deliver proactive planning for timely discharges for our more complex patients
- A task and finish group has been established with local authority stakeholders including housing to develop aligned operational processes to support patients' social circumstances that could be a determinant of admission.

Patient Response

- The 111 “Press 2 for Mental Health” service will come online in October alongside existing Crisis Lines all running 24/7.
- London Ambulance Service Mental Health Joint Response Car continues in SWL.
- Teams are focusing on identifying High Intensity Users of services, putting place proactive plans to prevent attendances at Emergency Departments

Changes to S136 Pathway

- There is work planned to reduce the impact of changes in the way police respond to S136 (where Police can take someone to a place of safety) through an improved 0300 telephone response from mental health services in support of the policy, and supported training of police to improve confidence to use alternatives to the S136 pathway.

Challenges and Risks:

- Fewer Hostel beds have been put in place for Winter this year than was the case last year.
- There may be increased demand from the changes to the S136 Pathway on Emergency Departments and ambulance services despite mitigating actions.
- Demand for mental health in patient beds continues to be high, impacting on patient waiting times and particularly for those waiting to be admitted from ED.

12. Ensure the SWL System Coordination Centre is functional

South West London

The SWL System Coordination Centre (SCC) is an enhanced system oversight function and dedicated Incident Response Team covering across 24h / 365 days.

- The SCC is responsible for supporting interventions across the ICS on key systemic issues that influence patient flow. This would include a concurrent focus on both UEC, and the system's wider capacity including, but not limited to, NHS111, Primary Care, Intermediate Care, Social Care, Urgent Community Response and Mental Health services. The SCC also contains the SWL ICBs Emergency Planning, Resilience and Response (EPRR) function alongside a Single Point of Contact (SPoC) for correspondence and queries into the ICB.

SCC role

- The service maintains **near live oversight** of the system's UEC position, working in partnership with a variety of health and social care organisations to support real time mitigation of system pressures
- **Supports the UEC system** with daily system calls and escalating barriers to patient flow, including repatriation of patients and admission to specialty & Mental Health organisations.
- Works in **conjunction with the UEC programme** developing the operational response as UEC reforms are implemented.
- **Represents the SWL ICB** to NHSE's Regional Operations Centre (ROC)
- Acts as a **first line of escalation** and facilitation for system wide issues
- Provides the **strategic oversight, planning functions, preparation and response coordination for our EPRR** response
- The EPRR team lead the planning for Industrial action across the ICS, and represent the ICB to Region and National
- Acts as a **knowledge repository** for the system.
- The team **coordinates incident debriefs for SWL ICS after involvements in incident management**, liaising with the NHSE Emergency Planning team as required.
- The SCC acts as a **Single, First, Point of Contact for a range of organisations**, including:
 - NHS England National and London Region
 - Individual ICS organisations
 - Local Authorities/ Local Resilience Forums
 - Neighbouring ICBs

13. Ensure sufficient workforce

- Our current workforce is under immense pressure, compounded by vacancies with low availability of some staff groups. This puts additional stress on those who are in post causing fatigue. The Industrial Action across the year is indicative of low morale amongst the workforce as well as the impacts of the cost-of-living crisis.

Capacity and resilience over Winter:

- To support the system, we will continue to take the following measures:
 - **Recruitment:** Proactive hiring campaigns targeting clinical and non-clinical staff to counteract attrition and fill those positions that are imperative for the safe and effective maintenance of service provision. There are ongoing issues maintaining the 111 workforce and PPG has recently implemented a staff advocate role to support staff through recruitment and their first three months in post.
 - **Flexible Shift Patterns:** Adopting more dynamic shift patterns, allowing for adaptation to periods of demand, ensuring a robust staff presence at critical times.
 - **Temporary Staff Bank:** Expansion of system based 'staff banks' enabling staff to be rapidly deployed during periods of extreme demand, reducing reliance on agency staff during the Winter period.
 - **Cross-Training Initiatives:** Offering training in other departments, bolstering our ability to redirect resources during crunch periods.
 - **Telemetry & Remote Care:** Expansion of telemedicine capabilities, diverting non-critical cases and reducing the physical patient inflow into emergency departments.
 - **Resource Redeployment:** Agile staff redeployment strategies from less critical areas to urgent and emergency care as needed.
 - **Retiree Re-engagement:** Bringing back experienced retirees on a temporary basis to mentor and guide younger professionals and bolster workforce numbers.
 - **Streamlined Onboarding:** Revamped onboarding processes to ensure newly hired staff are operational in the shortest time possible.
 - **Mental Health Support:** Continued mental health and wellbeing support for staff recognising the added pressures and ensuring their continued welfare, leading to reduced sick leave and burnout. There are also other groups such as FutiTalk to encourage men to talk about their feelings.
 - **Other Staff Support:** SWL ICS has a partnership arrangement with StepChange to provide our staff with a debt counselling service. Menopause communities have been set up to provide staff working through menopause with a safe space to connect with others and get support.
 - **Mutual Aid:** Cross-system partnerships including VCSE institutions to share resources during peak times, ensuring a mutual support system.

Risks and Challenges

- Ongoing industrial action, cost of living and staff fatigue is likely to continue to impact on our workforce, impacting on productivity and availability of staff over



Communications and Engagement

Winter Comms and Engagement: Objectives

1 Behaviour change

Communications to support demand management

Integrated communications and engagement activity and campaigns can encourage behaviour change in a target group - using a specific 'call to action' or providing information to support people to make an informed choice.

2 Workforce resilience

Making staff aware of support available and raising morale

During challenging periods for services, staff are working harder to care for people and can experience the same risks of winter illnesses – there are also recruitment and retention challenges. Many staff working in our health and care providers are local residents too and are influencers and trusted for advice in their neighbourhoods.

3 Reassurance & confidence

Outlining the robust health and care system response to winter pressures

People's perceptions of how the system is performing can also influence behaviour. When the NHS is under pressure nationally, we can reassure communities and stakeholders that the health and care system is working hard to prepare and respond. This can ensure people in need seek help, and can also help with staff morale.

4 Incident response

System response to incidents under EPRR framework

Providing strategic communications and engagement advice to inform the system response to incidents. Coordination across the system, ensuring C&E activities are consistent, clear and aligned with the wider system, regional and national approach.

Winter Comms and Engagement: Key elements of our approach

1. Face-to-face community outreach

Focus on working with communities experiencing health inequalities

2. Digital pathways for getting the right care

Focus on reaching a large volume of residents – who are digitally enabled and receptive to health advice online

3. Key signposting campaigns

Use broader workstreams above to share campaign materials and through a variety of other channels to help people make an informed choice

NHS app – primary care

For prescriptions and online booking – in line with national messaging

Mental health

Prevention and directing to key services – making it an ‘every-day conversation’

Vaccinations

Eligibility and how to book appointments (addressing key concerns)

Pharmacy first

Highlighting support available – in line with national messaging



Winter Comms & Engagement: Supporting operational delivery by helping people get the right care

Community engagement - conversations

- Funded voluntary sector led events / activities
- Existing community forums / meetings
- Other health promotion schemes e.g. Covid/health champions and core20 connectors
- Vaccine street ambassadors, pop-up clinics, webinars
- Using insights gathered to reshape campaigns and inform wider plans

Sharing materials and information – the ‘layering effect’

Additional funded channels

Innovative targeted digital media techniques

Physical advertising targeting particular areas – leafleting, ad van

Wider out of home advertising – radio, pharmacy bags

Focus on languages and translations

Existing channels – across all partners

Newsletters and direct emails – MPs and Cllrs too

Prominent information on websites

Media coverage – local, regional, trade, national

Social media – Next Door, Facebook groups etc

Align with national activity

Staff comms – our staff are residents too

Provider and clinical comms

Face-to-face community outreach

Focus on working with communities experiencing health inequalities

Grant funding programme – inviting VCSE organisations to bid for small pots of money to run events during the winter period, sharing key messages with attendees.

- Prioritise funding awards to grassroots voluntary sector organisations and those with links to communities experiencing health inequalities
- Build on learning from 2022/23 – collaborate with VCSE umbrella organisations and develop how we share key health information during events and link to key campaigns, including training available for those leading the events

Street ambassadors – trained individuals who start conversations and hand out leaflets in target areas

Build on previous experiences as part of the vaccination programme – we have measured the greatest impact achieved when the call to action is immediately achievable e.g. booking an appointment. Engagement approaches also enable us to feed back insights about services to transformation leads

Digital pathways for the right care

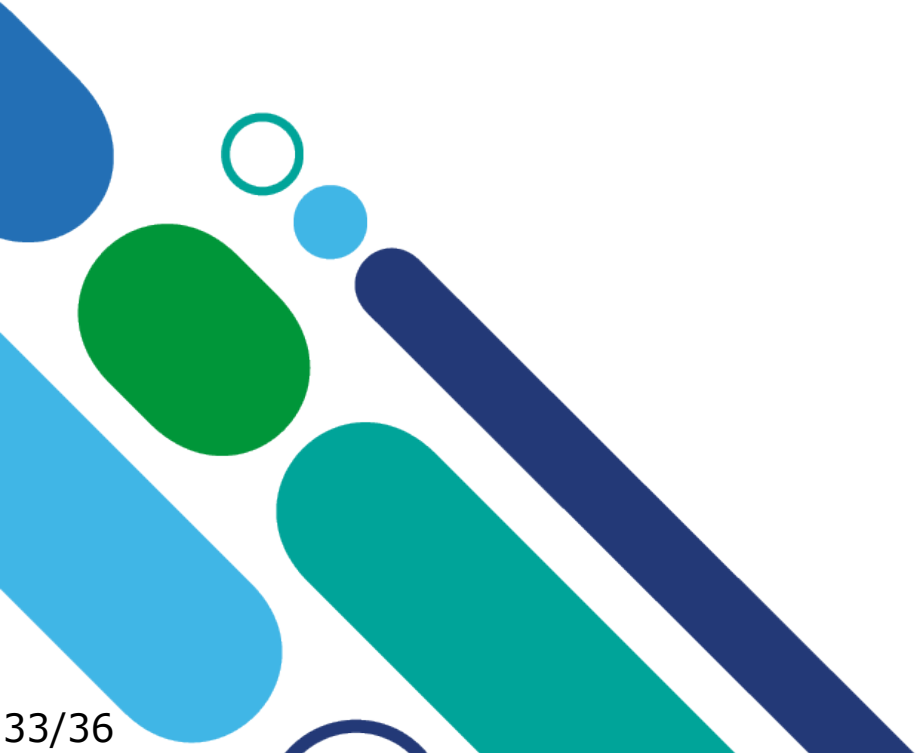
Focus on reaching a large volume of residents – who are digitally enabled and receptive to health advice online

Search Engine Marketing and Optimisation – using digital marketing techniques to influence the services people choose to access

- Map the most commonly searched health issues in SWL – influence search results to more appropriate NHS services where there is capacity e.g. NHS app, pharmacy, GetUBetter app, Kooth.
- Produce and promote key web stories and animations/videos using key search terms – linking to the NHS website.

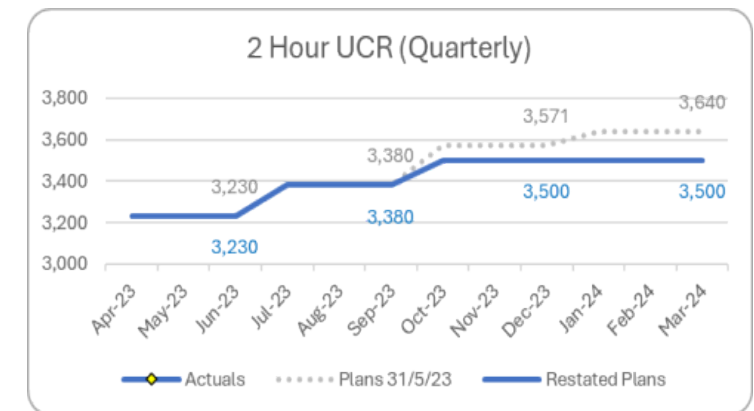
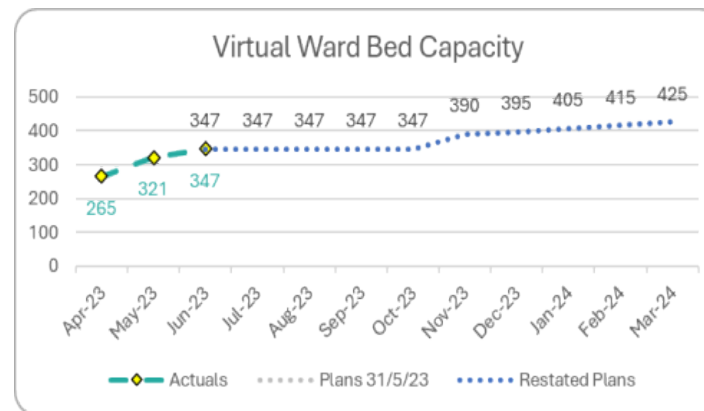
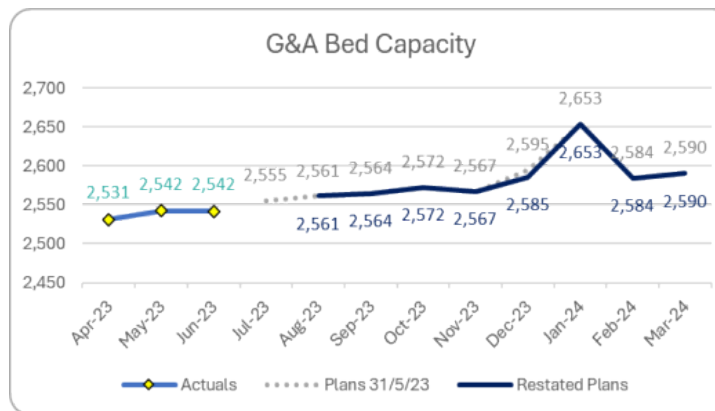
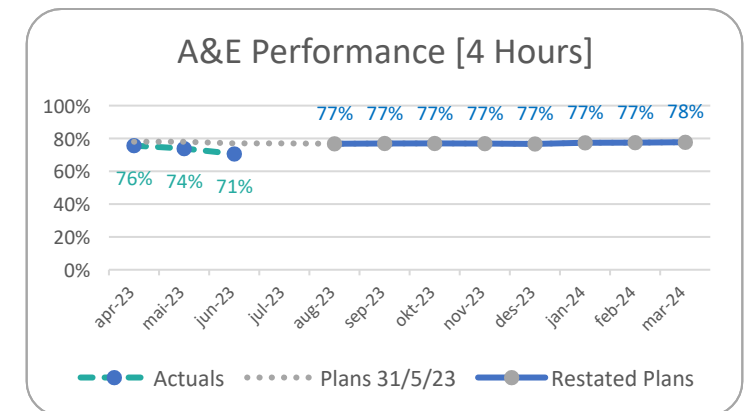
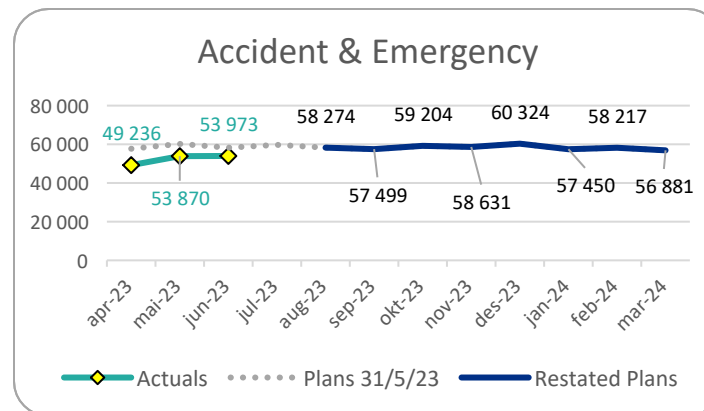
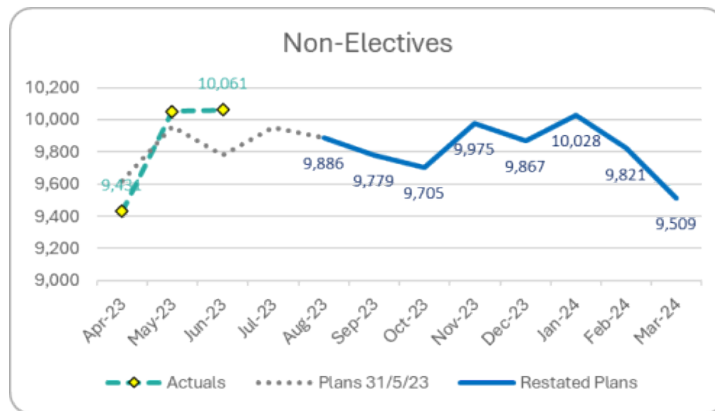
Promoting translated materials online – building on successful pilots which demonstrated high engagement for videos in different languages and those in English with translated subtitles.

Appendices



Appendix A: Impact of winter plans on activity

The charts below represent the impact of the winter plans against our activity projections for the winter period.



Appendix B Deployment of Winter Funding

The ICB received £13.1m to support seasonal pressures this year. Working through the UEC Board, this funding was allocated specifically to support the maintenance of G&A escalation beds opened in winter 22/23 and to support initiatives that improve flow in ED. The funding received has required a number of difficult decisions to be made about how to deploy these non-recurrent funds.

Provider	Summary Schemes	Value (rounded)	Benefits
Merton and Wandsworth	<ul style="list-style-type: none"> 7 day ED Frailty offer Implement Majors Surge capacity Extend Transfer of Care hub Escalation Beds HALO (Hospital Ambulance Liaison Officer) 	£3.3m	<p>Schemes increase capacity in ED, reduce admissions where there are community alternatives for frail people; speed up discharge processes, reducing internal delays.</p> <p>The Homeless Health Team support homeless people into more stable care arrangements preventing readmission and further ED attendances.</p>
Sutton (including parts of Surrey)	<ul style="list-style-type: none"> Additional staffing into ED to support early discharge Escalation beds HALO 	£2.2m	Schemes aim to improve speed of handover from ambulance to ED and reduce the number of patients admitted into a hospital bed where there are alternatives in the community
Croydon	<ul style="list-style-type: none"> ED frailty nursing ED streaming 24/7 GP in hospital Escalation beds 24/7 emergency surgery cover HALO 	£2.7m	Schemes Improve front door flow into ED, supporting ambulance handover and maximising utilisation of alternatives such as extend hours UTC provision. Improves management of patients presenting in frail condition seeking early discharge. Additional surge beds reduce number of DTAs in ED. Finally additional surgical capacity ensures prompt assessment of surgical emergencies.
Kingston and Richmond	<ul style="list-style-type: none"> Increase Capacity in SDEC and increase consultant cover Improve discharge from ED releasing chairs and cubicles Increase intermediate care and rehab capacity Escalation beds 	£2.4m	Schemes support streaming of patients and rapid turn around in ED increasing speed of discharge and freeing up capacity. Additional capacity in intermediate care and rehab supports better flow through the hospital freeing up beds for patients waiting in ED.
Mental Health	<ul style="list-style-type: none"> Increase Psychiatric liaison input and coordination into EDs Improve intersite transfer arrangements 	£1.3m	Reduces the time that patients with a predominantly Mental Health presentation spend in ED, improving outcomes
ICB	<ul style="list-style-type: none"> Winter Engagement and Communications campaign Homelessness team Additional Neuro-rehab beds (tbd) Contingency 	£1.3m	<p>Supports and engages with communities to use services wisely, promotes alternatives to ED. The Homeless Health Team support homeless people into more stable care arrangements preventing readmission and further ED attendances.</p> <p>The investment in neuro-rehabilitation beds will increase capacity for the most complex discharges improving outcomes and reducing Length of Stay for these patients.</p>
TOTAL		£13.1m	

Appendix C: Adult Social Care Discharge Fund

Adult Social Care Discharge Funding			
	LA allocation	ICB allocation	23/24 total
	£000k	£000k	£000K
Croydon	1,400	1,519	2,919
Kingston	300	668	968
Merton	700	851	1,551
Richmond	100	729	829
Sutton	600	851	1,451
Wandsworth	2,400	1,458	3,858
South West London		854	854
	5,500	6,931	12,431
		Total	12,431

NHS South West London Integrated Care Board

Name of Meeting	ICB Board		
Date	Wednesday, 20 September 2023		
Title	Children & Young People’s mental health and emotional wellbeing		
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)	John Atherton, Director of Mental Health Transformation, SW London ICB		
Agenda Item No.	07	Attachment No.	06
Purpose	Approve <input checked="" type="checkbox"/>	Discuss <input checked="" type="checkbox"/>	Note <input type="checkbox"/>

Purpose

The ICB is asked to approve the updated South West London (SWL) Children and Adolescent Mental Health Services (CAMHS) Transformation Plan (*‘Transforming Mental Health Services for Children, Young People (0-25) and their Families across South West London – 2023’*) and receive an update on the wider programme of work being undertaken in relation children and young people’s (CYP) mental health in SWL.

Executive Summary

The children and young people’s mental health pathway is made up of multiple providers that support children and families with mental health needs. Demand for services, both in terms of volumes of referrals and acuity and complexity, has increased.

The ICB plans to improve access and outcomes for CYP mental health are set out in several documents including:

- SWL Mental Health Strategy: approved by the ICB in May 2023 and sets out the agreed focus and ambition for CYP mental health.
- The Joint Forward Plan: sets out how the ICB will deliver ambitions for mental health and respond to the needs of our people and communities.
- The Integrated Care Partnership Strategy: focuses on positive mental wellbeing – particularly of CYP.
- The CAMHS Transformation Plan: sets out the vision, priorities, and actions to address the emotional wellbeing and mental health needs of CYP plus their parents and carers. It also describes the actions that are being undertaken to deliver long term service improvements.

There is a requirement that the CAMHS Transformation Plan is updated annually to ensure it remains focused on current needs. It is presented to the ICB Board for review and approval. The document has been developed alongside other strategic plans set out above and is aligned to wider ambitions for the development of mental health provision in SWL.

A copy of the full plan is included. A slide pack summarising the key points of the plan and wider local and national issues for children and young people’s mental health is also included.

Key Issues for the Board to be aware of:

- The annual update to the CAMHS Transformation Plan is a national requirement. The work has been informed by local engagement across the boroughs, the CYP Emotional Wellbeing Steering Group and the Mental Health Transformation Board. It also responds to approximately 90 key lines of enquiry that provide the overarching scope for the document. The aim of the plan is to consider ways to make it easier for children and young people to access help and support when needed and to continue to improve services. The ambitions, priorities and delivery have been further developed to focus on the promotion of resilience, prevention, and early intervention.
- Across SWL the demand for CYP mental health has increased. This reflects a wider national trend. Waiting times for some treatments within CAMHS services are long and feedback from children and young people and their families highlight the need for more cohesive, flexible services. There is pressure within the CAMHS workforce with high vacancy rates and challenge in recruiting and retaining staff. A range of actions are underway to address these issues and CYP mental health is a key area of focus and priority within the all-age SWL Mental Health Strategy.

Recommendation

The Board is asked to:

- Approve the annual refresh to the SW London CAMHS Transformation Plan (*‘Transforming Mental Health Services for Children, Young People (0-25) and their Families across South West London – 2023’*).
- Note the update on key issues relating to children and young people’s mental health in SW London.

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 plan 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 plan.

Mitigations

Actions taken to reduce any risks identified:

Funding for children’s mental health has been prioritised through the 2023/24 Service Development Funding and Mental Health

	<p>Investment Standard (MHIS) to support delivery of the priorities in the plan.</p> <p>There is ongoing work in relation to workforce models to ensure challenges with recruitment and retention are addressed.</p>
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Financial/Resource Implications	See mitigation section above.
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Is an Equality Impact Assessment (EIA) necessary and has it been completed?	An EIA has not been completed but the plan does seek to address health inequalities. Population health management data has been used to support the development of the plan.
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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	A programme of engagement has been completed both directly, as part of the annual update to the plan, and during the work undertaken in 2022/23 to develop the all-age mental health 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
	Mental Health Partnership Delivery Group	25/07/2023	Plan supported and final comments received
	Children & Young People Mental Health Steering Group	Several meetings in 2023	Draft plan supported and further developed based on input and comments received
	Mental Health Transformation Board	1/02/2023	Draft plan supported

Supporting Documents	<ul style="list-style-type: none"> • Full document: '<i>Transforming Mental Health Services for Children, Young People (0-25) and their Families across South West London – 2023</i>' • Summary slides
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NHS South West London
Integrated Care Board

Transforming Mental Health Services for Children, Young People (0-25) and their Families across South West London

2023

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Foreword

SW London Integrated Care System (ICS) is committed to promoting the mental health and emotional wellbeing of our children and young people and ensuring services provide the best experience and outcomes possible. SW London has a high level of need for children and young people's mental health support and ensuring services are accessible and able to offer early intervention is key to ensuring people can get the support they need.

The updated transformation plan for children and young people's mental health, builds upon the strengths and achievements of the previous plan and refreshes the priorities and workstreams so they align with aspirations and commitments of the SW London all age Mental Health Strategy. The plan acknowledges the legacy of the Covid-19 pandemic on the mental health of children and young people and the new opportunities for collaboration and joint working offered by the integrated care system.

The mental health of children and young people is a key priority across SW London, and we will continue to work together, as a system to support their mental health and emotional wellbeing.

Tonia Michaelides

Director of Health and Care in the Community

Dr Brinda Paramothayan

Clinical Lead – SW London Children's & Young People Mental Health Programme

Executive Summary

This SW London Local Transformation Plan (LTP) refresh describes progress against the NHS Long Term Plan vision, ambitions and targets for Child and Young Person Mental Health Services [CYP MH] across the Integrated Care Board [ICB]. The refresh highlights positive developments and achievements as well as shared challenges across SW London and our plans to address these.

This document should be read alongside borough Health and Care Plans, the SW London All Age Mental Health Strategy and the Joint Forward Plan. This document describes Children's and Young People's progress to date against historic ambitions and sets out our plans for 2023/24. We have engaged with partners, stakeholders and, of course, Children and Young People, and their parents and carers to help us set our vision for the future of children's mental health in SW London.

There are many common themes and challenges across SW London that the plan seeks to address. In conjunction with other strategic documents such as Joint Strategic Needs Assessments, provider transformation plans and written statements of action, the SW London Transformation Plan aims to ensure the transformation of children and young people's mental health services remains a high priority and also seeks to create a whole system approach to access into, and navigating between, services for children young people, and their families across SW London.

The key themes drawn from the SW London Mental Health Strategy for children and young people's mental health include:

- Timely access
- Early intervention and prevention.
- Bio-Psycho-Social to address holistic needs.
- Addressing inequalities.

These strategic aims to better support and equip CYP, from early intervention and prevention of serious mental illness, to manage their health and wellbeing for their future.

1. Context

The NHS Five Year Forward View (FYFV) 2016-2021 noted key ambitions for Children's mental health, including increasing access to NHS-funded community services and expanding timely access to eating disorders services.

The NHS Long Term Plan (2019-2024) developed the principles of the FYFV, continuing the expansion of community and eating disorders services, and includes additional ambitions to deliver expanded crisis support and improved transition between children and adult mental health services. The full set of Long Tern Plan ambitions include:

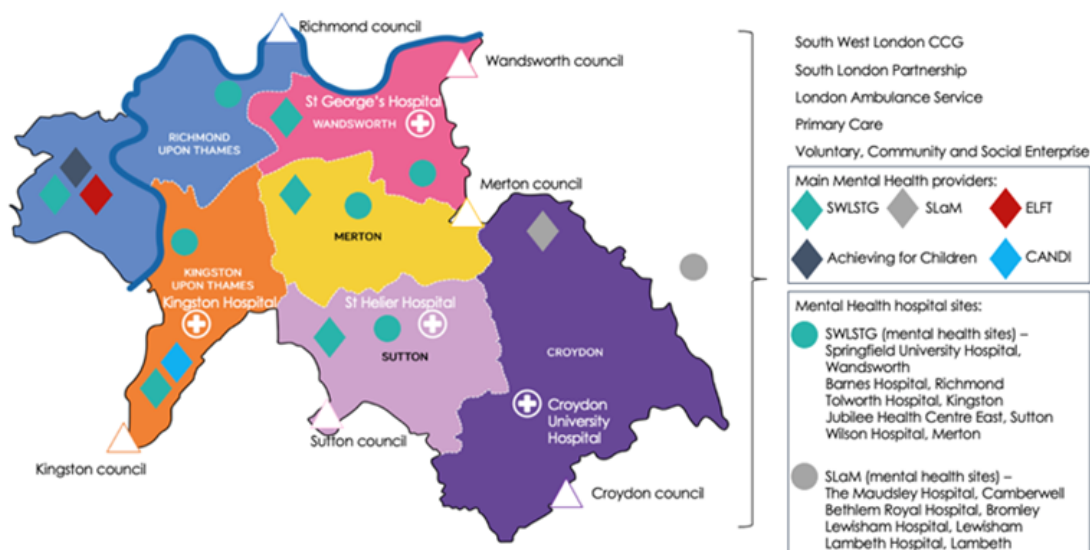
- Nationally, 345,000 additional children and young people aged 0-25 accessing NHS funded services by 2023/24 (in addition to the FYFV commitment to have 70,000 additional children and young people accessing NHS Services by 2020/21)
- Achievement of 95% CYP Eating Disorder access and waiting times standard in 2020/21 and maintaining its delivery thereafter
- 100% coverage of 24/7 crisis provision for children and young people which combine crisis assessment, brief response, and intensive home treatment functions by 2023/24
- Comprehensive 0-25 support offer in all areas by 2023/24

- Mental Health Support Teams (MHSTs) to be set up between 20-25% of the country by 2023/24

SW London Integrated Care System (SW London ICS) is made up of the boroughs of Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth. It has a population of 1.5 million people with approximately 483,000 under-25 year olds.

The SW London ICS is comprised of partners from across the health and care sector – six local authorities including schools and youth justice, four acute trusts, community physical healthcare services, social care, public health teams, the London Ambulance Service, voluntary and community sector enterprises (VCSEs), primary care – including general practice, pharmacy, dentistry and optometry – increasingly organised into primary care networks or neighbourhood teams, Healthwatch organisations and individuals with lived experience and residents.

South West London Health and Care Partnership



The move to an ICS provides the opportunity for greater collaboration and joint working across health and care, which will only further benefit children’s mental health transformation. The LTP refresh is focused on the whole SW London system, with opportunity for each of our six boroughs to highlight specific best practice or work that has contributed towards transforming children and young people’s mental health services.

2. Accountability, Transparency and Governance

The ICB governance structure for mental health is as follows:

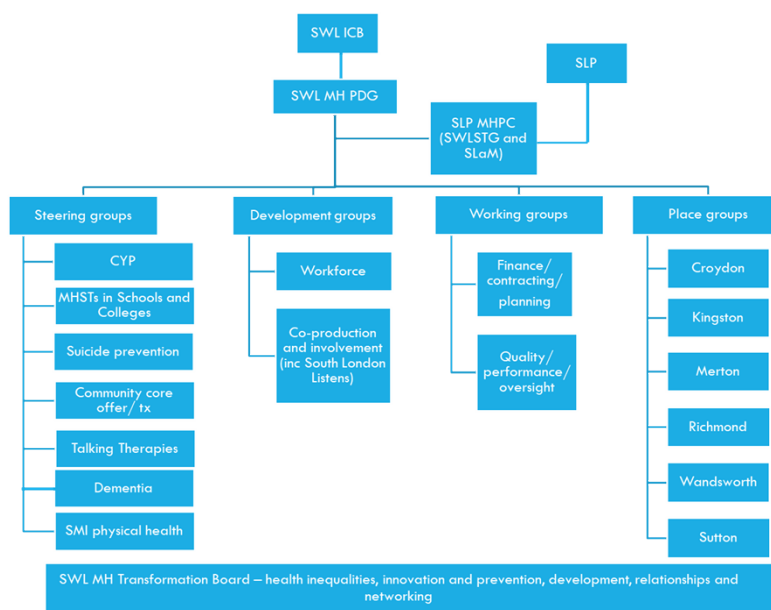
The **Partnership Delivery Group** oversees the implementation of the All-Ages Mental Health Strategy and provide updates to the SW London ICB and ICP. It is made up of partners from across adult and children’s mental health including Mental Health Trusts, Local Authorities and GP Clinical Leads. It oversees the whole of the SW London Mental Health Programme, including both adult and children’s mental health.

The **Children and Young People’s Mental Health Steering Group** is a collaborative meeting of place-based CYP Transformation Managers, the Mental Health Trusts, Local Authority Leads, SW London Mental Health Programme team, service-user representatives, Public

Health, the GP Clinical Leads and VCS representatives. Its aim is to share information and best practice, opportunities for collaboration and share some aspects of wider transformation work. Each borough representative brings their local system perspective, including input from local CYP MH Partnership Boards, made up of relevant local partners, stakeholders, and people with lived experience.

The **Mental Health in Schools Team Steering Group** is a collaborative meeting of education leads from schools with Mental Health Support Teams (MHST), Local Authority Education and Public Health Leads, SW London CYP MH Partnership Boards representatives, CAMHS Managers, MHST Providers, SW London Mental Health Programme team and GP Clinical Leads. Its aim is to define the MHST programme goals and provide strategic oversight; and it is also responsible for ensuring a whole system approach for CYP emotional wellbeing in schools.

Figure 1 SW London ICB Governance Structure



With this refresh of the plan, we are setting out what we have achieved over the last five years and providing an opportunity to start a new conversation on what CYP MH transformation looks like in future. We have included high-level system plans for investment and transformation in 2023/24. SW London will undertake a retrospective financial review of the Long-Term Plan spend to understand what the impact of the overall financial investment has had on our services.

3. SW London Population/Local Need (prevalence) and Health Inequalities (0-25)

3.1 Population & Prevalence

In 2023, SW London has a GP registered population of around 1.5m with approximately 363,000 under-18s and approximately 116,000 18-25 year olds across the six SW London boroughs (see table below). This means that the 0-25 age groups make up around a third of

the total SW London population, ranging from around 30% in Merton, Richmond, and Sutton to 33% in Croydon and Kingston.

Table 1 SW London GP registered population (Source: SWL GP practice data, 2023)

	Croydon	Kingston	Merton	Richmond	Sutton	Wandsworth
Population	395,866	180,839	213,048	201,177	210,360	330,813
0-18	102,483 (25.8%)	42,219 (23.3%)	50,840 (23.8%)	47,919 (23.8%)	52,409 (25%)	67,629 (20.4%)
0-25	131,582 (33.2%)	59,598 (33%)	66,252 (31%)	59,860 (29.7%)	66,048 (31.3%)	97,005 (29.3%)

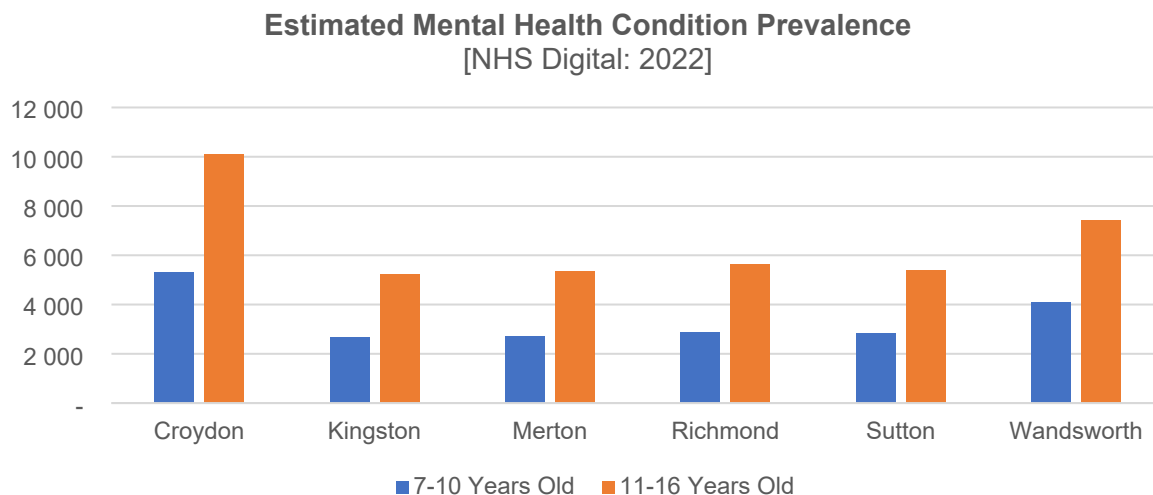
According to a 2021 national update, the mental health of children and young people had deteriorated across the following areas:

- High rates of “probable disorder” among 6 – 16 year olds across both genders
- Higher rates of boys and girls screening positive for eating disorders
- More children feel impacted by social media and spend more time on social media than they intend

In our children and young people population the demand is increasing at a faster rate than population growth. CYP population was projected to grow by 2% from 2018 to 2021 but overall service demand has increased by around 11%.

The prevalence of mental health conditions for children and young people aged 7-16 years in SW London is set out in the table below.

Graph 1 Prevalence of health conditions among children and young people in SW London.

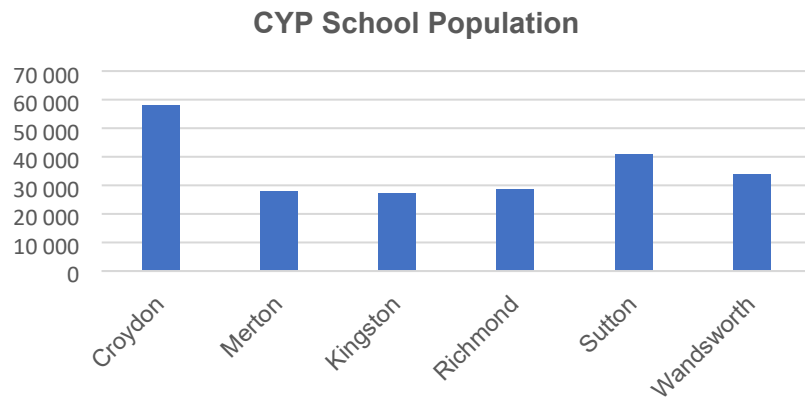


Source: NHS Digital, 2022

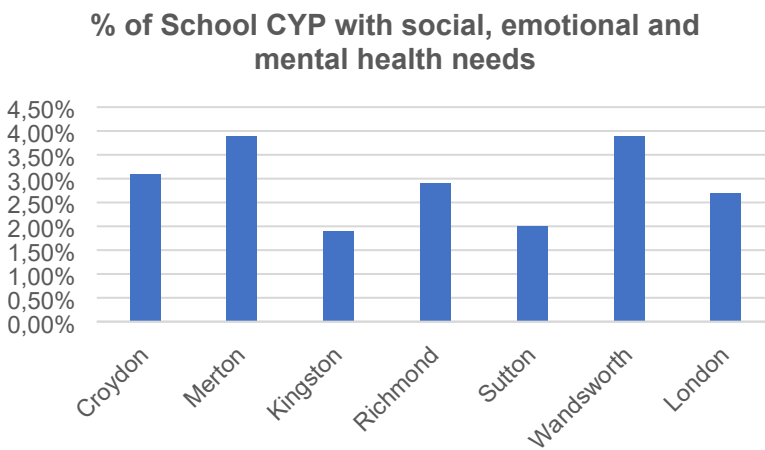
The Graph shows the different number of CYP that are estimated to have a mental health condition in each borough, for the two CAMHS age groups. 11–16-year-olds are consistently higher than the 7-10 years age group, and Croydon has a much higher prevalence than the other boroughs for both age groups.

We have approximately 222,000 school children across SW London as illustrated in Graph 2. A survey on Mental Health in England in 2022 showed a general trend of increasing proportion children and young people with mental health difficulties over the last 7 years. This trend was also seen through SW London.

Graph 2 SW London CYP School Population. (Source: Estimated mental health prevalence (NHS Digital, 2022))



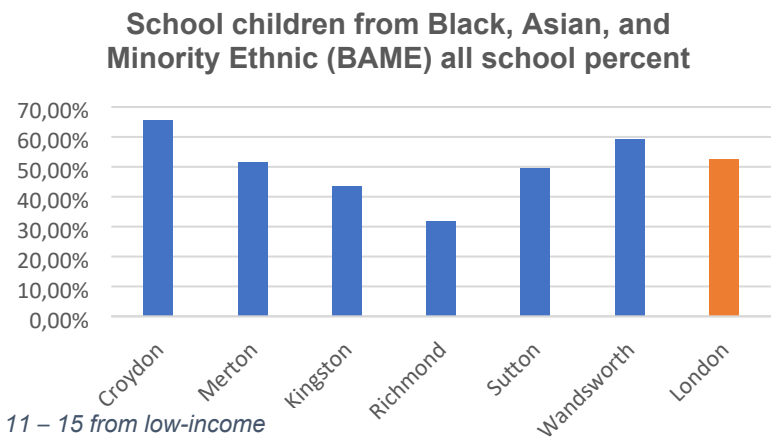
Graph 3 Percentage of children and young people with mental health difficulties in SWL. Source: PHE; 2021/2022



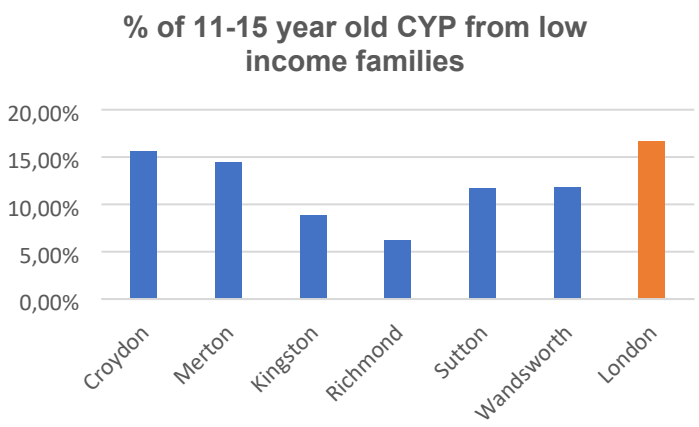
Across London, 2.7% of CYP in schools have social, emotional, and mental health needs. SW London data ranges from a 1.9% need in Kingston to a 3.9% need in Merton and Wandsworth.

London represents a 52.6% black Asian, and minority ethnic population within schools. SW London boroughs range from 31.8% in Richmond to 65.5% in Croydon.

Graph 4 Percentage of school children from Black, Asian, and Minority Ethnic (BAME) Source: PHE; 2021/2022



Graph 5 Percentage of children aged 11 – 15 from low-income families. Source: PHE; 2021/2022



Our boroughs have mixed demographics characterised by some areas of high affluence and poorer communities with high levels of social deprivation.

These variations within boroughs and across boroughs result in inequalities in health including:

- High numbers of CYP who access support for Learning Difficulties/Disabilities via an Education and Health Care Plan (EHCP).
- Area of high crime and first-time entrants to the criminal justice system, in Croydon (201/100,000) which is higher than the London rate.
- There are higher than London average levels of Children who are Looked After (CLA) in Croydon and Wandsworth.
- In 2021, 45% of children and young people who were looked after in England had emotional and mental health problems. This compares to a rate of 10% among 5- to 15-year-old children in the general population. These statistics are reflective of the population in South West London.
- Children and Young People with social, emotional and mental health needs across London is 2.7%. Croydon, Merton, Richmond and Wandsworth show higher than the London average of children and young people accessing this support.
- Young people admitted to hospital because of self-harmful behaviour is higher than London average in Kingston, Richmond, Sutton, and Wandsworth.

3.2 Addressing Health Inequalities in our Most Vulnerable Children & Young People

The overall high levels of affluence in parts of SW London are in stark contrast to the areas of deprivation that highlight significant levels of inequalities within our geography. There are key vulnerable groups that are nationally recognised as being at risk of the effects of health inequalities and how they access services. The key groups include:

- Youth Justice system*
- Children Looked After (CLA)*
- Child Sexual Abuse (CSA)*
- Special Educational & Disabilities (SEND)
- Children and young people on the autistic spectrum and or with learning disabilities, including those at risk of being admitted to a mental health hospital because of accompanying mental health conditions and behaviours that challenge.
- Children Protection (CP) and Children in Need (CIN)
- Children and young people with conduct disorders and/or ADHD

* = Vulnerable groups who may access services differently.

Quality and Safeguarding teams assure SWL ICB statutory responsibilities have been discharged, including reference to a variety of law and policy including NHSE Safeguarding Vulnerable People in the NHS – Accountability and Assurance framework (SAAF). SW London ICB ensures the expertise of Designated Professionals are integral to the commissioning cycle from procurement to quality assurance.

Addressing Health Inequalities in CYP from Ethnic Minorities

The under-representation of CYP from ethnic minorities accessing support from a range of services including CAMHS is well documented, so is their increased risk of vulnerability to poorer outcomes, and conversely their over representation in other systems such as the Youth Justice System.

On average there are fewer CYP from ethnic minority backgrounds accessing Tier 2 (Getting Help) or Tier 3 services (Getting more help). There are ethnic disparities not only in access but also the experience and outcomes for CYP from ethnic minority backgrounds.

Our plans to address health inequalities are based on the data about health inequalities in relation to the local population outlined above; therefore, we will:

- Use a Population Health Management (PHM) approach for mental health in SW London. This work will enable data from acute, mental health and primary care to provide population level analysis of health inequalities within mental health care and provide a mechanism to track the impact of service developments on health inequalities.
- Address areas where data is limited and ensure mitigations are put in place to address gaps.
- Deploy an approach that ensures we develop services to respond to current needs, not historic service models, and increasingly focus earlier in the patient pathway to ensure people are supported more in the community. This will further help to support prevention and reduce health inequalities.
- Focus on ensuring there is a whole system response to supporting CYP on the autistic spectrum and/or with ADHD.
- Continue to support young people in contact with the Youth Justice system to access earlier mental health support to prevent re-offending behaviour.
- Ensure all Children Looked After have their mental health needs met.
- Continue to consult young people and their families on priority areas for additional help.

- Jointly commission services across health and social care.
- Deliver Mental Health Awareness training in partnership across health, social care and education in schools, academies and colleges.

SW London is currently supporting the innovative Ethnicity and Mental Health Improvement Project (EMHIP). EMHIP aims to reduce ethnic inequalities in access, experience and outcome of mental health care. Key initiatives include Wellbeing Community Hubs with embedded mental health practitioners, increasing service options for people from ethnic minorities and ensuring services offer culturally appropriate support. Learning from this programme and its various workstreams will likely be applicable across all SW London mental health services, including CYP. The programme will be evaluated and we will look at how we can replicate key elements of this work for CYP as we move forward.

3.3 What Have Children and Young People and their Parents/Carers Told Us?

We started our Place based CYP MH Transformation Programme by working with children and young people and their families in all SW London boroughs. Young people and their parents told us that:

- waiting times are much longer across all mental health services and there is a need for more support for people while they are waiting to be seen.
- they need consistent and effective early intervention to support them.
- they want to be able to access support in a range of ways, outside of medical settings, for example in one-to-one and group sessions in schools and online.
- stigma is still an issue and, confidentiality is important.
- people from black, Asian and minority ethnic backgrounds highlighted that some people have a lack of trust in health and care services and a feeling of not being listened to or understood.
- they want teachers and parents and carers to have support too.
- they want to be involved in developing solutions and services that will work for them.
- they don't want a start and stop approach.
- they want confirmation of when treatment will commence.
- they would like continued CAMHS input up to the age of 19 (up to the time they finish school or college).
- they feel that current transition arrangements are not working, they feel like a cliff edge.
- they don't want to be moved from one service to the next in the middle of treatment.

It is important that young people are involved in discussions about the services across SW London and how we transform them. There are a variety of Young Commissioner, Young Inspector and participation and engagement groups through the ICB which form the backbone of co-production activities involving service users throughout SW London. Alongside ICB run groups, our providers also run service level groups to consult people with lived experience. An example of collaboration with young people is the recent Merton Hub Project. They were consulted on with the Young Inspectors who produced a report of their findings to partners which is changing how the project will be delivered.

3.4 Moving Forwards

A key strategic aim of the Joint forward Plan, SWL Mental Health Strategy and the CYP MH programme will continue to embed the voice of children, young people and their families from SW London into CYP MH transformation through 2023/24. To do so, we have invested in a partnership with Croydon Drop In to deliver a coherent and cohesive participation and engagement group across CYP MH services. Whilst we link with other participation groups,

we aspire to bring together the various Placed-based participation groups (such as CAMHS young inspectors, SWL&StG's and Local Authority lead projects) across SW London to one united CYP mental health voice. This will feed into the governance structures of the ICB, further emphasizing the voice of children, young people, and their families of the transformation of CYP mental health services through the ICB.

4. SW London Response to Needs

SW London is implementing the national iThrive framework as recommended by the NHS Long Term Plan. This model distinguishes between support and treatment, and groups of children, young people and their families by type of input they require. The central group of 'thriving' focusses on broader population need that gets supported by public health interventions. The four outer groups distinguish between the need of individuals, the skill mix needed to meet these needs, the main terminology used to describe this need (e.g., wellbeing, ill health, or support), and resources needed to meet those needs. They do not distinguish between severity or type of problem.

This model will move SW London CYP MH services towards a needs-led model rather than a tiered model with a set of defined criteria and thresholds. It will also be expanded to include 18–25-year-olds, as we aim to improve current transition challenges between young people and young adult mental health services by implementing an integrated 0-25 mental health service model aided by transition workers.

**Children’s, Young People/Young Adult’s (0-25) and their Families
State of Being**



Figure 2 THRIVE framework

Type of Input Needed



Figure 3 THRIVE quadrants

Croydon CAMHS, which is provided by SLAM, have adopted the above framework in the names of core teams.

4.1 Promoting Resilience, Prevention & Early Intervention



Figure 4 Getting Advice & Support

This section focuses on ‘thriving’, promoting resilience, getting advice and early help. The Thrive model is very much a systems and partnership approach to nurturing emotional wellbeing by offering self-help advice as well as timely access to early help.

The Thrive model also applies a life span and ‘think families’ approach to prevention & early intervention. Consequently, our prevention and early intervention approach promotes close cooperation with the SW London Perinatal Mental Health Service as well as partnership working with maternity and health visiting services, which are all focused on ensuring maternal (and paternal) wellbeing as well as a healthy start to life for all children.

All pregnant women, who have pre-existing mental health conditions or experience new mental health problems during pregnancy or following the birth of their child or children can access this multi-disciplinary service that is working with Mother Baby Units (MBUs), GPs, Talking Therapies services, Health Visitors, and voluntary sector to ensure women receive the right level of care for them, in the right place.

Expanding access

In addition to seeing more women, services will need to adapt to delivering care for up to two years as part of a new commitment to extend the period of postnatal support, and assessing and signposting fathers/partners for support.

To help develop the work around perinatal trauma and loss, a mapping exercise took place in 2021/22, across SW London, to identify the needs and gaps. Based on the findings, an agreement was made to offer specialist assessment and intervention for women with moderate, severe or complex mental health needs directly related to their maternity experience. There will be psychological therapies integrated with maternity care and tailored peer support in both an individual and group setting. In early 2023 there was an initial launch of the perinatal trauma and loss team in Kingston to trial the pathway, followed by St George’s Hospital, St Helier and primary care (including GP’S, local talking therapies, health visitors and non-statutory).

The ICB is also working with the South London Partnership in relation to a case for change for specialist community perinatal services.

Promoting Resilience, Prevention and Early Intervention in Schools and Colleges (5-18):

Progress with Setting up New Mental Health Support Teams (MHSTs) for Clusters of Primary and Secondary Schools and Further Education Colleges (FE)

The Department of Health and Social Care (DHSC) and the Department for Education (DfE) published the 'Transforming Children and Young People's Mental Health' Green Paper, which set out proposals for improving the services and help available to CYP with mild to moderate mental health needs within education settings. The aims of these improvements included removing the requirement of a referral into a specialist mental health setting.

The approach in SW London had two main elements:

- A Designated Senior Lead (DSL) for Mental Health in each participating school/college to oversee the approach to mental health and wellbeing.
- To establish Mental Health Support Teams (MHSTs), providing specific extra capacity for early intervention for mild to moderate mental health challenges and supporting the promotion of resilience and good mental health and wellbeing in an education setting

Local health and care partnerships across England were invited to bid for funding to set up MHSTs for clusters of Primary and Secondary School or clusters of FE Colleges. Each proposed cluster of schools should consist of around 8,000 pupils/students.

SW London submitted a partnership bid consisting of the following prevention and early intervention pillars to deliver a whole school/college approach:

- Each participating Primary and Secondary School to have a named senior mental health lead and one Head Teacher to take on the overall Cluster Lead role
- Ongoing collaborative work with teachers, parents/carers and CYP to embed the whole school approach (see Whole School Approach depiction below)
- Each participating school developed an action plan at the beginning of the pilot project.
- Each cluster of schools have one MHST consisting of clinical staff (specialist practitioners and emotional wellbeing practitioners plus administrative support).
- The Empowering Parents Empowering Communities (EPEC) peer parenting programme and aims to develop 'parental resilience.' The delivery of EPEC parenting groups is part of the core offer for MHST Schools.
- Each cluster of schools will have access to online and/or digital counselling.

Whole School Approach supporting children and young people, their parents/carers and teachers

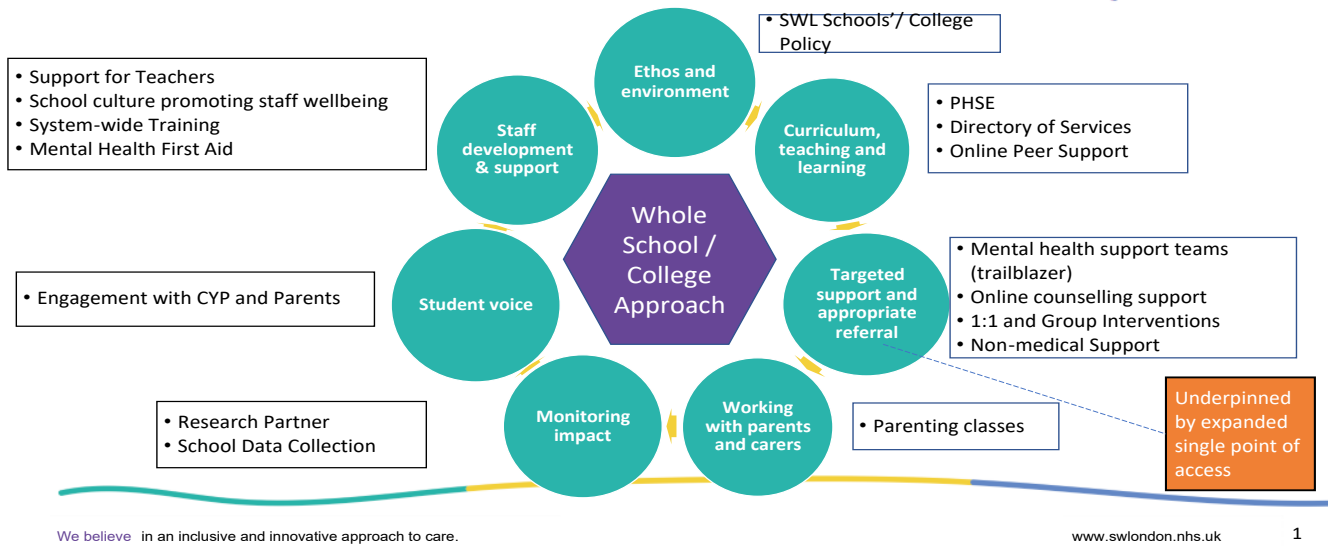


Figure 5 Whole School Approach

A total of 16 MHSTs have been established, supporting clusters of schools and colleges and consisting of a total population of around 128,000 students aged between 5-18 years. Kingston, Merton and Richmond have full MHST coverage in state schools. Further work is underway for the remaining boroughs. The diagram below sets out distribution.

MHST Clusters in SWL ICS footprint

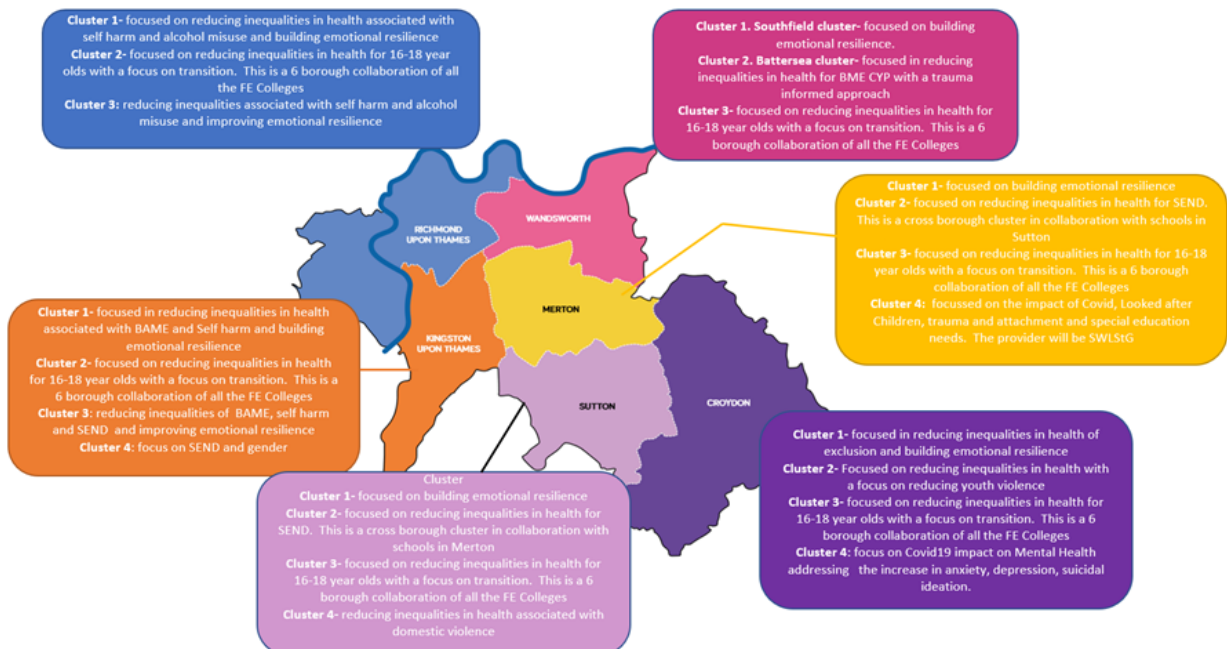


Figure 6 MHST coverage across SWL

Around 58% of pupils/students have access to the whole school approach to promoting emotional resilience as well as direct access to group and individual interventions for mild to

moderate mental health problems. The Government's ambition is for 44% coverage, meaning SW London has exceeded the target.

All SW London cluster schools and MHSTs participated in the national evaluation of the MHST Programme. In addition to the national evaluation, SW London commissioned a local evaluation of the work of the MHSTs. The findings were published in April 2023. The aim of the evaluation was to determine the ideal whole school approach, assess the extent to which this has been achieved, and identify how to further improve.

The evaluation found considerable qualitative evidence that the SW London Children and Young People Emotional Wellbeing Programme has supported improved provision for the mental health and wellbeing of children and young people across SW London. The Programme was perceived to provide additional resources to improve emotional wellbeing in schools/colleges. Several recommendations were made by the evaluation report to focus further development of the MHSTs. An action plan has been developed to take this forward.

SW London ICB has also contributed funding to the Children Wellbeing Practitioner (CWP) Programme, which is a Department of Health initiative to train a new workforce for CAMHS. It was established in response to the FYFV for Mental Health Plan to provide evidence-based interventions with a focus on prevention and early intervention and to increase accessibility to help for children and young people who might not meet the threshold of current CAMHS provision. SW London is committed to expanding this workforce through the primary care offer in 2023/24.

There are currently five Children's Wellbeing Practitioner [CWP] Teams in SW London offering evidence-based interventions in primary and secondary schools. Additional CWP teams have the agility in approach to complement the specialist CAMHS teams in their core offer. Each of the teams is supervised by an experienced clinical psychologist, who ensures that children and young people requiring more help will be supported to access this in a timely way.

Given that demand for mental health help is rising faster than the increase in service capacity, we are keen to explore innovative ways of making timely access to mental health help easier. To achieve this, we have established local Emotional Wellbeing Hubs in Sutton, Wandsworth, Kingston and Richmond which are run by a voluntary sector provider that children and young people can access seven days per week without an appointment or prior referral. The Hubs have strong links to local and national voluntary sector services and encourages children and young people to also access digital mental health support from Kooth. The Hub interfaces with CAMHS single point of access if access to specialist help is needed. Merton is developing a proposal based on Croydon's talk bus model to pilot a CYP emotional wellbeing hub in the borough. This proposal is being developed in partnership with CAMHS, SWLStGs and other organisations that work with young people, and is a core part of the Local Health and Care Plan.

A second initiative has been to expand the primary care workforce through the roll out of Additional Roles Reimbursement Scheme [ARRS]. We have established 3 posts across Croydon, Wandsworth and Richmond which are placed within GP surgeries. These posts offer additional access to CYP with concerns regarding their mental health, a consultation within a community setting and encourage personalised care.

Positive Behaviour Support training (person-centred approach to identifying and meeting a person's support needs that enhances the quality of life outcomes for the person) has been delivered to some school staff to increase the knowledge and awareness of this approach. . PBS is most commonly used to support people with learning disabilities, some of whom may

also be autistic. The training has been commissioned by SW London ICB and delivered by BILD (British Institute of Learning Disabilities).

Expansion

By embedding CYP Mental Health Practitioners within primary care settings, we are expanding capacity within community setting to target CYP who might not otherwise have been seen through traditional pathways, or who are nearing transition ages who cannot wait for a referral through specialist services.

4.2 Improving Access to Help and More (Specialist) Help Locally, and across SW London:



Figure 7 Getting Help and Getting More Help

The Local System of Care

All children and young people that require mental health support can be referred to a Children's Single Point of Access (SPA). There are three providers that operate local SPAs or Single Point of Contact (SPOC). These providers are:

- **Kingston and Richmond** led by Achieving for Children (AfC) with an integrated CAMHS SPA Team from SW London & St George's NHS Mental Health Trust (SWLStG).
- **Merton, Sutton and Wandsworth** operated by SWLStG.
- **Croydon** led by Croydon Council with integrated mental health staff from SLAM.

The Assessment Process

The SPAs/SPOC are integrated multi-agency teams, who work closely with a range of partner agencies and facilitate different levels of support depending on the needs of the children and young people and their family. The SPA teams ensure that the triage assessment process captures the holistic needs of the family and child. It enables practitioners to contribute to the assessment based on their specialism. The assessment also takes into consideration additional issues that may contribute to the need for a referral.

These include:

- The child's development
- Family issues that maybe affecting the child or young person
- A child or young person who is suspected of being neglected or subject to physical, sexual or emotional abuse

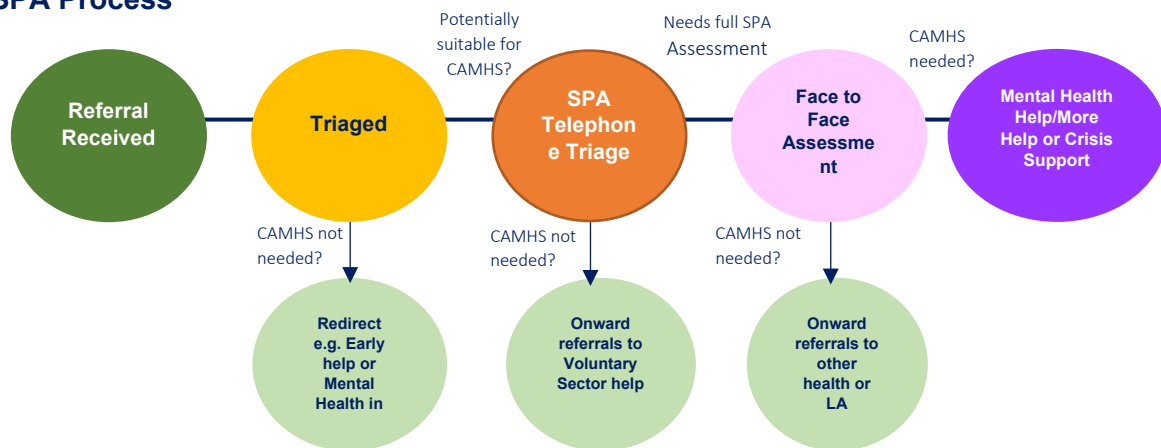
The support that may be offered following triage/assessment includes:

- Providing professional advice with consultation and support
- Making referrals to partner agencies
- Access to Early Help Services

- Providing interventions
- Making referrals to Children’s Social Care Services
- Making referrals to Mental Health Support Teams in Schools
- Signposting to help/more help or crisis support

Figure 8 SWL Single Point of Assessment (SPA) and care process

SPA Process



The SPA encourages prompt referral and access to services through the promotion of an online referral form, but also welcomes self-referrals from CYP or parents by phone. Around 40-45% of referrals come from GPs/primary care for common mental health challenges, such as anxiety and/or low mood problems, mixed emotional and/or behaviour problems as well as querying neurodevelopmental problems. Between 15% and 20% of referrals are received from education staff, i.e., Head Teachers, teachers, special educational needs coordinators (SENCOs), school nurses or educational psychologists, and 5-10% come from specialist child health professionals such as paediatricians, speech and language therapists, occupational therapists or physiotherapists. Self-referrals from young people and parents/families are welcome but make up only a relatively small proportion of referrals (below 10%).

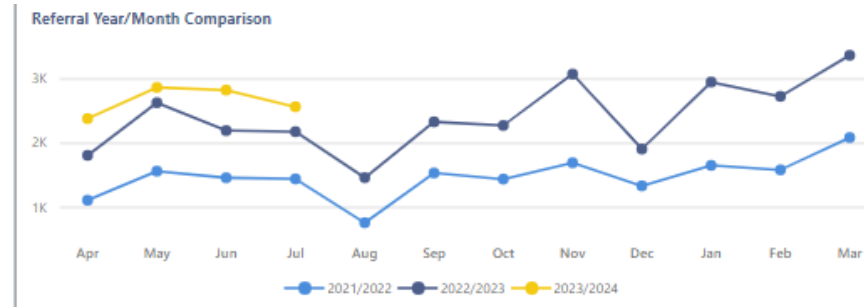
Following feedback received from parents and families in Kingston and Richmond, SW London commenced a joint review of the local system of mental health care for CYP and their families with particular focus on the challenges of accessing mental health help and more specialists help and treatment in a timely way.

Work is continuing but outputs thus far have included:

- Audit and review of the K&R CAMHS SPA, with improvement actions to include developing a simplified referral form and ensuring pathways are appropriately described
- Review of interfaces between providers, including step-up/down processes
- Additional Assistant Psychologists have been recruited to support the screening of neurodevelopmental referrals.

Additionally, SPA processes in Merton are being reviewed and monitored by the CAMHS partnership board and iTHRIVE steering group. Through a similar review process, Wandsworth identified that having referral forms embedded directly onto the patient management system could help to increase efficiency.

Increase Access to NHS-funded Community Children and Young People Mental Health Services



Graph 6 Referrals into SWL Mental Health services

Historically, for children and young people (CYP) access was measured based on the number of children and young people receiving at least **two** contacts, where their first contact occurs before their 18th birthday. During 2022/23 NHS England revised the definition to report the number of children and young people aged under 18 with at least **one** contact in a 12-month rolling period.

Consultation Type

During the pandemic years, up to 75% of contacts were virtual. As services returned to business as usual, they adapted to the needs of children and young people, and their families as dynamically as possible. Currently, SLAM and SWLStG's demonstrate around a 30% virtual/telephone consultation rate with around 70% of service-users opting for face-to-face contacts.

Achievements and challenges

SW London expanded the delivery of Kooth, which is an online counselling platform for children and young people aged 11-21. Qualified counsellors, therapists and support workers provide guided and outcome-focused support for each individual. Kooth is accessible through any online device: young people can log on wherever they are, to access counselling from 12.00pm to 10.00pm, 365 days a year [Appendix 1].

The ICB are also working closely with partners, such as the Local Authority and schools, to consider how we can further improve health promotion and preventative services to increase the resilience of SW London children and young people. Kooth are exploring opportunities to increase access from boys and the LGBTQ+ population. All local digital offers across SW London have been updated and expanded to include more online self-help information and tools as well as advice on how to access help including support in a crisis.

Supporting children and young people with special educational needs (SEN) and disabilities remains a priority for SW London, within the wider strategic aim of increasing access for children and young people. Increasing access involves the contribution of non-NHS funded services, such as school nurses, teachers, and social workers. To support children and young people with SEN, we are working with partners to provide the help and specific interventions summarised in Education, Health and Care (EHC) Plans. There is further work to be done with partners to ensure CAMHS services are fully involved in multi-agency care planning processes and that mental health care plans are integrated with EHC plans.

4.3 Specialist Pathways for Children and Young People Eating Disorders

SW London children and young people are served by two mental health trusts providing Eating Disorders services.

- Kingston, Merton, Richmond, Sutton and Wandsworth: SWLStG's CYP Eating Disorders Service
- Croydon: SLAM Maudsley Centre for Child and Adolescent Eating Disorders (MCCAED)

Both teams operate with a similar service model in line with NICE guidance, offering assessment and treatment through a multi-disciplinary approach.

SWLStG's CYP eating disorders service comprises: CYP Community Eating Disorders Service (CYP-CEDS), the Wisteria Ward inpatient adolescent eating disorder service. The ICB is making an investment in 2023/24 to Avoidant Restrictive Food Intake Disorder (ARFID) and has the intention to scale up in subsequent years. The SWLStG's CYP eating disorders service treats children and adolescents from the five boroughs and nationally. Referrals are accepted directly to the service, or via any of the borough SPAs, and can be from GPs, professionals. The service also accepts self-referrals.

The SWLStG's eating disorder service is a centre of excellence in integration of physical and mental health care, jointly provided with St George's University Hospitals NHS Foundation Trust paediatric service. In 2022, SWLStG's eating disorder service was the first service in London to identify the issue of disordered eating presentations of young people to acute hospitals, developing joint physical and mental health protocols for the acute hospital setting, and led on the disordered eating working group in the Healthy London Partnership.

The Maudsley Centre for Child and Adolescent Eating Disorders (MCCAED) comprises of:

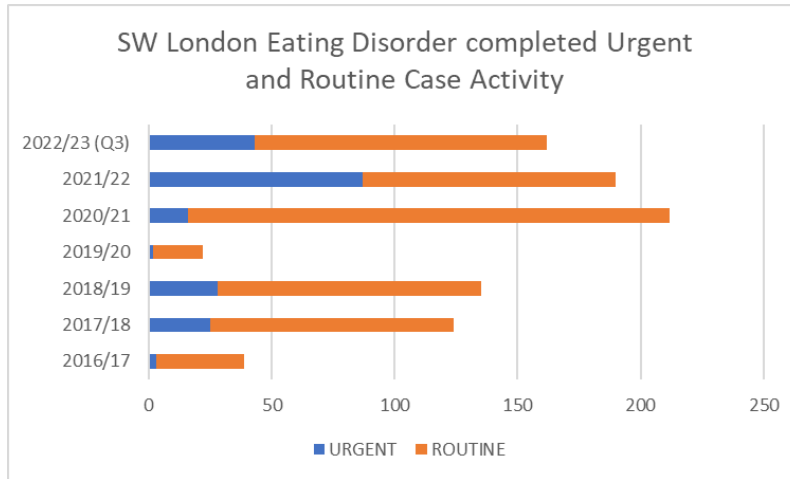
- The Eating Disorder Clinic (EDC), formerly known as the outpatient service, which provides a service to South East London boroughs including Croydon
- A new Avoidant restrictive food intake disorder (ARFID) service, that treats children and adolescents both locally in these seven boroughs and nationally.

MCCAED was one of the first eating disorder services, nationally, to accept self-referrals. Although other teams have subsequently followed, self-referral provision in eating disorders services across the country remains very limited.

Self-referrals are available to local patients that are served by the EDC. They are also available for patients who wish to access the ARFID service. Self-referrals comprise about 30-35% of referrals to the EDC.

Capacity and Demand

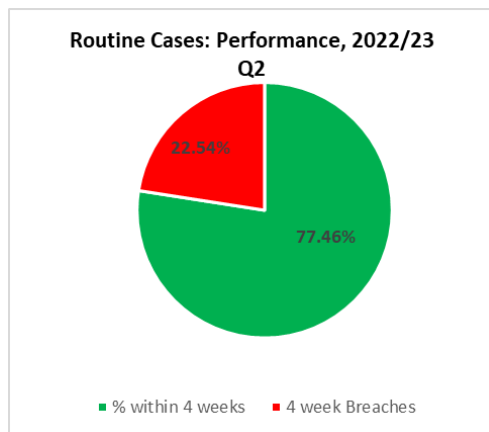
The demand for Eating Disorder Services has increased. Up to 2018/19, services did not exceed 150 referrals per year, however, from 2020 onwards, the demand for the services have regularly exceeded this volume within the first three quarters of the year. Services are expected to meet the national waiting times standards or urgent referrals seen within one week and routine within four weeks. Since 2019, team/service capacity has significantly reduced owing to staffing and resourcing challenges and rising demand. Core treatments to individuals with anorexia, bulimia, and binge eating disorders are still in place. In addition to the core treatments, Avoidant Restrictive Food Intake Disorder (ARFID) referrals are expected to be accepted by all SW London eating disorder services imminently.



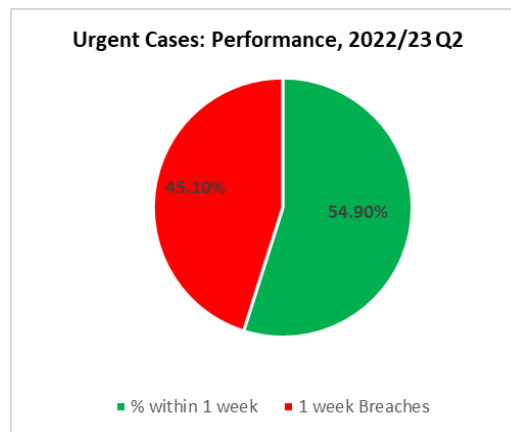
Graph 7 South West London Eating Disorder service data

Source: NHSE; Statistical work area dataset. Eating Disorders.

Due to increase in demand and limited capacity, eating disorder services have struggled to meet the national waiting time assessment targets for both urgent and routine cases.



Graph 8 Eating Disorder Routine Performance 22/23 (Q2)



Graph 9 Eating Disorder Urgent Performance 22/23 (Q2)

In 2022/23 performance shows 77.46% of routine appointments were seen within 4 weeks of referral, and 54.9% of urgent referrals were seen within 1 week of referral.

It needs to be acknowledged that specialist services cannot meet the significant increase in referrals by themselves. This needs to be addressed by a whole system effort of better collaboration and communication between local and specialist mental health services. Voluntary sector partners, such as BEAT, offer help for young people and adults with Eating Disorders, if they don't meet the threshold for specialist treatment or when continued support is required following a treatment period with a specialist service.

We would like to improve the transition arrangements between the children and young people and adult eating disorder services and shall explore flexible solutions when a transfer of treatment/care is taking place in consultation with young people and their parents.

4.4 Specialist Pathways for Neurodevelopmental Conditions

Requests for neurodevelopmental assessments of children and young people aged 6–17-year-old, received by local CAMHS Single point of Access (SPAs) for the relevant borough continue to increase across SW London. Once all necessary information is received, it is screened by an experienced CAMHS clinician.

Following the clinical screening, the referrals from five SW London boroughs (Kingston, Merton, Sutton, Richmond, and Wandsworth) are either signposted to the Neurodevelopmental Team from SWLStG Mental Health Trust or a local neurodevelopmental assessment pathway in Kingston, Richmond or Sutton, if the referred child or young person is resident in one of these boroughs and does not present with co-morbid physical and/or mental health conditions.

Neurodevelopmental referrals received by Croydon Single point of Contact are signposted to the neurodevelopmental teams in SLAM.

4.4.1 South West London and St Georges Mental Health Trust Neurodevelopmental assessment Pathway

Referrals from SW London have continued to increase and have averaged at 92 referrals per month in 2022 – 2023, as of May 2023 the 2023/2024 average is 110 referrals per month.

When the team is at full capacity it is expected that around 63 assessments are completed per month. Due to difficulties in recruitment to this team and several vacancies the capacity was limited. Since March 2023, following successful recruitment, the team is now achieving expected levels of assessments and in May there were 64 assessments completed.

As of May 2023, the average waiting time for an autism assessment was 20.8 weeks.

Ongoing performance continues to be monitored monthly and there is ongoing internal work to improve processes and pathways.

Graph 10 SWLStG Referrals, Assessment and waiting times

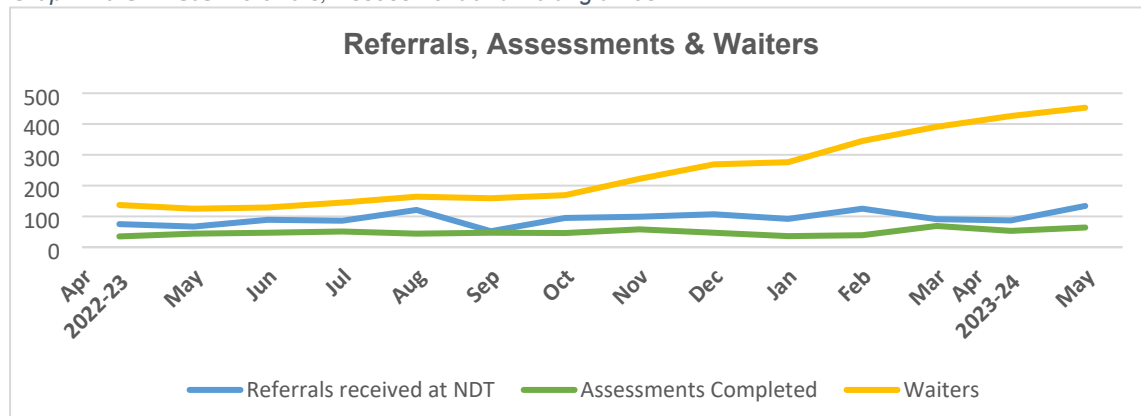


Table 2 Breakdown of numbers waiting by diagnosis and type of assessment

Diagnosis	2022-23												2023-24	
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
ADHD	57	50	49	51	59	54	55	50	33	18	5	2	13	3
ADHD / ASD Assessment	4	4	4	5	5	6	10	37	63	79	116	127	128	142
ADHD Assessment	11	13	14	11	10	9	14	36	63	80	99	118	115	130
ASD	44	43	48	64	76	75	68	55	37	15	5		14	1
ASD Assessment	20	13	12	14	13	14	22	42	70	78	112	132	144	157
No diagnosis	1	2	2		1	1		2	3	6	8	12	12	20
Total	137	125	129	145	164	159	169	222	269	276	345	391	426	453

Current Borough-Based Providers/Other Services

Sutton

Cognus provides Autism-only assessments

As of May 2023, the average waiting time for autism assessment was 26 weeks and there were 87 CYP waiting for assessment.

The Neurodevelopmental Care Pathway for Sutton was set up as a pilot initiative in 2018 to provide a high quality, local and timely assessment service for Autism for the children and young people of Sutton. Referrals are triaged by the CAMHS Single Point of Access (SPA) to ensure they are appropriate for the service. The high conversion rate (80%) from assessment to diagnosis is evidence of the positive impact of the triage process. The Covid pandemic had a significant impact on demand for autism assessment services and an additional psychologist has been employed to reduce the waiting time from 1 year to 6 months.

Cognus also provides post autism diagnostic support for CYP and their families. This initiative, known as the A Plan, is a pilot funded for 3 years (from April 2021) to provide information, education and interventions to young people with a new autism diagnosis. The service offer includes:

- follow-up discussion within two weeks post diagnosis with parents
- Understanding diagnosis session
- Up to 5 intervention sessions on anxiety, depression, trauma and self confidence
- Parenting advice and support
- Liaising with schools, Senco and other professionals

In May 2023 there were 18 CYP waiting for post diagnostic support.

Kingston & Richmond

The emotional health service at Achieving for Children provides assessments for autism.

Achieving for Children also provide post autism diagnostic support for CYP and their families. This initiative is a pilot funded for 3 years (from April 2021) to provide information, education and interventions to young people with a new autism diagnosis. The Post diagnostic support delivered by AfC as part of the pilot. Offers year-long practical and emotional support to parents and carers of children and young people who have received a diagnosis of autism. Support includes:

- 1:1 Check-ins, Parent Psychoeducational Groups, Workshops, Signposting, ASC Anxiety Group for children aged 9-12 and Teen group – “This is me” in the pipeline

As of June 2023, 147 families are involved in the pilot. A total of 81 parents and carers of children and young people with autism have attended a parent psychoeducational group.

Croydon

Current Arrangements for Croydon Autism &/or ADHD Assessments and Diagnoses

The current pathway for Autism and/or ADHD assessment is predominantly offered within the community service. Two teams, operating within different organisations, provide assessments:

- **Croydon Health Services:** Children’s Medical Services (CMS) provide autism assessments for children under the age of five years at the point of referral.
- **SLAM:** Community CAMHS provides neurodevelopmental assessments for children and young people aged 5 - 17 years referred for autism and/or ADHD assessments

For under 5s there are currently 609 children on the waiting list and the average wait is 8-10 months. There has been a 50% increase in referrals from 2021 to 2022.

In Croydon all CYP ADHD referrals and Autism assessment referrals for CYP over 5 are received through a Single point of access (SPA), and assigned to the same neurodevelopmental pathway, diagnosis is not identified until assessment is complete and there is a frequent comorbidity between neurodevelopment conditions as well as with other mental health conditions.

In 2022 - 2023 a Croydon transformation programme was established with cross stakeholder involvement to work on the development of a clinically led new integrated pathway for CYP on the autism spectrum within Croydon.

This led to an increased number of assessments taking place in 2022/2023, and a reduction in wait time, to an average of 8-10 months, in the autism clinic for under 5s.

The service also experienced a significant increase in demand through increased referrals across all CYP ages throughout the 2022/2023, and this has continued in 2023/2-24.

- The plan for 2023/2024 is to continue the collaborative work in Croydon to improve the local offer, leading to a reduction in wait times and an improved experience for CYP and their families and carers.

The table below shows

- the number of referrals accepted as needing Tier 3 Croydon CAMHS input distributed into the Neurodevelopmental and Mental Health pathway respectively.
- The numbers of referrals waiting for assessments into the Neurodevelopmental and Mental Health pathway respectively.
- Due to need presentation some referrals will be in both pathways

Table 3 Number of referrals waiting for an assessment within Croydon CAMHS (SLAM) into ND-MH pathway

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
Neuro Referrals	40	24	15	45	16	63	34	33	24	36	33	22	42	23
Neuro Waiters	434	454	478	457	408	434	429	427	427	430	400	353	362	360
MH Referrals	168	239	208	379	171	332	280	327	199	302	274	289	259	166
MH Waiters	253	269	274	354	375	432	434	487	475	512	531	532	581	585

Table 4 Number of weeks waiting for assessment in Croydon CAMHS (SLAM) ND pathway

Number Of Weeks	0-4	05-26	27-38	39-44	45-51	52+	Total
Total	90	362	170	45	62	213	942
Neuro	18	94	28	7	19	194	360
MH	74	280	144	38	43	19	598

SLAM National Specialist service

In addition, specialist assessments (often second opinions and specialist comorbidity assessments) are offered by SCAAND (The Service for Complex Autism and Associated Neurodevelopmental Disorders, including Intellectual Disability). SCAAND is a Specialist CAMHS (Tier 4 Child and Adolescent Mental Health Service) provided by SLaM NHS Foundation Trust and recognised as a leading UK centre in mental health care for children and young people with neurodevelopmental needs. Referrals are accepted from community clinicians only.

Plans for the next 12 to 18 months:

Continued focus on improvements to the autism assessment offer across SW London including waiting times and pre assessment and post diagnostic support.

Summary of Transformation Highlights include:

- Croydon carried out a detailed review of its local neurodevelopmental assessment provision.
- Richmond, Kingston and Sutton are part way through delivery of a 3-year pilot of post-diagnostic support “A-Plan” offering support and adapted mental health interventions including 1 to 1 and group sessions post diagnosis. Feedback to date has been positive.
- A Place based all age neurodevelopmental pathway review is being led by Kingston and Richmond. The anticipated outcome will be a system re-design with the implementation of transformative service developments from 2023/24.

4.5 Specialist Pathway for Young People with Early Psychosis

The evidence based Early Intervention Service (EIS) model for treatment of first onset of psychosis was developed more than 20 years ago. It recommends an integrated multi-disciplinary assessment and treatment approach for young people and young adults aged 14-35 years and their families.

Numbers of children and young people diagnosed with first onset of psychosis are low, with five of the six boroughs reporting single figures. Local CAMHS carry out timely initial assessments and also initiate multi-modal treatment without delay for under 18-year-old young people. There are preparations for transitioning to one of the Early Intervention Psychosis (EIP) Teams from SWLStG (EIP Merton and Sutton, EIP Kingston and Richmond, EIP Wandsworth).

Table 5 Early Intervention in Psychosis performance statistics. Source: NEL Central Performance Analytics using the NHSE published dataset



Where do we want to be?

The original EIP service model suggested that an integrated youth/young adult mental health multi-disciplinary treatment model would be best to meet the needs of this group of patients. SW London ICS will jointly review options with both Trusts on how to strengthen an integrated 14-25 years EIP approach that:

- focuses on the first three years of the psychotic illness
- aims to reduce the duration of untreated psychosis to less than 3 months and
- does not require the young person to transition at the age of 18 from CAMHS to Adult Mental Health services or Early Intervention Services.

The SW London Strategy identifies the Bio-Psycho-Social model to drive forward transformative physical healthcare for people with Serious Mental Illness and mental health support for people with physical health care conditions. It is expected that this will improve outcomes for people with Serious Mental Illness.

4.6 Specialist pathway for young people with emerging Borderline Personality Disorder piloting a SW London Dialectical Behaviour Therapy (DBT) Service

Dialectical Behaviour Therapy (DBT) is a highly effective, NICE recommended, treatment for children and young people with traits of emerging Borderline Personality Disorder/Emotionally Unstable Personality Disorder (BPD/EUPD) and acute self-harm and suicidality.

The benefits of commissioning a standalone DBT service in SW London included:

- Reduction in adolescent and young adult suicide rate.
- Enhancement to Tier 3 offer in SWLStG with good interface and smooth step-up / step-down pathways and better use of Tier 3 resource. The intention is to free up consultant and care coordinator capacity in community CAMHS.
- Reduced demands in terms of mental health assessments, occupied bed days, A&E presentations, transitions to adult services, and risk management in Tier 3.
- A crucial success factor for DBT services is the enabling of a locally accessible standalone service with fully trained DBT clinicians to provide a dedicated, safe and effective service
- SLP will be able to reinvest any savings in continuing to enhance crisis care.

The SW London DBT service launched July 2021. The DBT programme consists of a 4 – 6week pre-treatment phase (engagement and commitment phase), followed by 8 – 12 months of specialist treatment, if the young person and the DBT team agree to start therapy. Treatment consists of weekly individual therapy and weekly skills training groups (for young

people and parents/carers) plus telephone skills coaching, crisis management, medication management, family sessions and care co-ordination.

The pilot was successful and has subsequently been re-commissioned and provision has been increased in line with the previous Transformation Plan (2021).

It was observed that local CAMHS Transition Workers were well-placed in ensuring parity in offer for this cohort. For example, Merton have commissioned a specialist counselling service for 14-25 year olds to target self-harmful behaviours and work with children and young people with BPD/EUPD.

Planning for the future

In line with the NHS Long-Term Plan ambitions to provide a comprehensive mental health service for young people up to age 25 years, SLP and SW London have already extended DBT service models across children and young people and adult services to better meet the complex and challenging needs of young people/young adults (14-25 years) with emerging borderline personality disorder without the disruption of transitioning from young people to adult services. More work will be done to determine coverage and integration of the services in 2023/24.

4.7 Help for Groups of Children and Young People, who have Increased Risks of Suffering from Mental Health Challenges

4.7.1 Help for children and young people in contact with Youth Justice service

Future in Mind outlined the need to transform CYP mental health services to create a system to support and bridge the gaps for the emotional wellbeing and mental health of children and young people. The three priority areas:

1. Development of Specialist Child and Adolescent Mental Health Services for High-Risk Young People with Complex Needs.
2. Development of a framework for integrated care for Children and Young People's Secure Estate
3. Development of Collaborative Commissioning Networks between Health & Justice regional teams and health care.

An assurance framework was also developed by NHS England to support the ongoing development and implementation of plans to utilise the funding allocated to ensure that we can best support children and young people known to the Youth Justice system.

There are fully integrated pathways within the SW London boroughs for children and young people in contact with Health and Justice Services which include the following elements:

- Crisis care related to police custody
- Sexual Assault Referral Centres (SARCs)
- Liaison and Diversion (L&D) services
- Youth Offending Service (YOS) with referral pathway to SW London Forensic CAMHS
- Transitioning to and from Children and Young People's Secure Estate – there are several establishments e.g., at Feltham and Cookham Wood for children and young people to be

placed on welfare and youth justice grounds (with dedicated mental health support provided within the facilities)

First time entrants are tracked, including young people who re-offend within 12 months (and whether the re-offending was more/less serious or more/less frequent). These form part of discussions within the Youth Crime and Prevention boards. All local YOS Teams have at least one CAMHS practitioner, who is an integral part of the multi-disciplinary and multi-agency team. This practitioner leads on (initial) mental health risks(s) screening, provides one or more consultations to young people and their families, and ensures that mental health needs are identified, and actions agreed on how to meet the identified needs, either from resources within the team or by organising access to additional specialist help from local (tier 2 or tier 3) CAMHS or by referring the young person to the SW London Forensic CAMHS.

A Trauma informed Emotional Wellbeing Support service pilot for children and young people in Croydon and Sutton going through the Youth Justice System was launched in April 2023. 'The Croydon Suite' aims to improve pathways and reduce unwarranted inequality of access for children and young people going through the justice system by offering them emotional support alongside the judicial process. The workforce includes local community members. They have been recruited to help de-stigmatise and enable the project to reach more children and young people in emotional distress, using both an in-reach, and out-reach model of engagement. These workers link in with the Liaison and Diversion workforce.

This delivery of this pilot aligns with our priorities to tackle inequalities in outcomes, experience and access for the most vulnerable populations. It is also in line with the Long-Term Plan commitment to improve pathways for children and young people who are high risk, high harm and high vulnerability.

Richmond, Merton and Sutton have increased provisions within their YOS CAMHS teams and will continue to review impact of support over the pilot year in 2023/24.

Crisis Care Related to Police Custody

Urgent mental health assessments in police custody are undertaken by the on-call Mental Health Practitioner or out of hours Emergency Duty Team (EDT).

The number of mentally unwell children and young people being taken to police custody suites is very small and the Liaison and Diversion (L&D) service also provides some support for them there. These types of referrals are rare; however, it is important that we maintain the pathway for these very vulnerable children and young people and provide the additional support to reduce the likelihood of them being placed in police custody suites.

Liaison and Diversion (L&D) Services

The L&D pathway for SW London includes the following services:

- A custody suite
- Magistrates Court
- Transforming Families Team (multiagency team with representation from Youth Justice and Anti-social Behaviour teams, and the Police).
- Liaison & Diversion worker
- Forensic CAMHS service
- Speech and Language input

A CAMHS L&D worker is co-located with YOS and the police custody suite and young people on the edge of offending are assessed in custody or at the YOS office at the first opportunity.

All children and young people in contact with the L&D service have a screening of mental health and emotional wellbeing assessment, utilising a trauma informed approach. If a mental health need is identified the young person is referred on to CAMHS with their consent, for a full mental health assessment and network meeting. The current L&D pathway across the SW London is illustrated in figure 9.

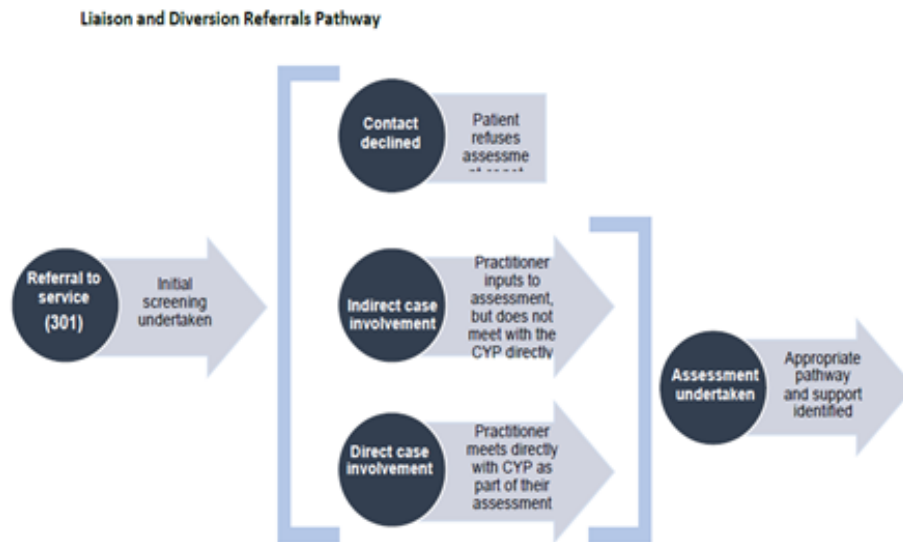


Figure 9 SWL Liaison and Diversion referrals pathway

Whilst most young people known to youth justice service will only need to access local mental health help, some require specialist assessment and intervention from a Forensic Child and Adolescent Mental Health Service (FCAMHS):

South London Community FCAMHS is a Specialist Forensic Community Child and Adolescent Mental Health Service for young people and their families. It provides advice, consultation, assessment, and some limited short-term interventions. The service can also provide training for local professionals, and it is a multi-disciplinary service including Consultant Adolescent Forensic Psychiatrists and Psychologists.

In South London, FCAMHS is provided in partnership, through South London Mental Health Partnership (SLP), hosted by the South London and Maudsley NHS Foundation Trust (SLaM) on behalf of three trusts which includes Oxleas NHS Foundation Trust and South West London and St George’s NHS Trusts. The service aims to be accessible to community mental health teams as well as other services working with young people and their families (such as Youth Justice Service, Social Care etc.).

Input from FCAMHS depends on a number of factors and degree of need or risk, as well as what services are available locally. It is expected that the child or young person will be open to their local specialist CAMHS team, which will co-ordinate care and provide risk management and emergency care planning.

Our Ambitions at SW London

The evidence in relation to addressing serious youth violence supports a multisystemic approach. There is a high rate of non-engagement with mental health services or inconsistent engagement, due to several factors, including fear of reprisals for discussing crimes.

We have started working with partners on projects such as the 'Skilling Up' project run through Achieving for Children and other teams tackling exploitation, gang workers, Redthread (Youth Charity) who can identify and work with victims of serious youth violence when identified at Emergency Departments.

We will work as a system to address challenges of engagement of young people with time invested in forming therapeutic relationships to make young people feel safe enough that the topic of trauma and its impact on functioning can be introduced. Specifically, we are working with our Local Authority partners in Merton to provide CAMHS clinical input into Single Point of Access utilising a Trauma Informed Approach to ensure that trauma is considered in working with CYPs.

For our young people with more problematic clinical features of Post Traumatic Stress Disorder, a trauma informed way of working could be supported, for example, supporting professionals already working with the young person either directly or indirectly through a phased approach until they are in such a position that they can undertake formal therapy.

4.7.2 Access to Help for Children Looked After (CLA)

Specialist emotional wellbeing and mental health help is embedded within all social care teams for CLA across SW London boroughs. This includes the CLA Team, Leaving Care Team and Adoption and Fostering teams for children and young people looked after by the LA from birth to age 25 years.

The service aims to improve the stability of placements by supporting the identification and care planning for those whose functioning is negatively impacted upon by their emotional and/or mental health. The service acknowledges the prevalence of mental health difficulties within this vulnerable population and thereby the importance of fostering children's emotional growth as an integral component to ensuring positive life outcomes.

They are supported by the Getting Help (Tier 2), Emotional Health Service, thereby maintaining essential links with evidence-based practice, continuing professional development, and securing access for children and young people looked after to all available psychological resources on offer within the wider EHS service, Getting More Help (Tier 3) services, adult mental health services and services offered by partner organisations.

The team consist of qualified Health and Care practitioners. These are:

- Systemic Family Therapist
- Art Psychotherapist
- Clinical Psychologist

The Team also works closely with health services for CLA, such as Community Paediatricians/Designated Doctors for CLA and CLA Health Nurses, as well as Educational Psychologists and teachers. This ensures that the emotional health and well-being of children and young people in care is monitored, and effective and timely action is taken to provide appropriate support.

In order to provide a fast response to a growing CLA population, the service has adopted a consultation-led service approach that includes:

- Consultation to all professionals within the team to Leaving Care, Unaccompanied Asylum-Seeking Children, Family Coaches, Virtual School, LAC Health, and Independent Reviewing Officer teams.
- Specialist assessment that includes mental health and emotional wellbeing (this includes the wishes and capacity of the children/young people to make use of therapeutic help), functioning, impact of adverse negative events on development and relationships with carers and peers, the behaviour they present, any issues of risk (e.g., sexual exploitation, absconding, self-harm, substance misuse, physically/sexually/emotionally harming or being harmed by others).
- Liaison and support regarding children and young people in care to the wider network (e.g., birth family, partners, schools/colleges, other agencies, adult mental health services) to support emotional wellbeing, care planning and placement.

Individual therapeutic and group work with children and young people, including art psychotherapy, clinical psychology/Cognitive Behavioural Therapy (CBT), Eye Movement Desensitisation and Reprocessing (EMDR), family/systemic therapy based on robust assessment and shared formulation of needs and hoped-for outcomes.

- Support and consultation to management and staff in residential homes for young people in care, as well as the specialist assessment and formulation of the needs of residents to inform care planning. Supporting the provision of a psychologically informed residential home environment.
- Specialist training and professional development to social workers and network professionals regarding the mental health and emotional wellbeing of children and young people in care, especially regarding trauma and attachment.

How SW London is improving services for out of area children and young people in care:

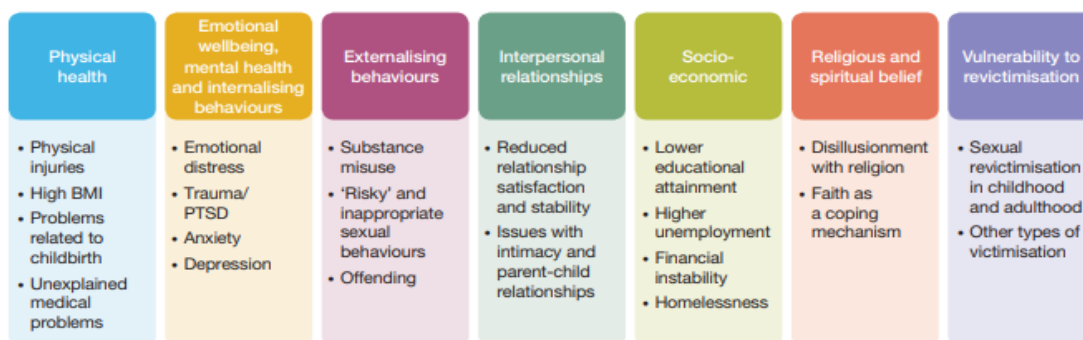
- Kingston and Richmond Place have invested additional monies through Achieving for Children into Care Leavers posts to ensure smooth transitions across Children and Adult Mental Health services.
- Merton have developed a robust system for specific cases to be discussed and appropriately funded for CLA who are leaving care. The processes will be further refined to ensure that all CLA can access the care required.

4.7.3 Access to help for children and young people who have experienced sexual abuse

The prevalence of child sexual abuse is challenging and difficult to accurately measure because of its nature. It is difficult to understand the scale of offending and how many victims and survivors remain unidentified because of under reporting, under-identification of victims and survivors by agencies, and lack of robust data. It is further complicated by the fact that many victims and survivors disclose child sexual abuse as adults many years later.

Sexual abuse can cause serious physical and emotional harm to children and young people both in the short and long term as illustrated in Figure 10.

Figure 10 Outcomes on the impact of child sexual abuse. Source: Fisher et al (2017) *The impacts of child sexual abuse: A rapid evidence assessment*



It has been reported that children and young people face a variety of obstacles in accessing services before and after disclosure. Challenges encountered include:

- Difficulty in navigating a confusing and disjointed array of services at the time they need them most and at times when they are often in crisis
- Difficulty in knowing which services to access to get help and support they need
- Inconsistencies in the quality of care they receive once they access services
- Heightening risk by disclosure and identification of sexual assault and abuse often taking place within a criminal justice setting rather than within a service dedicated to the care and support of victims and survivors.
- Limited emotional and physical support longer term and over the individual's lifetime

Children and young people who decide to come forward about their experience of sexual abuse should expect:

- A safe place to live
- Being listened to and believed
- Ability to tell their story
- Early emotional support e.g., strategies for coping with feelings, emotional resilience and symptoms that impact on returning to normal daily life
- Reduction in risk of further abuse

Service data for 2021/22 in SW London shows that 55 children and young people were seen for emotional wellbeing and support. We are keen to see an improvement on the numbers accessing the service. We acknowledge the challenges that children, young people and their families might be facing in navigating the system to get the support they need and working stakeholders to improve this.

SW London ICB currently commissions the SW London Wellbeing Service to provide emotional and practical support to children and young people who have reported sexual abuse. The service is delivered by the Havens in collaboration with Rape and Sexual Abuse Support Centre (RASASC).

Wellbeing in SW London service works with children and young people aged up to 18 years of age and up to 25 years for those with Special Needs and Learning Disabilities who have been a victim of child sexual abuse, as well their non-offending parents and carers, living in SW London. The service offer includes:

- Assessment of emotional needs and risk
- Brief intervention and family support
- Specialist therapeutic support
- Referral for holistic medical assessment and/or sexual health follow-up
- Specialist support through the criminal justice process

The ICB has received funding between 2022-2024 from NHS England and the Mayor's Office for Policing and Crime (MOPAC) of London aimed at further improving the child sexual abuse pathways. The project aims to improve disclosure levels, increase support for survivors, improve pathways into and between services and ensure advocacy and is being delivered through The Havens.

Where do we want to be?

SW London ICB and SE London ICB wish to collaborate to bring together and enhance existing networks of specialist and local services thus creating a single sexual abuse pathways across South London. This partnership would aim to deliver services in line with the Child House Guidance.

A needs assessment and mapping has been undertaken and discussions on progressing the recommendations is currently being undertaken at the programme steering and task and finish groups whose stakeholders have been drawn from South London.

The SW London CSA programme links in and works closely with the South London CSA programme to ensure harmonisation of areas of work and common evidence underpinning future proposed models.

4.7.4 Access to help for children and young people with a Learning Disability

All SW London boroughs have a clinical psychologist or behaviour specialist(s) that offer help and behaviour support for children and young people with moderate to severe learning disabilities and behaviour that challenges. Frequently, this support and help for parents and their children with complex needs is undertaken in close collaboration with other therapists and clinicians already involved in the care of these children as well as colleagues from Social Care and Education to ensure a multi-agency approach which aims to promote better mental health and improve future outcomes for children and young people.

Wandsworth and Croydon have established specialist learning disability CAMHS teams offering consultations to parents and professionals as well as assessment and treatment of mental health problems / or behaviours that challenge. Sutton CAMHS learning disability service will be increasing their psychiatry offer in 2023/24.

Provision in Merton, Kingston, and Richmond has increased to now be able to offer assessment and consultation. SWLStG has recruited additional Learning disability CAMHS practitioners who offer specialist consultation and advice for children and young people and their families open to local SW London CAMHS team.

Where do we want to be?

Our ambition is to review and develop a consistent learning disability CAMHS offer (mental health and positive behaviour support) for children and young people with learning disabilities and their families across all SW London boroughs.

4.8 Transforming Care for children and young people with a Learning Disability, Autism, or both

There has been an increase in the number of children with a diagnosis of autism in SW London and rising number of referrals of children and young people with suspected autism year on year.

There has been an increase in Specialist School places for children and young people with Special Educational Needs and Disability (SEND) and a commitment to the development of the graduated response within mainstream schools to support inclusive education.

In line with the increase in the number of Child or Young Person with SEND there has been an increase in child or young person on the autism spectrum who have emerging 'behaviours that challenge,' which can escalate into emotional and mental health needs. Although numbers remain small, we have also seen an increase in SW London in the number of children and young people on the autism spectrum presenting with mental health conditions, behaviours that challenge and risks being admitted to a mental health hospital setting in 2022-2023.

To effectively respond to the emotional and mental health needs, SW London ICB works closely with Local Authorities partners, mental health Trusts and voluntary sector organisations to commission a range of services locally as well as SW London wide.

4.8.1 Dynamic Support Register (DSR) and Care (Education) and Treatment Review (C(E)TR)

We are working to strengthen our Dynamic Support Registers and Care Education, Treatment Reviews in line with the with the new NHS England policy and guidance published in January 2023. We continue to strengthen joined up working with Special Educational Needs and Disabilities teams at our six local authorities.

This policy and guidance aims to prevent unnecessary hospital admissions and detention under the mental health act for people with a learning disability and autistic people.

The Dynamic Support Register is a local database and process to identify, provide early intervention and oversight of adults, children and young people with a diagnosis of learning disability, autism or both with the most complex needs who are at risk of being admitted into mental health inpatient hospital, so individuals can receive access to timely interventions in the community. It is a key vehicle for joint agency working and proactive enhanced support for people at risk of an inpatient admission.

Each borough operates a local DSR with key partners across health, education and social care. The new SEND inspection requirements outline that local DSRs will be reviewed as part of these inspections.

C(E)TRs seek to ensure system partners are working with people and families to provide the right care, education and treatment to avoid the need for an admission to a mental health hospital (community C(E)TR) and ensure good care for all is in place. In the event of an admission, the (inpatient) C(E)TR will also check that their care and treatment are effective and that they are supported to leave hospital as soon as possible.

4.8.2 SW London Key Worker team

A key priority in SW London is to reduce reliance on mental health inpatient care so that people can lead the lives they choose in their local community.

In March 2023, we launched the new SW London Key Worker Service. The key workers work with children and young people with autism and/or learning disabilities with the most complex needs. These children are often experiencing substantial difficulties with escalating behaviours of concern and are at risk of being admitted to a mental health hospital. The role of the key worker is to work alongside local teams of professionals in health, education and social care and the young person and their family to ensure the child and family get the supports they need to live well in the community. Support from a key worker is for a temporary, time limited period. Access to a keyworker is via the Dynamic Support Register.

A Key Worker is offered to children and young people up to 18 years of age and, by March 2024, extending to 18 -25-year-olds who have learning disabilities and / or are autistic, with the most complex needs, who are either at risk of admission or at inpatient and on the dynamic support register.

We have invested in behaviour specialist posts in Wandsworth in 2022-2023 supporting children with learning disability, autism or both and the outcomes from the new roles will inform future service developments.

4.8.3 Personalised Supports

SW London works with a range of partners to ensure appropriate support is available as early as possible. In most boroughs this support begins with an Autism Advisory Service, often within the Children with Disabilities (CWD) Team.

Multi-faceted packages of community support are often needed to meet the nuanced needs of this group. This usually includes a mixture of carer provision in the home, functional behavioural analysis, Positive Behaviour Support (PBS) training and ongoing monitoring of the package, medication, aids and adaptations to the family home, respite care, special education provision, benefits, and carer support for family members. These packages are funded jointly by health, education, and social care.

To support increased understanding and awareness across our workforce, we have funded Positive Behaviour Support Training for practitioners and coaches. The training, which is delivered by the British Institute of Learning Disability (BILD), has been delivered to 168 professionals across the SW London. Staff to have received the training come from health and care providers, social care and schools. We are delivering sessions for families 2023/24.

4.8.4 Next Steps in Transforming Mental Health Services for children and young people with learning disability or autism or both

We aim to reduce the reliance on in-patient care and improve community provision by;

- Strengthening our DSR and CETR's in line with new NHSE policy and guidance across the SW London system and strengthen multi agency working

- Improving intensive support for autistic CYP – develop and pilot to test and learn and inform SW London model and future developments
- ‘Embed first’ phase of the new Key working service for children and young people with autism, learning disability or both up to 18 years with the most complex needs and extend the service to 18–25-year-olds by March 2024
- Reviewing and developing model for a consistent service offer for SW London CAMHS Learning disability support offer
- Working with NHS providers across SW London to roll out the Oliver McGowan training for learning disability and autism to improve understanding, communicating with and treating people with a learning disability and autism
- Continuing to strengthen joined up working between SEND and the SW London learning disability and autism programme

To drive further improvement in services for children and young people with Learning disabilities and/or autism, SW London will prioritise the following:

- Ensuring all Child or Young Person Mental Health services are compliant with responsibilities for providing advice as part of the Education, Health and Care needs assessment process as part of the Children and Families Act.
- Ensuring all Child or Young Person Mental Health services understand the Local Offer for children and young people with Special Educational Needs and Disabilities.
- Development of a SEND data dashboard for SW London ICB
- Create opportunities in the ICB for a more integrated approach to swiftly agreeing comprehensive packages of care and treatment across a spectrum of need

4.9 Timely access to Crisis Help (Urgent and Emergency Pathway)



Figure 11 Getting More Help & Getting Risk Support

The NHS Long Term Plan has set out a clear ambition for all ICSs to put in place 24/7 mental health crisis provision for children and young people that combines crisis assessment, brief response and intensive home treatment functions by 2023/24.”

The components which consist of a combination of local and SW London-wide crisis provision for children and young people were already in place when we last reported on the crisis provision. These include:

- A nurse led CAMHS Emergency Care Service (CECS) providing mental health and risk assessments for children and young people that are presenting in a mental health crisis, including deliberate self-harm, at A&Es in Kingston Hospital, St George’s Hospital, St Helier Hospital or West Middlesex University Hospital, currently operating seven days per week 9.00am to 8.00pm. This service will also carry out initial mental health and risk assessments if young people need to be admitted to a Paediatric Ward following an overdose or other self-harm attempt requiring clinical observation and medical

intervention. To improve access time for A&E attendances, there are plans to add Psychiatry resource to CECS to provide multidisciplinary team input and reduce delays for senior review

- Crisis telephone numbers depending on where the caller lives and from time of the day, i.e., during office hours, after office hours between 5.00pm and 11.00pm and an all age 24/7 crisis telephone number
- An Adolescent Outreach Team (AOT) for young people with more severe and complex mental health challenges, who are already known to local CAMHS and present with risks to themselves and/or others. The AOT is providing short to medium term interventions in addition to the specialist help provided by local CAMHS.
- Children and young people from Croydon can access a CAMHS Crisis Team, which also offers short to medium-term more intensive help including home visits and more regular access to telephone advice and help, when needed, for young people already known to local CAMHS.

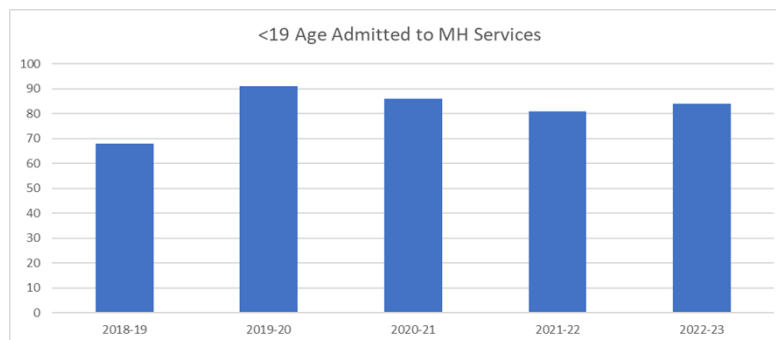
4.9.1 Access

There has been work undertaken to coalesce all crisis help into one offer across children and young people and adult mental health services, resulting in the SLAM and SWLStG all-age 24/7 crisis lines.

Dedicated CAMHS support is provided through South London Partnership (SLP) from 5.00 - 11.00pm weekdays and 9.00am-10.00pm weekends for children and young people or a parent/carer concerned about their child's mental health. During office hours, children and young people or a parent can either contact their local CAMHS SPA or their care coordinator, if the child or young person has already been assessed by a CAMHS Team but is waiting for treatment to start.

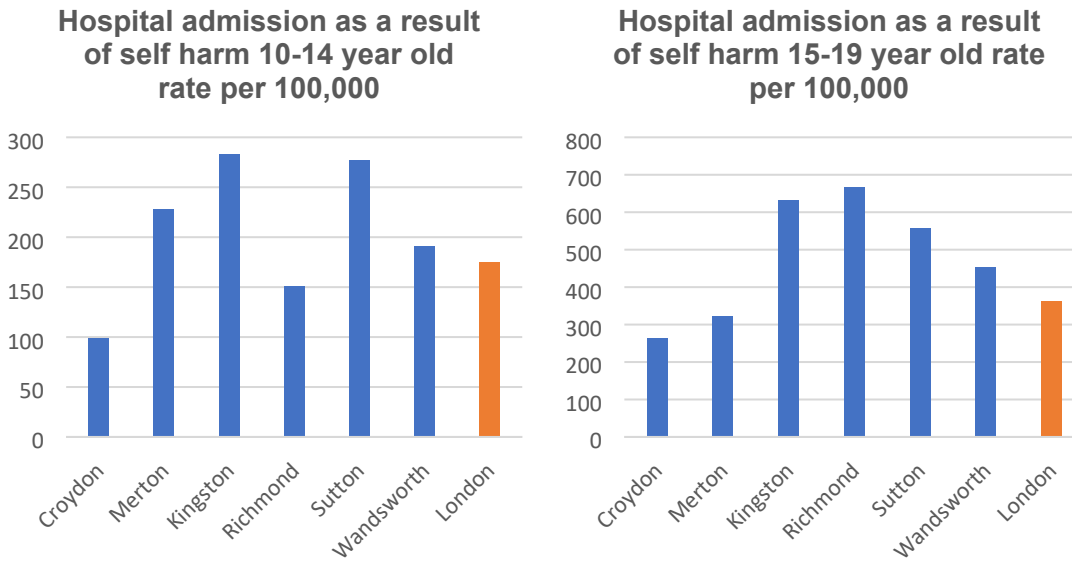
Where are we now?

Inpatient admissions for Children and Young People throughout SW London increased in 2022-23 compared to the previous year, which follows national prevalence trends.



Graph 11 Under 19 admissions to Mental Health Services Source: MHSDS 2023

Each year around 16,000 under 18s receive community NHS funded mental health treatment in South West London. This is 4.5% of the children and young people population, which is above the London average of 4.1%.



Graph 12 Hospital admission rates for 10 - 14 year olds Graph 13 Hospital Admission rates for 15-19 year olds
Source: PHE; 2021/2022

We are developing a plan for delivering the Children and Young People’s suicide prevention programme across SW London for 2023/24. The Suicide Prevention Programme and CYP MH programme will jointly undertake a mapping of CYP suicide prevention services to better understand and articulate the offer to our communities. We will communicate this offer via the CYP MH Directory as well as through schools, primary care and CAMHS. In addition to this, GPs will be receiving additional training delivered via Safe Tool in order to better support them to offer people from all age groups the most rigorous support in times of crisis.

We are currently offering suicide prevention awareness sessions in children and young people settings across the six boroughs in collaboration with Mind. Going forward, the vision is to develop initiatives that support neurodiverse children and young people while also exploring post intervention support. In addition, the vision is to have eliminated racial inequality around overrepresentation of black people in detention, inpatient and crisis care by 2032/33.

4.9.2 Where do we want to be?

Most of the crisis service developments have focused on improving consistency and timeliness of CAMHS and adult mental health crisis provision across SW London. However, we are planning to jointly review, with partner agencies and service users, how we can further improve intensive home treatment functions, particularly for those children and young people/young adults who may need specialist crisis interventions for longer rather than the brief responses or short-term support already in place. Other options include a more flexible model of support providing drop-in and out-of-hours contacts with children and young people through hubs. There are various models which could benefit our children and young people such as The Circle [Appendix 2] provided by Hammersmith and Fulham Mind which provides children and young people aged 5-18 support whilst in active distress.

South London Partnership [SLP] are strengthening mental health and learning disability expertise and providing additional clinical support by embedding senior CAMHS-experienced nurses within acute paediatric settings. SLP have appointed practice development nurses across south London’s three mental health trusts. Case Manager provision has been increased with an additional post specifically for LDA which will identify and support young people at risk of admission.

SW London is reviewing best practice intensive support and crisis support service models. There will be engagement with children and young people and their families will help shape decisions about the intensive and crisis support models.

5. NHS Long Term Plan

The Long-Term Plan set out ‘fixed’ and ‘flexible’ deliverables. A ‘fixed’ deliverable is one whereby we must achieve it with little to no flexibility on how we achieve it: e.g., we must deliver waiting times for eating disorders services based on national standards. A ‘flexible’ deliverable is one whereby we must achieve it by the year indicated but the way in which we do so can be locally determined: e.g., developing a SW London model of what 0-25 services look like. ‘Targeted’ deliverables are ones where there will be a specific process for chosen areas to put together proposals to access funding to transform services: e.g., delivering MHSTs, which are in selected waves.

Fixed

- Nationally, 345,000 additional children and young people aged 0-25 accessing NHS funded services [by 2023/24] (in addition to the FYFVMH commitment to have 70,000 additional children and young people accessing NHS Services by 2020/21)
- Achievement of 95% children and young people eating disorder standard in 2020/21 and maintaining its delivery thereafter
- 100% coverage of 24/7 crisis provision for children and young people which combine crisis assessment, brief response and intensive home treatment functions by 2023/24

Flexible

Comprehensive 0-25 support offer in all STPs/ICS’ by 2023/24 [drawing from a menu of evidence-based approaches to be made available in 2020]

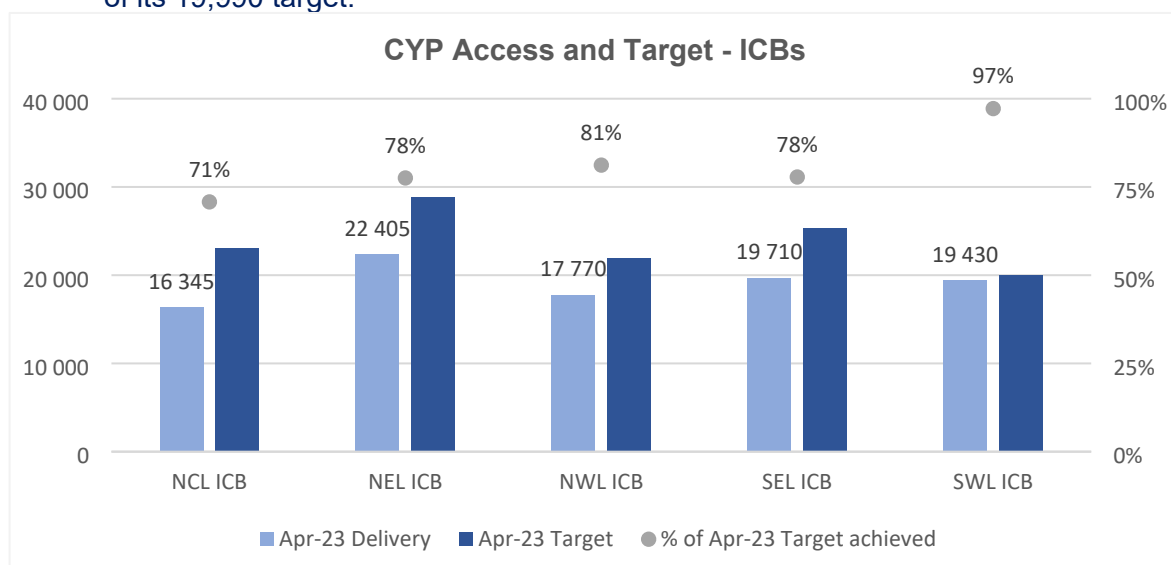
Targeted

Mental Health Support Teams (MHSTs) to between a quarter and a fifth of the country by 2023/24

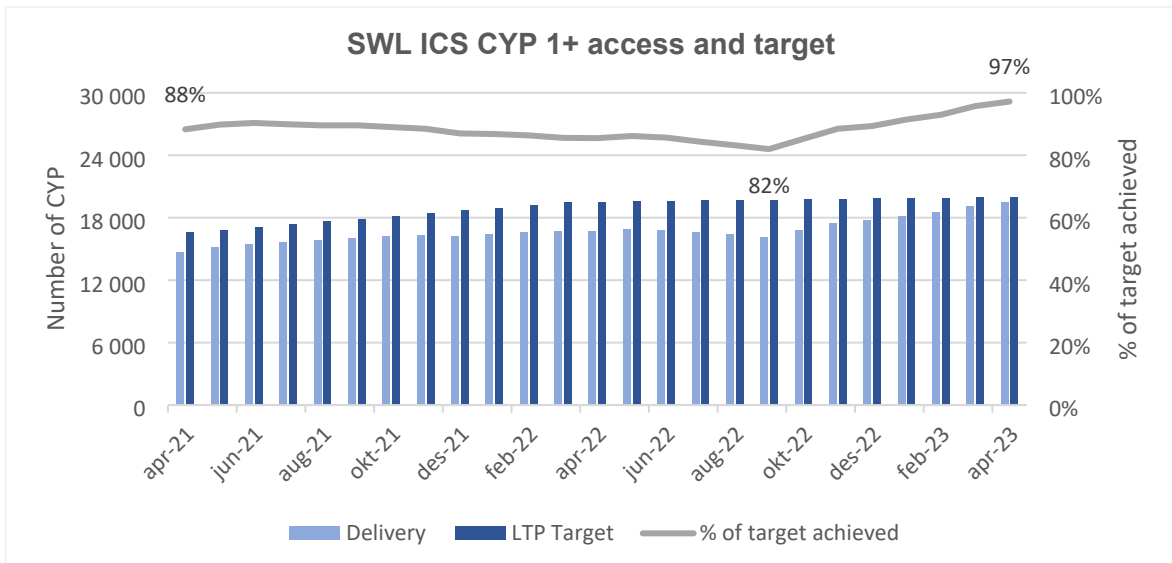
Where are we now?

SW London are working towards achieving 35% access target across SW London.

- SWL delivered services to 19,430 CYP in the year leading up to Apr-23, achieving 97% of its 19,990 target.

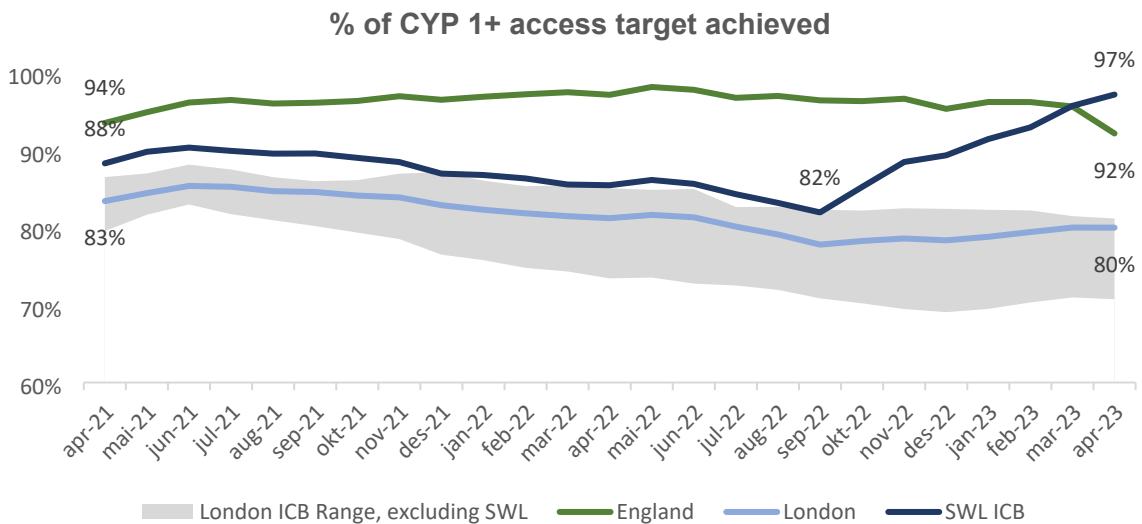


- Access, and therefore the % of the LTP target achieved has steadily increased from 82% in Sep-22 to 97% in Apr-23



The chart above shows the number of children and young people accessing services (bar chart) and the percentage of the target delivered (line)

- Although London achieves lower against their access target than the national average (80% and 92% respectively in Apr-23), SWL has exceeded the national average



SWL are undertaking a deep dive to further understand Access Target performance in Autumn 2023.

- The eating disorders service has consistently met the national waiting time standards for urgent and routine referral up to March 2020, but the increases in demand has highlighted the need for additional investment in this specialist pathway. 2022/23 performance: 77.46% for routine appointments and 54.9% for urgent referrals Against a target of 95% for the standard.

- MHSTs cover 58% of school's throughout SW London which exceeds the government targets of 44% coverage by 2024.

Where do we want to be?

We need to use the additional CAMHS investment to sustain Long Term Plan commitments, including a more integrated 0-25 mental service delivery model that works in close collaboration with partners in children and young adult services. As a part of the SW London Strategy a commitment has been made to increase to CYP MH investment by 2025.

We need to transform access to services, including a digital offer and early help in schools and colleges to continue meeting national targets. As a part of the SW London Strategy a commitment has been made to ensure the best range of digital support options are available to our CYP.

We need to integrate pathways to move away from tiers to offer children, young people and families more choice when individuals transition to adult services in line with the THRIVE framework.

We need to re-establish the intensive treatment options for children and young people with eating disorders to prevent the need for inpatient treatment. As a part of the SW London Strategy a commitment has been made to increase CYP access to eating disorder services.

We need to establish a fully integrated children and young people crisis service across SW London that includes timely self-harm assessments and urgent crisis assessments as well as the capacity to deliver outreach and home treatment for children and young people and their families when they need it. As a part of the SW London Strategy a commitment has been made to offering tailored and specific care packages through the development of partnership working.

6. Data Access and Outcomes

Where are we now?

- The current CAMHS performance reporting on waiting times and other key metrics offers delayed information showing past demand. This data is regularly reviewed by various groups with accompanying 'demand challenges' narrative that does not fully describe the picture
- Overall feedback from CYP and their parents/families being seen by one or more CAMHS practitioners is positive and recorded outcome data for around 25% of CYP indicates a positive service experience and improvement of symptoms.

Where Do We Want To Be?

- We need a more meaningful and consistent data collection across the whole age range 0-25 .
- Data needs to show the whole patient journey from access to assessment, start of treatment and outcomes after so many weeks or months.
- This data needs to inform patient choices as well as supporting planning under the CAMHS transformation programme.
- Data needs to reflect CYP referral patterns, which are termly rather than quarterly.
- To meet the new clinically led waiting times standards (2022) [Appendix 3], to receive help and support 4 weeks after their referral into CYP mental health services.

A Deep Dive into CYP data is being performed by both NHSE at a national level, as well as SW London at a local level to focus on access targets and waiting times to increase

understanding and improve transformation for CYP mental health services across SW London.

7. Investment Plan 2023/24

Below is the breakdown of transformational spending by allocations and investments.

Allocations

Table 6 Investments 2022/23 and 2023/24 into CYP MH system across SW London ICB

Scheme Detail	2022/23 total CYP allocations £000s	2023/24 total CYP allocations £000s
Perinatal	82	82
CYP Community, Crisis and Eating Disorders	1,961	4,235
CYP ED	138	717
Young Adults (18-25)	912	
Supporting CYP with MH needs in acute environments	220	
CYP ARRS/Primary Care	138	

Investments

Table 7 Place based investment 2022/23 SW London ICB

Service/Borough	Transformation Funding
Croydon	Children and Young People in Emergency Department Crisis pilot Single Point Of Access CAMHS Lead Transformation Lead
Kingston	Learning Disability Positive Behaviour Support Support Fund QB-tech pilot (online ADHD assessment) Production of Autism Spectrum Disorder referral video for GPs and schools
Merton	Expand Getting Help service capacity and extend to 25
Richmond	Learning Disability - Positive Behaviour Support programme Fund QB-tech pilot (online ADHD assessment) Production of Autism Spectrum Disorder referral video for GPs and schools
Sutton	A-Plan via Cognus for provision of post diagnostic support for Autism Spectrum Disorder diagnoses. Autism Spectrum Disorder waiting list support for assessment and diagnosis. Improving access to Tier 2 services
Wandsworth	Increased Voluntary Sector provision by investing in: - Family Consultancy - The Well Centre

8. Workforce Development

We are committed to developing a sustainable workforce with the appropriate skills mix to deliver a comprehensive and NICE compliant range of services. Increasing the capacity of the workforce is at the heart of delivering the transformation plan but equally the workforce has the right skills to make a positive impact. This is in support of the recently published NHS Long Term Workforce Plan [Appendix 4].

The SW London Mental Health Strategy identified workforce challenges as one of the biggest pressures the NHS are currently facing.

Where are we now?

- The CYP mental health workforce has grown over the last five years but requires additional investment to meet increasing demand.
- Transformation funding has prioritised NHS services. We need to work with Local Authorities and the VCSE to see how they can further help to improve efficiencies and reduce waiting times.
- LD psychology and functional behaviour assessment skills are in short supply and have been spot purchased across SW London previously.
- We are utilising non-traditional workforces through our teams, such as occupational therapist in MHSTs and expanding the workforce using Recruit-to-Train posts through NHS and voluntary sector providers.
- The SW London Strategy has made a commitment to improving workforce retention, satisfaction, wellbeing and morale by 2032/33.

Where do we want to be?

- We need to explore more variety in the support offer: digital/online, crisis, etc. These will be an integral part of better-coordinated and THRIVE like integrated place-based services with more specialist pathways operating at a SW London level.
- Joining up of conversations with partners across the system informed by the SW London ICB Workforce Strategy, Provider Workforce strategies, Healthy London Partnership Children and Young People's Mental Health Workforce Strategy, NHS People Plan and other key literature to inform conversations on staff retention and recruitment across the system.
- The future CYP MH workforce will need to combine different models including working flexibly or as part of two or more teams; help will need to be offered according to client needs and choices on accessing support.
- We will include workforce elements into a core part of the SW London Mental Health Strategy annual delivery plan.

9. Digitally Enabled Care Pathways for 0-25 years

Where are we now?

We commission Kooth to offer online and text messaging support. Other organisations offer similar support (e.g., Off the Record and Croydon Drop-In

Services increased their online/digital support which continues to be developed and evolve to need. Benefits for CYP and their families have been seen by services when offering optional methods of contact, particularly for parents and carers who show good uptake in opting into digital sessions. Data is being gathered at regular intervals from Providers in respect of contact type, with additional data points being requested to attest to user type to determine next steps in the further evolution of the pathway.

Richmond Mind [Appendix 1]. alongside the Brandon centre are running virtual workshops for parents and carers with children on the CAMHS waiting list and have been achieving good outcomes.

Digitalisation of CAMHS waiting lists have been published on Provider websites through the South London Listens [SLL] partnership [Appendix 1]. This programme was developed in 2021 when each of the Trusts pledged their commitment to creating a virtual waiting room for children and young people on their waiting lists.

- **SWLStG** published their CAMHS awaiting list times on their website in 2022
- **SLAM** have moved to develop their 'virtual waiting room' utilising a new version of 'MyHealthE' was launched in Lambeth and has now been deployed across SLAM CAMHS service - with 80% patient usage at present.

SLAM, Oxleas and SWLStG are now working together to determine whether a joint Personal Health Care Record system could help meet patient expectation and improve efficiency.

Where do we want to be?

We recognise that we have a broad opportunity across SW London to develop digital care and support solutions to CYP and their families by;

- Map digital pathways into services to scope out user journey into digital services
- Obtain data in order to determine users and needs of the digital system
- Consult with service users through working groups on their motivation to utilise digitally enabled pathways in accordance with data obtained

We are aware that some people do not have consistent or reliable access to digital resources or prefer not to access services in this way. We will address digital exclusion as we continue to develop access to digital care and support.

10. Dependencies with other programmes

The CYP mental health programme links with a wide range of programmes:

- Adult Mental Health Transformation Programme
- Digital Programme
- Primary care Transformation Programme
- Continuing Health Care services
- Quality and Safeguarding
- Personalised Care Programme
- Learning Disabilities Programme
- Urgent & Emergency Care Programme
- Workforce Programme

Appendices

1. CYP MH Directory:

[Children and young people's mental health and wellbeing - NHS South West London Integrated Care Board \(icb.nhs.uk\)](https://www.icb.nhs.uk/children-and-young-people-mental-health-wellbeing)

The Directory can be used to access all CYP MH services through the SW London Boroughs.

2. Crisis Hub model:

[Circle - Hammersmith, Fulham, Ealing and Hounslow Mind \(hfehmind.org.uk\)](https://www.hfehmind.org.uk/circle).

3. Clinically Led Waiting time standards:

[Achieving Better Access to Mental Health Services by 2020 \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414847/achieving-better-access-to-mental-health-services-by-2020.pdf)

4. NHS Long Term Workforce Plan

<https://www.england.nhs.uk/publication/nhs-long-term-workforce-plan/>

Children & Young People's mental health and emotional wellbeing

SWL ICB Board Update

20th September 2023



Introduction

Purpose of the session

- To focus on the work being undertaken in relation children and young people's (CYP) mental health in SW London
- Review and approve the 2023/24 refresh of the CAMHS Transformation Plan.

Context

The CYP mental health pathway is made up of multiple agencies that support children and families with mental health needs. Demand for CYP MH services both in terms of volumes of referrals and acuity and complexity has increased. ICB plans to improve access and outcomes for CYP are set out in several documents including the CAMHS Transformation Plan. Transformation plans were first published in 2015 and were designed to support NHS and partner organisations to create and deliver a vision for the continued improvement of CYP mental health services. The expectation is that plans are transparent about improvement actions and aligned with wider strategic documents and core governance. There is also a requirement for the plans to be updated on an annual basis.

Key Issues

1. This document responds to the NHS Long Term Plan and a series of key lines of enquiry. It describes progress to date against ambitions and sets out the plans for 2023/24 to ensure CYP MH remains a priority across SW London.
2. The document aligns with the:
 - **SW London Mental Health Strategy** (approved by the ICB in May 2023 and sets out the agreed focus and ambition for CYP mental health).
 - **The Joint Forward Plan** (sets out how the ICB will deliver ambitions for mental health and respond to the needs of our people and communities).
 - **The Integrated Care Partnership Strategy** (focuses on positive mental wellbeing – particularly of CYP)

Questions/actions

The ICB is asked to **note** the updates of the refreshed document in line with SW London Strategy and **approve** the updated CAMHS Transformation Plan.

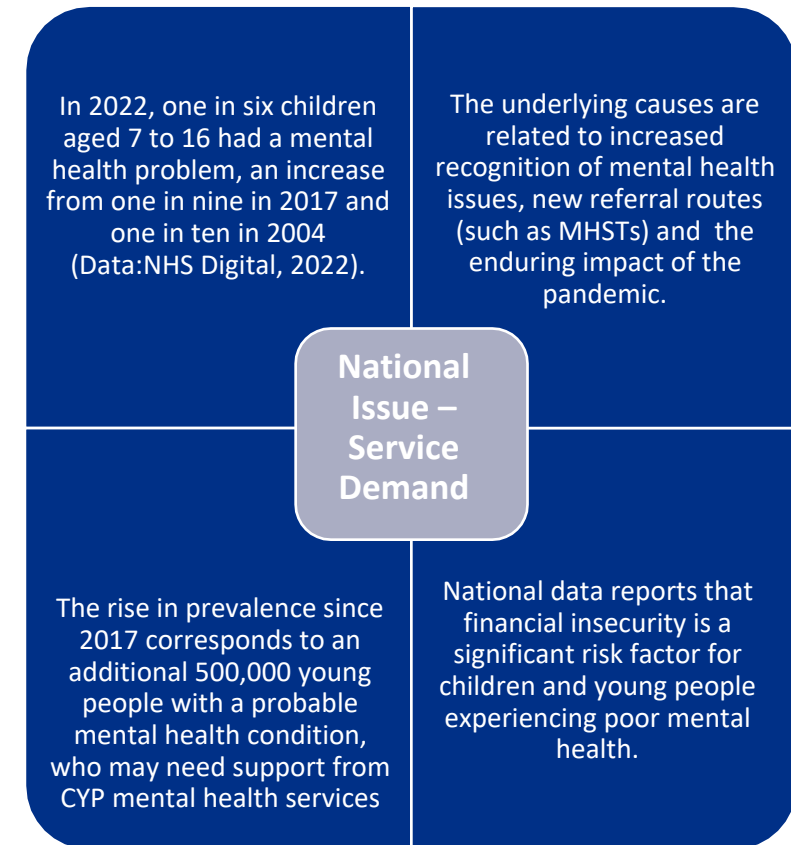
What do we know

SW London Context

- SW London has a GP registered population of around 1.5m with approximately 353,000 under-18s. Referrals to Trust mental health services for CYP have increased at a rate faster than expected population growth. CYP population was projected to grow by 2% from 2018 to 2021 but overall service demand has increased by 11%.
- Each year around 16,000 under 18s receive community NHS funded mental health treatment in South West London. This is 4.5% of the children and young people population, which is above the London average of 4.1%.
- 215 children and young people were admitted to hospital in 2022 for mental health conditions and Kingston, Richmond and Sutton have some of the highest hospital admission rates (per 100,000 population aged 10-24, 2020/21) for self-harm in London.
- Across London, 2.7% of CYPs in school have social, emotional, and mental health needs. SW London data ranges from 1.9% need in Kingston to 3.9% need in Merton and Wandsworth. Overall estimated national prevalence is set out in the chart on the right.
- The ICB held a Board Development Seminar in September 2022 on CYP mental health.

Service challenges in SW London

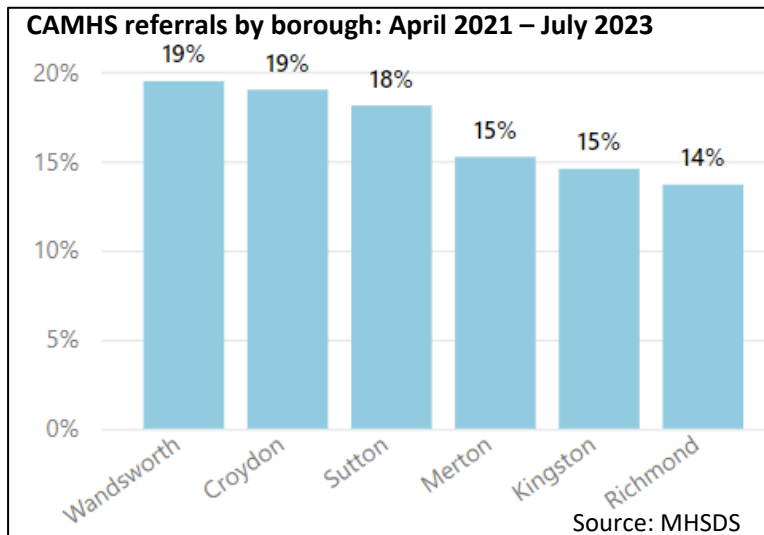
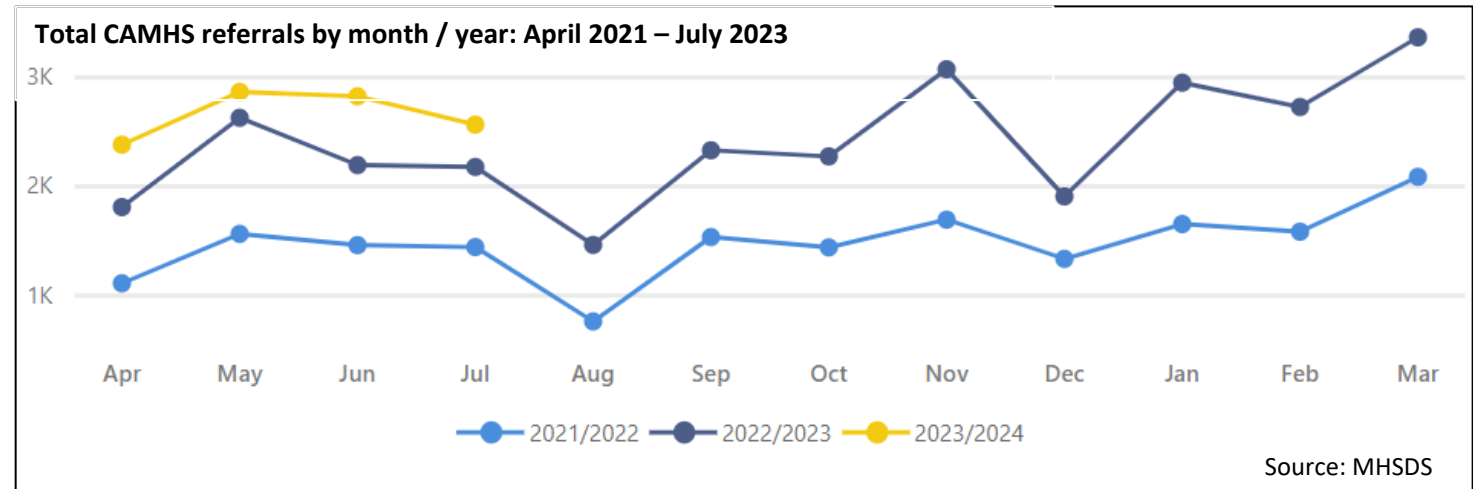
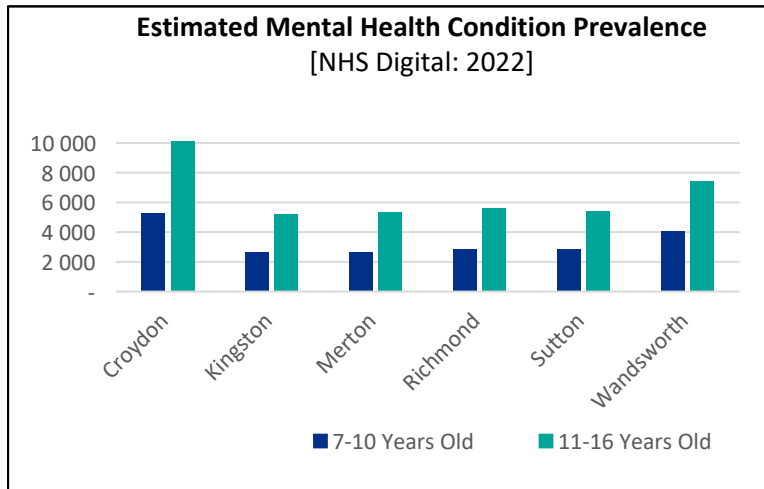
- Demand for CYP mental health services both in terms of volumes of referrals, acuity and complexity has increased and waiting times for some treatments within CAMHS services are long despite target timescales for initial assessment being met.
- Feedback from CYP and families highlight the need for more cohesive, flexible services.
- There is significant pressure within the CAMHS workforce with high vacancy rates and challenge in recruiting and retaining staff.



Prevalence, access and waits



South West London



CAMHS referrals have increased year on year since 2021. The overall volume of referral varies slightly across the six boroughs and partly aligns with the estimated prevalence for CYP. Access times vary significantly between providers but contacts per patient are similar.

CYP Mental Health Finance – 2023/24



South West London

CYP spend on secondary care is largely within local NHS providers: South West London & St George's Mental Health NHS Trust (SWLSTG) and South London & Maudsley NHS Foundation Trust (SLAM). However, a portion of CYP MH budgets are delegated to boroughs. Spend within the boroughs relates to CYP mental health placements and other locally commissioned contracts and services. £32.8m spend is funded from ICB baseline allocations (see detail below). Children’s mental health represented around 10% of the total SWL mental health budget in 2022/23,

	SWLStG	SLAM	Croydon	Sutton	Wandsworth	Merton	Richmond	Kingston	Total
Children & Young People's Mental Health (excluding LD)	13,519	5,741	2,091	587	1,814	1,340	469	446	26,007
Children & Young People's Eating Disorders	1,643	270	-						1,913
Perinatal Mental Health (Community)	3,495	1,418	-						4,913
Total by Place	18,656	7,429	2,091	587	1,814	1,340	469	446	32,833

In addition to baseline funding, Service Development Funding (SDF) non-recurrent allocations are received. This funding is used primarily to support delivery of NHS Long Term Plan ambitions. A total of £25.8m Mental Health SDF was received in 2023/24. £12.65m i.e. almost half of MH SDF allocations are specific to CYP services. This is an increase in funding of £3.8m compared with last year. SDF funding has been received recurrently for several years but is a non-recurrent allocation and planning is undertaken on that basis.

	2022/23 £000	2023/24 £000	Growth £000
MH SDF Allocation			
Perinatal	82	82	-
CYP community, Crisis and Eating Disorders	1,961	4,235	2,274
CYP ED (Additional)	138	717	579
MHST 2018/19 Trailblazers (MHST2018/19)	1,390	1,418	28
MHST 2019/20 sites wave 1&2 (MHST2019/20)	2,989	3,367	378
MHST 2020/21 sites wave 3&4 (MHST2020/21)	1,323	1,416	93
MHST 2021/22 sites wave 5&6 (MHST2021/22)	922	1,416	494
Total CYP SDF Allocations	8,806	12,651	3,846

SWL CYP MH provision

The CYP MH pathway is made up of multiple agencies that support CYP and families with mental health and emotional wellbeing, including within primary care, schools and education (such as mental health support teams and school nursing), and within the community, social care and voluntary sector agencies.

Specialist services are delivered by NHS mental health providers, South West London & St George's Mental Health NHS Trust (SWLSTG) and South London & Maudsley NHS Foundation Trust (SLAM).

Integrated, multi-agency Single Points of Access / Contact (SPA/SPOC) operate in each borough. These SPA/SPOCs work closely with a range of teams and partner agencies to facilitate different levels of support depending on the needs of the young person and their family.

Providers

Wider partnerships:

- Primary care – across all boroughs GP and primary care colleagues support CYP and families around MH
- Voluntary, Community and Social Enterprise (VSCE) organisations – a range of contracts with organisation such as, Mind, Off the Record and Croydon Drop-In.

Mental health in schools:

- Merton, Sutton & Wandsworth – SWLSTG
- Kingston & Richmond – Achieving For Children (AFC)
- Croydon – SLAM, Off The Record / Croydon Drop In

Single Points of Access:

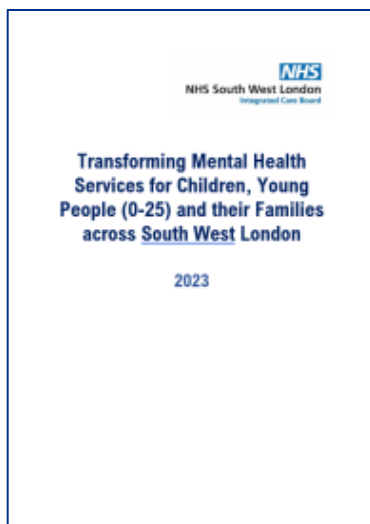
- Kingston & Richmond led by Achieving for Children with an integrated CAMHS SPA Team from SWLSTG
- Merton, Sutton and Wandsworth – SWLSTG
- Croydon led by Croydon Council with integrated mental health staff from SLAM

Secondary care mental health provision:

- Richmond, Kingston, Merton, Sutton & Wandsworth – SWLSTG.
- Croydon – SLAM

Our plans and what they say

South West London



- Since 2015 there has been a national requirement for all areas to publish an annual CAMHS Transformation Plan.
- The refreshed SWL CAMHS Transformation Plan has sections covering demand in terms of prevalence and health inequalities, the response to identified need and investment, digital and workforce plans.
- The format and focus is largely predetermined as the document responds to the NHS Long Term Plan as well as key lines of enquiry.
- The plan describes progress to date against historic ambitions and sets out the plans for 2023/24. The plan aims to ensure CYP MH remains a high priority through SW London.



- The strategy sets out the overall vision to make SW London the best place to live for emotional wellbeing, with everyone having access to high quality wellbeing and mental health services.
- It describes the challenges of increased demand, including the rise in the proportion of children identified as having a probable mental health disorder.
- It sets out the focus on going further and faster for children and young people, whilst also increasing equity of access, improving experience and outcomes and tackling issues earlier.
- In this first year of the Strategy, the focus will be on two key areas: children and young people and embedding transformation of community services for adults.



- The Joint Forward Plan describes how NHS partners across SW London will work together over the next five years to meet the needs of local people.
- The mental health section summarises the data on prevalence of mental ill health and service activity. Much of the SW London data reflects wider national trends.
- The areas of focus and actions mirror the mental health strategy.
- The plan sets out some specific areas of delivery including the commitment to continue to develop the 'whole school approach' with ongoing investment into schools' mental health support teams and improving support available for children and their families who are waiting to access mental health services within schools.



- The Integrated Care Partnership Strategy sets out the priorities, ambitions, and challenges faced in improving health and well-being. Areas identified for action include improving the mental wellbeing children and young people.
- There is a focus on increasing understanding of effective mental ill-health prevention for children and young people and increasing effective universal mental health and wellbeing support in settings such as schools, primary care, and community services.
- The plan also aims to increase awareness to support self-help and early diagnosis and reduce stigma by supporting children and young people to normalise talking about mental wellbeing.

How our plans were developed

The ICB and provider organisations work with children and young people and their families in all SW London boroughs to inform our service and transformation plans.

It is important that young people are involved in discussions about the services across SW London and how we transform them. There are a variety of participation and engagement groups through the ICB which form the basis of co-production activities. Alongside the ICB run groups, the NHS providers plus local authority and voluntary sector providers also run groups to consult people with lived experience.

Key messages from engagement include:

- consistent and effective early intervention is needed
- access to support should be available in a range of ways including outside of medical settings
- stigma is still an issue and, confidentiality is important
- ongoing coproduction is key to develop solutions and services that will work well
- continued CAMHS input up to the age of 19 (end of school or college)

SW London Mental Health Strategy: What are our priorities



South West London

Objective	Actions	Outcomes
<p>To better support children and young people (CYP) and their families and improve available mental health offers.</p>	<ul style="list-style-type: none">• Review SW London MH provision for CYP and families and identify gaps / performance (Q2)• Implement extended perinatal services – additional funding allocated (Q3)• Implement additional support services for CYP and families whilst waiting for CAMHS- South London Listens led (Q3)• Implement revised communication protocols between CAMHS and wider partners (inc schools) (Q3)• Optimise referrals from primary care increasing non-CAMHS signposting – ensure clarity on referral routes, advice and guidance, all access routes counted (Q3)• Improve pathways within key CAMHS service areas – neurodevelopmental, eating disorders – to reduce waits (Q4)• Agree investment areas and service expansion for 2024/25 (Q4)	<ul style="list-style-type: none">• Access rates improved• Waiting times reduced• Increased support and signposting available• Increased proportion of funding allocated to CYP MH

Integrated Care Partnership (ICP) Strategy: What are our priorities

Objective

Create healthy places that promote wellbeing and for everyone to have access to the right support, at the right time for their emotional and mental health

Actions

- Increase understanding of effective mental ill-health prevention for children and young people,
- Increase effective universal mental health and wellbeing support for children and young people in settings such as schools, primary care, and community services
- Increase awareness to support self-help and early diagnosis and reduce stigma by supporting children and young people to normalise talking about mental wellbeing.
- Ensure earlier intervention and reduce barriers to accessing services by increasing awareness of the range of specialist services in our communities, through schools, the voluntary and community sector and faith groups.
- Improve transition of children and young people from child and adolescent mental health services (CAMHS) to adult mental health services

Outcomes

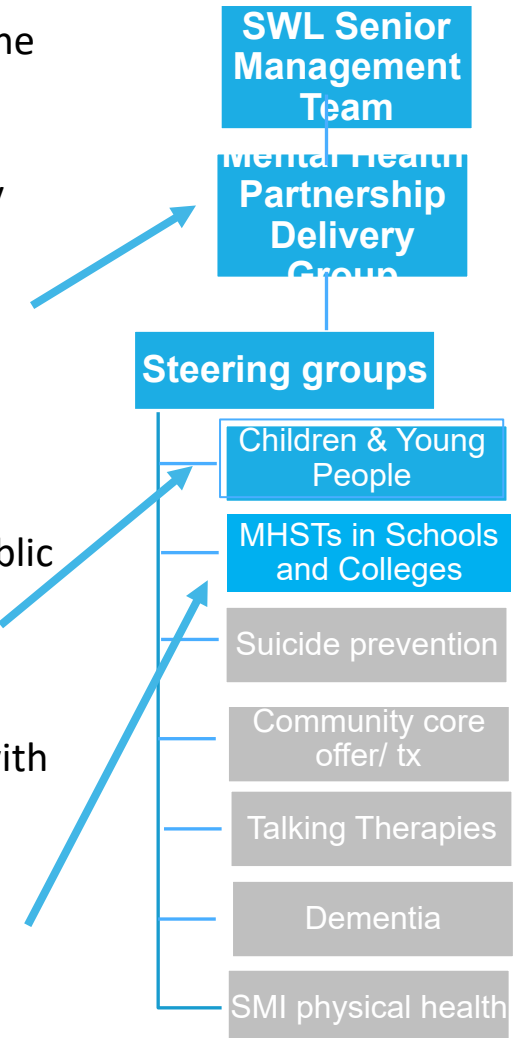
- Outcomes are being developed and will focus on ensuring people receive timely access to services that meet their needs and are delivered in the most appropriate setting.

- The ICB supports the ongoing development of the provider collaborative for mental health. The provision of children and young people's mental health will be considered and agreed as part of this ongoing development.
- A case for change will be developed around this approach. It will explore the opportunities to reduce variation across SW London, improve outcomes for CYP and their families and facilitate work to improve performance.
- This could connect into the wider, existing CAMHS Tier 4 work within the South London Partnership and present an opportunity to connect specialist and locally commissioned services supporting patient flow, innovation, efficiency and mutual aid.
- The work will involve engagement with key stakeholders and will set out the current position, as well as identifying the opportunities and challenges associated with developing a provider collaborative approach.

Governance: how will we ensure delivery?

The ICB governance structure for children and young people's mental health programmes is set out. The three key forums are:

- **The Partnership Delivery Group** oversees the implementation of the all age Mental Health Strategy and provide updates to the SW London ICB and ICP. It is made up of partners from across adult and children's mental health including Mental Health Trusts, Local Authorities and GP Clinical Leads. Delivery of the CYP areas of the ICP Strategy will be managed through the Mental Health Strategy delivery group meetings with oversight from the Partnership Delivery Group.
- **The Children and Young People's Mental Health Steering Group** is a collaborative meeting of place leads, Mental Health Trusts, Local Authority leads, SW London Mental Health Programme team, public health, GP clinical leads and VCSE representatives. Its aim is to share information and best practice, opportunities for collaboration and coordinate delivery of transformation work.
- **The Mental Health in Schools Team Steering Group** is a meeting of education leads from schools with Mental Health Support Teams (MHST), Local Authority education and public health, place and GP Clinical Leads. Its aim is to deliver the MHST programme goals and provide oversight and development to the programme. It is also responsible for ensuring a whole system approach for emotional wellbeing in schools.



Questions?

Any questions before we move on to the SWL CAMHS Transformation Plan

SW London CAMHS Transformation Plan

Background

- The CAMHS Transformation Plan for SW London describes the local vision, priorities and actions to address the emotional wellbeing and mental health needs of the children and young people plus their parents and carers. It sets out the actions that are being undertaken to deliver longer term service improvements. The plan also highlights positive developments and achievements as well as shared challenges across SW London and plans to address these.
- This plan responds to the NHS Long Term Plan as well as a series of key lines of enquiry that form the basis for the document. It is aligned to other strategic plans. The priorities and delivery have been developed to focus on the promotion of resilience, prevention and early intervention. The plan aims to address service boundaries and improve access to effective support through a system without tiers and ensure care for the most vulnerable. It also sets out the enabling workstreams, such as workforce development and digital access.
- Separate plans were previously produced on a borough basis. This is the second year that the plan has been developed to focus on the entirety of SW London and represents a further opportunity for greater collaboration and joint working across health and care, which will benefit children's mental health transformation.

Request of the ICB

- Review and agree the updated CAMHS transformation plan - 'Transforming Mental Health Services for Children, Young People (0-25) and their Families across South West London – 2023'.

Section	Summary
1. Context	<ul style="list-style-type: none"> The plan brings together the objectives of the national policies; Long Term Plan objectives, translating the SW London landscape and move into an ICS as an opportunity for reform.
2. Accountability, Transparency and Governance	<ul style="list-style-type: none"> The ICB governance arrangements for children’s mental health are set out in relation to three key meetings: the Partnership Delivery Group, the Children’s & Young People’s MGH Steering Group and the Mental Health in Schools Steering Group.
3. SW London Population Prevalence and Health Inequalities	<ul style="list-style-type: none"> The population and prevalence data is summarised for the six boroughs. Health inequalities data is included along with plans to address inequalities to support the most vulnerable children and young people.
4. SW London Response to need	<ul style="list-style-type: none"> The plan focuses on access and ensuring early intervention. Actions are outlined against the THRIVE framework. The links with school based Mental Health Support Teams and wider CAMHS / specialist services are also described. The service offer available for children and young people with LD and autism is described.
5. NHS Long Term Plan	<ul style="list-style-type: none"> A summary is provided of NHS Long Term Plan deliverables with updates on the current position within SW London including future commitments.

Section	Summary
6. Investment Plan 2023/24	A summary is provided of 2023/24 transformation funding into CYP mental health services. This includes investments at borough level.
7. Workforce Development	The recruitment and retention of a sustainable workforce is identified as one of the biggest challenges for CYP mental health services. A summary of the current issues and future ambitions are described in the plan.
8. Digitally enables pathways for 0-25 years	The current digital offer is described whilst acknowledging further work will be delivered. Plans for the transformation of the CYP mental health digital landscapes are shared.
9. Dependencies with other programmes	The links with other programmes of work are listed to show the range of workstreams that have links to CYP mental health.

ICB Board

1. Agree the proposed refresh to the CAMHS Transformation Plan - 'Transforming Mental Health Services for Children, Young People (0-25) and their Families across South West London – 2023'.

NHS South West London Integrated Care Board

Name of Meeting	ICB Board		
Date	Wednesday, 20 September 2023		
Title	Provider Collaborative Partnership Delivery Agreements		
Lead Director (Name and Role)	Jonathan Bates, Chief Operating Officer (APC and RMP agreements) Karen Broughton, Deputy Chief Executive/Director of Transformation and Strategy (MPHC agreement)		
Author(s) (Name and Role)	Jonathan Bates, Chief Operating Officer Karen Broughton, Deputy Chief Executive/Director of Transformation and Strategy		
Agenda Item No.	08	Attachment No.	07
	Approve <input checked="" type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input type="checkbox"/>

Purpose

The purpose of the 2023/24 Partnership Delivery Agreements is to describe the responsibilities that the ICB Board have agreed should be delivered by each of the SWL provider collaboratives. The three provider collaboratives in SWL are:

- Acute Provider Collaborative (APC)
- Mental Health Provider Collaborative - The South London Partnership (SLP)
- Cancer Collaborative - Royal Marsden Partners (RMP)

The ICB Board approved the 2023/24 Place Partnership Delivery Agreement at the May 2023 meeting.

The common key sections of each of the Partnership Delivery Agreements are:

Responsibilities - Section 3 in all documents

This section in each of the documents summarises the responsibilities of the respective Provider Collaboratives.

Provider Collaborative Priorities – Section 5 in all documents

This section in each of the documents summarises the priorities of each of the respective Provider Collaboratives.

Review and Reporting arrangements – Section 6 in the APC document, Section 7 in the SLP document and Section 5 in the RMP document

This section in each of the documents summarises the review and reporting arrangements for each of the Provider Collaboratives.

Key Issues for the Board to be aware of

1. During 2022/23 Place shadow agreements were drawn up. Using learning from those agreement we have developed the 2023/24 agreements for our Provider Collaborative with leads of the Provider Collaboratives. The final documents reflect their input together with the feedback from the Integrated Care Board’s (ICB) Senior Management Team.
2. Although, due to their nature, the provider collaborative agreements are different, we have used consistent wording for common areas.
3. The agreements have been drawn up with consideration of the Provider Operating Plan, and the ICB Five Year Strategy, requirements.
4. The approach taken in developing the agreements has been to ‘future proof’ them as far as possible to prevent the need for extensive rewrites in coming years. However, it is acknowledged that as the ICB and the Provider Collaboratives develop, the nature and wording of the agreements may change.

Recommendation

The Board is asked to:

- Approve the 2023/2024 SWL Provider Collaborative Partnership Delivery Agreements, noting that the APC 2023/24 Partnership Agreement still needs to be approved by the respective Trust Boards.
- Approve the recommendation that any future changes to the document is delegated to the Senior Management Team who will seek the Board’s approval for any material changes.

Conflicts of Interest

N/A

Corporate Objectives

This document will impact on the following Board Objectives

The agreements have been drawn up to describe the mutually agreed expectations of the ICB, places and collaboratives in the delivery of the core ICS objectives 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**.

Risks

This document links to the following Board risks:

The agreement describes the responsibilities of the Places and collaboratives at a high level; it does not clearly differentiate the day-to-day functions of the ICB from those of Places and collaboratives.

Mitigations

Actions taken to reduce any risks identified:

To avoid duplication and gaps between the ICB and Places/collaboratives, there is ongoing work on ‘ways of working’ to clearly agree who does what .

Financial/Resource Implications	The agreements include the ICB allocation of budgets delegated to the mental health collaborative, plus reporting and review arrangements.
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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
	SMT	13/04/2023 Click or tap to enter a date. Click or tap to enter a date.	Discussed and changes suggested.

Supporting Documents	<ul style="list-style-type: none"> • Acute Provider Collaborative Partnership Delivery Agreement • South London Partnership Delivery Agreement • RMP Partnership Delivery Agreement
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**2023/2024 Delivery Agreement between
NHS South West London Integrated Care Board and
South West London Acute Provider Collaborative (APC)**

**2023/24
Version 9.0 FINAL**

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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.

The **ICS Design Framework** set an expectation that provider collaboratives will be a key component in enabling ICSs to deliver their core purpose. There are three provider collaboratives in SWL: Acute Provider Collaborative (APC), RM Partners West London (South West and North West) Cancer Alliance (RMP) and the South London Mental Health and Community Partnership (SLP).

The South West London Acute Provider Collaborative (APC) has developed a portfolio of collaborative programmes that the four acute Provider Trusts have agreed to work on together for mutual benefit. It does not replace the statutory responsibilities of individual Trust Boards through to the SWL ICS and NHSE and is not a statutory NHS organisation. The core collaborative programmes are at present: elective, outpatients and diagnostic care.

The ICS Design Framework outlines that the Provider Collaboratives will work at scale across multiple places, with a shared purpose and effective decision-making arrangements to:

- reduce unwarranted variation and inequality in health outcomes, access to services and experience
- improve resilience by facilitating the sharing of demand across the system
- ensure that specialisation and consolidation occur where this will provide better outcomes and value.

The purposes of the APC as aligned to the ICS's are:

- To support and develop joint working across and between providers and services to help bring the benefits of working at scale and mutual aid of sharing resources and services for mutual benefit.
- 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.
- To coordinate the local contribution to health, social and economic development to prevent future risks to ill-health within different population groups.
- To translate provider collaborative plans and ambitions into contractual agreements.

In SWL, the APC facilitates and supports the four SWL acute providers to deliver ICS-wide programmes in elective, diagnostic and outpatient care that support the improvement in the health and care of our population.

The purpose of this agreement is to set out the joint expectations between SWL ICB and the SWL APC for delivering shared outcomes and for our local populations in line with the core responsibilities of provider collaboratives.

2. Purpose of the Agreement

This Delivery agreement is between SWL ICB and the Acute Provider Collaborative. The agreement is effective between 1st April 2023 and March 31st 2024.

The purpose of the agreement is to describe the following:

- The APC's role and responsibility to facilitate and support, via system-wide solutions, **the delivery of the ICB's 2023/2024 priorities** in elective, diagnostic and outpatient care as detailed in the Operating Plan (activity, finance, quality, performance and workforce) and Joint Forward Plan and the system's Financial Recovery Plan.
- The APC's responsibility in delivering an agreed set of objectives that supports system-wide working on behalf of the Acute Trusts and the ICB **that will reduce unwarranted variation in outcomes and access to services in the above areas.**
- The APC's role in **facilitating clinical leadership and expertise** across the ICS to inform strategic and operational decisions.
- The ICS role in supporting the APC to deliver the above responsibilities.

This delivery agreement may be updated throughout the year via discussion and agreement with APC as the ICB plans and ICS strategy are finalised. In recognition of the on-going development of the ICS, there will be a need for mutual flexibility.

The Partnership Delivery Agreement is not a legally binding agreement, and it does not change the statutory roles and responsibilities of Trust Boards and the ICB unless directed by NHSE or agreed by the providers.

3. APC Responsibilities

As outlined in the previous section, the APC will lead key responsibilities on behalf of the ICB. This is proportionate and appropriate to the delivery of the acute programme for the ICB.

3.1 Planned Care Transformation and Redesign

The APC, through system wide Clinical Networks, will (in areas agreed by the providers and primary care) help to **deliver clinically led solutions to manage pathway change, achieving transformation and improvement in workforce, capacity and demand.** An agreed annual plan is being developed through the first

half of 2023/24, identifying the key outputs for the year. This is a requirement, given the scale of collective importance and investment.

The APC will support clinical networks by utilising funded sessional time from secondary care provider clinicians to support network priorities.

The ICS will support clinical networks by investing in appropriate primary care clinical leadership and providing management resources agreed by the APC and the ICS to support the delivery of system-wide clinical network objectives.

3.2 Planned Care Performance and Delivery

The APC will be responsible for **supporting the improvement in delivery of planned care** through system-wide solutions for specific areas of work falling within the APC Elective Recovery Programme, the APC Diagnostic Programme and the APC Outpatient Programme.

These solutions should be designed to ensure delivery of performance metrics by individual Trusts as submitted in the 2023/24 operating plan as well as making inroads to wider collective goals such as the ICS requirement to tackle health inequalities for patients.

The Trusts, as sovereign entities, are responsible for patient access and constitutional standards and the ICB will liaise directly with them in their oversight and assurance role. The APC areas of responsibility relate to recovery of activity and productivity via working at scale, supporting Trusts to achieve Operating Plan activity, recovery and performance targets in areas where collaborative effort and shared learning is required e.g. CDCs, imaging network, digital transformation of outpatients, joint work on productivity in outpatients and theatres.

3.3 System Productivity

The APC will continue to oversee and provide leadership to the different productivity metrics agreed and signed off across theatres, diagnostics and outpatients. These align to the model hospital system metrics and report into the relevant boards and detailed underpinning action plans are available.

The Financial Recovery Plan endorses the system approach and framework for driving forward and the system will continue to build on the opportunities aligned to the key identified specialties.

The APC with acute provider Trusts will also oversee the delivery of productivity workstreams, listed below:

- Theatre productivity: Along with delivering other agreed GIRFT metrics:
 - Supporting trusts to achieve 85% theatre utilisation across
 - Supporting trusts to achieve 85% day case rates across all providers via clinical network review of patient pathways against the recommendations of *Right Procedure, Right Place* work
- Outpatient productivity – supporting trusts to deliver a reduction in Outpatient Follow-up by providing cross-system solutions to increase Patient Initiated Follow up, Advice & Guidance and outpatient productivity (includes other GIRFT metrics)

- Diagnostic productivity – includes GIRFT metrics
- Other workstreams, as agreed with provider trusts, to support the delivery of the Financial Recovery Plan.

The APC will continue build on the opportunities identified through the recent external consultancy review of system opportunities across the ICB, **systematically reviewing the speciality level opportunities for transformation and change**

3.4 Operational Planning

In the context of the agreed 23/24 operating plan, **the APC will support with Acute Trusts their activity plans for delivery and other agreed productivity metrics.** They will support system-wide delivery, monitor performance and where delivery is not aligned with the plan, will agree collective action for improvement.

The ICB will retain responsibility and ownership of the annual operating plan though it will delegate to the APC the development of the diagnostics elements of the annual re-refresh of the plan. The ICB will be responsible for approving and signing off the diagnostics elements of its annual operating plan, and so the APC will need to satisfy the ICB that the plan meets the health needs of its population.

3.5 Strategic Planning

The APC will ensure its work programmes are **designed to support the development and delivery of the ICB Joint Forward Plan** whilst also enabling sustainable and equitable delivery of healthcare to the system.

It is expected that the APC will, on a yearly basis, confirm their strategic and operational ambitions for that year following discussions with the ICB and providers.

3.6 Formal Collaborations

The APC will continue **to maximise the benefit of formal collaborations** such as SWL Elective Orthopaedic Centre, SWL Procurement Partnership, SWL Pathology, SWL Recruitment Hub and SWL PACs and expand its efforts to coordinate the delivery of services at scale.

3.7 Quality

The APC will **support providers with the oversight and management of quality indicators** in relation to their programmes of work and ensure these are regularly updated and reported as described below.

- **Governance and oversight:** Supporting providers to meet quality and statutory functions, reporting into the SWL's quality governance structure through the System Quality Council and ICB Quality and Oversight Committee
- **Visibility and joint ownership of system risks:** Clear risk management and escalation processes (see SWL's quality escalation framework) specifically where there is unwarranted variation across delivery of care and outcomes.
- **Health inequalities:** Evidence of addressing health inequalities in patient care with a focus on elective care.
- **Evidence based frameworks:** Demonstrate and provide evidence of quality improvement across pathways where SWL may not be meeting the required standards (i.e. statutory performance, quality standards and clinical indicators)

3.8 Digital

The APC will support development of digital solutions and programmes for elective, diagnostic and outpatient programmes at an ICS level to enable delivery of health and care improvements through contributing to/supporting the ICS-wide Digital Strategy and plans, ensuring acute information and technology development is in-line with ICS-wide digital direction and assurance processes, and ensuring acute digital governance includes approvals from the ICB Digital Board where information and technology changes fall into the scope of the ICB Digital Board.

3.9 Finance

The APC is funded from the four acute providers in SWL and the SWL ICB. The SWL ICB provides specific commitment for Business Intelligence through the support of key individuals dedicated to the planned care programme and management resource to support Clinical Networks. This is outlined in Appendix A. The pooled fund will be hosted by Kingston Hospital Foundation Trust and the APC will be expected to follow the KHFTs SFI's and financial and procurement policies and regulations. In doing so, it is also expected that the APC will provide the relevant and adequate assurance to the ICB as part of the ICB process of financial planning and assurance.

This may be through the ICB CFO and/or relevant ICB subcommittee such as the Finance & Planning Committee. The APC will be required to contribute to any savings requirement in line with the ICB's budget setting guidance on an annual basis. It is recognised that this may change the scope and scale of responsibilities outlined in this agreement.

3.10 Business Intelligence

The ICB will provide business intelligence support to the APC in order to discharge its responsibilities. This scale and roles and responsibilities of this support are outlined in Appendix x. Regular performance meetings will take place with the ICS to review the support provided. The support includes:

- Allocated posts within the BI team.
- Access to the SWL Information Hub and a role to review information provided on the hub to support planned care.
- Analytical and contract/commissioning resource to support detailed operating plan development as appropriate (e.g. the ICB team supported the development of elective and outpatient plans for the current financial year).

3.11 Support for the APC

The ICB will in turn support the APC in delivering its responsibilities, examples of this include:

- Each APC programme has critical links to ICB directorate teams as previously shared.
- The funded posts that support the clinical networks.

There was significant support through pandemic, that will change due to the management cost reduction. Support will now be limited to BI and clinical networks.

4. SWL ICB and ICP Priorities

We will support local decision making, empowering partners 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 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

These priorities are outlined in the ICB Joint Forward Plan (JFP) published June 2023..

The JFP describes how the ICB intend to arrange and/or provide NHS services to meet their population's physical and mental health needs. The JFP includes the delivery of universal NHS commitments and address ICSs' four core purposes and meet legal requirements.

The JFP has been co-produced with each 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 ICP is preparing its strategy which will set the direction of the system across the area of the integrated care board and integrated care partnership, setting out how we can deliver more joined-up, preventative, and person-centred care for their whole population, across the course of their life.

The final ICP strategy will be published in summer 2023 and will contain priorities for the system including local delivery plans.

In 2024/25 the ICB will deliver a 30-40% reduction in management costs. The APC have agreed to advertise any vacancies in the ICB daily comms to ensure that ICB staff potentially impacted by upcoming management cost reductions have the opportunity to apply.

5. APC Priorities

The APC has a key role in supporting and facilitating acute providers to remain at the forefront of delivery of planned care for the benefit of our patients and population. The formal collaborations within the APC portfolio – namely SWLEOC, SWL Procurement Partnership, SWL Pathology, SWL Recruitment Hub and SWL PACs – illustrate the coordination of efforts and delivery of services at scale in middle and back-office

functions. Through the Clinical Networks, pathways have been standardised to reduce variation, and mutual aid has improved recovery performance. The next stage of the APC's development will build on the success and portfolio to address key gaps.

The priority areas will consist of:

- 2023/24 business plans from our formal partnerships (Recruitment Hub, Pathology Network, Procurement Partnership & SWLEOC)
- Delivering improvements through collaborative work in access and activity in line with national guidance in the 23/24 Operating Plan
- The transformation areas we have committed to delivering through our work programme including the Financial Recovery Plan.

The APC will review terms of reference for the Outpatient Board, Diagnostic Board and Elective Recovery Group to encompass system responsibilities for these areas including elements of the Financial Recovery Plan.

5.1 Financial Recovery Strategy

The APC will support with acute providers in the delivery of an ICS financial recovery plan for SW London that will ensure clinical and financial sustainability over the next five years, whilst delivering our constitutional requirements, reducing inequalities, improving outcomes and removing underlying financial deficits.

5.2 Elective Strategy

The APC will support SWL Acute Trusts in collaborating and co-operating in the delivery of care working to the following principles:

- Address health inequalities specifically on equity of access through improving waiting times for all.
- Develop a more permanent shared specialist workforce, and a sustainable workforce plan.
- Reduce costs in all areas by improving the quality and efficiencies.
- Drive higher productivity across the system, sharing data to drive improvement.
- Create a single Patient Treatment List (PTL) for selected specialties, providing transparency of demand and capacity.
- Establish a system-wide programme that supports the work streams and is clinically led and sponsored by very senior leaders across SWL.
- The APC will undertake a demand and capacity exercise in 5 of our most challenges specialties. Following on from this analysis we will create a workplan to transform the way we deliver care.

6. Review and Reporting Arrangements

The governance framework is articulated in the chart below.

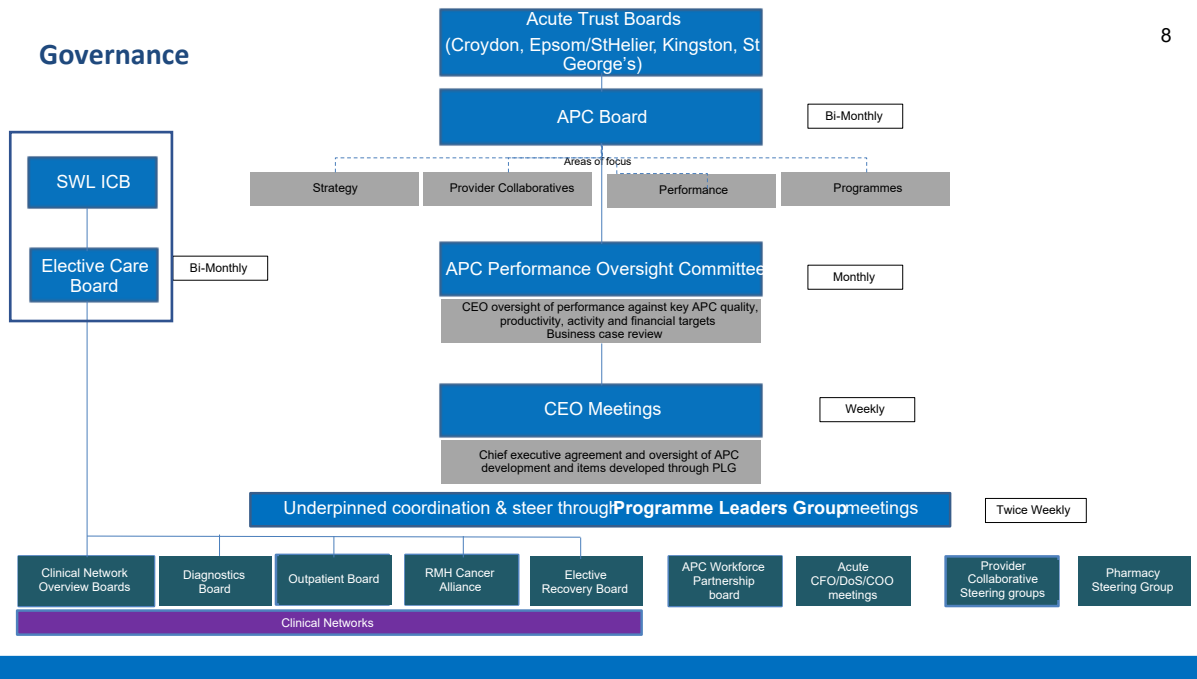
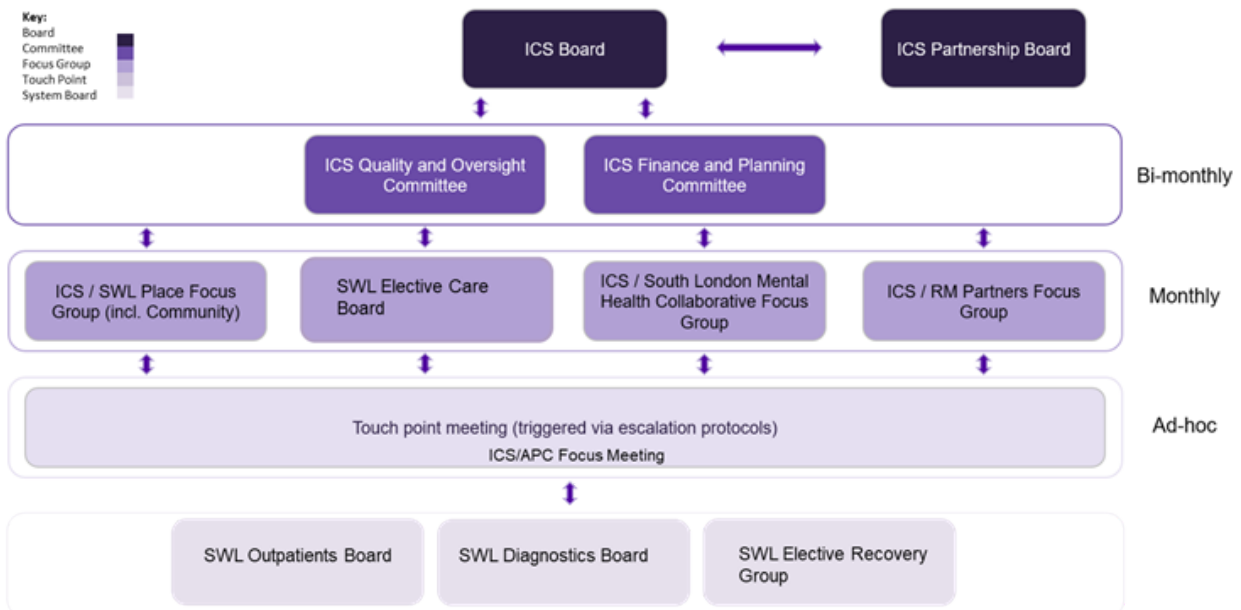


Chart showing internal APC governance structure.

The APC will provide formal written updates against their agreed recovery and productivity metrics through the ICS-APC Focus Groups and the Elective Care Board chaired jointly by the SWL COO and the Group CEO for GESH. Regular updates in relation to elective care will also be shared with The ICS Quality and Oversight Committee and the Finance and Planning Committee as required.

Over the next 6 months the Elective Care Board will be further developed as the forum for joint ICB-APC oversight of programmes, at which point a discussion will determine whether the ICB/APC Focus Group can be stepped down.



Appendices

Appendix A. APC Funding Summary

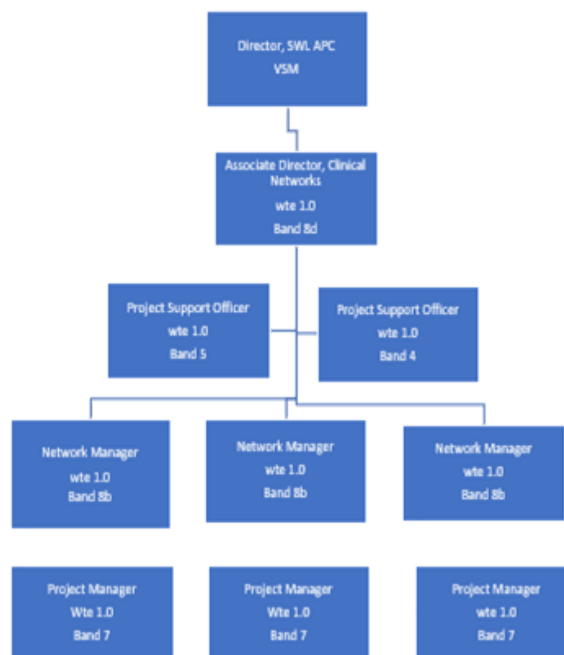
The 23/24 ICB funding for the APC is summarised below:

Each of the acute provider trust members contribute to the management of APC resources on an equal basis.

Clinical Networks

The ICB contribute £623k towards the management costs of the Clinical Networks (to be updated for 2023/24 inflation). The structure that this funding supports is articulated below.

In addition to this the ICB also allocate a number of Primary Care Clinical Leadership roles in order to support the delivery of end-to-end pathway. Secondary Care Clinical Leadership roles are contributed to by the acute providers and are currently agreed until March 2024.



BI Resource

The ICB currently provide the below BI resource as agreed and funded by the acute trusts via the APC. This is currently agreed as:

- 1 x 8C role – June 2024
- 1 x 8A role – June 2023
- 1 x 8A role – November 2023

Appendix B. APC Performance metrics

There are 54 metrics drawn from the Operating Plan 2023/24 guidance, the NHS Oversight Framework and the NHS Long Term Plan.

Grouping	Indicator Name	Delivery	Local Oversight	Pathway oversight	Collaborative	System oversight	SRO
Demand capacity and	Adult Critical Care Bed occupancy	Acute Provider	Programme	Collaborative	APC	ICS	JT
Demand capacity and	Average number of adult G&A elective overnight beds occupied	Acute Provider	Programme	Collaborative	APC	ICS	JT
Demand capacity and	Average number of paediatric G&A elective overnight beds occupied	Acute Provider	Programme	Collaborative	APC	ICS	JT
Diagnostics	Diagnostic test activity	Acute Provider	Programme	Collaborative	APC	ICS	JT
Diagnostics	Diagnostic Tests - Cardiology – Echocardiography	Acute Provider	Programme	Programme	APC	ICS	JT
Diagnostics	Diagnostic Tests – Colonoscopy	Acute Provider	Programme	Programme	APC	ICS	JT
Diagnostics	Diagnostic Tests - Computed Tomography	Acute Provider	Programme	Programme	APC	ICS	JT
Diagnostics	Diagnostic Tests - Flexi Sigmoidoscopy	Acute Provider	Programme	Programme	APC	ICS	JT
Diagnostics	Diagnostic Tests – Gastroscopy	Acute Provider	Programme	Programme	APC	ICS	JT
Diagnostics	Diagnostic Tests - (against BAU) Non-Obstetric Ultrasound	Acute Provider	Programme	Programme	APC	ICS	JT
Diagnostics	Diagnostic Tests - Magnetic Resonance Imaging	Acute Provider	Programme	Programme	APC	ICS	JT
Diagnostics	Diagnostic 6-week waits	Acute Provider	Programme	Programme	APC	ICS	JT

Diagnostics	Magnetic resonance imaging	Acute Provider	Programme	Programme	APC	ICS	JT
Diagnostics	Computed tomography	Acute Provider	Programme	Programme	APC	ICS	JT
Diagnostics	Non-obstetric ultrasound	Acute Provider	Programme	Programme	APC	ICS	JT
Diagnostics	Colonoscopy	Acute Provider	Programme	Programme	APC	ICS	JT
Diagnostics	Flexi sigmoidoscopy	Acute Provider	Programme	Programme	APC	ICS	JT
Diagnostics	Gastroscopy	Acute Provider	Programme	Programme	APC	ICS	JT
Diagnostics	Cardiology – echocardiography	Acute Provider	Programme	Programme	APC	ICS	JT
Diagnostics	Diagnostic activity levels – Imaging (S013a)	Acute Provider	Programme	Programme	APC	ICS	JT
Diagnostics	Diagnostic activity levels – Physiological measurement (S013b)	Acute Provider	Programme	Programme	APC	ICS	JT
Diagnostics	Diagnostic activity levels – Endoscopy (S013c)	Acute Provider	Programme	Programme	APC	ICS	JT
Diagnostics	Total diagnostic activity undertaken compared with 2019/20 baseline	Acute Provider	Programme	Programme	APC	ICS	JT
Elective	Elective spells (specific acute)	Acute Provider	Programme	Programme	APC	ICS	JT
Elective	Elective day case spells	Acute Provider	Programme	Programme	APC	ICS	JT
Elective	Elective ordinary spells	Acute Provider	Programme	Programme	APC	ICS	JT
Elective	New RTT pathways (clock starts)	Acute Provider	Programme	Programme	APC	ICS	JT
Elective	Number of 104+ Week RTT waits	Acute Provider	Programme	Programme	APC	ICS	JT
Elective	Number of 52+ week RTT waits	Acute Provider	Programme	Programme	APC	ICS	JT

Elective	Number of 78+ Week RTT waits	Acute Provider	Programme	Programme	APC	ICS	JT
Elective	Number of 65+ Week RTT waits	Acute Provider	Programme	Programme	APC	ICS	JT
Elective	RTT completed admitted pathways	Acute Provider	Programme	Programme	APC	ICS	JT
Elective	RTT completed non-admitted pathways	Acute Provider	Programme	Programme	APC	ICS	JT
Elective	RTT waiting list	Acute Provider	Programme	Programme	APC	ICS	JT
Elective	Total value weighted activity undertaken	Acute Provider	Programme	Programme	APC	ICS	JT
Outpatients	Consultant-led first outpatient attendances (Spec acute)	Acute Provider	Programme	Programme	APC	ICS	JT
Outpatients	Consultant-led first outpatient attendances with procedures (Spec acute)	Acute Provider	Programme	Programme	APC	ICS	JT
Outpatients	Consultant-led follow-up outpatient attendances (Spec acute)	Acute Provider	Programme	Programme	APC	ICS	JT
Outpatients	Consultant-led follow-up outpatient attendances with procedures (Spec acute)	Acute Provider	Programme	Programme	APC	ICS	JT
Outpatients	Number of episodes moved or discharged to patient-initiated outpatient follow-up pathway as an outcome of their attendance	Acute Provider	Programme	Programme	APC	ICS	JT
Outpatients	Number of requests for post referral specialist advice (including referral triage models)	Acute Provider	Programme	Programme	APC	ICS	JT
Outpatients	Post referral specialist advice diversion rate – percentage	Acute Provider	Programme	Programme	APC	ICS	JT
Outpatients	Number of requests for pre referral specialist advice (including Advice & Guidance models)	Acute Provider	Programme	Programme	APC	ICS	JT
Outpatients	Pre referral specialist advice diversion rate – percentage	Acute Provider	Programme	Programme	APC	ICS	JT
Outpatients	Number of requests for specialist advice	Acute Provider	Programme	Programme	APC	ICS	JT

Outpatients	Outpatient attendances (all TFC; consultant and non consultant led, excluding diagnostic imaging) - First attendance	Acute Provider	Programme	Programme	APC	ICS	JT
Outpatients	Outpatient attendances (all TFC; consultant and non consultant led, excluding diagnostic imaging) - Follow-up attendance	Acute Provider	Programme	Programme	APC	ICS	JT
Outpatients	Total outpatient attendances (all TFC; consultant and non consultant led)	Acute Provider	Programme	Programme	APC	ICS	JT
Outpatients	Follow Up Outpatient Attendances without procedure (WF sub-chapter HRG)	Acute Provider	Programme	Programme	APC	ICS	JT

Appendix C. APC Priorities 23/24

The APC Strategy and work plan has been published at Appendix C



APC Plans and
Priorities 23-24FINAL.r

Appendix D. SWL ICB Approach to Oversight

We have 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, it will work to agree with each collaborative that over time local delivery 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.

**2023/2024 Partnership Delivery Agreement between
NHS South West London Integrated Care Board and the
South West London Mental Health Provider Collaborative,
The South London Partnership (SLP).**

**2023/24
Version 0.8 21.08.23 TM/KT/AS FINAL**

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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.

There are three provider collaboratives in SWL Acute, Mental Health and Cancer.

Provider collaboratives are a key pillar in the Health and Care Act 2022 and involve two or more NHS providers working at scale to deliver benefits including¹:

- reducing unwarranted variation and inequality in health outcomes, access to services and experience
- improving resilience by, for example, providing mutual aid
- ensuring that specialisation and consolidation occur where this will provide better outcomes and value.

In SWL, our mental health provider collaborative is part of the existing South London Mental Health and Community Partnership (SLP) which is a well-established partnership between South West London and St George's Mental Health NHS Trust (SWLStG), South London and Maudsley NHS Foundation Trust (SLaM) and Oxleas NHS Foundation Trust. The SLP has a well-established governance structure through which it hosts a number of work programmes with delegated commissioning budgets from NHS England (Secure care, CAMHS Tier 4, Adult Eating Disorders) and the SWWL and SEL ICBs (complex care phase 1). The SWL MHPC will form an additional programme of work within SLP. More detail about SLP can be found in Appendix A.

The purpose of this agreement is to set out the joint expectations between SWL ICB and the SWL MHPC for delivering shared outcomes and for our local populations in line with the core responsibilities of provider collaboratives.

2. Purpose of the Agreement

This Partnership Delivery Agreement is between SWL ICB and the SWL Mental Health Provider Collaborative (SWL MHPC). The agreement is effective between 1st April 2023 and March 31st 2024.

The purpose of the agreement is to describe the SWL MHPC's:

¹ *Working Together at Scale: Guidance on Provider Collaboratives* (NHSEI Aug 2021) Each ICS can apply flexibility and develop provider collaboratives to suit their needs, however, all NHS trusts are expected to part of at least one provider collaborative arrangement. Provider collaboratives have a range of aims, ambitions and leadership models – all of which respond to the challenges and opportunities they seek to address, the landscape they work within and existing and evolving partnership approaches.

- Responsibility in the areas of finance (service budgets and running costs), delivery of key metrics and quality.
- 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.
- Role and responsibility to support the delivery of the ICP's strategy as reflected in local health and care plans.

This delivery agreement may be updated throughout the year via discussion and agreement with SWL MHPC as the ICB plans and ICS strategy are finalised. In recognition of the on-going development of the ICS, there will be a need for mutual flexibility.

The Partnership Delivery Agreement is not a legally binding agreement, and it does not change the statutory roles and responsibilities of the ICB unless directed by NHSE.

3. SWL MHPC Responsibilities

To support the delivery of the benefits identified for provider collaboratives summarised in the introduction, the SWL MHPC will be delegated the following responsibilities shown below. Delegation will be proportionate and appropriate to the delivery of the purposes of provider collaboratives.

3.1 Quality

The SWL MHPC will ensure that the following quality functions are enacted:

- *Service Planning*

The SWL MHPC will collaboratively monitor the delivery of those services delegated to the SWL MHPC as part of the planning cycle, including quality monitoring, reviewing performance and outcomes, and workforce planning.

- *Addressing Health Inequalities*

The SWL MHPC will support the delivery of the priorities to reduce health inequalities using a population health management approach. The SWL Mental Health Strategy reflects the local focus for addressing health inequalities as identified in the NHS CORE20+ approach and the SWL ICP strategy.

- *Quality Improvement*

The SWL MHPC will deliver and embed an agreed and effective Quality Improvement (QI) system that supports service transformation and uses data and intelligence to drive continuous Quality Improvement.

- *Quality Review of NHS/Independent services delegated to the SWL MHPC*

The SWL MHPC will provide local quality oversight on those contracts for NHS and independent services that the SWL MHPC is responsible for.

- *Quality Assurance*

The SWL MHPC will monitor the implementation of changes made to practice following serious incidents/complaints and patient experience for the services they are responsible for.

The SWL MHPC will support providers with any external review of a service that is required ensuring that feedback is delivered in a constructive and timely way, identifying opportunities for improvement.

During 2023/2024 the future operating model for this function will be established. The future operating model will be clear where the different roles and responsibilities will sit between the SWL MHPC and the ICB.

3.2 Finance

The ICB will allocate budgets on an annual basis to place for specific areas aligned to the SWL MHPC. These budgets will be signed off in line with standard ICB procedures and the SWLStG and SLaM SFIs and financial and procurement policies.

Budgets will be set annually in line with the overall ICB financial framework and the SWL MHPC will be expected to manage within the allocation each year. Monthly reports will be produced which the SWL MHPC will be expected to prepare and report on including any variations and mitigations. Reports will be reviewed through SWL ICS finance and Planning Committee, and the SWL MHPC will be expected to attend the Committee on request.

The 23/24 ICB budgets delegated to the SWL MHPC are summarised in Appendix C.

3.3 Performance Metrics

A review of the nationally set metrics has identified a number that the SWL MHPC is accountable for the delivery of. These can be found in Appendix D.

The SWL MHPC metrics have been drawn from:

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

During 23/24 the ICB and SWL MHPC will continue to work to develop direct data links to incorporate into ICB reporting – where this is not possible, we will work to align ICB reporting products with SWL MHPC reporting functions.

4. SWL ICB and ICP Priorities

Our collective SWL priorities for 2023/2024 are aligned with the NHS Operating Framework and NHS Operating Plan priorities.

We will support local decision making, empowering the SWL MHPC to make the best decisions for 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

These priorities are outlined in the ICB Joint Forward Plan (JFP) published June 2023..

The JFP describes how the ICB intend to arrange and/or provide NHS services to meet their population's physical and mental health needs. The JFP includes the delivery of universal NHS commitments and address ICSs' four core purposes and meet legal requirements.

The JFP has been co-produced with partner trusts and each place to ensure that it reflects system wide as well as local priorities and is in line with national, regional and statutory requirements.

The ICP is preparing its Strategy which will set the direction of the system across the area of the integrated care board and integrated care partnership, setting out how we can deliver more joined-up, preventative, and person-centred care for their whole population, across the course of their life.

The final ICP strategy will be published in summer 2023 and will contain priorities for the system including local delivery plans.

5. SWL MHPC priorities – including aims and scope

a. SWL MHPC aims

The SWL MHPC is a descriptive term given to define an overarching programme of work focused around locally commissioned mental health services in SWL. The SWL MHPC sits within the existing SLP and includes two out of the three SLP partners – SWLStG and SLaM – as the two mental health trusts delivering services to the six SWL places.

The SWL MHPC will:

- Improve access, experience and outcomes to address health inequalities in line with CORE20PLUS5.
 - Improve efficiency (of delivery and pathways, and use of resources)
 - Reduce cost pressures.
 - Enable resource redistribution/ reinvestment.
- And deliver the following outcomes:
- Improved equality and equity of mental health care

- Increased in care delivered close to home and in the least restrictive settings
- Measurement of clinical outcomes as standard and improved recovery/ maintenance of wellbeing
- Increased positive feedback around access and wellbeing
- Improved operational flow – improved ease of referral, reduced waiting times (all services), reduced DToCs, reduced admission and readmission rates
- Improved efficiency – reduced hand offs between providers, improved productivity within services, reinvestment of savings within prevention/ early intervention/ low tier services, consolidation of contracting and management approaches reducing management time/ roles required

The SWL MHPC will allow us to meet challenges, take opportunities and deliver outcomes by:

1. Developing core offers and approaches to standardisation for different service areas and pathways over 6 boroughs and 2 main NHS providers.
2. Bringing together frontline clinical leadership to build consensus around the case for change and delivery.
3. Ensuring involvement and co-production from service users and communities at all points of pathway design, delivery and evaluation.
4. Bringing together specialised and local elements of service delivery in specific workstreams
5. Simplifying contracting and funding flows for pathways delegated by the ICB, streamline oversight of mental health delivery and speed up decision making processes around change
6. Using clinical and operational data and insight to segment and target interventions at local level.
7. Specifying clinical, operational and financial expectations for delivery.
8. Enabling strategic direction of mental health across specific programmes or areas to enact change.
9. Driving specific elements of SWL MH Strategy delivery (specifically theme 3 on inequalities and theme 4 on timely access – see Appendix B).

b. SWL MHPC scope

The service areas in scope are loosely defined as those comprising ‘secondary care mental health’ with a guide being where services would benefit from standardisation of offer and/ or operate most effectively consolidated at scale.

In scope	Out of scope	Areas for consideration over time
<ul style="list-style-type: none"> • Acute, crisis and urgent care for all ages • Community working age and older adult mental health • CAMHS tier 3 and specialist community • Mental health rehabilitation 	<ul style="list-style-type: none"> • Primary care • Prescribing • Continuing health care 	<ul style="list-style-type: none"> • CAMHS tier 2 • Place level early intervention and prevention services • Learning disability and autism in relation to MH

(placements, inpatient provision and community) Perinatal Adult eating disorders community support		
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Moving services areas into SWL MHPC programmes will not always mean that commissioning responsibilities and budgets are delegated; however this will be the case in some instances. The specific approach will be guided for a case change for each area which will define the issues/ challenges/ opportunities of provider collaborative working and propose a recommended option for how this will work. In addition, where responsibilities and budgets are delegated to the SWL MHPC this should not necessarily be considered as a final destination. Some service areas may require transformation at system level through a SWL MHPC and then be delegated back to place to be tailored to population needs once improvements are embedded.

The in scope areas will be phased to take account of priorities, preparatory work and potential for change. In 2023/24 Mental Health Rehabilitation (also known as Complex Care) and Perinatal Mental Health Services are prioritised for commissioning responsibility and budget delegation. The cases for change for Adult Eating Disorders, CAMHS, community adult services and AUC will be developed for review.

6. SWL MHPC accountability and responsibilities

The SWL MHPC is accountable to the SWL ICB for delivering its responsibilities as included in this agreement. The SWL SMT provides oversight of the SWL MHPC Partnership Delivery Agreement on behalf of the ICB.

The SWL MHPC should operate in accordance with SWLSTG and SLaM 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 to any identified support to bring delivery back on track is put in place.

The SWL MHPC is responsible for fulfilling the following as detailed in this agreement and as appropriate to the SWL MHPC:

- Scheme of Delegation (for SWLStG and SLaM as members of the SWL MHPC)
- 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 SWL MHPC or SWL PDG identifies a risk, issue, decision or action that affects any SWL Place or threatens the achievement of NHS South West London objectives, the item will be taken to SWL SMT by the SWL ICB Partner Member for Mental Health or their deputy.

The SWL MHPC will not commit or implicate any SWL Place Committee or ICB Directorate through its decision making without prior discussion at the SWL SMT.

7. Review and reporting arrangements

As described already the SWL MHPC will be hosted within existing SLP governance structures and forming a specific programme of work. Within the SLP the SWL MHPC will be managed as through a Programme Partnership Group (PPG) including representatives from SWLSTG and SLaM, experts by experience and wider stakeholders. Specific service areas which become formal programmes of work across south London will be developed into full SLP wide programmes where there is agreement to this from all parties.

Within the SWL ICB, the SWL MHPC will report to the SWL Mental Health Partnership Delivery Group (SWL MH PDG) which is chaired by the SWL ICB Partner Member for Mental Health. The PDG includes representation from SWL ICB officers, all 6 SWL places, the two main mental health providers (SWLSTG and South London and Maudsley NHS Foundation Trust – SLaM) the SLP leadership team, and clinical body. The SWL PDG in turn reports to the SWL SMT.

The PDG will define mental health ambitions in SWL and oversee the delivery of these through the:

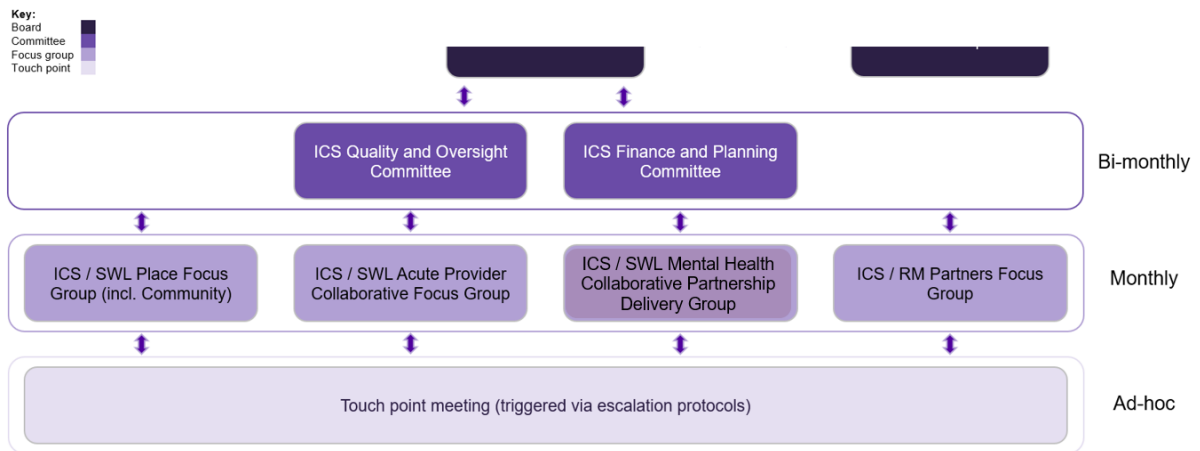
- Implementation of the SWL Mental Health Strategy
- Development and delivery of the SWL Mental Health Provider Collaborative, and,
- Supportive relationships between the system, provider collaborative and places within the SWL ICS.

The intention is for PDG to eventually oversee all elements of mental health delivery within SWL – incorporating sub-groups on programmes of work and also technical groups around planning, finance and contracting; and performance and oversight. It is recognised that PDG does not yet cover all elements and will evolve over time. The PDG will ensure that work aligns to the delivery of the SWL MH Strategy and that some areas of work will function best as part of a SWL MH provider collaborative structure.

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

Highlight reporting by the SWL MHPC will be made via the SWL PDG to the SWL SMT every quarter. The ICB Partner Member for Mental Health will attend the SWL SMT

to provide these updates. The SWL MHPC will be asked to provide an annual review to the ICB Board.



Appendices

Appendix A: SLP overview and governance

SLP was formed in 2017 and is made up of three mental health trusts: Oxleas NHS Foundation Trust, South London and Maudsley NHS Foundation Trust (SLaM) and South West London and St. George's Mental Health NHS Trust (SWLSTG). The trusts have around 12,000 staff between them working across a population of 3.6 million, spanning two ICSs and 12 London boroughs.

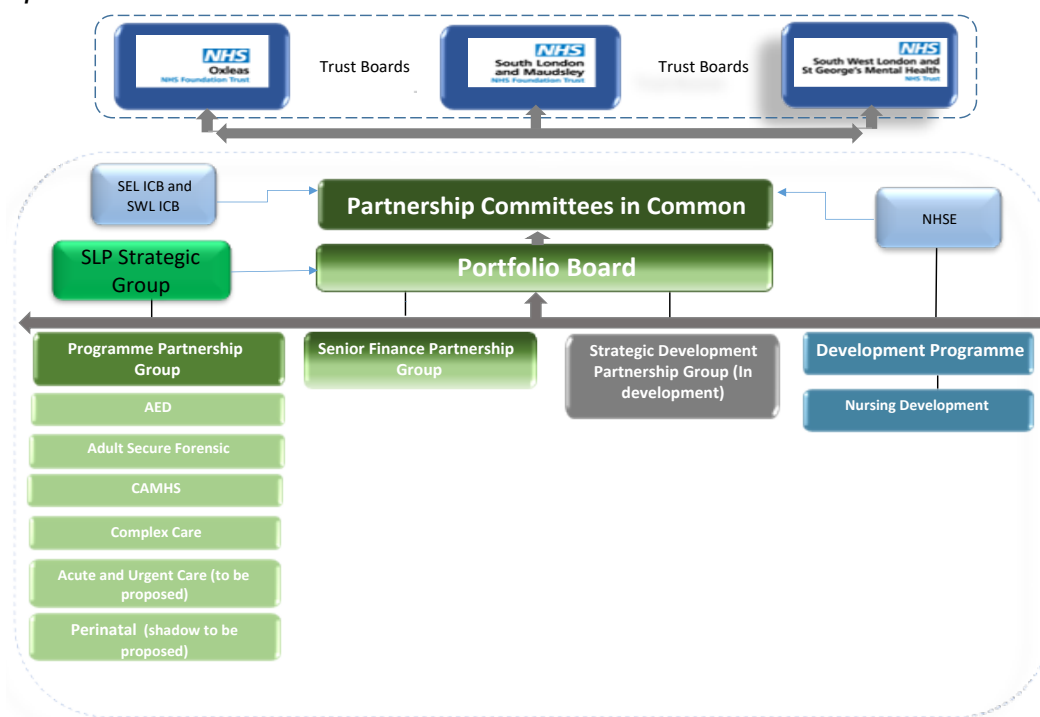
SLP has a clear vision of:

- Right care, right time, right place – for each patient as an individual
- Mental health services working together efficiently to deliver seamless, patient-centred pathways

The trusts collaborate in a variety of informal and formal ways, including through lead provider collaborative models for key service areas with delegated commissioning responsibilities and budgets across secure care, CAMHS Tier 4, Adult Eating Disorders and Complex Care. Transformational benefits have been delivered in each area including reduction of out of area placements, reduced length of stay in inpatient wards, reduction in restrictive practices and financial efficiencies leading to reinvestment of funds in broader pathway elements.

SLP has an established governance structure with SRO led Programme Partnership Groups (PPG), feeding into a CEO chaired Portfolio Board and Trust Chair and NED led Partnership Committees in Common. The existing SLP governance structure can be seen below:

NB requires refresh



PPGs provide leadership, and assurance around quality, risk, finance, workforce and performance, and also develop and drive the transformation and improvement work. The PPG comprise of representatives from relevant SLP trusts, experts by experience and key stakeholders such as SLP, ICBs, NHSE, interdependent services and voluntary sector organisations. Where a Lead Provider arrangement is in place for a programme the Lead Provider trust provides the SRO and the SRO chairs the PPG. All PPGs in the SLP benefit from an experienced support team within the SLP hub which will provide administrative, financial, commissioning and contracting, business intelligence and data analysis, quality governance and co-production/ involvement expertise. The SLP hub will support programmes to develop a shared quality and outcomes framework that captures all national reporting requirements, but importantly reflects locally established co-produced outcomes that matter most to the populations served and complement place and ICS and NHSE objectives.

Appendix B: SWL MH Strategy key components

The SWL Mental Health Strategy was approved by the ICB at their Board meeting in May 2023. The vision, aims and themes of the SWL Mental Health Strategy are summarised below:

Vision

“In SWL we want everyone to have access to early support for their emotional wellbeing and mental health, recognising many influences on health and wellbeing come from outside health care, including factors such as education, employment, housing, and community. We want services to work effectively together to meet people’s needs and ensure everyone receives the support they need in the most appropriate setting.”

Aims

The aims of the Strategy are to:

- 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 CYP 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 SWL, putting partnership with those who use services and those in our communities at the heart of everything we do.

Themes

The vision and aims will be delivered by work across 4 themes with specific work and content:

1. Prevention and early support including:
 - a) CYP and family support
 - b) healthy environments
 - c) MH literacy and reducing stigma
2. Bio-psycho-social model including:
 - a) physical healthcare for people with SMI
 - b) neighbourhood teams & integration
 - c) complex needs & co-occurring issues
3. Inequalities including
 - a) unwarranted variation
 - b) at risk communities

4. Timely access including:
 - a) least restrictive care & recovery
 - b) waiting times
 - c) transitions
 - d) discharge

Appendix C: National mental health performance metrics

There are 9 nationally defined metrics related to mental health for 2023/24. These are described below along with performance trajectories and partner responsibility.

Metrics	23/24 target	23/24 submitted ICB trajectory	22/23 outturn	Lead partner	Notes
IAPT access (first treatment)	39,520	39,520	37,860 (M12 YTD)	SWL MHPC and place	
IAPT recovery	50%	n/a for Operating Plan	55.7% (M12)	SWL MHPC	
Early Intervention Psychosis (EIP)	60%	n/a for Operating Plan	63.0% (M12)	SWL MHPC	
Number of out of area placements	National target to eliminate OOAPs	598 (submission average)	1530 (Q4)	SWL MHPC	
Dementia diagnosis rate	66.7%	70.6%	71% (M12)	Place	
CYP eating disorders seen within target time	95% Urgent – 1 week Routine – 4 weeks	n/a for Operating Plan	Urgent – 56.5% (Q4) Routine – 74.8.% (Q4)	SWL MHPC	
CYP access rate	20,727	16,213 (submission average)	19,075 (Q4)	SWL MHPC	
Perinatal access	2,142	1,424 (submission average)	1,385 (M12)	SWL MHPC	
SMI physical health checks	70%	n/a for Operating Plan	57.7% (M12)	Place	
Access to community MH for adults with SMI	12,009	10,269 (submission average)	9,195 (M12)	SWL MHPC	

Appendix D: SWL ICB Approach to Oversight

We have 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, it will work to agree with the SWL MHPC 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 and will take place for the minimum time required to rectify the performance issue.

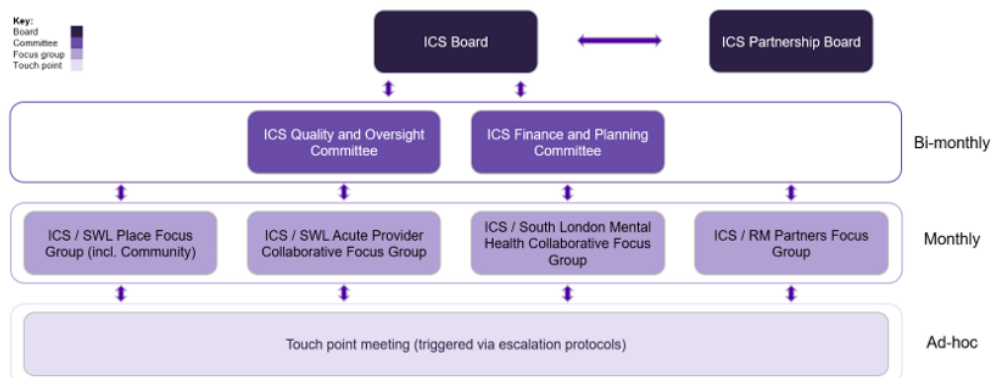


Chart showing the ICS Quality and Oversight governance structure

**2023/2024 Delivery Agreement between
NHS South West London Integrated Care Board and
Royal Marsden Partners Cancer Alliance**

**2023/24
Version 3.1 FINAL**

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1. Introduction

South West London Integrated Care System (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.

The ICS Design Framework sets an expectation that provider collaboratives will be a key component in enabling ICSs to deliver their core purpose.

The *ICS Design Framework* states that Cancer Alliances will continue to:

“use their expertise to lead whole-system planning and delivery of cancer care on behalf of their constituent ICSs, as well as providing clinical leadership and advice on commissioning.”

Working together at scale: Guidance on Provider Collaboratives (August 2021) also details the expectations on how Cancer Alliances will work with other provider collaboratives:

“Provider collaboratives [...] will work with Cancer Alliances. Cancer Alliances will continue to lead whole-system planning and delivery of cancer care on behalf of their constituent ICSs, as well as providing clinical leadership and advice on commissioning.”

Improving cancer outcomes: guidance on how ICBs and Cancer Alliances will work together (May 2022) provides the national framework within which Cancer Alliances will work together with ICBs. The guidance states that:

Cancer Alliances are currently responsible for leading the planning and delivery of cancer services and for leading work across their constituent ICS(s) to:

- **diagnose cancer earlier and improve survival**, through the delivery of Long Term Plan projects like Targeted Lung Health Checks and Faster Diagnosis Pathways, and through reducing treatment variation;
- **improve patient experience and quality of life**, supporting providers to implement new follow-up pathways for personalised care;
- **reduce health inequalities in cancer services**, using latest data and working with partners to identify solutions; and
- **speed up cancer pathways**, reducing waiting times and improving operational performance.

The purpose of this delivery agreement is to set out the joint expectations between SWL ICB and RMP for the whole system planning and delivery of cancer services delivering high quality and equitable outcomes for our local populations.

The RMP responsibilities, on behalf of the ICB, are broadly in the areas of planning and delivery, cancer performance improvement, and clinical cancer leadership.

2. Purpose of the Agreement

This delivery agreement is between SWL ICB and RM Partners Cancer Alliance (RMP). The agreement is effective between 1st April 2023 and March 31st 2024.

The purpose of the agreement is to ensure clarity and mutual understanding between RM Partners and South West London ICB. The responsibilities are in line with expectations outlined within the guidance *Improving cancer outcomes: guidance on how ICBs and Cancer Alliances will work together (May 2022)*

- RMP's role and responsibility to lead **planning** for the cancer element of the ICB's 2023/2024 priorities as detailed in the Operating Plan and Joint Forward Plan;
- RMP's role and responsibility to lead **whole system and whole pathway delivery of cancer services**, this includes supporting delivery of the ICP's strategy as reflected in local health and care plans;
- RMP's role in **improving quality in terms of access, parity and transformation of cancer services (noting that RMP is not a quasi CQC)** and the ICB performance of cancer services, including the achievement of constitutional cancer waiting time standards;
- RMP's role in facilitating **cancer clinical leadership and expertise** across the ICS to inform strategic and operational decisions.
- RMP's accountability for the management of funding and capacity to secure cancer transformation and operational delivery, in line with national requirements and local priorities

This delivery agreement may be updated throughout the year via discussion and agreement with RMP as the ICB plans and ICS strategy are finalised. In recognition of the on-going development of the ICS, there will be a need for mutual flexibility.

The Partnership Delivery Agreement is not a legally binding agreement, and it does not change the statutory roles and responsibilities of the ICB unless directed by NHSE.

3. Alliance Responsibilities

RMP will lead five key responsibilities on behalf of the ICB.

3.1 Planning

The ICS Design Framework states that Cancer Alliances will continue to use their expertise to lead whole-system planning and delivery of cancer care on behalf of their constituent ICSs.

The ICB will ask RMP to draft the cancer elements of the Joint Forward Plan and develop the annual refresh, which will be based on the detailed cancer strategy agreed with the ICB. The plan will align to the National requirements for Cancer Alliances, and include local priorities, which reflect local circumstances and opportunities.

3.2 Whole system and whole pathway service transformation

RMP should continue to work with local stakeholders such as the Acute Provider Collaborative, public health, primary care, screening providers, diagnostic networks and specialised commissioning teams, to lead a whole-system approach to pathway redesign, performance improvement and the delivery of LTP priorities.

3.3 Quality

RMP will work collaboratively with the ICB to ensure there is robust quality monitoring and assurance, quality improvement and a strong emphasis on addressing health inequalities running through the work of the programme. This will include:

- **Quality governance and oversight:** Support the development of a governance framework for the ICB oversight of quality in cancer services.
- **Visibility and joint ownership of system risks:** maintain clear risk management and escalation processes (see SWL's quality escalation framework) where there is unwarranted variation across delivery of cancer care and outcomes.
- **Health inequalities:** demonstrate evidence of addressing health inequalities in patient care with a focus on our CORE20+5, within the goal of 75% of cases diagnosed at stage 1 or 2 by 2028.
- **Evidence based frameworks:** maintain quality improvement processes across cancer pathways where SWL may not be meeting the required performance and quality standards and clinical indicators.
- **SWL CQC system review:** Support the system to implement the CQC's cancer system review recommendations and actions.

3.4 Performance

The ICB is accountable for the performance of cancer services to our local population, including meeting the constitutional standards for Cancer waiting times.

RMP will work with their constituent providers to deliver the requirements of the 23/24 plan. This includes:

- Percentage of people waiting no more than 28 days from urgent referral to receiving a communication of diagnosis for cancer or a ruling out of cancer, 75% by the end of 23/24
- Patients on the Cancer 62-day pathways waiting 63 days or more after an urgent suspected cancer referral for either a diagnosis or treatment.
- Number of people referred onto a non-specific symptom pathway in line with the activity profiles submitted as part of the plan.
- Percentage of Lower GI Suspected Cancer referrals with an accompanying FIT result

In addition, RMP will monitor and support delivery of achievement of the cancer constitutional and other agreed standards, ensuring that the annual work plan is having a positive impact on cancer waiting times.

3.5 Clinical leadership

RMP will provide clinical expertise and provide clinical leadership for cancer for their local systems, to help inform the planning, commissioning, and delivery of cancer services at local and system levels.

RMP has established whole pathway tumour-site specific clinical groups to provide clinical advice, input and leadership for transformation and improvement projects.

3.6 Finance

The *ICS Design Framework* confirms that Service Development Funding for cancer will be provided to Cancer Alliances to enable them to continue to deliver their existing roles on behalf of their constituent ICB(s). Service Development Funding through to 2023/24 has been confirmed in the LTP Implementation Framework (see appendix A). This funding is intended to support the delivery of Alliances' core activities to drive operational improvement for cancer and to fund the local implementation of national LTP commitments for cancer.

The RMP Executive Board, which includes ICB representation, will formally sign off the RMP programme budget and use of cancer SDF. In doing so, RMP will provide the relevant and adequate assurance to the ICB as part of the ICB process of financial planning and assurance. This may be through the ICB CFO or nominated deputy and/or relevant ICB subcommittee such as the Finance & Planning Committee.

National guidance states that the Cancer Alliances will be accountable to the Regional Director and National Cancer Director for the SDF provided to them and will need to demonstrate how their plan contributes to the delivery of national cancer priorities.

4. SWL ICS Priorities

Our collective priorities for 23/24 are aligned with the NHS Operating Framework and NHS Long Term Plan priorities. We will have a focus on the following key areas during the year as outlined in the 23/24 Operational Planning Guidance:

For Cancer, this means continuing to improve cancer outcomes through:

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

These priorities are outlined in the ICB Joint Forward Plan (JFP) published June 2023.

The JFP describes how the ICB intends to arrange and/or provide NHS services to meet their population's physical and mental health needs. The JFP includes the delivery of universal NHS commitments and address ICSs' four core purposes and how it meets its legal requirements.

The JFP has been co-produced with each 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 ICP is preparing its strategy, which will set the direction of the system across the area of the integrated care board and integrated care partnership, setting out how we can deliver more joined-up, preventative, and person-centred care for their whole population, across the course of their life.

The final ICP strategy will be published in summer 2023 and will contain priorities for the system including local delivery plans.

The RMP work plan which responds to the above can be found in Appendix C.

5. Review and Reporting Arrangements

RMP cancer governance has been updated to reflect an increased focus at ICB level. The SWL Cancer Board was put in place from April 23, and reports to the RMP Clinical Operational Board (COB) and the SWL Elective Board.

The RMP COB is responsible for the strategic oversight of the RMP workplan and manages issues and risks not resolved at ICB level.

The RMP Executive Board ensures that RMP delivers against its national mandate whilst meeting the local needs of both SWL and NWL ICBs.

RMP provides assurance on delivery, performance and escalates risks and issues to the bi-monthly ICS-RMP Focus Group, chaired by the SWL COO.

Appendices

Appendix A: Cancer SDF budget summary

The SDF funding for RMP in 23/24 is £16m.

Appendix B Cancer Performance metrics

ICB Ref	Grouping	Ref	Indicator Name	Frequency
CA1	Cancer	E.B.27	Cancer 28 day waits (faster diagnosis standard)	Monthly
CA2	Cancer	E.B.31	Cancer treatment volumes	Monthly
CA3	Cancer	E.B.32	Number of patients waiting 63 or more days after referral from cancer PTL	Monthly
CA4	Cancer	E.B.33	Number of people referred onto a non-specific symptoms pathway	Monthly
CA5	Cancer	E.B.34	Percentage of Lower GI Suspected Cancer referrals with an accompanying FIT results	Monthly
CA6	Cancer	10b (S010b)	Urgent cancer referrals seen (S010b)	Monthly
CA7	Cancer	14 (S014a)	Proportion of people that survive cancer for at least 1 year after diagnosis (S014a)	Annual
CA8	Cancer	15 (S015a)	Proportion of cancers diagnosed at stages 1 or 2 (S015a)	Annual
RMP programmes support with delivery of these metrics that are the responsibility of NHS England				
CA9	Cancer	48	Bowel screening coverage, aged 60-74, screened in last 30 months (S048a)	Annual
CA10	Cancer	49	Breast screening coverage, females aged 50-70, screened in last 36 months (S049a)	Annual
CA11	Cancer	50	Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %) (S050a)	Annual

Appendix C: RMP Cancer strategy and work plan 23/24

The RMP Cancer Strategy and work plan has been published at <https://www.southwestlondon.icb.nhs.uk/publications/board-papers-march-2023/>

Appendix D: SWL ICB Approach to Oversight

We have 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, it will work to agree with each place 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.

NHS South West London Integrated Care Board

Name of Meeting	ICB Board		
Date	Wednesday, 20 September 2023		
Title	Green Plan Report: mid-year progress report		
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.	09	Attachment No.	08
Purpose	Approve <input type="checkbox"/>	Discuss <input checked="" type="checkbox"/>	Note <input checked="" type="checkbox"/>

Purpose

To provide a mid-year update on progress against the Green Plan to the Integrated Care Board (ICB).

Executive Summary

The 2023-25 Green Plan was signed off at the end of May 2023 by the ICB Board. It was agreed that six monthly updates would be presented to the Board, aligned to reporting required by NHSE. The content of this paper will be reported to NHSE.

The paper sets out the progress we are making against our ten areas of focus, and next steps for the remainder of the year.

In particular, we draw the Board's attention to the following:

- The ICB has submitted a collective response to the Mayor of London's Climate Resilience Review on behalf of the SWL health system. The ICB subsequently attended the Climate Resilience for Health in London workshop, which brought together Greater London Authority (GLA) policy leads with leads from across health and care to discuss challenges and opportunities, and to identify shared priorities and opportunities for collaboration
- We have started to develop relationships and are linking in with primary care to best identify sustainability champions to bring into our workstreams. We are actively supporting the regional initiative to estimate the carbon footprint of South West London's primary care estate, as well as including sustainability as a key criteria in the process being developed to prioritise primary care infrastructure investment.
- We have linked in with Wandsworth Council on how we can support the recommendations from the Wandsworth Air Quality Citizens Assembly as well as the Public Health Directors across SWL (quarterly basis). Through this process, education of the public has been identified as a key focus and we will be working together on the joint actions we can take.

- Two of our trusts (Croydon Health Services and Epsom & St Helier Hospitals) have secured additional funding to support the development of heat decarbonisation plans and business cases to submit applications for grant funding.

We also have an overview of the early outcomes from a pilot of two SMART (self-monitoring, analysis, and reporting technology) theatres at St George’s Hospital. This links estates and digital transformation with our green plan objectives. The pilot was part funded from the 2022/23 SWL ICB green capital fund and has been identified by the New Hospitals Programme as one of two national exemplar case studies to present to Ministers at the end of September. The approach and methodology employed may influence national policy relating to requirements of new hospital builds going forward.

Recommendation

The Board is asked to:

- Note the system’s achievements in the first half 2023/24 and provide feedback on progress against the SWL NHS Green Plan.
- Note that an update of the ICB’s progress will be shared with NHSE in line with their reporting requirements.

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.
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Is an Equality Impact Assessment (EIA) necessary and has it been completed?	EIA will be completed for individual schemes prior to delivery
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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	Local engagement reports were analysed in developing the plan and key feedback informed 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

Supporting Documents	Delivering the 2023-25 SWL Green Plan
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Delivering the South West London NHS Green Plan 2023-25: mid-year progress update

ICB Board

20 September 2023

Summary



South West London

At the end of May 2023, the ICB Board signed off the 2023-25 SWL NHS Green Plan. It was agreed that six monthly updates would be presented to the ICB Board, aligned to reporting required by NHS England (NHSE). The content of this paper will be reported to NHSE.

The paper sets out the key highlights against the SWL Green Plan's ten areas of focus, as well as next steps for the remainder of the year.

In particular, we draw your attention to the following:

- The ICB has submitted a collective response to the Mayor of London's Climate Resilience Review on behalf of the SWL health system. And subsequently attended the Climate Resilience for Health in London workshop which brought together GLA policy leads with leads from across health and care to discuss challenges and opportunities, and to identify shared priorities and opportunities for collaboration
- We have started to develop relationships and are linking in with primary care to best identify sustainability champions to bring into our workstreams. We are actively supporting the regional initiative to estimate the carbon footprint of primary care estate. as well as including sustainability as a key criteria with in the process being developed to prioritise primary care infrastructure investment.
- We have linked in with Wandsworth Council on how we can support the recommendations from the Wandsworth Air Quality Citizens Assembly as well as the Public Health Directors across SWL (quarterly basis). Through this process education of the public has been identified as a key focus and we will be working together on what joint actions we can take.
- Two of our trusts (Croydon Health Services and Epsom and St Helier Hospitals) have secured additional funding to support the development of heat decarbonisation plans and business cases to submit applications to access grant funding.
- Epsom and St Helier Hospitals has launched its reduced carbon patient menu, following St George's Hospital's lead.
- In 2022/23, SWL ICB awarded £500k for innovative developments in sustainability. One of the projects that received funding supported the pilot of two SMART theatres at St George's Hospital, which links estates and digital transformation with our green plan objectives. An overview of the early outcomes are included in this paper.

The highlights by workstream are set out in the following slides.

Progress highlights: Q1 & Q2 2023/24

Workforce and leadership

Ensure we engage all staff within the ICS and sustainability into everything we do

ICB Board engaged via agreement of 2023-25 SWL NHS Green Plan, Joint Forward Plan and ICP strategy

ICB Head of Sustainability recruited in Sept 2023 to support the SWL NHS Green Plan

ICB staff pledges launched in Sept 2023

New Sustainability Champion Group at ESHT (cataloguing green space and forming proposals for tree planting, and reviewing waste reduction with infection control); work underway at CHS and ICB to seek out champions

Development of GESH Group Green Plan and integrated resourcing

Board level training from Centre for Sustainable Development scheduled in Q3 (SGH/ICB)

Establish 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

Adoption of 'Green Surgery' Checklist guidance commenced

Learnings shared from 2022/23 green fund investments and process for 2023/24 ICB green capital fund launched

Discussions underway re: theatre equipment (e.g. reusable drapes and lap instrument switches)

Worked with procurement colleagues on how we invest in sustainability thinking, assessments, education and opportunities for innovation which will help us to design lower carbon health and care services

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

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

Identify areas for innovation in safe remote and lower carbon means of healthcare delivery, diagnostics and intervention.

Review progress and identify actions to further embed 'Green Surgery' Checklist guidance

Digital transformation

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

Completion of Smart Theatres pilot project at SGH, to be used as an exemplar case study by New Hospitals Programme to influence national policy

See case study

Moved to paperless staff parking system at ESHT in Sept 2023 (also supports the calculation of staff vehicle emissions)

Additional funding secured from the national Frontline Digitisation programme, notably to support the implementation of a new electronic patient record at ESHT

Meet national targets for remote consultations and explore options for telemedicine

Ensure ESHT electronic patient record is ready to go live in April 2023

Continue to identify additional actions to reduce our dependency on paper, both in terms of corporate, back office and patient records.

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

Active discussions across trusts to develop a SWL-wide patient transport procurement approach (with consideration to how to target electrifying the fleet)

Active travel event (On your bike) at GESH in June 2023; Clean Air Day awareness championed across SWL organisations

New secure cycle sheds installed for HRCH staff and are actively used

Recommendations from Wandsworth Air Quality Citizens Assembly shared with health partners with future focus on: joint working on education of the public

Identify actions and roadmap with local authorities to support air pollution awareness and embed primary care champions to support

Develop and agree approach re: a SWL-wide patient transport solution, with fleet electrification targets

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

Progress highlights: Q1 & Q2 2023/24

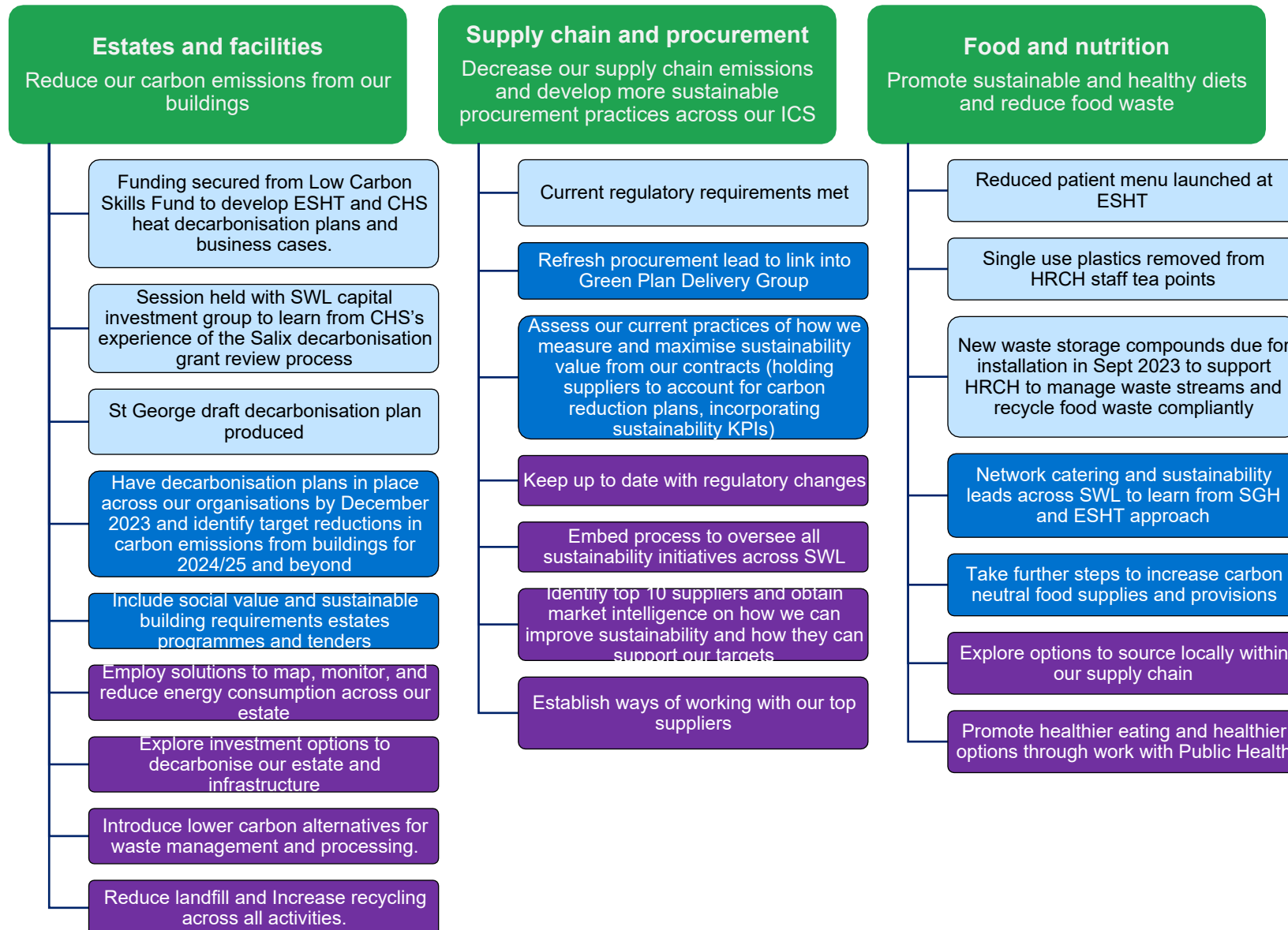
Progress over Q1 & Q2 2023/24

Q3 & Q4 2023/24

2024/25



South West London



Progress highlights: Q1 & Q2 2023/24

Progress over Q1 & Q2 2023/24

Q3 & Q4 2023/24

2024/25



South West London

Medicines

Reduce Desflurane usage in line with guidance and national targets; Reduce Nitrous Oxide waste across the ICS; Support patient choice of less carbon-intensive inhalers where clinically appropriate

- Desflurane removed from SWL procurement list
- Doubled the use of total intravenous anaesthesia (TIVA) and thus supporting the move away from anaesthetic gases at SGH
- Installation of Centralised nitrous oxide destruction unit in progress at SGH maternity department
- Decommissioning of nitrous oxide manifolds agreed at SGH / CHS
- Refresh metered dose inhalers workstream to ensure recycling processes across the ICS to enable and support correct disposal of MDIs
- Learnings shared from use of centralised nitrous oxide destruction units
- Focus on influencing behavioural change in prescribing and recycling (secondary and primary care) and identify clinical champions to support
- Continued programme reduction and eradication in across the ICS
- Develop toolkits to support trusts improve Entonox and Nitrous Oxide efficiency

Adaptation

Work together across our infrastructure and supply chains to prevent and minimise the impact of climate change on our services, patients, staff and communities.

- Each trust holds a business continuity plan and an Adverse Weather Plan in line with Emergency Preparedness Resilience and Responsiveness (EPRR) core standards
- SWL ICB submitted collective response to the Mayor of London's Climate Resilience Review on behalf of the SWL health system and was an active participant in the relates GLA workshop.
- Better understand the risks to supply chains caused by adverse weather and climate change
- Continue to develop risk planning caused by adverse weather and climate change

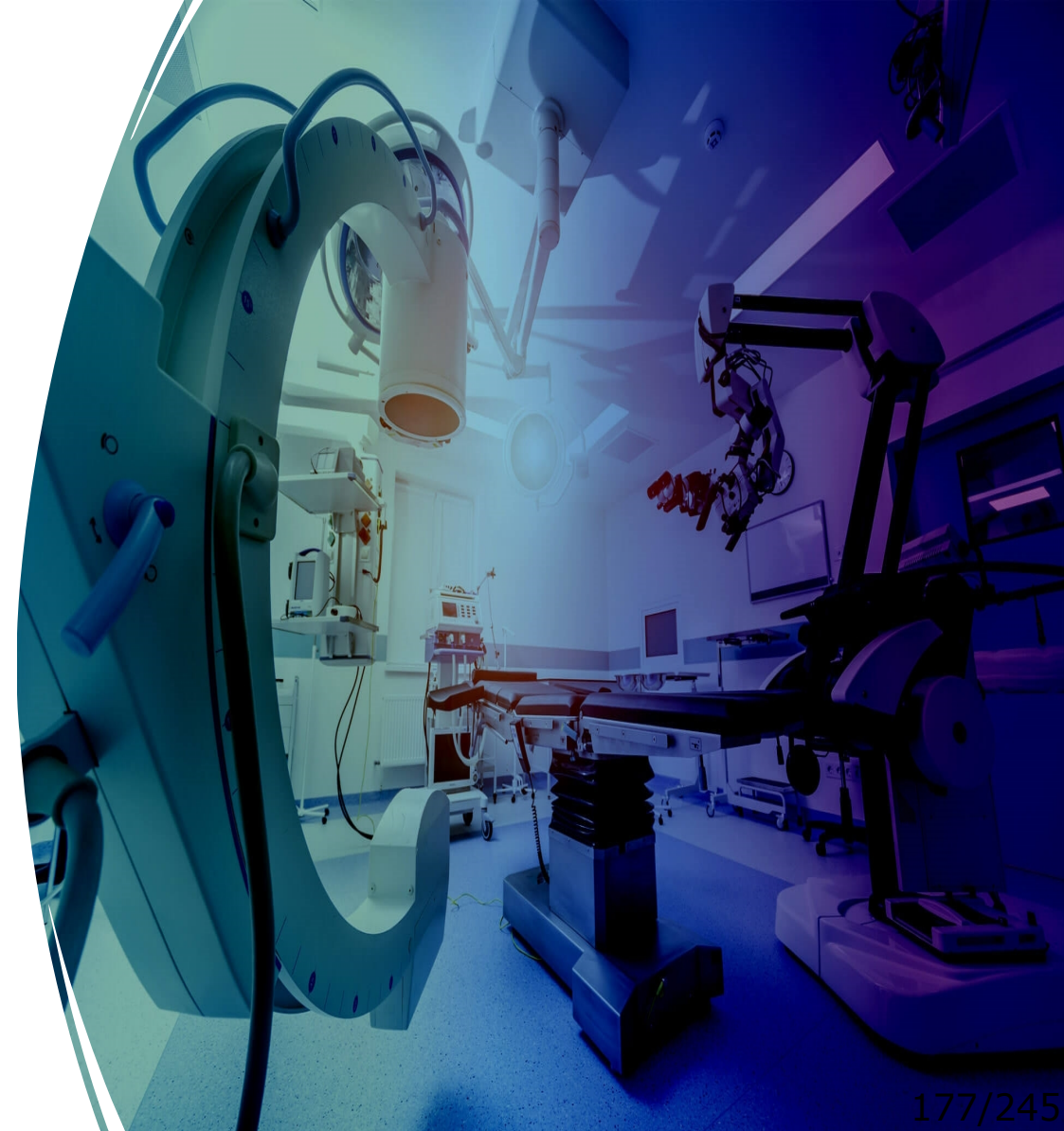
Data

Enable us to better understand our carbon data and track our progress

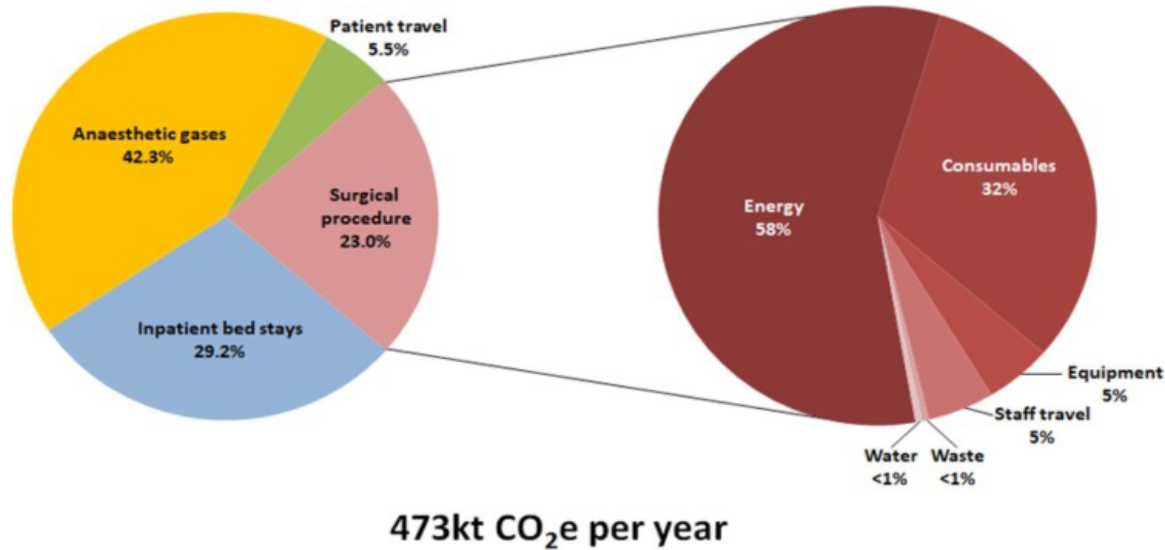
- Carbon literacy training underway at GESH for staff; CHS developing sustainability e-learning programme
- Work started on Scope 1 and 2 carbon footprint of primary care and roadmap – coordinated by London and with ICB support (GP engagement in Sept 2023)
- Establish a baseline for the ICB and primary care
- Increase our knowledge of carbon footprint calculation and data sources so that we can more accurately control our data
- Extend current carbon literacy and training across our ICS and look to share best practice
- Work with Greener NHS, Greener NHS Data Collections, NHSE and Carbon specialists to understand our performance against our Green Plans and trajectory towards our targets.

Smart Theatres

Pilot at St George's, linking to our Estates and Facilities and Digital transformation Green Plan objectives.



Energy use is the biggest emission factor in surgery



> Lancet Planet Health. 2017 Dec;1(9):e381-e388. doi: 10.1016/S2542-5196(17)30162-6. Epub 2017 Dec 8.

The impact of surgery on global climate: a carbon footprinting study of operating theatres in three health systems

Andrea J MacNeill¹, Robert Lillywhite², Carl J Brown³

Affiliations + expand

PMID: 29851650 DOI: 10.1016/S2542-5196(17)30162-6

Free article

Theatre is a hot spot

Theatres use up to six times as much energy as the average hospital spaces and contribute up to 70% of hospital waste



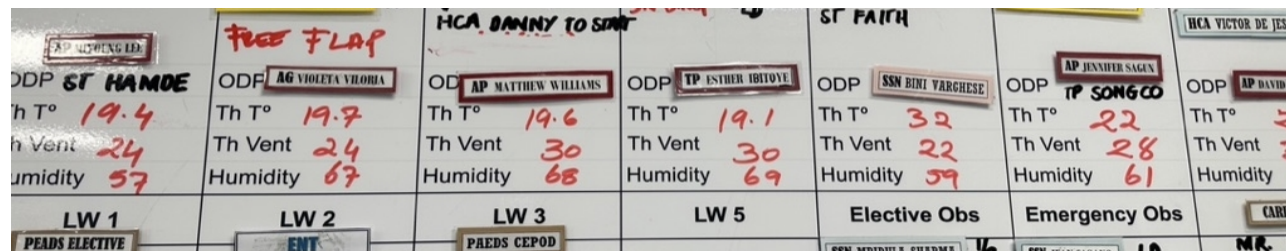
The Clinician Experience

- A common estates issue is the temperature of theatres. If they are too cold or too warm, this can lead to delays and/or cancellation of care
- Due to the availability of data, faults and repairs of theatres are managed in a reactive fashion resulting in downtime and knock-on effects to staff & patients.
- Theatre room condition data (e.g. air quality, humidity, CO2, footfall) is manually collected and not live, resulting in unknown impact on patient care.
- There is an inability to measure trend analysis to look for patterns thereby improving performance or asset usage

- Such delays may lead to the following impacts:

Patient	Staff	Service
Poor experience	Stressful/frustrating	List planning
Prolonged starvation/dehydration	Concerns re overruns	Rebooking
Morbidity/increase d risk	Preparing in cold environment	Reduced bed capacity
Stress/anxiety	Complex decisions	Complaints
Loss of trust in service	Staff and equipment logistics	Waiting lists/breeches

Example of manual reporting of temperature/ventilation stats by overnight staff:



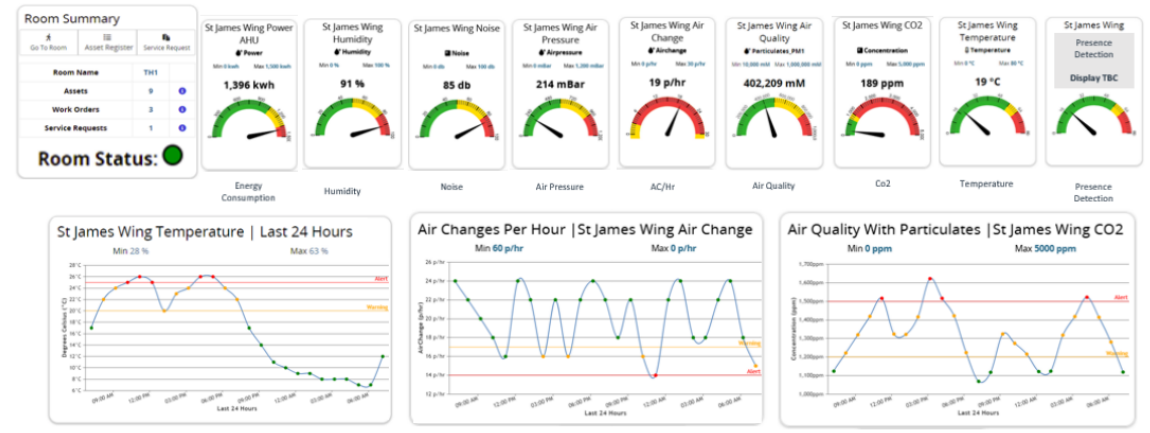
Staff	Th T°	Th Vent	Humidity
ST HAMOE	19.4	24	57
AG VIOLETA VITORIA	19.7	24	67
AP MATTHEW WILLIAMS	19.6	30	68
TP ESTHER IBITOYE	19.1	30	69
SSN BINI YARGHESE	32	22	59
AP JENNIER SAGEN	22	28	61
TP SONGCO	22	28	61
AP DAVID...	22	28	61

SMART theatres pilot project

- Two of the theatres at St George’s Hospital have been converted into fully functional SMART theatres. This capital investment was funded by a £60k award from the SWL ICB 2022/23 Green capital fund (and supplemented by an additional £20k of the Trust’s available resources)
- The theatres have become SMART via the retrofitting of sensors to monitor air quality (tracking CO2, temperature, humidity levels) and the presence of people (for the shut down of energy consuming infrastructure).
- The data provides a dashboard overview of operating theatre conditions for staff and patients, sends real time data and alerts to the estates team re: breaches, and provides trend analysis to support estates planning.

- The pilot is the first of its kind nationally. It has been identified as one of two exemplar case studies that the New Hospitals Programme is presenting to Ministers at the end of September due to its application not only to other legacy theatres, but to new build projects. The approach / methodology is thought to be scalable and replicable across other new build projects, and may influence national policy.

Dashboard: Operating Theatre Status



EVENTS MANAGEMENT – open/active events:

- AC/hr at 15 when theatre scheduled to be in use, <date, time>. EFM informed
- CO2 level at 'y' <date, time>. Action to inform 'z'
- Air Quality at 'x' <date, time>. EFM informed and investigating
- Medical asset run-time at 'x'hrs, calibration required. Med team informed

SMART theatres roll-out – benefits

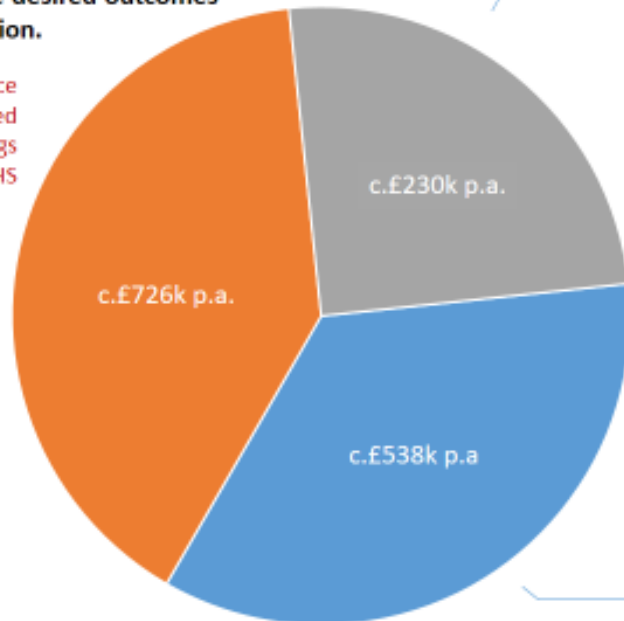
- The ambition is to roll out the SMART technology across all theatres at SGH (another 29)
- Potential savings across all 31 theatres has been estimated (below) based on staff downtime, increased length of stay, reduced estates cost/time, lost revenue and energy cost savings. Reduced energy consumption assumed at 5% when a theatre is in use, and 80% when it is not in use.

Smart Theatres benefits and ROI need to cover the 3 target personas and respective desired outcomes and not be looked upon in isolation.

Via the AIP group, best practice learnings in one Trust can be shared across multiple Trusts, i.e. savings shown in pie-chart * 4,500 UK NHS theatres

Improved PATIENT CARE:

- Reduce delays or cancellations due to operating theatre environment not within recommended guidelines, e.g. theatre too cold, Air Changes / Hr too low, etc., whilst improving operating theatre availability – fewer incidents, resolved quicker
- Infection Rates potentially due to operating theatre environment not within recommended guidelines, e.g. Air Quality, CO2, or Humidity levels too high



Improved ESTATES & FM PRODUCTIVITY:

- Workflow optimisation / automation
- Reactive to Predictive; Planned & Scheduled vs Reactive
- Increase theatre availability and uptime and asset performance
- Accurate problem identification – all key data available in one place
- Right resource, right time, right task
- Reduced interventions and doubling up on interventions in close proximity
- Way Finding and localisation of incident
- Reduce Maintenance backlog
- Improve compliance ...

Reduced ENERGY CONSUMPTION:

- Standby mode when not in use
- Smart sockets and Smart lighting
- AHU and key asset performance
- Indirect scope 3 emissions, e.g. travel (remote intervention, asset longevity), supply chain, etc.



NHS South West London Integrated Care Board

Name of Meeting	ICB Board		
Date	Wednesday, 20 September 2023		
Title	Board Assurance Framework		
Lead Director Lead (Name and Role)	Karen Broughton, Deputy Chief Executive/Director of Transformation and People		
Author(s) (Name and Role)	Ben Luscombe, Chief of Staff Leigh Whitbread, Head of Risk		
Agenda Item No.	10	Attachment No.	09
Purpose	Approve <input type="checkbox"/>	Discuss <input checked="" type="checkbox"/>	Note <input checked="" type="checkbox"/>

Purpose

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

The Board is asked to note the overall BAF position.

Executive Summary

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

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

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

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

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

Key Issues for the Board to be aware of:

In total, The BAF report highlights a total of 6 risks. Among these, 5 have a Score of 15 or above, while one risk holds a lower score.

- RSK-037 - Urgent and Emergency Care
- RSK-001 - Delivering Access to Care
- RSK-011 - Failure to modernise and fully utilise our estates
- RSK-025 - Workforce capacity well-being and availability
- RSK-014 - Financial Sustainability
- RSK-087 - System Quality Oversight.

Since the last report in March 2023, the following changes have been made:

Risks added:

Risk 087 - System Quality Oversight

This risk was previously on the BAF, and after evaluating its potential impact, we have re-evaluated and reinstated the overall risk associated with System Quality Oversight.

Closed and Removed:

None.

Key

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

Recommendation:

The Board is asked to:

- Notes the overall BAF position.

Conflicts of Interest




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

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

Corporate Objectives This document will impact on the following Board Objectives	Identifying risks is essential to delivering all the ICB's objectives		
Risks This document links to the following Board risks:	A summary of ICB risks is listed on the risk register.		
Mitigations Actions taken to reduce any risks identified:			
Financial/Resource Implications	None		
Is an Equality Impact Assessment (EIA) necessary and has it been completed?	N/A		
What are the implications of the EIA and what, if any are the mitigations	N/A		
Patient and Public Engagement and Communication	N/A		
Previous Committees/Groups Enter any Committees/Groups at which this document has been previously considered	Committee/Group Name	Date Discussed	Outcome
	Audit and Risk Committee	27/06/2023	
	Quality Oversight Committee (QOC)	08/08/2023	
	Senior Management Team (SMT)	27/07/2023	
	SMT BAF review	31/08/2023	
Supporting Documents	South West London Board Assurance Framework – Board – September 2023		

Board Assurance Framework South West London ICB September 2023

Ben Luscombe

Key	
	Score maintained
	Score lowered
	Score increased



Inherent Impact	Inherent Likelihood	Inherent Risk Score
5	5	25

Cause & Effect

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

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

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

Impact of the risk:

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

Residual Impact	Residual Likelihood	Residual Risk Score
4	5	20

Risk Controls

- South West London has established a system-wide Urgent and Emergency Care Board and an A&E Delivery Board for each Hospital System with senior representation across hospitals, SWL boroughs and other work programmes (such as workforce and primary care) to ensure ongoing focus on performance improvement in this area.
- A winter plan for 23/24 is being co-developed across the system to alleviate the impact of the additional seasonal demand and includes additional investment into a wide range of hospitals, community, local authority and voluntary sector organisations that will step up resources between November and March.
- The 2023 National UEC Recovery Plan is being implemented, with systems working through 10 high impact actions, aimed at improving the flow of patients through the system leading to better ED and ambulance performance.
- A "Harm Review" has been set in train by the Quality team across South West London to establish the broader impact of delays on patient care and to identify learning and opportunities for improvement across the system.
- Complete the "Harm review" process and feedback learning to the system.
- Plan actions are being monitored for implementation and effectiveness and reported to the UEC Board every month.
- A high-level dashboard of six key indicators has been implemented to enable the system to monitor whether there is an improvement in flow through the system. This reports to the UEC Board regularly.
- New performance metrics (Emergency Care Data Set) is being implemented and better forecasting implemented, providing greater insight into the nature of the problem to be solved.

Target Impact	Target Likelihood	Target Risk Score
3	3	9

Action Required

- The longer-term "UEC plan" to be finalised and the UEC Programme reorientated to deliver against the ambitions. This will include supporting programmes in developing and delivering aligned plans, including a further emphasis on improving discharge and flow through the hospital, workforce development, improving the urgent care response through 111 and primary care, reducing ambulance handover delays and a better understanding of the patient experience.
- Implementation of a programme of work to improve ambulance handover and response times including new 45-minute handover protocols, senior triage of incoming ambulance calls.
- New regional digital investment programme to support roll out of e-triage at ED front door, and automated data-transfer on ambulance handover being explored.
- Implementation of reporting to enable the system to understand the total time spent in ED (national target of fewer than 12 hours).

Person responsible: Caroline Morris
To be implemented by: 30 October 2023



Inherent Impact	Inherent Likelihood	Inherent Risk Score
4	5	20

Cause & Effect

There is a risk of Backlog and waiting times on service delivery for patients creating a delay in patient treatment and an increase in waiting times. The providers may not meet national and local quality and performance standards. In that case, the ICB population does not have constitutional pledges honoured by providers, e.g., emergency departments (ED), Cancer waits for standards, referral to treatment (RTT) waiting times and list size, healthcare-associated infections (HCAI), improving access to Psychological Therapy (IAPT) and recovery rate.

Causes for this risk are; reduced capacity due to workforce issues (incl diagnostic); Patient Tracker List (total waiting list) growth since the Pandemic, increased two-week wait and urgent referrals taking precedence over routine; Compromised recording systems in the implementation phase; Complexities and challenges of system implementation; Inaccurate and untimely reporting output.

Prolonged waits in primary care, prioritising newer patients over stable long waiters. The underperformance of providers against quality and performance standards.

Impact of the risk:

- The impact of backlog and waiting times on patient service delivery.
- Patients wait longer than required for treatment, resulting in poor performance and potential harm to patients.
- Unable to provide accurate patient information to GPs.
- Decreased volume of patients seen.
- Poor performance and quality monitoring.
- Prioritising urgent newer patients over long waiters - deterioration and potential harm to the long waiters.
- ICB is not meeting constitutional, reputational, and performance standards that adversely impact patient care.

Residual Impact	Residual Likelihood	Residual Risk Score
4	4	16

Risk Controls

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

Target Impact	Target Likelihood	Target Risk Score
3	2	6

Action Required

- Weekly meetings with acute provider collaboration and ICB Performance team to discuss risks/issues with providers to have early sight of any risks to trajectory/plan.
- Fortnightly conversations between provider recovery leads and the performance team to ensure managing long waiting patients.
- Data Quality improvement actions are being stepped up by establishing a weekly South West London-wide group meeting. The priority will be reducing data quality errors around long-waiters and the completeness of priority coding.
- South West London system-wide 2023/24 planning meetings and supporting analysis and trajectory setting are underway to deliver the national targets around elective recovery, including a 104% increase in elective work, 25% reduction of follow-ups (and delivery of targets around Advice and Guidance and Patient Initiated Follow-Up to support these plans).
- Regular review at Joint Recovery Delivery Group.

Person responsible: Suzanne Bates
To be implemented by: 28 September 2023

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



Inherent Impact	Inherent Likelihood	Inherent Risk Score
4	4	16

Cause & Effect

There is a risk that If we fail to modernise and utilise our estate fully, the capacity of services may not be fully optimised, ICB and provider cost bases may be adversely affected, backlog maintenance requirements may increase, and the ICB could be liable for paying for void costs in return for no services being provided. There is also a risk that certain national accounting policies will be enforced, either leaving the ICS and Department for Health and Social Care (DHSC) with a significant capital budget hit or leaving the ICB with void costs on a longer-term basis. There is a risk that these policies will be slow to influence and change; this is caused by organisations historically planning at a local level which could lead to ineffective use of space across the whole system. Also, current national Public Finance Initiative (PFI) and accounting policies limit expenditure and changes to the nature of use in (PFI) buildings - this may limit additional works to convert vacant space to make it fit for incoming services (e.g. Queen Mary's Hospital). If the National policy is triggered, the PFI building comes onto the balance sheet for the Whole Government Accounts and hits the DHSC capital budget, which may be passed down to SWL.

Impact of the risk:

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

Residual Impact	Residual Likelihood	Residual Risk Score
4	4	16

Risk Controls

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

Target Impact	Target Likelihood	Target Risk Score
2	2	4

Action Required

- Continue to work with NHSE to develop the ICS estates strategy (including primary care) which will maximise the use of our estate, minimise the carbon footprint and address local needs.
- Work with regional and national teams to understand funding opportunities that will support the needs of the population and reduce costs for the system, including the future hospital programme.
- Ensure void spaces are minimised and work with NHS Property Services for the most effective use of the QMH site.
- Review and update the capital investment prioritisation process to ensure its fit for purpose and aligns with the ICS/P strategy.

Person Responsible: Piya Patel
To be implemented by: 31 March 2024



Inherent Impact	Inherent Likelihood	Inherent Risk Score
4	5	20

Cause & Effect

With increased hospitalisation and reliance on primary care and increased industrial action there is a risk that the workforce does not have the capacity to meet demand, in turn, the well-being and availability of staff are impacted. As a result, SWL providers may not have the right number of staff to meet demand. This is caused by or due to staff wellness/exhaustion and the availability of trained staff, ongoing recruitment to replace leavers and retention of the current workforce. There is also the need to bring staffing numbers back in line with 2019/2020 workforce figures. In addition, the current concerns around the cost-of-living increase affect staff in lower bands (salaried positions); staff may opt to work in other sectors that pay more.

Impact of the risk:

The impact of this risk is that patients may not receive timely care based on the availability of the workforce. Additionally, there could be increased pressure in the workforce which could mean that organisations could see an increase in employee relations cases - grievances, or possible serious incidents due to disgruntled or tired staff. We could also see in an increase in agency use, despite our focus on reducing this, if substantive or bank staff are not available to temporarily fill vacant positions / shifts.

Residual Impact	Residual Likelihood	Residual Risk Score
4	4	16

Risk Controls

- The Mayors Skills Academy Programme successfully launched, embedded in the SWL system, working with social care equivalent where appropriate to improve domestic supply by attracting local people into the NHS.
- Recruitment and retention/workforce committees are in place in provider organisations to review staffing.
- Regular workforce reports reviewed by provider boards to highlight workforce pressures and suggested solutions to improve recruitment, retention and health and wellbeing concerns.
- Trusts and management focus on health and well-being support and facilities to ensure staff were cared for. (This includes financial well-being).
- Trusts have over-recruited establishments to secure available staff.
- Trusts have local, national and international campaigns in place.
- Providers have adopted fast-track recruitment processes.
- SWL infrastructure was developed and introduced during COVID-19 to support the surge in activity and can be reintroduced to enable the movement of NHS and primary care colleagues should the need arise again.
- Following last year's operational planning round, Trust HR Directors worked together to determine priorities to support supply & retention & reviewed approaches to pay enhancements, bank/agency, & reward systems.
- SWL Health and Wellbeing Hub was created and put in place across SWL. Access to information and support is detailed on the SWL ICS website. Although the lack of funding threatens its continuation beyond January 2024, this is under review. Trusts and ICB focus on health and well-being support and facilities to ensure staff were cared for. (This includes financial well-being).
- Regular meetings will continue to be held with the staff counsellors who form the current SWL mental health and wellbeing hub and provider health and wellbeing leads. Whilst the mental health SDF funding to support the workforce is to cease, the remaining funding has been shared across the SWL system to positively support staff health and wellbeing.
- Occupational Health and specialist support in place across all SWL provider organisations to support staff.
- A SWL workforce report with input from the HEE team and SWL ICB Workforce team and includes both health and social care data is regularly presented at the People Board.
- A focus on staffing will continue through the People Board.
- SWL ICB appointed a Lead Nurse to focus on nursing supply across SWL, including Return to Practice, Internationally Educated Nurses and Trainee Nurse Associates. An outline plan for the system has been devised, shared, and handed over to the ICS Chief Nurse, this function currently sits within the Nursing team.
- SWL Industrial Action meetings are in place for oversight and support.
- There is partnership work across the system with full-time trade union officers.

Target Impact	Target Likelihood	Target Risk Score
3	4	12

Action Required

- Discussions continue with senior leaders in provider organisations to understand their operational plans, specifically focusing on the workforce, and seeking opportunities for further joint work on supply, health, and well-being across the system.
- SWL ICB has been working with the acute provider collaborative and NHSE colleagues on emerging workforce priorities, including emergency departments, the diagnostic workforce and Allied Health Professionals with a focus on frailty. Need to review the findings and outputs of this work. This is to identify creative supply routes and future workforce design to determine the future workforce requirements and plan for those essential areas. The recent PA Consulting workforce transformation opportunities report and last year's Ernst and Young workforce planning work will help shape our work programmes around planning and developing new roles/ways of working.
- A continued focus on apprenticeships via the People Board, the Apprenticeship Networking Group and the Mayors Skills Academy Programme will seek to increase the uptake in apprenticeships, support the sharing of resources and levy usage and increase the Trainee Nurse Associate role.
- ICB attendance at Regional NHS HR Director meetings continues where employers discuss how to support staff with the cost-of-living increases; suggested ideas/good practices will be reviewed and discussed within SWL and where appropriate, suggested for implementation after presentation to SMT/People Board.
- Partnership work across the system with full-time trade union officers will continue and may increase in light of recent industrial action.

Person Responsible: Karen Broughton, Lorissa Page
To be Implemented by: 30 September 2023



Inherent Impact	Inherent Likelihood	Inherent Risk Score
5	4	20

Cause & Effect

There is a risk that changes to the NHS financial frameworks, with the creation of new population-based allocations (including specialised services) and the system's increased cost base, means the ICB/ICS cannot deliver its strategy and the objectives of the Long-Term Plan from within its financial envelope.

Healthcare services must be delivered across SWLondon efficiently and effectively. So that investments can be made to support the local population's health and well-being best. Over the last few years and in response to the pandemic additional investments have been made which have increased the cost base of the system. As well as costs are increasing through high levels of inflation.

This has made medium-term financial sustainability a much more significant challenge. Consequently, the ICB and the system may have reduced flexibility to invest in priority areas during the year and beyond.

Also as SWL ICS had a deficit position in 2022/23 and has an agreed deficit plan for 2023/24 this overspend would need to be paid back from 2024/25 onwards and the commissioner's historic deficits may be reinstated putting additional financial strain on the system.

Impact of the risk:

- This has made medium-term financial sustainability a much greater challenge. Consequently, the ICB and the system may have reduced flexibility to invest in priority areas during the year and beyond.
- Also as SWL ICS had a deficit position in 2022/23 and has an agreed deficit plan for 2023/24 this overspend would need to be paid back from 2024/25 onwards and the commissioner's historic deficits may be reinstated putting additional financial strain on the system.

Residual Impact	Residual Likelihood	Residual Risk Score
5	3	15

Risk Controls

- The ICB undertook a planning and budget-setting process to ensure resources were prioritised appropriately, including developing a savings programme to support the delivery of financial balance whilst minimising running costs. SWL ICB Finance Committee oversees the reported financial position and any mitigations required.
- The ICB reports the finances monthly through budget holders, the Senior Management Team meetings (including Place leads), and The Finance & Planning Committee to the Board. The ICB Board reviews the financial position at each meeting. Furthermore, monthly NHSE assurance meetings are held, and the Chief Financial Officer attends regional ICB meetings to assure assumptions and that the ICB approach aligns with the regional and national approaches.
- Recognising the ongoing financial challenges, the governance structures have been reviewed and a Recovery & Sustainability Board has been created to oversee the development/delivery of a savings programme and a financial recovery plan. This reports to the ICB Finance and Planning Committee.
- Further support has been secured to enable a swifter analysis of the opportunities and their prioritisation to ensure the system is focussed on improving services for the population whilst reducing costs. The opportunities have been consolidated into the financial recovery plan and the focus is now on the delivery of these savings.

Target Impact	Target Likelihood	Target Risk Score
4	2	8

Action Required

- Ensure robust governance structures and reporting are in place for the delivery of the workstreams within the plan.
- Continue to strengthen and review financial governance within the ICB and across the system to ensure tight management of staffing, agency usage and non-pay spending. With NHSE overview and approval of spend as required.
- Focus on increasing productivity throughout the year to ensure patients receive timely treatment in a cost-effective manner.

Person Responsible: Neil McDowell, Joanna Watson
To be implemented by: 31 March 2024

Key elements of the ICB savings plan relates to prescribing and management of CHC placement costs.

Prescribing

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

Person Responsible: Neil McDowell, John Byrne
To be implemented by: 31 March 2024

CHC

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

Person Responsible: Jo Farrah (K&R), James Blythe (Sutton), Matthew Kershaw (Croydon) and Mark Creelman (M&W)
To be implemented by: 31 March 2024

Inherent Impact	Inherent Likelihood	Inherent Risk Score
3	4	12

Cause & Effect

There is a risk that there will be a reduction in the quality of care delivered by SWL providers and this could lead to our patients not receiving safe, high quality and effective care, with a good experience.

This can be caused by the following:

- Failure to meet adequate treatment times that lead to safer outcomes due to significant pressures on the urgent and emergency care pathway.
- Failure to deliver safe services because of the disruption caused by continued industrial action.
- Failure to provide a positive experience of care for our patients.
- Increased workforce challenges across our providers.
- Failure to proactively manage quality risks and identify lessons learnt following adverse incidents and never events.
- Insufficient sharing of best practices and lessons learnt across the system.
- Inadequate rating of providers by regulators and media attention.
- Significant financial challenges across the system.

Impact of the risk:

- Patients lose confidence in quality of care and services, and this could impact their choice of accessing local services.
- Patients experience a less-than-acceptable level of service delivery, which could result in patient harm and less favourable outcomes.
- Services fail to deliver a satisfactory patient experience or an unacceptable level of service delivery.
- Staff morale is low and psychological safety is impacted.
- Potential reputational damage if things go wrong for any of our providers.

Residual Impact	Residual Likelihood	Residual Risk Score
3	3	9

Risk Controls

- Regular SWL Chief Nurses meetings are held bi-weekly with ICB Chief Nursing Officer, where escalations and mitigations are discussed at organisational and system levels.
- Through regional Joint Scrutiny and Oversight Group meetings, there is intelligence sharing with Care Quality Commission and NHSE/I regarding provider concerns.
- UEC harm system-wide review completed with recommendations and Key Lines of Enquiries (KLOE) to be signed off for providers.
- Weekly safety escalation meetings with quality directors and deputy directors on potential risks and areas for escalations.
- Joint alignment with the Clinical leadership forum and concerns around pathways or services are addressed through clinical networks.
- Patient Safety Partners appointed to ICB will support and improve patient engagement in the safety of their care.
- Strengthening reporting framework for SWL includes:
 - Quality reports for SWL to the Quality and Oversight Committee, ICB Board and the Quality Council.
 - Quality assurance of serious incident reports.
 - Make a Difference reporting of quality concerns regarding providers' service delivery.
 - Contract monitoring (quality and performance) through formal and informal communications and reporting of patient safety and serious incidents.
 - Continued development of quality functions at Place, Primary Care and Provider collaboratives as part of the accountability framework.
 - Regular touch point meetings with NHSE and CQC.

Target Impact	Target Likelihood	Target Risk Score
2	2	4

Action Required

- Patient Safety Incident Response Framework implementation is currently in development across the ICS/ICB, and this will drive improvement and learning.
- Ongoing development of Integrated oversight with Performance, Quality, Workforce and Finance.
- Quality risk and escalation process developed and approved for ICB and system to ensure quality and clinical risks are mitigated and escalated effectively.
- Quality Impact Assessments process developed for Place and ICB implementation.
- Develop and implement SWL ICS quality strategy and Joint Forward Plan to improve patient safety, experience, and effectiveness and outcomes.
- SWL ICB and provider Patient Safety Partners working to ensure patients involvement in their own care.
- SWL Experience Group launched in Nov 2022 to ensure all providers and the ICB deliver quality improvement in patient experience.
- The quality report should capture key quality risks at the provider and system level and is reported to the Quality and Oversight Committee and the ICB Board for oversight and assurance.

Person responsible: June Okochi

To be implemented by: 31 October 2023

NHS South West London Integrated Care Board

Name of Meeting	ICB Board		
Date	Wednesday, 20 September 2023		
Title	South West London Integrated Care Partnership Update		
Lead Director Lead (Name and Role)	Cllr Ruth Dombey, Co-Chair, Integrated Care Partnership Board		
Author(s) (Name and Role)	Rachel Flagg, Director, Integrated Care Partnership Development		
Agenda Item No.	11	Attachment No.	10
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 South West London Integrated Care Partnership (SWL ICP).

Executive Summary

The SWL ICP was established in July 2022. The SWL 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 provides an update on the development of the SWL ICP's five-year strategy, which was approved by the ICP Board in July.

In December 2022, the SWL ICP developed a set of priorities to improve the health and care for our population. These draft priorities were described in a discussion document published in January 2023. In April 2023 the ICP Board considered the feedback from a wide range of partners and agreed amendments to the priorities. On 24 May 2023, around 300 representatives from the local NHS, Local Authorities, voluntary and community organisations, Healthwatch, as well as people from across our communities, came together to help shape and agree the practical actions to drive genuine change across our priority areas. These are:

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

Following the event, the workstream co-leads from local government and the NHS refined the outputs from the event and triangulated those with existing system-wide priorities, into a set of

collective priorities and collective actions. This was combined with the needs assessment and community views to form the final draft of the Integrated Care Partnership Strategy for approval by the ICP Board.

Key Issues for the Board to be aware of:

The ICP Board met on 20 July 2023 and agreed the ICP Strategy, subject to some minor amendments that have been incorporated.

The strategy has been designed to be high level and simple in its design. As requested by the ICP board, the strategy intentionally focuses on a small number of high-impact collective actions where we can deliver at scale, or where actions at place can be spread or accelerated.

The strategy will be launched in the autumn. Delivery plans, an outcomes framework and the leadership and governance arrangements for the workstreams are now being further developed.

The July meeting of the ICP Board also received reports on:

- ICP governance, including the sub-groups that will oversee implementation of the six ICP Strategy workstreams. Each workstream will have representation from across the partnership and will have ICP Board sponsors to ensure the ongoing involvement of the wider ICP Board membership. The six Health and Wellbeing Board chairs and a number of NHS Trust chairs have agreed to take on roles as workstream sponsors.
- The South West London Innovation Fund, including examples of successful projects from 2022/23 and the process for 2023/24 and 2024/25. It was agreed that the Innovation Fund will be renamed the ICP Priorities Fund to reflect its role in supporting delivery of our agreed partnership actions, with the majority of the funding to be directed towards tackling our system-wide workforce challenges.
- The key role of the Voluntary and Community Sector in the development of the partnership and the delivery of the strategy

The ICP Board also discussed the development of the forward agenda plan and how all partners are able to input into the planning of future partnership discussions.

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?	EIAs will be developed as we develop the delivery plans		
What are the implications of the EIA and what, if any are the mitigations	n/a		
Patient and Public Engagement and Communication	No specific implications are identified		
Previous Committees/Groups Enter any Committees/Groups at which this document has been previously considered	Committee/Group Name	Date Discussed	Outcome
	ICP	19/04/2023	Revised priorities following engagement approved
	ICB	17/05/2023	Agreed ICP priorities noted
	ICP	20/07/2023	ICP Strategy agreed
Supporting Documents	Integrated Care Partnership Strategy: https://www.southwestlondonics.org.uk/publications/south-west-london-integrated-care-partnership-strategy/		

NHS South West London Integrated Care Board

Name of Meeting	ICB Board		
Date	Wednesday, 20 September 2023		
Title	Finance & Planning Committee Update		
Non-Executive Member Chair	Dick Sorabji		
Lead Director (Name and Role)	Helen Jameson, Chief Finance Office		
Author(s) (Name and Role)	Kath Cawley, Director of System Planning		
Agenda Item No.	12	Attachment No.	11
Purpose	Approve <input type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input checked="" type="checkbox"/>

Purpose

To provide the Board with an overview from the Non-Executive Member Chair of the Committee regarding the key issues discussed at the Finance and Planning Committee.

Finance and Planning Committee Chair's Report

The Finance and Planning Committee has met once since the last update to the ICB Board, on 25 July 2023. The meeting was quorate and following consideration and discussion of key items at the meeting, the updates below are highlighted.

Merton Place Update

- Overview provided on the work, ambition and strategic priorities for the Merton Place partnership.
- Assurance provided on the development of partnership working at Place, and the related projects established, in particular to address health inequalities and the 2023/25 Better Care Fund local plans and how these priorities mirror the Merton Health and Care Together Programme.

Financial Recovery Plan

- The Committee received an update on the Financial Recovery Plan and the June 2023 Financial Recovery and Sustainability Board.
- Assurance was provided on the development of the system governance to oversee delivery of the programme as well as progress made in the delivery of the plan.

ICS Month 3 Finance report

- The Committee noted the SWL system financial position at month 3 which was £2.8m adverse to plan YTD and on plan to deliver the Forecast Outturn (FOT). The adverse position is due to the direct costs of industrial action in the first three months of the year.
- The efficiency savings plan delivery is favourable to plan YTD.

ICS Progress Delivery Report: Month 2 activity

- The Committee noted the ICS progress delivery report which updated the Committee on the progress against the submitted operational plan at month 2, including specific areas of adverse performance.
- The Committee discussed the impact of Industrial Action on Elective Recovery performance, noting the expected increase in number of days of industrial action in July.
- Outpatients, diagnostics, and cancer performance at Month 2 is either on plan or above.

ICB Finance Report Month 3

- The Committee noted the ICB finance report for month 3. The ICB has a YTD deficit plan of £1.9m and is reporting a £4.2m surplus, so a £6.1m favourable position to the YTD plan. This favourable variance is driven by non-recurrent savings realised more quickly than expected and Elective Recovery Fund (ERF) income that is held at an SWL level (due to ERF activity at providers being lower than planned because of the Industrial Action). The ICB is still forecasting to hit forecast outturn.

Recommendation

The Board is asked to:

- Note the Committee report.

Conflicts of Interest

N/A

Corporate Objectives

This document will impact on the following Board Objectives

Delivering financial plan
Delivering ICS operational plan for 2023/24

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, 20 September 2023		
Title	South West London ICB Finance Report month 4		
Lead Director Lead (Name and Role)	Helen Jameson, Chief Finance Officer		
Author(s) (Name and Role)	Neil McDowell/Joanna Watson – Director of Finance		
Agenda Item No.	12	Attachment No.	12
Purpose	Approve <input type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input checked="" type="checkbox"/>

Purpose:

This report is brought to the Board to:

1. Provide an update as at month 4 on the ICB financial position against its internal budget.
2. Provide an update as at month 4 on the SWL system financial position.

Executive Summary

The report includes an update on the ICB position against budget. The ICB internal budget forms part of the overall South West London (SWL) NHS system plan; alongside the other SWL NHS organisations. The ICB position is £8.9m favourable year to date and on plan to deliver the £2.5m surplus for the year. £7.9m of the year-to-date favourable variance is due to the ICB holding Elective Recovery Fund (ERF) income, with a corresponding adverse variance showing in the SWL NHS trust positions, as activity levels have been reduced due to industrial action.

The SWL system position is £6.2m adverse to plan year to date due to industrial action but is still forecasting to deliver the plan by the end of the financial year. The key risk to the plan remains delivery of the efficiency programme. Of the £210m efficiency requirement less than half (45%) has fully developed plans

The SWL capital expenditure position is £10.4m behind plan year to date but is forecast to spend in line with the allocation by the end of the year (recognising NHS planning policy is to plan to over commit by 5% to offset any slippage in programmes). The forecast includes an overspend of £55.9m against plan in South West London and St Georges relating to the Tolworth redevelopment programme, which is expected to be offset by equivalent asset sale credits of £55.9m.

The key risks highlighted in the report include:

- Delivery of the efficiency plan given current scheme development progress.

- Costs and operational impact of industrial action, with further strike days planned for the autumn.
- Securing ERF income which is increasingly challenging due to industrial action.
- Reduction in workforce costs in line with the agency cap and workforce plan.
- Completion of SWLStG asset sales in line with plan and FBC approval of Tolworth capital programme by NHSE/Department of Health Social Care (DHSC).
- IFRS16 funding from NHSE is under review and may not be in line with forecast.

Key Issues for the Board to be aware of:

- The year-to-date ICS position is adverse to plan due to the impact of industrial action.
- The ICS is spending more than planned on agency costs and is forecasting to breach the nationally set agency costs cap for the year, although agency costs continue to reduce month on month.
- Efficiency delivery is £0.9m favourable to plan year to date (equates to 22% of the annual plan). £5.7m (3%) of the efficiency plan remains unidentified with £42.7m (20%) at the opportunity stage. Fully developed plans account for 45% of the efficiency plan.

Recommendation:

The Board is asked to:

- Note the month 4 position for:
 1. The internal ICB
 2. ICS Revenue
 3. ICS Capital

Conflicts of Interest

N/A

Corporate Objectives

This document will impact on the following Board Objectives

Achieving Financial Sustainability

Risks

This document links to the following Board risks:

Achieving financial Plan for 2023/24

Mitigations

Actions taken to reduce any risks identified:

- Enhanced grip and control actions have been implemented across SWL NHS organisations
- Recovery and Sustainability Board management and oversight of financial position
- Financial Recovery Plan developed
- Finance and Planning Committee will scrutinise the ICB's financial performance.
- Each SWL NHSE organisation financial governance processes.

	<ul style="list-style-type: none"> NHS Trust and ICB Chief Executive scrutiny and leadership is focused on financial delivery. Measures taken by individual organisations and collectively to identify additional efficiency programmes.
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Financial/Resource Implications	Within the report.
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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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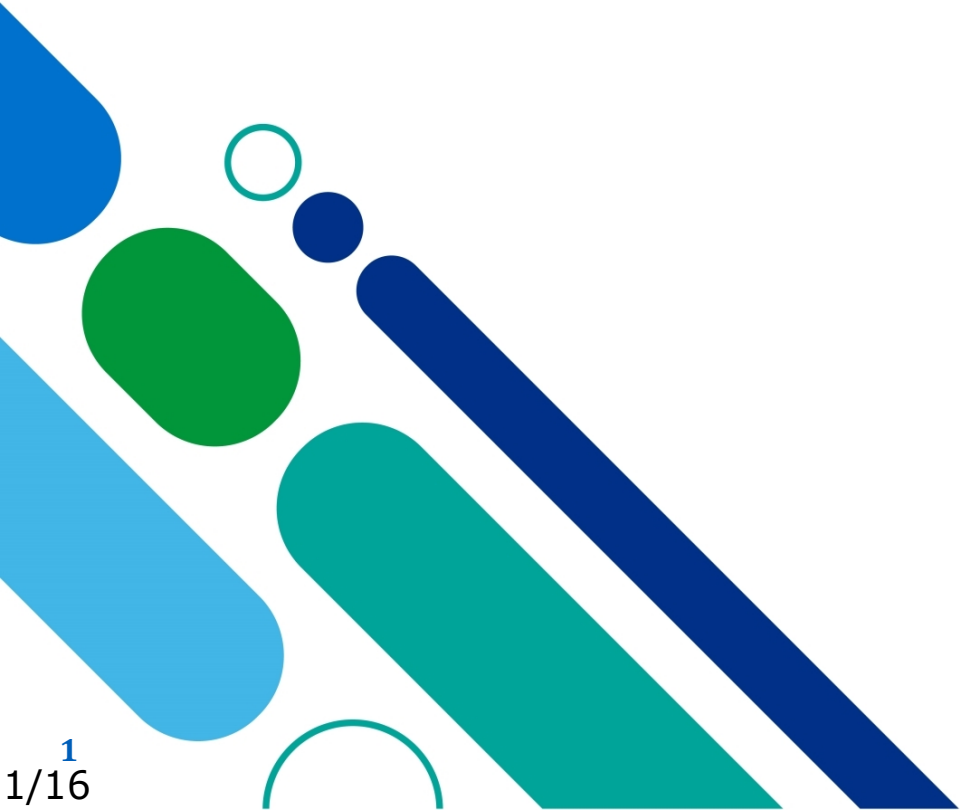
Patient and Public Engagement and Communication	N/A
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Previous Committees/Groups Enter any Committees/Groups at which this document has been previously considered	Committee/Group Name	Date Discussed	Outcome
	SWL Senior Management Team (SMT)	24/08/2023	Noted
		Click or tap to enter a date.	
		Click or tap to enter a date.	

Supporting Documents	SWL Finance Report Month 4 2023/24
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SWL NHS Finance Report month 4

September 2023



Contents

- ICB internal position at month 4
- SWL NHS system revenue position at month 4
- SWL NHS system capital position at month 4
- Summary

The ICB internal position at month 4

Key Messages:

- As at month 4 SWL ICB are reporting £8.9m YTD underspend against the expenditure plan which is largely due to the ERF clawback £7.9m.
- The ICB forecast is in line with the expenditure plan (delivering a £2.5m surplus) with prescribing cost pressures remaining the key risk to delivery .
- ERF clawback relates to SWL Trust's reduced activity due to Industrial action, however Trusts are still planning to recover the planned target by the year end
- Kingston Place has seen c.8% increase of continuing healthcare (CHC) placement growth along with an increase in agency spend which is having an adverse impact on their reported forecast. The rest of the SWL Boroughs are noticing a favourable activity trend compared to last year.
- Delegated dental, ophthalmic and pharmacists (DOPs) which transferred to the ICB on 1 April 2023 is projected to break-even for the full year.

Targets:

- The ICB is still forecasting to deliver the annual plan (£2.5m surplus).
- Mental health investment Standard has been agreed and is on plan to be achieved.
- Running costs are within target.
- Better payments practice code of paying 95% of invoices within 30 days is being achieved.
- At the end of the month cash in the bank was within the 1.25% draw down limit.

ICB high level budget reporting

Area of spend	Sum of YTD Budget £000s	Sum of YTD Actual £000s	Sum of YTD Variance £000s	Sum of Annual Budget £000s	Sum of Forecast Outturn £000s	Sum of Forecast Variance £000s
Total Allocation (Income)	£1,092,978			£3,550,060		
Expenditure:						
Acute Services (NHS & non NHS)	£549,872	£541,986	£7,885	£1,661,768	£1,661,975	-£207
Community Health Services	£88,558	£88,503	£55	£268,340	£268,410	-£69
Continuing Healthcare	£60,134	£59,339	£796	£177,579	£174,045	£3,533
Corporate Services (Running Costs)	£10,096	£10,096	-£0	£30,289	£30,289	£0
Mental Health	£116,404	£117,022	-£618	£351,467	£352,512	-£1,045
Other Programme Services	£16,247	£15,313	£934	£108,690	£110,662	-£1,972
Primary Care (Incl Prescribing & Delegated)	£220,440	£220,561	-£121	£654,704	£654,944	-£240
Specialised Commissioning (Pathfinder Project)	£32,747	£32,747	£0	£294,722	£294,722	£0
Total Expenditure:	£1,094,498	£1,085,566	£8,932	£3,547,560	£3,547,560	£0
Surplus/(Deficit)	-£1,520			£2,500		

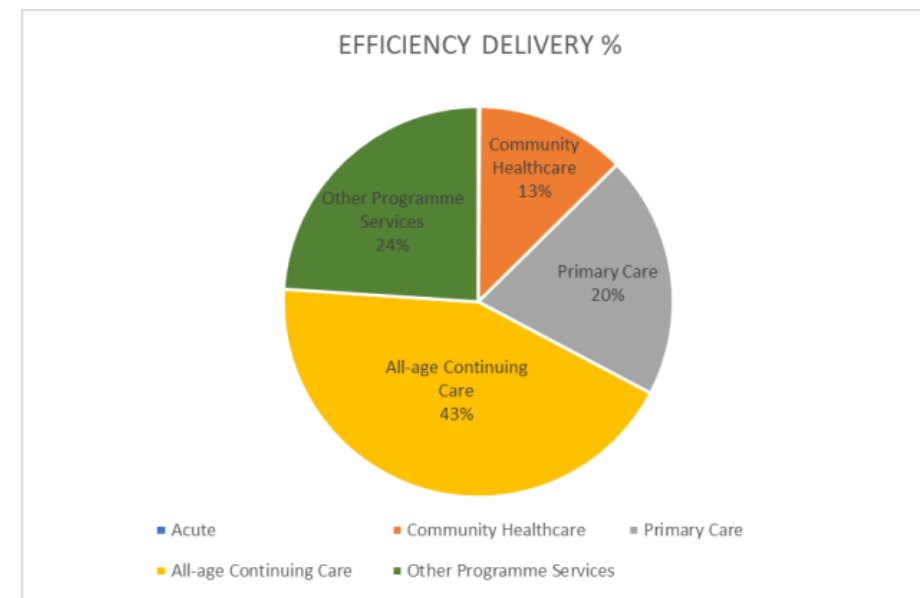
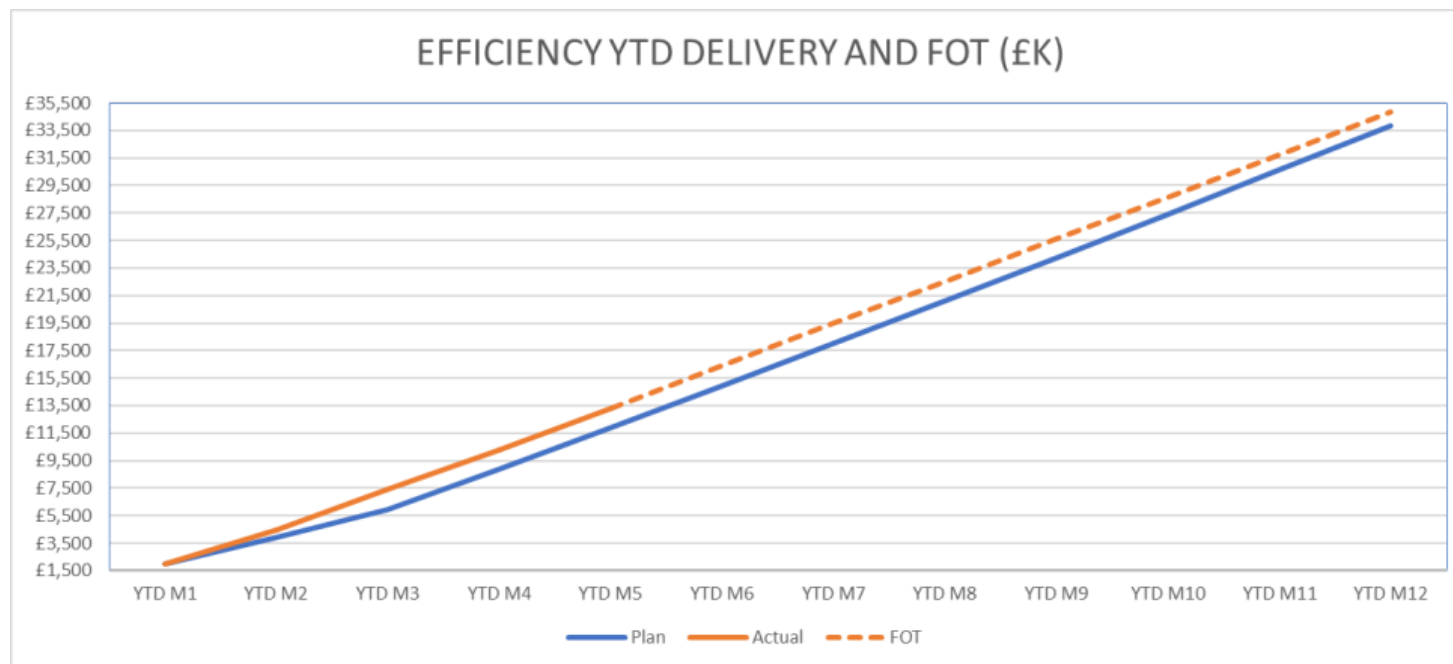
SWL Overview: (favourable/-adverse variance)

- SWL ICB is forecasting to deliver the £2.5m surplus in line with plan.
- ICB's year to date expenditure variance is reporting £8.9m favourable, which is mainly due to £7.9m ERF clawback (reported under Acute).
- Continuing healthcare is in line with plan at an ICB level, however, this varies across Places.
- Mental Health is showing a YTD and FOT overspend due to increased number of placements and increased costs of packages of care than planned leading to a forecast overspend of £1m. We are expecting some mitigation via a risk share when these placements are under the management of South London Partnership.
- The overspend on other programme services is offset by the underspend on CHC and is due to the savings plan being included under "Other" and the actual savings coming through under CHC.

Overview of SWL ICB's efficiency plan



South West London



Narrative

- The ICB have reported £1.3m excess delivery of YTD efficiency programme and projecting to deliver at least plan.
- YTD savings are largely delivered within All-age Continuing Healthcare 43%, Other programme which mainly includes non-recurrent savings 24%, Primary care schemes 20% and Community, which includes reductions following contract reviews, of 13%.

The SWL NHS system revenue position at month 4

SWL NHS system revenue position



South West London

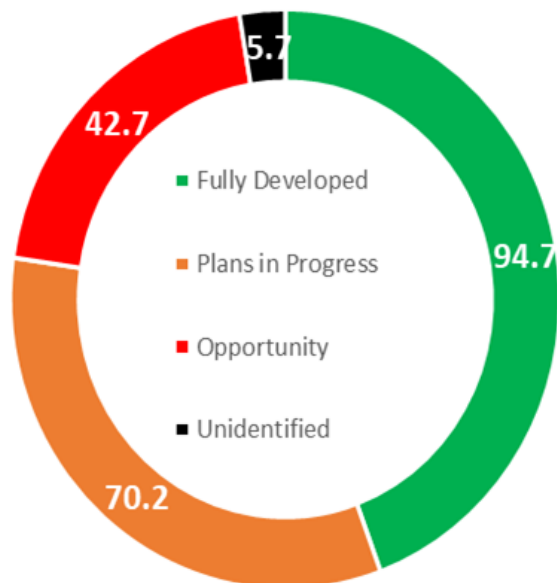
- The year to date adverse variance (£6.2m) is driven by the direct costs of industrial action in the year to date and loss of income due to reduced activity.
- It should be noted the costs are net of any savings from reduced salary payments.
- The ERF income under achievement due to industrial action is £7.9m. The balance is held as a favourable variance in the ICB position, so net neutral at a system level. The ERF under achievement is an estimate which will need updating once finalised activity data is available.
- The system is forecasting to deliver the plan.

Month 4 - YTD	Surplus / (deficit)		
£m	YTD Plan	YTD Actual	YTD Variance
CHS	-9.7	-13.7	-4.1
ESHT	-17.9	-20.1	-2.2
KHT	-12.5	-14.0	-1.5
SGH	-14.5	-21.6	-7.1
HRCH	0.1	0.2	0.1
SWL StG	-0.4	-0.4	0.0
RMH	-2.5	-2.7	-0.3
Trusts Total	-57.3	-72.5	-15.1
SWL ICB	-1.5	7.4	8.9
SWL System	-58.8	-65.0	-6.2

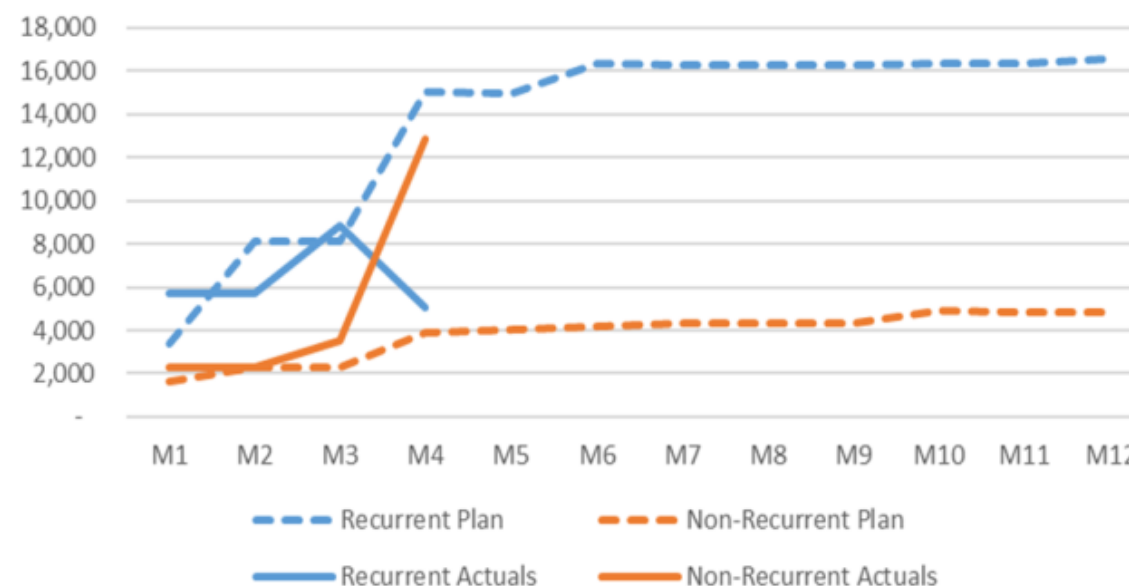
Month 4 - FOT	Surplus / (deficit)		
£m	Plan	FOT Actual	FOT Variance
CHS	-16.4	-16.4	0.0
ESHT	-37.9	-37.9	0.0
KHT	-16.8	-16.8	0.0
SGH	-15.7	-15.7	0.0
HRCH	0.5	0.5	0.0
SWL StG	0.3	0.3	0.0
RMH	2.0	2.0	0.0
Trusts Total	-84.1	-84.1	0.0
SWL ICB	2.5	2.5	0.0
SWL System	-81.6	-81.6	0.0

- The planned total system efficiency for the year is £210m, with a forecast outturn of £213.3m
- Forecast outturn delivery is at the following planning gateways:
 - £5.7m (3%) efficiency is unidentified;
 - £42.7m (20%) is at the opportunity stage;
 - £70.2m (33%) have plan is progress;
 - £94.7m (45%) is fully developed (up 5% on M3).
- There is a risk to achieving the efficiency plan if schemes do not progress to the delivery stage.
- The efficiency plan is phased with a significant increase in delivery at M4. This has been met overall, however, with more non-recurrent schemes than planned.

SWL efficiency development (£m)



SWL ICS recurrent & non-recurrent efficiencies (£k)

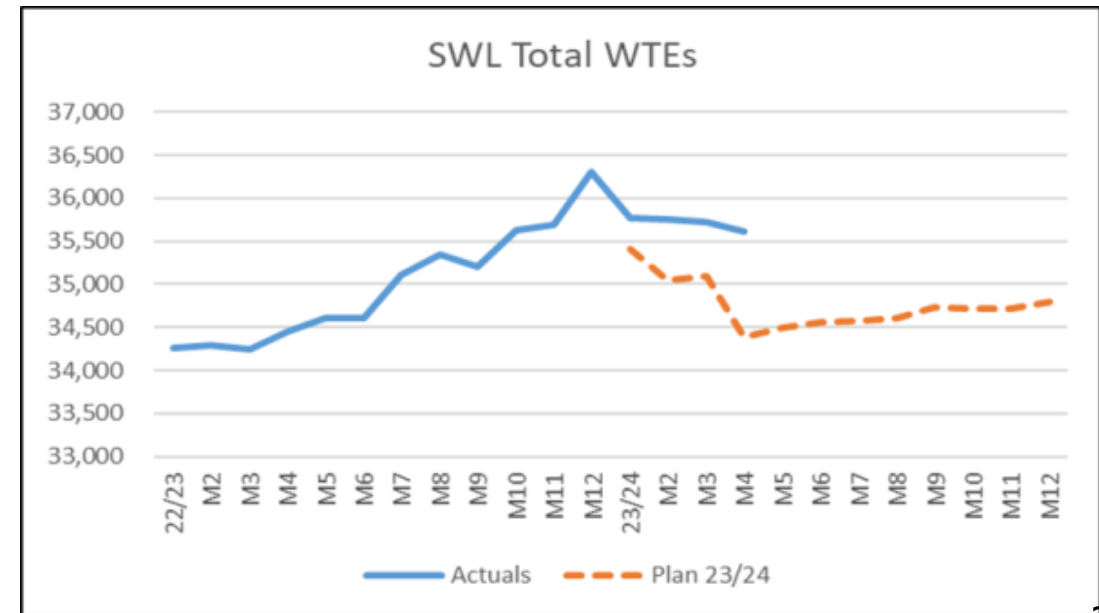
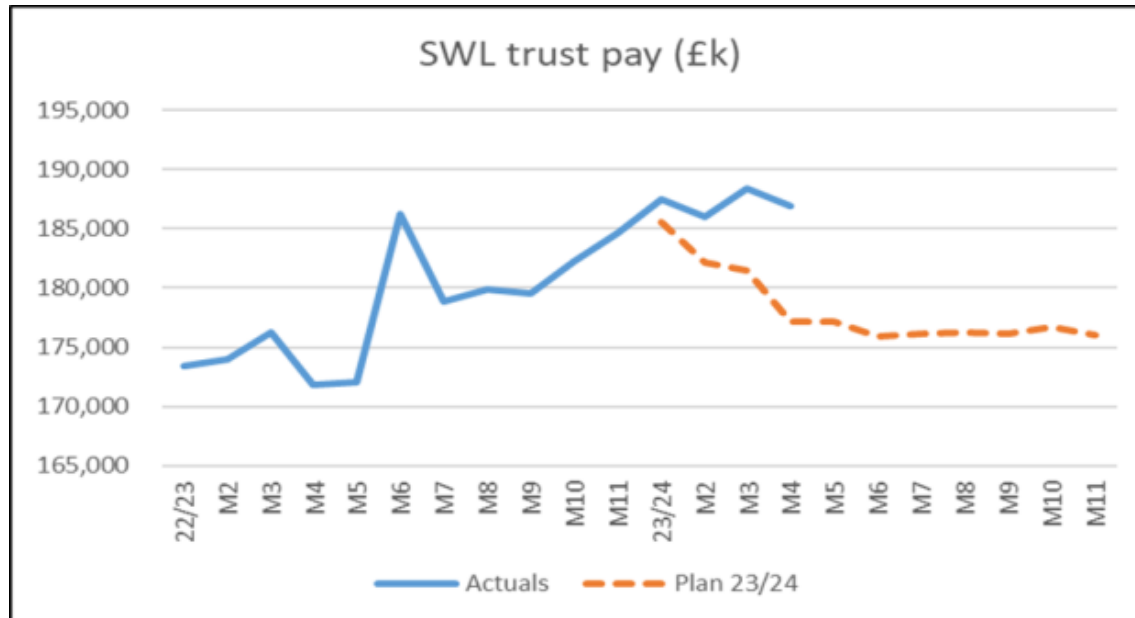


SWL NHS system workforce



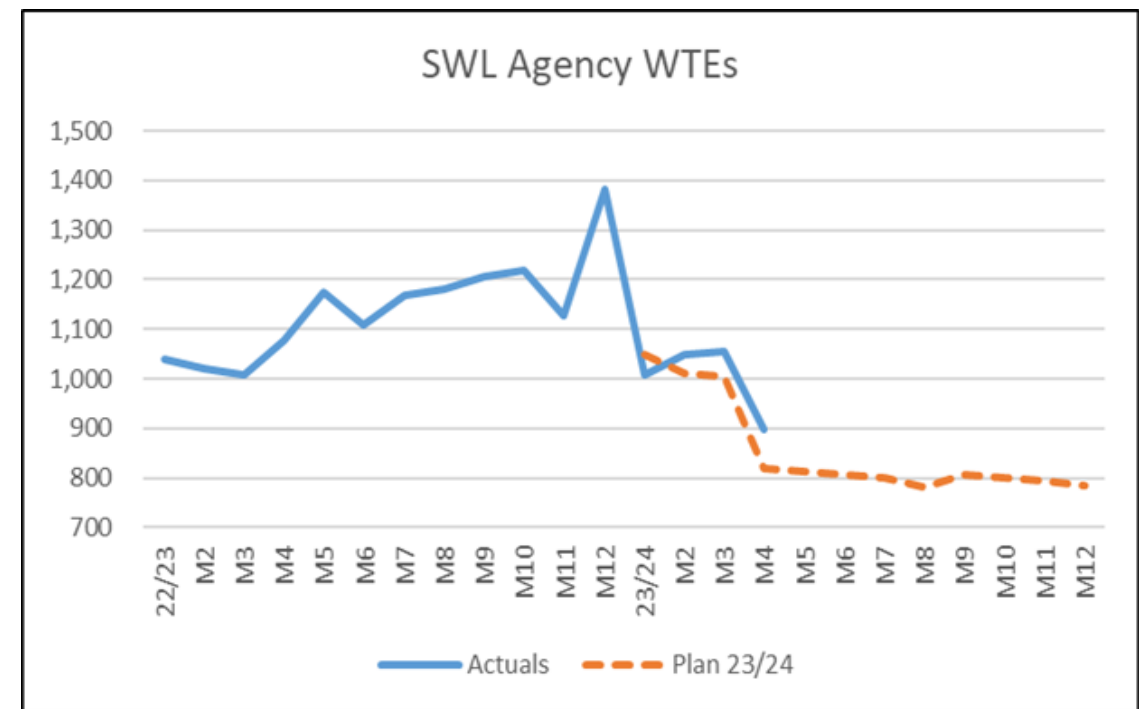
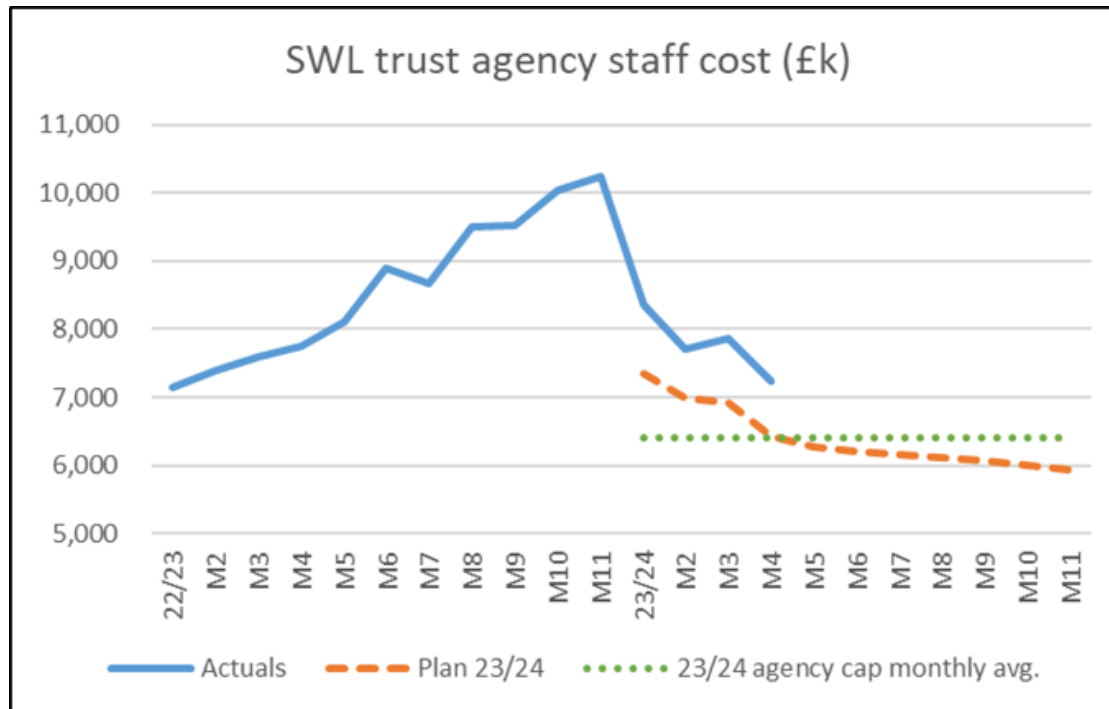
South West London

- The charts shows cost and whole time equivalents (WTEs) actual trajectories against plan for total trust staff (substantive, bank and agency).
- Overall system pay costs are £19.1m adverse to plan for the year to date in part driven by the funded pay awards (which were confirmed after plans were submitted) and industrial action.
 - Bank £9.2m adverse;
 - Agency £3.5m adverse;
 - Substantive £6.4m adverse.
- Total WTEs are currently 2% (628 WTEs) above plan, but the trajectory is down month on month.
- There is also a risk that the pay award allocation isn't sufficient to cover the actual costs and this is under review.



SWL NHS system workforce - agency

- The charts shows cost and WTE actual trajectories against plan for trust agency staff.
- Agency costs are higher than plan year to date by £3.5m (2%) and forecast to be £6.6m (9%) adverse for the year.
- The plan has been set to achieve the system agency cap. Although costs are currently above the required run rate, they have fallen from the final quarter of 2022/23. At the end of 2022/23 spend was running at almost £10m a month, now below £8m a month.
- Agency WTEs have decreased markedly month on month, but are still higher than plan (by 78 WTEs).



Risk	Description	Mitigation
<p>Non-delivery of recurrent efficiency plans and pay cost run rate reductions</p>	<ul style="list-style-type: none"> The increase in planned efficiency from M4 has been met overall, however, with more non-recurrent schemes than planned. £5.7m (3%) of the efficiency plan is currently unidentified and a further £42.7m (20%) is at an early stage of development ('opportunity' gateway). Agency costs are forecast to breach the agency cap by £6.6m, although run rate is reducing. 	<ul style="list-style-type: none"> System wide Financial Recovery Plan (FRP) has been finalised and is no being rolled out via a series of delivery boards. System Recovery Board meets monthly to review progress and challenge slippage. Grip and control actions implemented, including 'triple lock' approval of non-pay spend and agency costs.
<p>Additional costs and loss of ERF income due to industrial action</p>	<ul style="list-style-type: none"> Strike action has taken place in April, June, July, August and is due to take place in September, October. The year to date adverse variance of £6.2m is driven by the costs of cover during industrial action exceeding the savings from salary reductions. In addition, an estimated £7.9m of ERF income shortfall is shown in trust position and offset in the ICB position (in line with NHSE guidance). 	<ul style="list-style-type: none"> NHSE have confirmed a reduction in ERF activity targets of 2% as an allowance for the strikes in April. Allowances for strike dates after April have not been confirmed, but are anticipated. System will continue to monitor and review the costs of industrial action and maximise elective activity.
<p>Inflation pressures and funding of pay award</p>	<ul style="list-style-type: none"> General price inflation is currently running at close to 10%, significantly higher than the national assumption used in planning for non-pay cost inflation at 5%. Prescribing costs remain a key risk to the ICB Funding for pay awards confirmed since the planning round may not covered the costs incurred. 	<ul style="list-style-type: none"> Continue to manage costs through supplier contract renewals / negotiations as they arise and review via the triple lock process. Bank and agency FRP workstream includes review of application of pay awards to different staff groups.

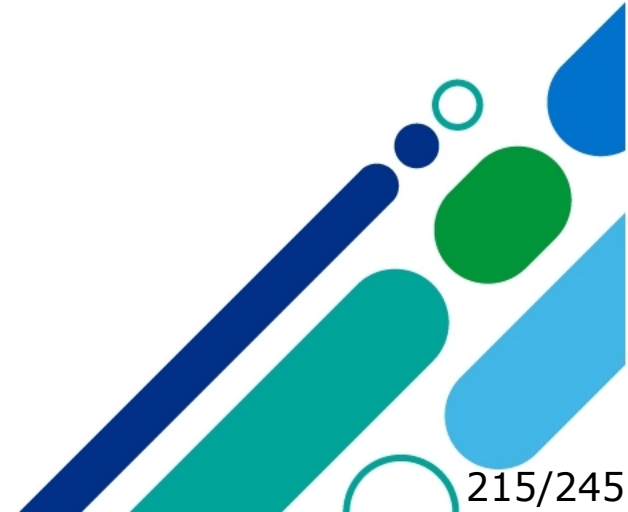
The SWL system capital position at month 4

SWL NHS System Capital Position

- M4 SWL CDEL position reflects a YTD underspend of £10.4m against plan.
- Plan includes a 5% overcommitment (£5.7m) and will be excluded by year end to align to the SWL allocation from NHSE. This is reflected in the forecast.
- Plan assumes a £55.9m CDEL credit from SWLStG asset sales mid-year and part deferral to next year (credits are only recognised in the position at the point that the sales are transacted). If sales do not transact as anticipated or expenditure is delayed, a further timing issue between asset sales and reinvestment would need to be resolved. This provides the greatest risk to the delivery of the plan for this year and beyond.
- FOT includes £69.7m relating to IFRS16 technical adjustments. Funding is still under review by NHSE.
- Nationally funded schemes are currently forecast as on track, although the New Hospitals Programme timelines still need to be confirmed.

Month 4	YEAR-TO-DATE (YTD)				FORECAST OUTTURN (FOT)			
Provider capital	YTD plan	YTD spend	YTD Variance	YTD Variance	Full year plan	FOT	Over/ (under) spend vs. plan	FOT Variance
	£'m	£'m	£'m	%	£'m	£'m	£'m	%
Croydon Hospital	4.8	3.3	(1.5)	(32%)	14.1	14.1	-	-
Epsom and St.Helier Hospital	8.0	5.3	(2.7)	(34%)	27.4	27.4	-	-
Kingston Hospital	2.5	1.0	(1.5)	(59%)	16.8	16.8	-	-
St. Georges Hospital	4.3	4.8	0.5	12%	32.7	32.7	-	-
Hounslow & Richmond Community Healthcare	0.5	0.3	(0.2)	(33%)	2.0	2.0	-	-
South West London & St. Georges Mental Health	6.7	4.1	(2.6)	(38%)	(16.9)	38.9	55.9	(330%)
The Royal Marsden Hospital	6.0	3.6	(2.4)	(40%)	15.7	15.7	-	-
Disposals credits from anticipated asset sales			-	-		(55.9)	(55.9)	-
Overcommitment in SWL CDEL plan			-	-		(5.7)	(5.7)	-
SWL CDEL - Trusts	32.8	22.4	(10.4)	(32%)	91.8	86.1	(5.7)	(6%)
IFRS16 technical adjustment	21.9	16.8	(5.1)	(23%)	73.9	69.7	(4.2)	(6%)
National schemes - trusts	9.3	4.6	(4.7)	(51%)	63.6	58.3	(5.3)	(8%)
ICB / Primary care capital	-	-	-	-	4.5	2.6	(1.9)	(42%)
National CDEL	31.2	21.4	(9.8)	(31%)	142.0	130.6	(11.4)	(8%)
Total CDEL	64.0	43.8	(20.2)	(32%)	233.8	216.7	(17.1)	(7%)
Grants, donations and peppercorn leases	10.7	7.3	(3.4)	(32%)	21.0	23.1	2.2	10%
Net system capital expenditure	74.8	51.1	(23.6)	(32%)	254.7	239.8	(14.9)	(6%)

Summary



- The Board is asked to:
 - Note the ICB month 4 position and that forecast outturn remains on plan.
 - Note the ICS revenue month 4 position, in particular the impact of industrial action on the YTD costs and income earned through the elective recovery fund (ERF).
 - Note the ICS capital month 4 position.
 - Note the overarching risks to delivery including:
 - efficiency achievement;
 - costs and impact of industrial action on delivery of planned care;
 - reduction in workforce costs in line with the agency cap and workforce plan;
 - Impact of inflation on system costs.

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

NHS South West London Integrated Care Board			
Name of Meeting	ICB Board		
Date	Wednesday, 20 September 2023		
Title	Quality and Oversight Committee Update and Quality and Performance Reports		
Non-Executive Member Chair	Mercy Jeyasingham		
Lead Director Lead (Name and Role)	Elaine Clancy, Chief Nursing 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.	12	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 8 August 2023.

Quality and Oversight Committee Chair's Report

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

Children and Young People Services - Continued increase in referrals for Children and Young People's (CYP), Mental Health Services. SWL access targets below threshold (Q4 19,075 – target 19,923 = **95%**) and inpatient admissions continue to rise in line with national prevalence trends.

Infection and Prevention Control (IPC) – Increased rates of e-coli, gram negative infections across SWL and an increase in measles cases in London.

Paediatric Audiology Service at Croydon Health Services – An incident management group has been established in line with NHSE guidance. The Trust continues to work towards implementation of the action plan.

Executive Director Summary

Key areas where SWL has seen improvements in quality:

- System safety - The ICB hosted the second stakeholder event for the review of Patient Safety Incident Response Framework (PSIRF) response plans ahead of the soft launch on 7 July and was attended by NHSE Regional, and local partner specialists across SWL.
- Hounslow & Richmond Community Health (HRCH) – The NHSE Patient Safety Commissioner visited HRCH and Kingston teams and praised their collaborative approach to improving patients' experiences across HRCH, Kingston and Your Healthcare.
- South London and Maudsley (SLAM) – Croydon Matrons were awarded Clinical Team of the Year at the Trust Recognition Awards.

Key areas where SWL has seen improvements in performance:

- SWL exceeded the national 28-day Faster Diagnosis Standard (which informs patients whether they had cancer or not) for the fourth consecutive month with a performance of 76.5%.
- Improving Access to Psychological Therapies has seen an ongoing trend of improvement since December and was just below plan in May. Marketing plans are being reviewed to help increase both GP and self-referrals.
- Performance is currently exceeding target and ahead of the 2022/23 position for Learning Disability Health Checks.

Key issues for the Board to be aware of:

- Recent rise in infections across SWL on e-coli, gram negative and measles.
- Increase in referrals for Children & Young People's Services Mental Health Services
- In June, SWL was the worst performing ICB in London and third worst performing nationally for patients waiting 12 hours from decision to admit to admission in A&E. Intense focus on operational management continues each day with system wide oversight through the System Control Centre. Winter allocations across SWL have been confirmed early to ensure maximum opportunity for impact via the Urgent & Emergency Care Board. Comprehensive plans are being developed for early September which align to the national winter preparedness ask and will be presented to this meeting of the ICB.
- Albeit from a comparatively strong position, since January this year, 52-week planned care waiters have grown by over a half; 64% of that growth is at Epsom & St Helier Hospitals. 26% of the remaining growth is at Croydon Health Services, influenced by the mutual aid they are providing for South East London Ear, Nose and Throat (ENT) long waiters. SWL challenged specialities, such as community paediatrics and gynaecology, have agreed recovery plans.
- The impact of Industrial Action is still being felt on overall elective performance, and there is a clear delivery risk regarding further potential action.

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:	<p>Quality risks are included in the SWL ICB Corporate risk register and escalated to the Board Assurance Framework where appropriate.</p> <p>Poor performance against constitutional standards is a risk to the delivery of timely patient care, especially in the current climate of recovery following the COVID pandemic and are included on the SWL ICB Corporate risk register .</p>		
Mitigations Actions taken to reduce any risks identified:	As detailed in the risk register. Action plans are in place 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.		
Patient and Public Engagement and Communication	We are working with Safety and Quality Patient Partners, patients and public including specific impacted communities linking with our Voluntary Care Sector organisations to ensure we are listening to the voices of our population and using this insight to improve quality		
Previous Committees/Groups Enter any Committees/Groups at which this document has been previously considered	Committee/Group Name	Date Discussed	Outcome
	SWL ICB Senior Management team	24/08/2023	Document reviewed and recommended for approval
	Quality Oversight Committee	08/08/2023	Presented and noted
Supporting Documents	System Quality Report ICB Performance Report		

South West London Integrated Care Board

Wednesday 20 September 2023

SWL System Quality Report

Introduction

This exception report provides an overview of quality of services within SWL Integrated Care System. The focus of the report is to provide the Board with a summary of key quality challenges and an outline of where improvements have been made. The report covers the period of April – May 2023 (unless otherwise stated) and has been reported into the Quality and Oversight Committee (QOC) on 8 August 2023.

Executive summary

The Board is asked to note these key quality challenges:

1. Rise in referrals into Children and Young People's (CYP) Mental Health Services resulting in demand and capacity challenges.
2. Ongoing increase in infection thresholds for e-coli, gram negative infections including an increase in measles cases in London – the picture is not unique to SWL and reflects a national increase.
3. Quality of paediatric audiology at Croydon Health Services – progress and mitigations.
4. Joint Targeted Area Inspection at Sutton concluded 14 July 2023. Provisional feedback: no urgent or immediate actions required.

Highlight of improvements made in quality

Kingston

- National recognition - Hounslow & Richmond Community Health (HRCH) – The NHSE Patient Safety Commissioner visited HRCH and Kingston teams and complimented their collaborative approach to improving patients' experiences across HRCH, Kingston and Your Healthcare.
- Your Healthcare's School Health Team (SHT) A Mental Health Ambassador (MHA) programme has been rolled out across Kingston to secondary and all primary schools with a Year 6. The programme aims to prevent mental health problems developing by supporting schools to create an environment promoting resilience and positive wellbeing through the development of skills and education.

Croydon

- Falls Risk Assessment within 24 hours continue to remain well above the 90% target performing at 98.6%. Falls per 1000 bed days was below the average for M1.
- Average Length of Stay continued downward trend in April.

- **South London and Maudsley (SLAM)** - Croydon Matrons won the Trust Recognition Awards Category for Clinical Team of the Year.

Mental Health Services

- South West London and St Georges (SWLStG) - Launch of the Enhanced Response Service (ERS) – The Trust's Community Mental Health Services in Kingston, Richmond and Sutton launched an ERS pilot in June 2023 to support adult patients with mental health. The Trust are transforming community mental health services for adults experiencing more serious mental health issues to offer a wider range of care and support helping more people live well and stay well in their community.

Community Services

- Central London Community Healthcare Trust have been awarded as the lead provider for the South West London Community Haemoglobinopathy (sickle cell) service. Work is ongoing with NHSE/I London region and partners to develop a robust integrated model of care for sickle cell patients in SWL.

System Safety

- The ICB received positive feedback following the second Patient Safety Incident Response Framework (PSIRF) stakeholder event on 7 July 2023. There is ongoing provider engagement to support implementation. SWL is on track with transition.

Health inequalities:

- Care Leavers Prescription Toolkit - SWL has provided funding through the Health Inequalities bids to purchase pre-payment prescriptions (PPC's) on behalf of Care Leavers, aged between 16 – 24 (up to their 25th birthday). Care Leavers have co-produced a step-by-step guide of the toolkit explaining how to apply for the exemption which will be disseminated in the next quarter. Progress will be monitored through quarterly reporting to the Health Inequalities Programme Board and QOC.

Special Educational Needs and Disability (SEND)

- The SEND and Alternative Provision Improvement Plan was published in April 2023. The new framework for Local Area SEND inspection was launched in January 2023. All Local Areas are preparing for the inspection and the Designated Clinical Officers (DCO) are supporting this work at Place.
- Information has been presented to Kingston, Richmond, and Sutton Place Committees. Several London Local Authorities have received their inspection and learning has been shared through a variety of sources (London SEND Regional Managers group, London DCO/DMO network London Improvement and Innovation Alliance. The SEND summit supported by the London Improvement and Innovation Alliance took place on 14 June 2023 and a subsequent action plan is in development. Recruitment to the Designated Clinical Officer vacancy is currently underway. Future updates on learning from Local Area SEND inspections will be presented to the Quality Oversight Committee and ICB Board.

System Care Quality Commission (CQC) Oversight Update:

The CQC have recently moved towards a multi-disciplinary approach with Operations Managers managing a 'place' rather than specific sector or organisation. The CQC ICS and Local Authority oversight framework is on target to be launched in phases between 31 October 2023 to January 2024. The regulations for the assessment framework will remain the same, but organisations will now be required to evidence how they review and measure staff wellbeing. SWL had commenced stakeholder engagement on the CQC system framework.

Care Quality Commission (CQC) ratings for SWL Trusts:

Trust CQC ratings as of 2 March 2023

- Amber - requires improvement
- Green - good
- ★ Star - Outstanding

Organisation Name	Inspection Category	Publication Date	Overall	Safe	Effective	Caring	Responsive	Well Led	Maternity	Combined quality	Use of resources
Central London Community Healthcare NHS Trust	Community Health NHS and independent	15.06.20	●	●	●	●	●	●			
Croydon Health Services NHS Trust	Acute Hospital NHS non Specialist	22.02.23	●	●	●	●	●	●	●	●	●
Epsom and St Helier University Hospitals NHS Trust	Acute Hospital NHS non Specialist	19.09.19	●	●	●	●	●	●	●	●	●
Hounslow and Richmond Community Healthcare NHS Trust	Community Health NHS and Independent	19.10.18	●	●	●	●	●	●			
Kingston Hospital NHS Foundation Trust	Acute Hospital NHS non Specialist	14.12.22	★	●	●	★	●	★	●		
South West London and St George's Mental Health NHS Trust	NHS Mental Health Service	20.12.19	●	●	●	●	●	●			
St George's University Hospitals NHS Foundation Trust	Acute Hospital NHS non Specialist	18.12.19	●	●	●	●	●	●	●	●	●
The Royal Marsden NHS Foundation Trust	Acute Hospital NHS Specialist	16.01.20	★	●	★	★	★	★			
South London & Maudsley NHS Foundation Trust	NHS Mental Health Service	20.08.21	●	●	●	●	●	●			

Summary of key quality challenges are outlined in the report below:

1. Children and Young People Services:

Referrals into Children and Young People's (CYP), Mental Health Services continue to increase. SWL are not meeting access targets (Q4 19,075 – target 19,923 = **95%**) and inpatient admissions also continue to rise in line with national prevalence trends. A Children and Young People's deep dive is underway and will be reported via the Partnership Delivery Group (PDG) in October 2023 to better understand access targets and flow through the Children & Young People's mental health system. Admissions are being closely monitored via the South London Partnership (SLP) system through monthly

meeting. South London beds are being utilised to full capacity and additional preventative services are in development through the Learning Disability and Autism (LDA) programme.

1.1. Infection and Prevention Control (IPC)

The table below sets out healthcare associated infections (HCAI) reported from M1-M2 in SW London Trusts against the annual NHSE set thresholds. (Data includes both hospital and community onset cases).

Apr –May 23 against yr. thresholds	Croydon NHST	E&SH NHST	Kingston FT	SGH	RMH
MRSA	0	1	0	0	0
MSSA	3	5	3	3	5
CDI	5/19	9/38	6/26	9/42	7/51
E-coli	5/40	9/52	10/29	25/88	8/44
Pseud A	4/9	0/6	5/7	7/25	4/14
Klebsiella	5/26	3/24	3/16	10/58	4/19

- Gram negative bloodstream infections are increasing nationally, particularly E-coli and there is a national and London review of GNBSI's. SWL are hosting a two -year national care homes hydration programme with the aim of reducing admissions with urinary tract infections and E-coli infections.
- The SWL IPC team are working with partners to develop a London E-coli and CDI reduction plan. SWL is developing an IPC system oversight plan which will be presented at the next Quality Oversight Committee meeting.

1.2 Croydon Health Service (CHS) Paediatric Audiology Service – External Harm Review

The recommendations from the external harm review are being implemented with support from the ICB through the SWL ICB Incident Management Group. The first Incident management group was held on 10 July 2023. Terms of Reference were discussed, and an updated improvement action plan was requested from CHS colleagues. A summary overview was presented to SMT on 20 July 2023, providing oversight and assurance of the immediate safety actions and the improvement plan.

1.3 Joint Targeted Area Inspection:

On 10 July 2023, Inspectors from Ofsted, CQC and Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) conducted a Joint Targeted Area Inspection (JTAI) of services for children in Sutton. The inspection focused on Maternity, Health Visiting, Emergency Department (ED, Children and Adult Mental Health Services (CAMHS), and Safeguarding.

A post inspection review was held on 17 July 2023, to capture and share the learning for future inspections. Initial feedback was positive and reflected strong leadership, and a

culture of support responsiveness and compassion. Examples of informal feedback from inspectors below:

Areas for improvement of strategy meetings
Local Authority <ul style="list-style-type: none"> • Oversight and supervision of newly qualified social workers
Health <ul style="list-style-type: none"> • Variability in frequency of supervision • Access to records from Health Navigator – IT systems are in process of being integrated. • Quality of referrals, voice of CYP within referrals – and variation from Health
Education <ul style="list-style-type: none"> • Very positive feedback- consistently high-quality referrals carried out.
Children’s & Adolescent Mental Health Services (CAMHS) <ul style="list-style-type: none"> • Focus on keeping children and young people on waiting lists safe
Maternity (feedback from inspectors) – <ul style="list-style-type: none"> • Good professional curiosity • Good early identification

Recommendations

The Board is asked to note key challenges and areas of improvement within the report and be assured that work continues to across the system to ensure quality challenges are mitigated through the providers and systems’ governance processes and that oversight of current quality risks and challenges is governed at the Quality and Oversight Committee.

South West London Integrated Board Report

July 2023 (Month 03 Data)

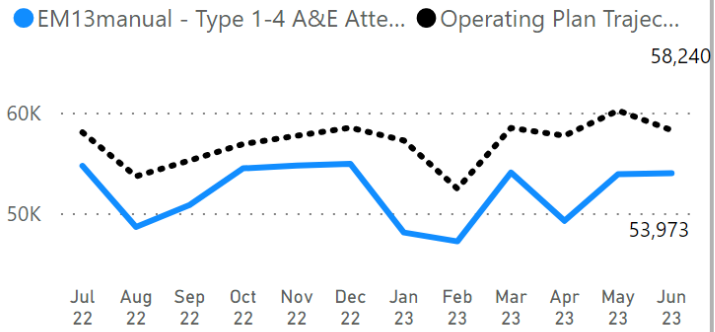
SRO: Jonathan Bates



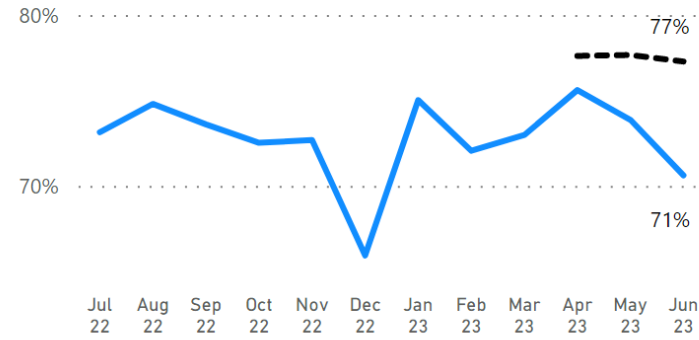
- The South West London (SWL) Integrated Board report presents the latest published and unpublished data assessing delivery against the NHS Constitutional standards and locally agreed on metrics. These metrics relate to acute, mental health, community and primary care services and other significant borough/Place 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).
- Data Quality Issues: There are some data quality issues for April and May, mostly affecting activity reporting. These issues have been escalated. Data is expected to be refreshed in the August report.

- **Cancer:** performance against key cancer metrics, including the national refocussing on critical cancer indicators, remains relatively strong across SWL. On the 28-Day faster diagnostic standard, performance was 76%, a significant step forward in sharing timely outcomes with patients and above the new national 75% target. Performance against the two-week wait standard was 81% in June. Against the 62-day standard of 85%, SWL was the highest performing sector in London, reporting 72% in June. Given the scale of Industrial Action, this sustained performance is positive news for patients.
- **Physical care 12 Hour A&E Breaches:** remained challenging with 1,765 patients waited over 12 hours from decision to admit to admission in June. SWL had the highest number of 12-hour breaches in London this month and was the third highest nationally. There were 255 over 60-minute London Ambulance Service handover breaches. The timely handover for waits over 45 minutes is being explored with LAS. Intense focus on operational management continues each day with system wide oversight through the System Control Centre. Winter allocations across SWL have been confirmed early to ensure maximum opportunity for impact via the Urgent & Emergency Care Board. Comprehensive plans are being developed for early September which align to the national winter preparedness ask.
- **Mental Health 12 Hour A&E Breaches:** Unvalidated figures show that in June there were 138 x 12 hour breaches, down from 154 in May, mainly waiting for a bed. This reflects the scale of challenge for mental health patients presenting in crisis. A similar position is being reflected across London. As well as the UEC Continuous Flow programme mitigations, Mental Health providers have implemented workstreams on admission prevention, inpatient flow and expedited discharge.
- **A&E 4 Hour Waits:** Accident & Emergency attendances at local providers increased slightly in June, but are below the planned trajectory. SWL performance decreased to 70.6%, which was below the trajectory of 77% for June 2023 and the London position of 74.0%. Kingston Hospital Foundation Trust achieved 64.7%, while the other Trusts were above 70%. The volume of 111 calls decreased slightly in comparison to May and the percentage of abandoned 111 calls increased slightly to 13.2%.
- **Planned Care:** The overall number of patients waiting in SWL to access planned care has increased by 21% in the last year, higher than the London increase of 15%. This growth in the overall waiting list, exacerbated by Industrial Action, is being closely monitored with plans being developed to address the increasing scale of the challenge at specialty and provider level.
- **52 Week Waits:** There were 1,667 patients waiting over 52 weeks for treatment at SWL providers, against a trajectory of 1,108 for May. The position is becoming more challenged though SWL continue to have the fewest patients waiting over 52 weeks in London; 187 patients were waiting over 65 weeks against a trajectory of 201. 29 patients waited over 78 weeks; 22 of these are ENT mutual aid patients supported by Croydon Health Services (CHS) from South East London. Since January this year, 52 week waiters have grown by over a half; 64% of that growth is at Epsom & St Helier Hospitals and 26% of the remaining is at Croydon Health Services.
- **Severe Mental Illness Health checks:** SWL achieved 51.3% in Q1, just short of the Q1 plan of 55%; 8,062 SMI patients received all six annual health checks. A Local Commissioned Service (LCS) has been established with the aim of incentivising SWL practices to improve health outcomes, reduce premature mortality and reduce health inequalities in this patient cohort. A peer outreach service has been commissioned which will target SMI patient cohorts that are part of the Core 20 plus health inequalities workstream.
- **Childhood Immunisations:** SWL saw an overall increase in coverage of childhood vaccines in Quarter 4 2022/23. An improvement was seen in uptake of primary immunisations in all boroughs with the exception of Croydon.

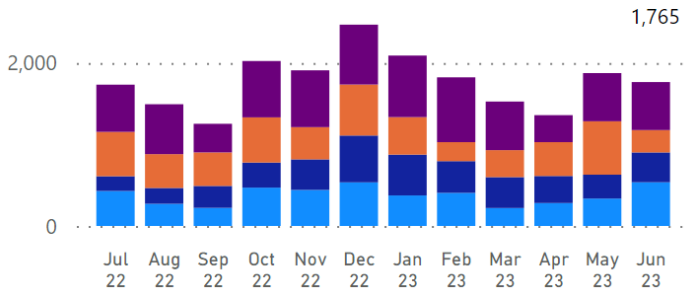
A&E Attendances (All Types)



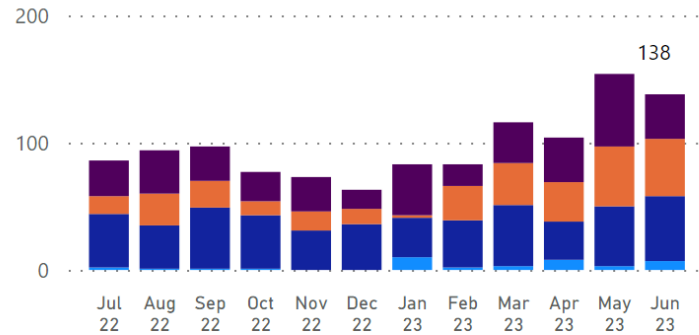
A&E (All Types) 4 Hour Standard



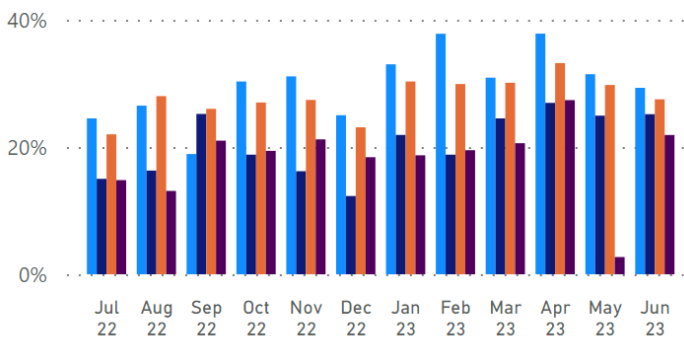
12 Hour A&E Breaches



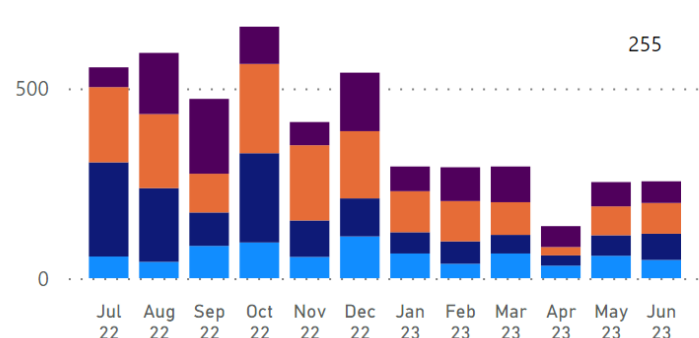
12 Hour Mental Health A&E Breaches (Unvalidated)



% Ambulance Handover within 15 minute



60 minute Ambulance Breaches



● CHS ● ESTH ● KHFT ● RMH ● SGH

Summary

Urgent & Emergency Care (UEC) pressures continued to be high, though attendances were below plan. The additional pressures of Industrial Action by Junior Doctors impacted performance. Against the 4 hour target, June performance was 70.6%, below the ambition of 77%. Ongoing discharge delays continue to impact the non-elective admitted pathway. Calls to 111 reduced slightly however, the rate of abandoned calls increased. The SWL UEC Board continues to monitor local models of the Continuous Flow pilot. The governance of both the local A&E Delivery Boards (AEDBs) and the SWL UEC Board are being refined to ensure alignment with the responsibility of the ICB and to encourage greater consistency across SWL.

A&E Attendances

Although activity remained below the planned trajectory, there was no seasonal reduction in attendances in June.

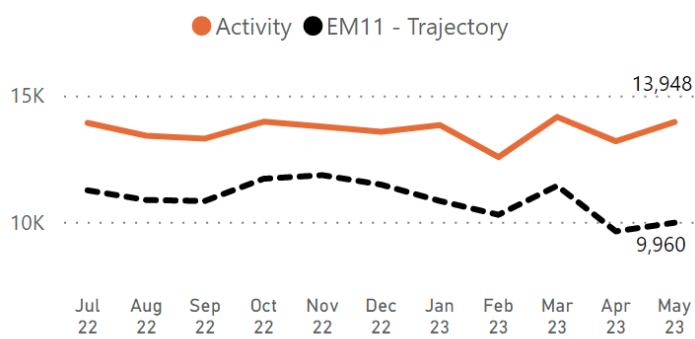
12 Hour breaches

The numbers of both physical and Mental Health 12 hour breaches decreased in June, although this continued to be relatively high due to the demand for beds. A number of mitigations are in place including additional private sector and hostel beds, bed prioritisation scoring, and focussed flow improvement work.

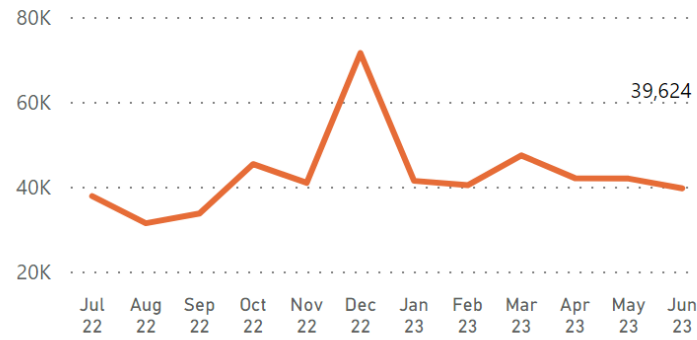
Ambulance handovers

Extended ambulance handover waits (60+ minute) remained steady despite the continued increase in conveyance numbers. Measures continue to be taken to improve the position such as cohorting and boarding. Immediate handover for waits over 45 minutes is being explored with LAS. Some of these measures have become routine practice to mitigate ongoing pressures. Further mitigations are under review and the continuation of HALOs (Hospital Ambulance Liaison Officer) at SWL sites has been made a priority for 2023/24 Winter funding. We are also planning a SWL workshop to review Appropriate Care Pathways in SWL, to increase utilisation by sharing learning, raising awareness and increasing the consistency of service offer.

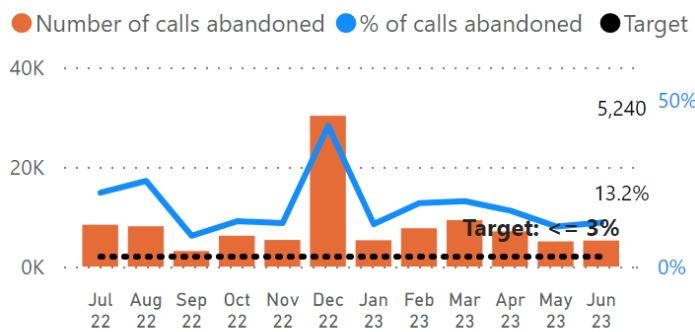
Total Non-elective Spells



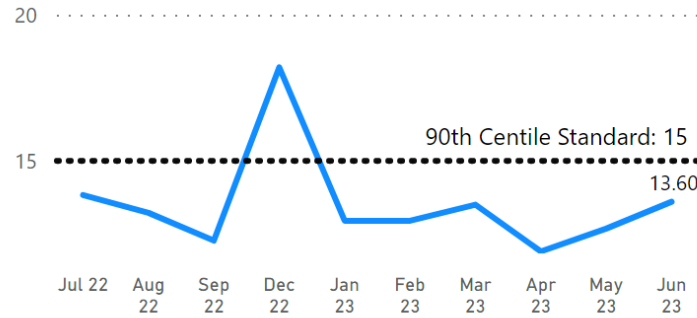
111 Call Volumes



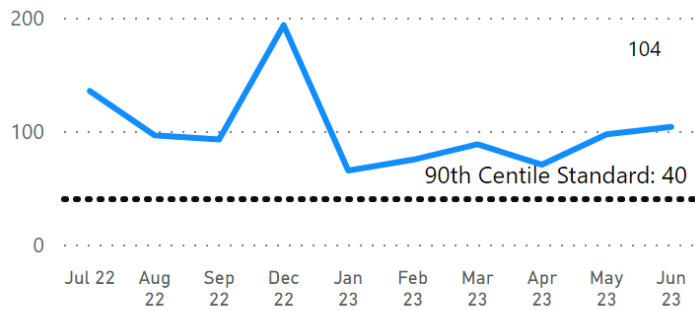
111 Calls Abandoned



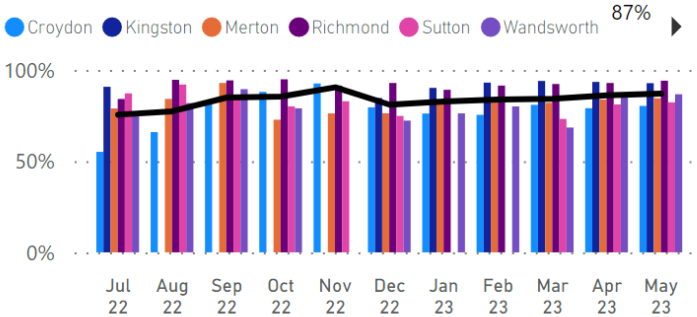
Ambulance Category 1 Emergency Response Times (minutes)



Ambulance Category 2 Emergency Response Times (minutes)



Community 2 Hour Urgent Response Performance - Provider



Non-elective spells

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

111 Calls

Call volumes reduced slightly in June. PPG are operating under a recovery plan; they had an internal target of <16% abandonment rate for June and achieved 13.2%. This is non-compliant with the national target of 3%, but moving in the right direction. Average answer speed also improved. In June, six new Health Advisors were recruited and more agency staff were utilised, bringing the provider closer to the contracted establishment levels for Health and Clinical Advisors.

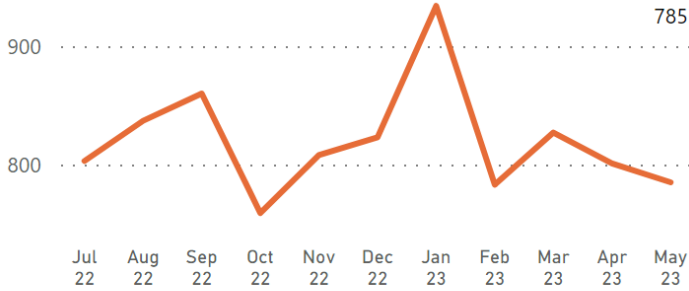
Ambulance Response Times

Response times for both Category 1 and 2 conveyances worsened slightly from May. Category 1 response times met the standard comfortably, whilst Category 2 response times were mostly longer than the national ambition of 40 minutes. This is in the context of increasing conveyances and a decline in the number of "see and treat" numbers. Acute providers are particularly focussed on continuous flow to reduce handover delays including reviewing the LAS 45-minute handover protocol being piloted across London.

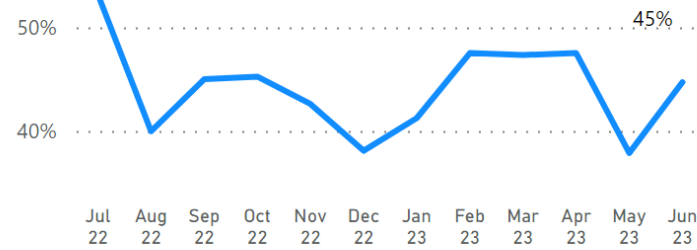
2-Hour Urgent Community Response

The current performance continues to exceed the national target of 75% with an outcome of 87%. SWL 2-hour Urgent Community Response services are fully functional in all 6 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 Technology Enabled Care (TEC) providers, Care Homes, LAS and 111 to increase the volume of referrals to Urgent Community Response. This will also help support the requirements of the winter resilience plan.

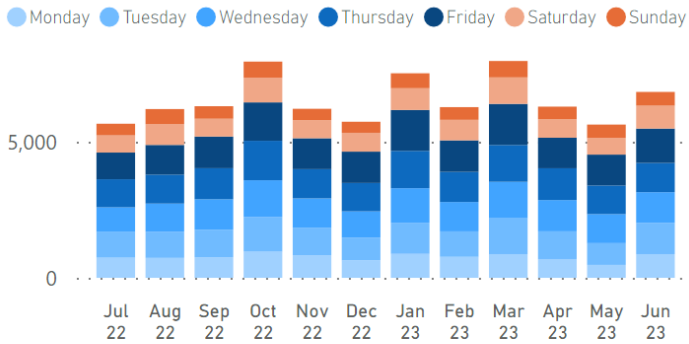
Number of Patients staying 21+ Days (Super Stranded)



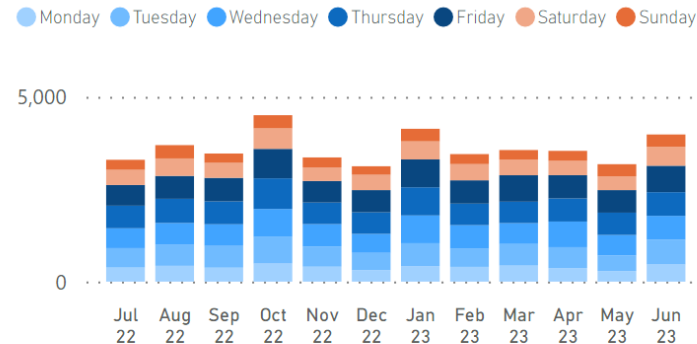
Daily discharges as % of patients who no longer meet the criteria to reside in hospital



Total Discharges by Weekday



Total Discharges before 5pm by Weekday



Patients with a length of stay (LoS) over 21 days

The number of people staying over 21 days remains higher than expected. Deep dives show that SWL has seen a steady increase over the last 5 years in LoS for frailty patients. There are pressures around discharging patients with challenging behaviours. To improve the LoS position, actions plans have been developed with each Place. SWL have adopted the choice policy, where patients are offered a choice of three step down providers (rather than staying in hospital) which will enable earlier discharges.

Total discharges by weekday and before 5.00pm

NHSE recently explored best practice from the top 11 performing Trusts; they concluded that although 7-day working greatly enables weekend discharges, this still remains a national challenge. Solutions such as criteria-led discharges have been challenging to implement. Locally, conversations continue with Places to explore alternative discharge models which could improve this position.

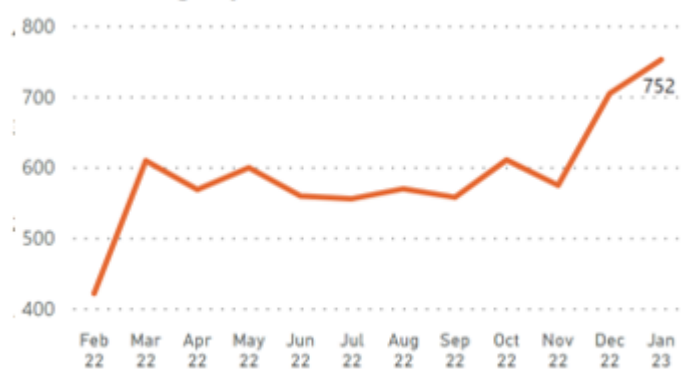
Emergency admissions from a care home

Since late 2022 there continues to be a national issue around access to Care Home activity data, the national team are working on a solution. The SWL Enhanced Health in Care Homes programme is continuing to address appropriate use of Urgent Care Services through training, digital integration and pathway review.

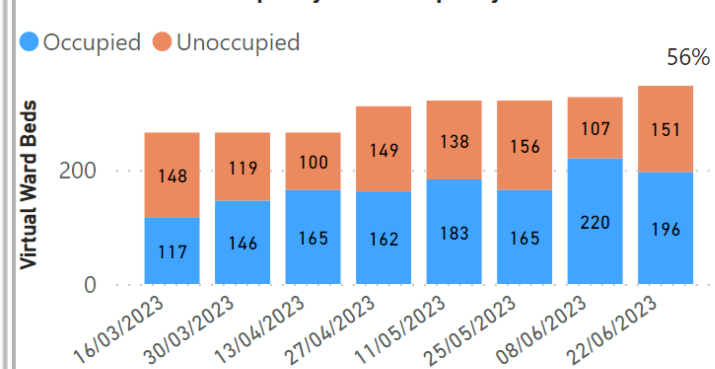
Virtual Ward

By the end of June, Virtual Ward (VW) capacity increased to 347, with an occupancy rate of 56% (196 patients). The CRM Hub is operating 24/7, with around 15% of patients on a tech enabled pathway. The challenging aim is to achieve 80% occupancy by the end of September. Capacity for VWs will remain at the current level until winter, at which point, it will be increased in line with system demand. The main barriers to improving occupancy are around supported discharge pathways and clinical confidence. There is focus on strengthening admission avoidance pathways (Same Day Emergency Care, Urgent Community Response) and providing clinical in-reach to support early discharge.

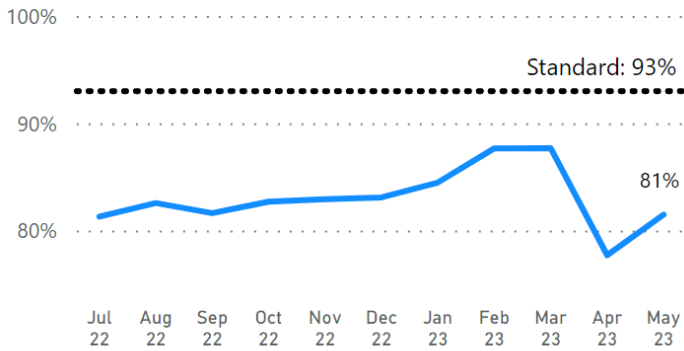
Emergency Admissions from a Care Home



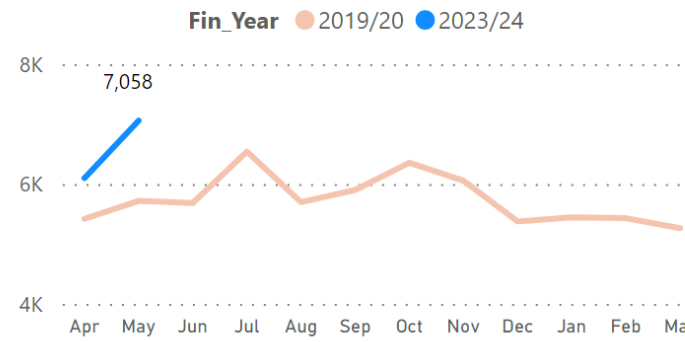
SWL Virtual Ward Capacity and Occupancy



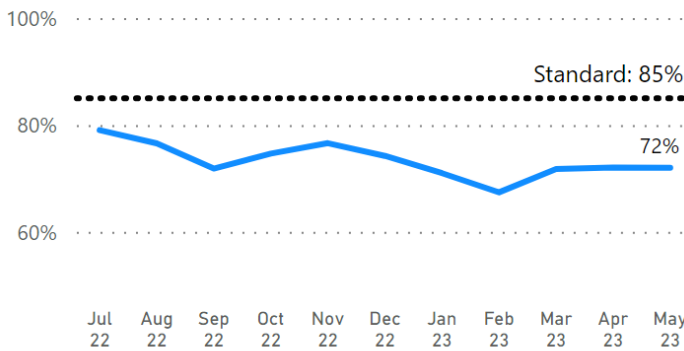
2 Week Waits: Performance against Standard



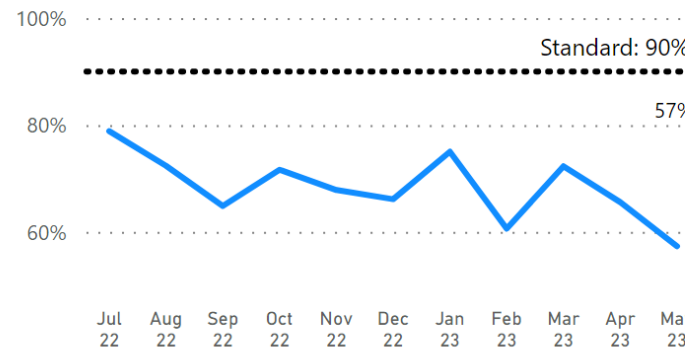
2 Week Waits: Activity



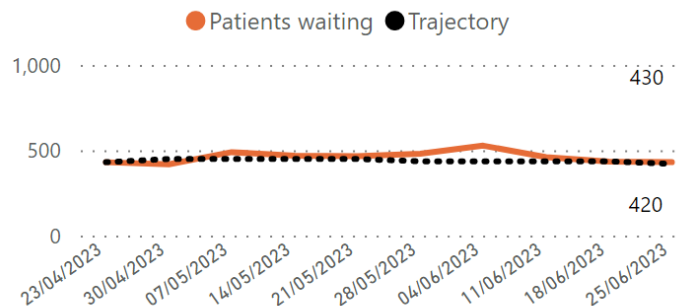
62 Day GP Referrals: Performance against Standard



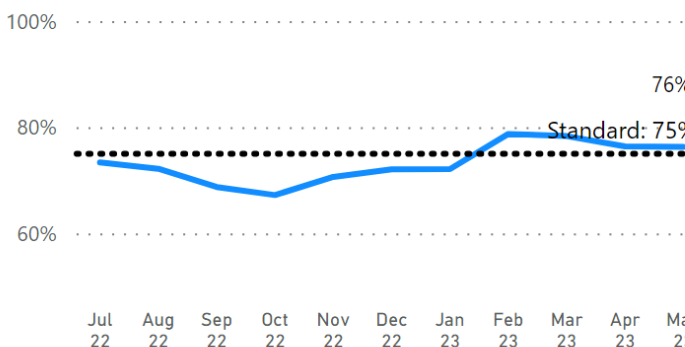
62 Day Screening: Performance against Standard



Total patients waiting over 62 days to begin cancer treatment



Faster Diagnosis Standard: Performance against Standard



2 Week Wait performance and Activity

Performance improved in May to 81% however it remained below the constitutional standard of 93%. Delays in Breast and Gynaecology pathways accounted for 65% of all 2WW breaches in SWL. Performance continued to be impacted by reduced capacity driven by industrial action and bank holidays in May. All SWL providers reported non-compliant positions in May

First cancer treatment within 62 days of GP referral

SWL providers continued to be the highest performing in London reporting 72.0% in May, remaining below the Constitutional Standard of 85%. This reflects a pattern of significant challenge that has been reported nationally.

First cancer treatment within 62 days of screening

SWL Providers' performance declined to 57.3% in May decline has been driven by breast breaches at St Georges Hospital, due to complexity, patient choice and capacity. Royal Marsden Partners are funding extra insourcing capacity to help reduce the time to treatment, and there is continued education for GPs and women on signs and symptoms of Breast cancer.

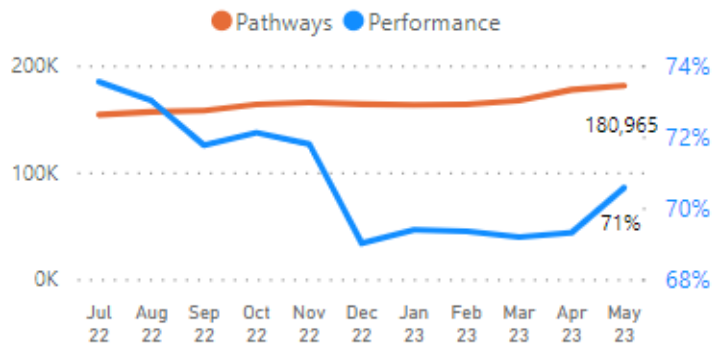
Total patients waiting over 62 days for treatment

There were 430 patients waiting against a trajectory of 420 at the end of the month. All SWL providers with the exception of Royal Marsden are on trajectory or significantly better than trajectory.

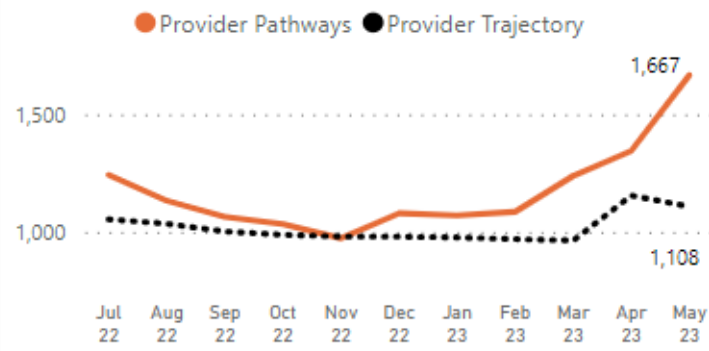
Faster Diagnosis Standard

SWL reported a compliant position of 76.5% against the Faster Diagnosis Standard for the fourth month in a row. All SWL providers with the exception of Royal Marsden (73.7%) and Croydon Hospital (60.7%) reported a compliant position. Croydon remains in Tier 2 for FDS performance and continues to work through actions identified in their recovery plan. The ICS will continue to work with Royal Marsden Partners to support performance improvement in the most challenged pathways.

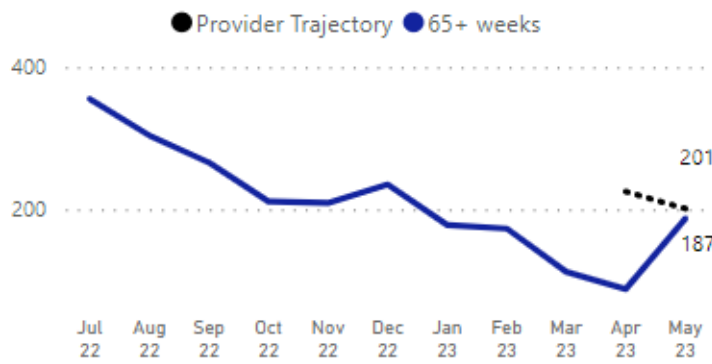
Incomplete RTT Pathways (ICS)



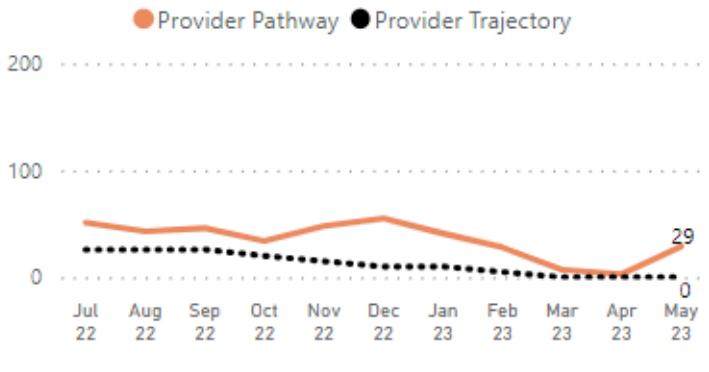
Incomplete RTT Pathways >=52 Weeks



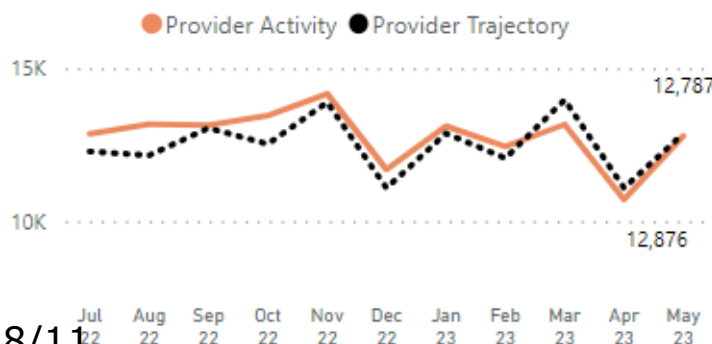
Incomplete RTT Pathways >=65 Weeks



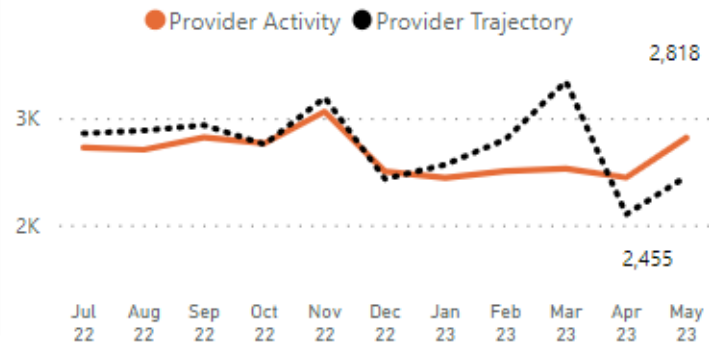
Incomplete RTT Pathways >=78 Weeks



Elective day case spells



Elective ordinary spells



Incomplete waiting list pathways

At SWL level there were 180,965 patients on an incomplete pathway in May, a slight increase on April. 70.6% of patients were waiting under 18 weeks. The number of patients waiting in SWL has increased by 20.8% in the last year, higher than the London increase of 15.3%. However, compared with London, SWL ICS has highest proportion of patients waiting less than 18 weeks and the fewest patients waiting over 52 weeks.

Long waiters – patients waiting over 52 weeks for treatment

There were 1,667 patients waiting over 52 weeks for treatment at SWL providers in May. The main driver of the increase was Epsom & St Helier with an increase of 169 patients, and Croydon Hospital with 97. The specialities with the highest increases include ENT, Cardiology and Gynaecology. Mutual aid is being sought for Gynaecology and ENT numbers have increased due to Croydon Hospital taking mutual aid patients from Lewisham and Greenwich. Since January this year, 52-week waiters have grown by over a half; 64% of that growth is at Epsom & St. Helier and 26% of the remaining is at Croydon. Kingston and Royal Marsden have reduced their 52 week waits over the same period.

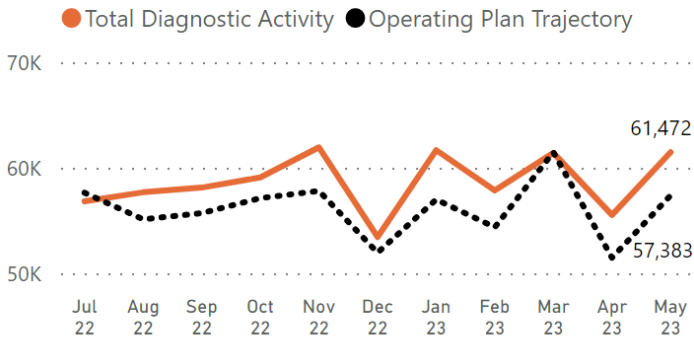
Long waiters – patients waiting over 65 and 104 weeks for treatment

This is a new standard introduced in the operating plan for 2023-24 with the aim of clearing this cohort of patients by March 2024. There were 187 patients waiting over 65 weeks at SWL providers for treatment at the end of May, against a trajectory of 201. Of these patients, 29 were waiting over 78 weeks; 22 of these are ENT mutual aid patients taken by Croydon from South East London, with one of these patients also having waited over 104 weeks.

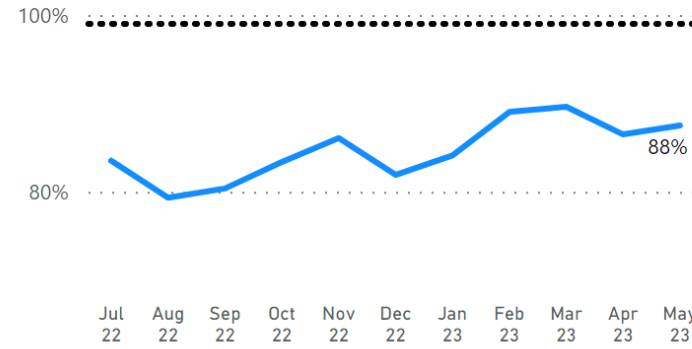
Elective day case spells & Elective ordinary spells

The overall elective performance was on target at 101%. There is a slight under-performance on Day Case (DC) (-1% against plan in-month) however this is offset by an 11% over-performance on elective ordinary. The percentage split of activity is 18% ordinary and 82% day case, which is marginally below the 85% DC recommended level.

Diagnostic Tests (Activity)



Diagnostics: % waiting less than 6 Weeks



Diagnostic Activity (7 tests)

The system achieved 118% in May against a plan of 110%. Activity volumes were higher than in April indicating potential recovery from the impact of Industrial Action. All providers exceeded trajectory at aggregate across all modalities except Royal Marsden Hospital who have an under reported position due to implementation of the EPIC system. Data quality issues continue to be worked through with data refreshes planned.

% waiting less than 6 weeks (All tests)

Overall performance against the 6-week constitutional standard is at 88%. The system is seeing an improving backlog position, noting specific Endoscopy challenges most significantly at Kingston Hospital. Referrals have increased compared to the same period last year and delivering activity above operating plan commitments continues to pose challenges.

Consultant led first outpatient attendances (Specific Acute)

Activity volumes have remained above trajectory and increased more than expected in May. Outpatient First Attendances and First Attendances with a procedure had a combined performance of 109%, against a target of 103%. Data quality issues are being investigated with RMH, who are experiencing reporting issues as a result of the EPIC system implementation.

Consultant led follow up outpatient attendances (Specific Acute)

Activity volumes continued to be above trajectory.

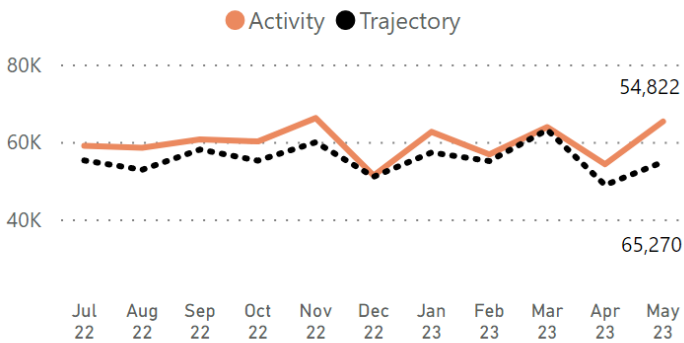
GP Specific referrals for first consultant led outpatient appointment

There has been a steep increase in the number of referrals in line with expected trend for May.

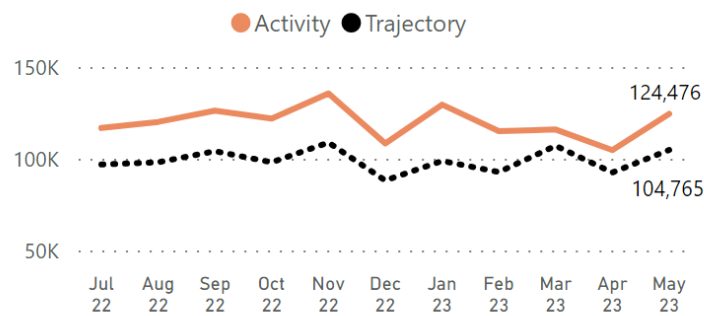
Other Specific referrals for first consultant led outpatient appointment

Other specific referrals: The overall number of referrals increased in line with the expected trend for May. Consultant-to-consultant referrals remain proportionally higher than all other specific referrals.

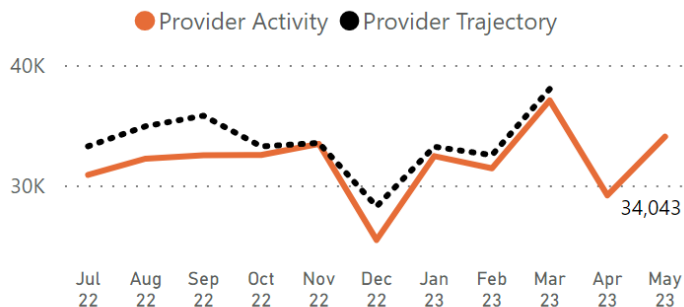
Consultant-led first outpatient attendances (Specific acute)



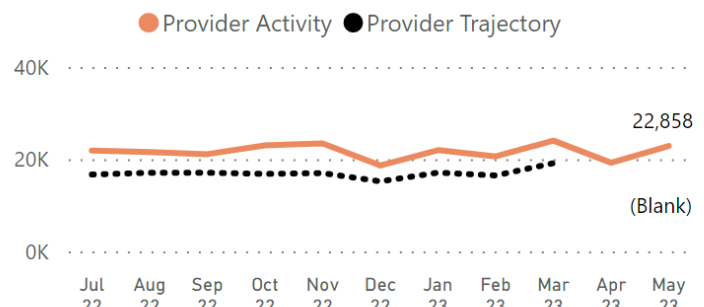
Consultant-led follow-up outpatient attendances (Specific acute)



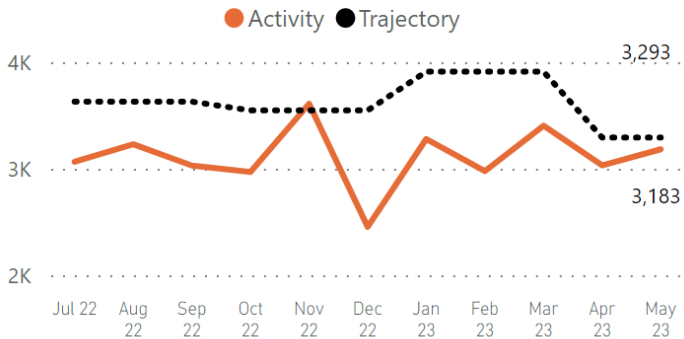
GP Specific Acute Referrals made for a First Consultant-Led Outpatient Appointment (Provider)



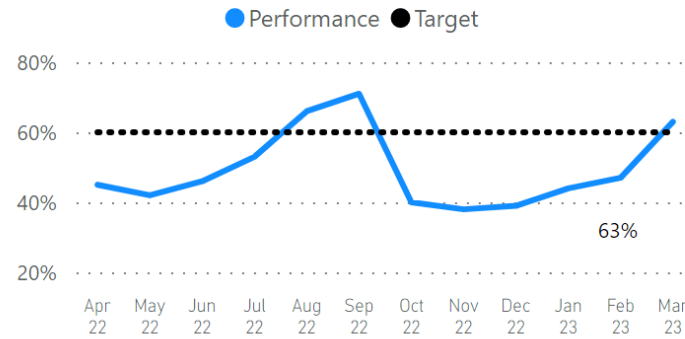
Other Specific Acute Referrals made for a First Consultant-Led Outpatient Appointment (Provider)



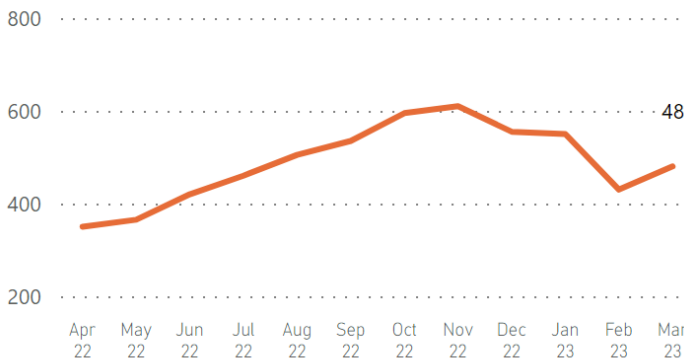
IAPT Access



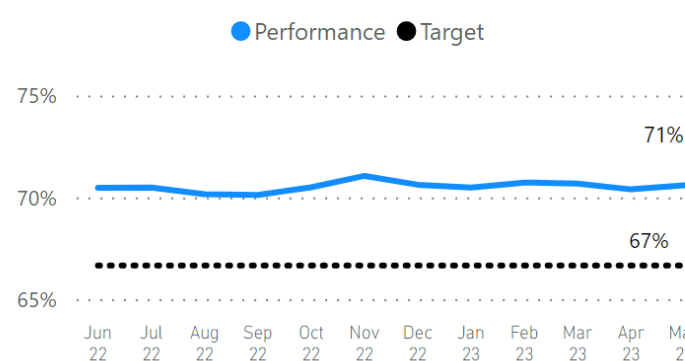
Early Intervention Psychosis (EIP)



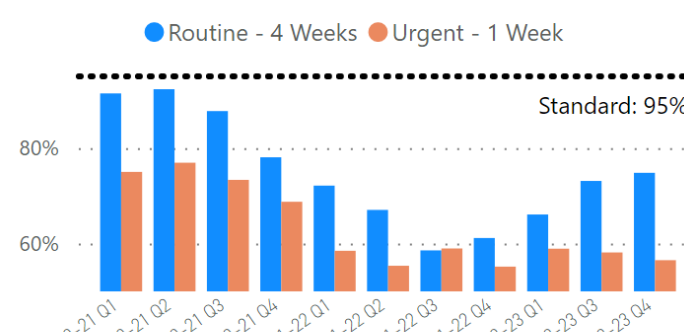
Number of Out of Area Placements



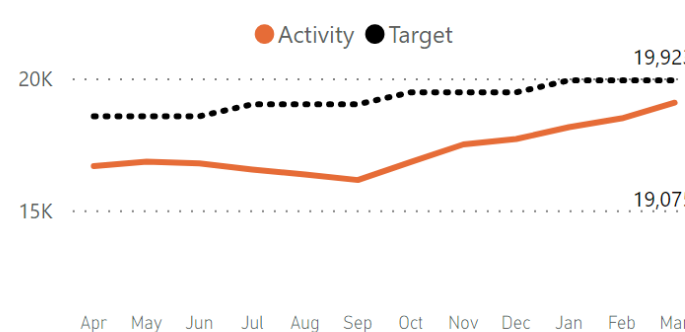
Dementia Diagnosis Rate



CYP Eating Disorders Seen within Target Time



CYP Access Rate - Rolling 12 Months



Improving Access to Psychological Therapies Access

Access was below plan in May, although there is an ongoing trend of improvement since December. Marketing plans are being reviewed to help increase both GP and self-referrals.

Early Intervention in Psychosis

Performance has improved since the decline in October and has exceeded the target in March. Vacancies continue to impact on delivery, along with the speed of referral into the Early Intervention in Psychosis service. South West London & St George's are reviewing their referral process and are exploring a digital solution to initiate an alert in the electronic patient record.

Out of Area Placements

There were 480 out of area placements reported in March 2023. The Trusts and Local Authorities continue to work on improvements to admission prevention, length of stay, timely discharge and the ten key interventions set out in the 'Discharge Challenge' guidance. Monthly multi-agency meetings are in place to address delayed transfers.

Dementia Diagnosis rate

SWL continues to maintain good performance levels (71%) exceeding the national target of 66.7% and the London ambition of 70%.

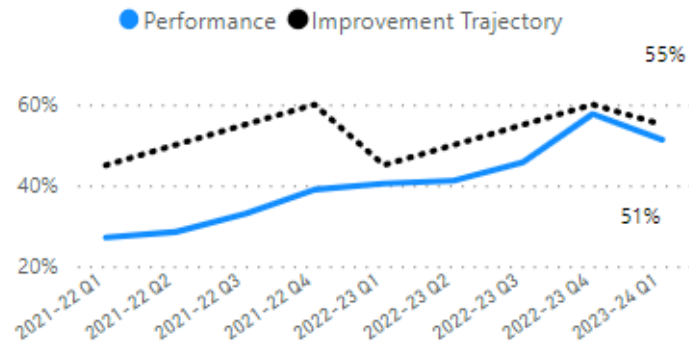
CYP Eating disorders

Performance for routine appointments continues to improve but remain below target. There is an action plan to increase capacity and a pilot to integrate outreach teams. However, this is dependent on recruitment, which has been challenging.

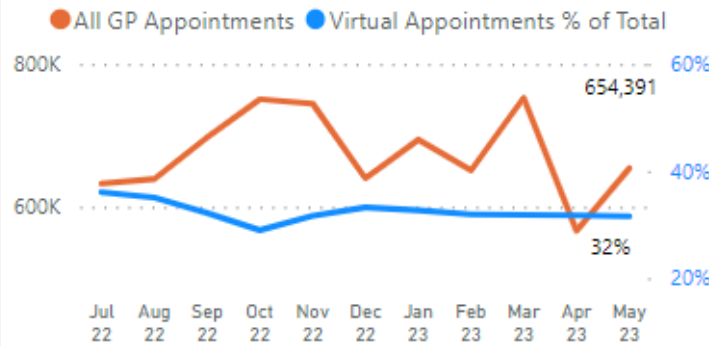
CYP Access rate

Latest data available shows ICB performance fell short of the annual target by 4.2%. SWLSTG IT system issues affected the reporting of contacts up to October 2022; since being resolved performance levels have consistently improved month on month at a steady rate.

SMI Physical Health Checks



Virtual Appointments in General Practice and % of Total



Severe Mental Illness (SMI) Physical Health Checks

Q1 2023/24 performance was 51.3% (8,062 patients) receiving all six annual health checks; this was just short of the Q1 ambition of 55%. The 2023/24 year-end target has uplifted to 70% with a quarterly trajectory of Q1: 55%, Q2: 60%, Q3: 65%, Q4: 70%.

GP Appointments

654,391 appointments were delivered in SWL in May, an increase of 87,000 compared to April. 68% of appointments in SWL were face-to-face consultations.

SWL COVID Vaccinations

The Spring Booster programme concluded at the end of June. The clinically extremely vulnerable children aged 6 months to 4 years old are currently being vaccinated via the roving team, mainly in hospital settings, with a Primary Care Network (PCN) also taking part. The other eligible cohort is the newly immunosuppressed, which commenced on 20th July. We anticipate the Autumn programme will begin in early October.

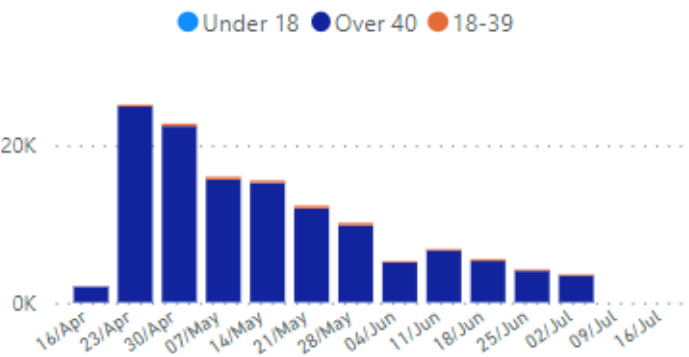
Learning Disability Health Checks (LD)

Performance is currently exceeding target and ahead of the 2022/23 position. To maximise health checks, there has been a strong focus, alignment and engagement with primary care supported by GP Clinical Leads in each borough. The learning from the Sutton Health Facilitation project will be shared across SWL. There is focussed work by GP Clinical Leads to increase the uptake of annual health checks in young people (Year 9 upwards) across SWL boroughs.

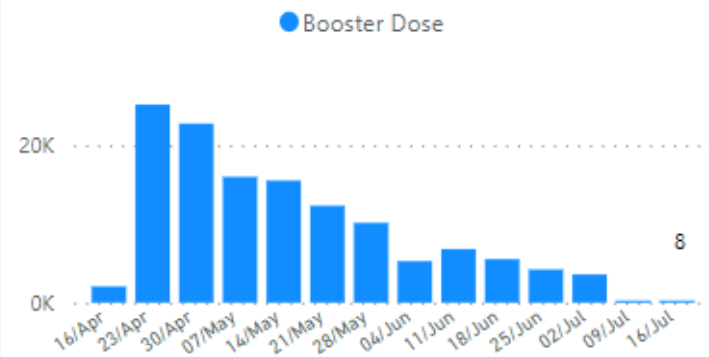
Childhood Immunisations

Uptake of MMR in SWL is above the London average but below the 95% target, with the lowest uptake in Croydon. SWL are preparing a campaign and discussions are underway for increased MMR clinics at weekends (initially, Croydon and Merton). To increase awareness in the community a SWL webinar is being developed and vaccine champions deployed. We are working closely with Boroughs and wider partners across the system on a plan to respond to measles.

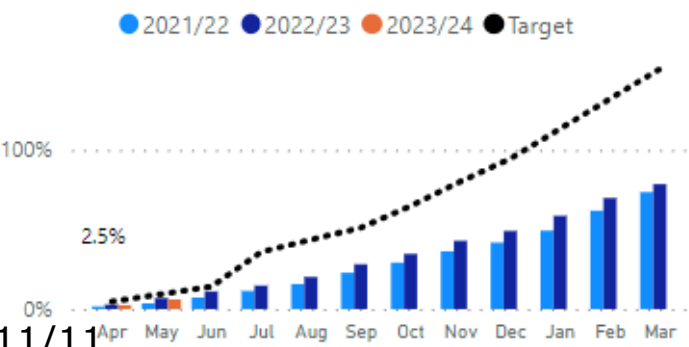
SWL Covid Vaccinations by age group



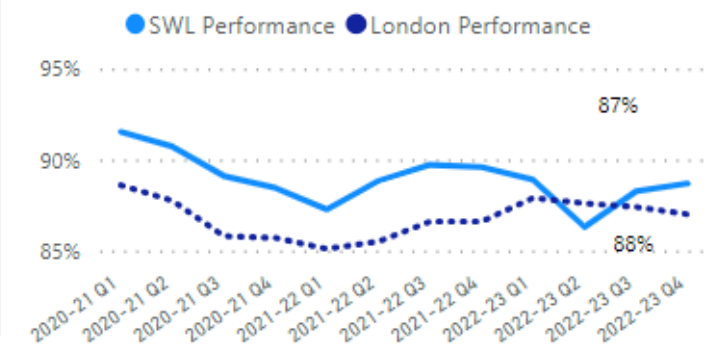
SWL Covid Vaccinations by Dose



Learning Disability Annual Health Checks Cumulative



Childhood Immunisations



NHS South West London Integrated Care Board			
Name of Meeting	ICB Board		
Date	Wednesday, 20 September 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)	Funke Ojutalayo, ICB Head of Assurance		
Agenda Item No.	13	Attachment No.	14
Purpose	Approve <input type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input checked="" type="checkbox"/>

Purpose

The report is provided for information to update the Board 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:

Implications for the NHS of the Lucy Letby case

On behalf to the Board as a whole I want to acknowledge the appalling crimes that Lucy Letby committed, as well as the betrayal of the trust that was placed in her. At this time, our thoughts are, of course, with all of the families affected by these crimes.

Collectively, as the NHS in South West London, we continue to prioritise the safety and experience of all our patients. All of our Trusts (as well as the ICB), have governance routes in place to ensure they are monitoring the complaints and comments received from patients and families, as well as the performance data received from across hospitals and aggregated to system level. This helps us to spot trends and anomalies and take action quickly where needed.

Within South West London, we are committed to ensuring all of our people feel safe and confident to speak up and that we learn and improve from any issues that are raised with us. Going forward we are in the processes of implementing NHS England's latest guidance on the Fit and Proper Person test, which has been strengthened in light of Tom Kark's review and we are also building on and strengthening our Freedom to Speak up mechanisms across the ICB and all of our Trusts.

Moving forward, we will implement any learning from the Lucy Letby enquiry, and we continue to review, update and implement best practice across our processes. We will also update the Board regularly on the progress we are making and the themes that are being raised with us through these routes.

Industrial Action

As Board members will be aware, we continue to experience Industrial Action across certain areas of the NHS. The BMA announced that NHS Senior Doctors (Consultants) working in England will

be taking further action, for two days, in September (19 – 20 September) and three days in October (2 – 4 October). Following the results of the recent BMA ballot, Junior Doctors will now join consultants on the 2 - 4 October and also take strike action on the 21 - 22 September and provide emergency support only on 20 September.

We do not underestimate the effect that industrial action has on our service users and staff, but would emphasise that the system is doing all it can to minimise the impact on those that need us the most. I am grateful for the support of staff in mitigating the challenges we face.

SWL ICB Annual Assessment Outcomes Letter

NHS England recently wrote to the ICB detailing the outcomes of our 2022/23 annual assessment. The letter acknowledges the good work that we have put in to establish our Board, governance structures and foster positive relationships with key partners. It also recognises the ongoing challenges we face as a system to deliver national and local health priorities.

This year, there was an additional requirement for the Annual Report to include how ICBs reflect their work with people and communities and show how they meet their public involvement legal duties.

Our submission included how our SW London infrastructure supports our engagement, how data informs our approaches and how we work collaboratively with our people, communities and partners.

The letter commended our rich and diverse intelligence to support development of system wide strategies, major service developments and local community-based initiatives to address a wide range of specific health and wellbeing challenges. It acknowledged our inclusive engagement with local communities, to avoid exclusion of individuals or groups to meet the health and care needs of our population, in particular praising our collaborative work to develop the Integrated Care Strategy and engagement on the Joint Forward Plan.

Feedback also highlighted our positive work to involve the Voluntary, Community and Social Enterprise (VCSE) in our system leadership and the establishment of the VCSE Alliance, as well as our clear and comprehensive SWL people and communities strategy.

Areas for improvement highlighted in the letter will be addressed as part of our usual business processes.

Management Cost Savings Programme Update

In March 2023, NHS England confirmed in an open letter to all Integrated Care Boards that the running cost allocation for all NHS Integrated Care Boards would be subject to reductions over the next two years with a requirement to reduce this by 30% by April 2026.

In response to this, we have set up a programme to deliver the changes in our organisational structures and changes to our ways of working and operating model in order to deliver the required reductions. All savings made will be directed to front line services in South West London.

During August we have been engaging with staff through a series of directorate seminars focused on setting out the direction of travel and the areas for potential change. It is intended to launch formal staff consultation on proposed changes and publish revised ICB wide structures in the staff consultation in the early Autumn.

<p>Recommendation:</p> <p>The Board is asked to:</p> <ul style="list-style-type: none"> Note the contents of the report.

<p>Conflicts of Interest N/A</p>

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

<p>Supporting Documents</p>	Signed Final Assessment Letter – SWL
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To: Mike Bell, Chair, South West London ICB

cc. Sarah Blow, Chief Executive Officer, South West London ICB
Martin Machray, Executive Director of Performance, NHSE London
Hannah Witty, Executive Lead Director - South West London ICB, NHSE London

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

31 July 2023

BY EMAIL

Dear Mike

South West London Integrated Care Board - Annual Assessment 2022/23

NHS England has a legal duty, as set out in the Health and Care Act 2022, to undertake an annual assessment of Integrated Care Board (ICB) performance.

Before setting out the outcome of our assessment I would first like to express my thanks for, and acknowledgement of, all the work that you and your leadership team, and colleagues throughout the ICB, have put into securing the effective transition from the CCG and the establishment of the ICB, and the progress made in the first nine months of ICB delivery.

Integrated Care Boards were formally established on 1 July 2022 and this assessment sets out NHSE's consideration of how the Integrated Care Board has discharged its key statutory duties since establishment through the 2022/23 financial year. In making this assessment we have sought to acknowledge the relative infancy of ICBs, having only been statutory bodies for nine months of the 2022/23 financial year. We are also mindful of the developing local strategic aims of the Integrated Care System (ICS) as set out in the Integrated Care Strategy for the system and articulated through the developing Joint Forward Plan for the ICB.

For 2022/23 NHS England has undertaken a narrative based assessment of Integrated Care Boards. This letter provides a summary assessment of South West London (SWL) ICB's delivery of its functions aligned to the four core objectives of an ICS, and its key duties. It also covers the ICB's role in providing and supporting leadership and effective governance across the system. In support of our assessment, we have also sought views from the relevant Health and Wellbeing Boards (HWBs) and from the Integrated Care Partnership (ICP), and their input is reflected in the assessment as appropriate.

System leadership

We appreciate the work that has taken place in this period to manage the transition and to establish the SWL ICB on a sound footing. We also acknowledge the ongoing work as the ICB addresses the challenges to implement a sustainable and effective structure and operating model, and its work to establish positive relationships with key partners across the system, in order to deliver the national and local priorities for health.

We welcome the work that the ICB has done to establish its Board and wider leadership team and governance structures, including the appointment to key clinical posts and the identification of Board roles with lead responsibility for priority areas, such as mental health. The South West London ICP has commented positively on how effectively the ICB has established itself as a new organisation during a very challenging period, and particularly notes the ICB's commitment and effort to bringing partners together, including its focus on working with the six place partnerships. It has also commented positively on the work of the ICB to involve the Voluntary, Community and Social Enterprise (VCSE) in its system leadership and to establish a VCSE Alliance. As arrangements bed down the ICP has indicated it would welcome the ICB taking opportunities to facilitate and support Place partners to have an increased role in decision-making and increased autonomy. More generally the ICP has indicated that it now looks forward to identifying ways in which the ICB can increasingly align work with relevant partners, develop genuine co-production and make real impact in developing plans and priorities.

The ICB has engaged positively with key partners to set the strategic approach to meeting the health and care needs of the population it serves. This has included inclusive engagement with local communities in the area, and with a wide range of partners across the system, as part of collaborative work to develop the Integrated Care Strategy. We note that the plan is for the ICP to publish the strategy, in summer 2023, and we look forward to receiving it. This strategy will be complemented and supplemented by the ICB's Joint Forward Plan (JFP) setting out how the ICB will play its part in the delivery of the strategy, and its objectives and priorities for the next five years. We welcome the engagement the ICB has undertaken, including working with your HWBs to ensure that the JFP reflects the joint local health and wellbeing strategies.

Beyond this, we welcome the ICB's progress on the development of a Mental Health strategy and a Primary Care strategy, and its work to agree partnership delivery agreements with the three provider collaboratives and the six Places in the system.

Wandsworth HWB has also identified effective partnership working as a key strength of the ICB's approach, noting the ICB committed resource to supporting the development of a refreshed Joint Local Health and Wellbeing Strategy, including taking significant Priority Lead roles in developing the strategy and the actions to address the identified priorities; and the contribution of ICB Communications and Engagement Leads in supporting wider engagement with residents and partners on the developing strategy.

We look forward to working with the ICB as its focus switches increasingly to the implementation of the Integrated Care Strategy and the Joint Forward Plan.

Improving population health and healthcare

Following its formal establishment, the ICB has put in place effective governance structures to support oversight and assurance of quality and safety across the ICB and the wider system, and to provide a focus on improvement. This includes:

- The ICB Quality and Oversight Committee, a subcommittee of the ICB Board
- The ICS System Quality Council
- The ICS System Quality Panel

As part of the development of its quality and safety strategy and functions the ICB has made progress in the following areas:

- set out a roadmap for how the ICB will develop a system wide quality improvement approach using the Quality Management System for care delivery
- work to produce a System Quality Strategy
- establishment of a Patient Safety Network & Patient Safety Strategy
- implementation of a system quality dashboard
- establishment of a Patient Experience Group

These arrangements are based on the National Quality Board best practice guidance.

Building on this quality governance structure we appreciate the range of improvement initiatives that the ICB has already implemented, including the key role that patient and public engagement plays in this; the creation of the Innovation Fund; and the approach that addresses both ICB wide improvement activity - including examples such as the work to address the significant backlog that had arisen in continuing health care assessments - and identifying and supporting more localised initiatives, such as the End of Life Care Reconnectors in Kingston and Richmond

The ICB has had to address, in common with all ICBs, the ongoing impact of the pandemic and the increase in waiting lists, and operational performance has remained challenged during 2022/23. For Urgent and Emergency Care (UEC), the 4-hour performance was worse than at the start of the year. However, the trend from December 2022 to April 2023 shows an improvement in 4-hour performance from 60.1% to 77.8%. Current performance remains below the 95% standard. There was an increase in 12-hour breaches during the year, peaking in December; breaches have since decreased but are still above the level at the beginning of the year. The mean for ambulance hand-over delays remained relatively flat, despite some fluctuation throughout the year.

The Referral to Treatment (RTT) waitlist has increased by 18.0% from the start of the year, driven by increases across all the ICB's acute trusts. Reductions have been seen in very long waits (78 weeks and 104 weeks), although 52-week waits have increased.

For cancer, there has been a general deterioration in 62-day performance and the trend is getting further from the target. Performance against the Faster Diagnosis standard has improved and exceeded the standard at the end of the year. Whilst both the Decision to Treat (DTT) and no DTT backlogs deteriorated during the year there has been improvement since August 2022.

For people accessing NHS Talking Therapies, the ICB has consistently exceeded the 22/23 targets for 6-week and 18-week waiting times, as well as the recovery rates. There has been good progress in increasing Children and Young People's mental health access over the past year, with the ICB achieving 96% of the target in March 2023. We note also the improvements in Dementia diagnosis rates leading to the ICB delivering above target by the end of the year. The ICB continues to make good progress in expanding and transforming community mental health services, linking closely with primary care and voluntary, community and social enterprise (VCSE) services.

The system faces challenges with access across Talking Therapies, Perinatal, and Children and Young Peoples' mental health services, driven by workforce barriers and low referrals.

We have noted positive improvement work across annual health checks for people with a learning disability and autistic people, and positive work around improving services for autistic people, and we welcome the focus on reducing reliance on inpatient care. Key areas of challenge relate to Children and Young People, and we advise that there needs to be vigilance on admissions and readmissions.

The ICB may also want to consider how it may equalise support for autistic people in need in the community across the system, as this can be variable. We think there would be merit in considering options for upskilling the workforce to be able to support Autistic people and people with a Learning Disability in mainstream services.

We have welcomed the ICB's positive engagement with NHSE's maternity improvement work. The Local Maternity and Neonatal System is well established, with multiple workstreams in support of improving maternity care and is very focused on improving health and staff inequalities and working collaboratively - for example a system wide approach to improve digital infrastructure and data, a key enabler for service transformation.

We welcome that safeguarding is included in the ICB's Quality & Safety priorities for 2023/24 with safeguarding partnership priorities included within Place Health and Care plans. Positive developments include the establishment of a Practice Partnership for Safeguarding Children, made up of all health and care professionals supporting safeguarding for children. This is complemented by the borough quality executive leads sitting on the boards for the Children Safeguarding Partnerships, supporting work to ensure commissioned services safeguard children and young people and to achieve the strategic safeguarding objectives set out in the borough-based priorities.

The ICB's approach to engagement with patients and the public has been comprehensive, based on a clear strategy and on 10 principles which were themselves developed with, amongst others, local communities. Engagement has adopted a wide range of mechanisms, in a range of forums, to avoid exclusion of individuals or groups. We note this has generated rich and diverse intelligence to support development of system wide strategies (including the ICP Integrated Care Strategy and the ICB Joint Forward Plan mentioned above, and a Mental Health Strategy for South West London); major service developments (including the UEC service in Croydon); and more local community-based initiatives to address a wide range of specific health and wellbeing challenges, as identified through the engagements. Amongst the good examples are a volunteer project in Sutton

to support more people to be able to access services digitally, and enhanced bereavement support in Kingston.

Tackling unequal outcomes, access and experience.

We welcome the infrastructure that the ICB has developed to enable it to address health inequalities, led by a Health Inequalities and Equality Diversity and Inclusion Board, responsible for setting strategy and priorities, and a Delivery Group which leads on the design, implementation and evaluation of specific programmes. Both groups have membership from across key partners and from the VCSE, and there is identified senior leadership assigned to the ICB's Equalities delivery. This work is driven by the 10 strategic priorities for health inequalities that the ICB has identified, and which include wider social and economic drivers of inequalities. We welcome that the ICB is using the Core20Plus5 approach to help understand inequalities in the area and to structure its response. The ICB has made good use of funding it received from the NHSE Health Equalities Fund, supporting a range of initiatives, including a social prescribing pilot for people with a learning disability in Merton. A welcome stand of the ICB's engagement work has been its focus on understanding health inequalities at system and local level and identifying ways to address them.

The ICB has also developed an Anti-racist framework that seeks to dismantle racist and discriminatory policies and practices across all aspects of health and care delivery. This framework is overseen by a South West London anti-racism strategy and implementation group. This group comprises representatives from across health, local authorities and VCSE.

We welcome the ICB's continuing development of its Public Health Management (PHM) programme of work, which complements and supports the health inequalities agenda, to understand factors that are driving poor health outcomes and inequalities in outcomes and to identify appropriate responses. The creation of a PHM roadmap for the system, co-produced with health and care partners, is a significant development, setting a context and direction for the use of PHM at both a system and a localised place level. We note the work the ICB has developed, following its participation in the NHSE PHM and Place Development Programmes, to introduce a number of new initiatives, developed with local communities, to address issues that the analysis has identified. A particularly interesting project has been the one in Kingston which uses data on energy efficiency to identify people who may need support to keep themselves warm in winter.

Enhancing productivity and value for money

The ICB reported a surplus of £0.2m for the 2022/23 financial year, against its total allocation of £2.352bn. The 7 providers in the system reported an overall deficit of £57.4m, with the system reporting in total a deficit of £57.2m. This included deficits of £30m at St George's and £35m at Epsom St Helier, which were offset by a £7m surplus for the Royal Marsden. As a result of revising its forecast at Month 10, the system implemented the conditions set out in NHS England's 'Protocol for changes to in-year revenue financial forecast'.

The system reported a £0.9m underspend against the £3m ICB capital allocation, and a £0.4m underspend against the £138.6m provider capital allocation.

The SWL system overspent by £44m against its £64.3m threshold for agency spend in 2022/23 (68.5% adverse variance against plan).

The SWL ICB delivered, in full, its planned efficiencies for 2022/23 (£30.6m). The SWL providers delivered £76.8m of their £148.9m planned recurrent efficiencies (52%) and £93.2m of their £101m planned non-recurrent efficiencies (92%). The system reported, in total, £200.5m of efficiencies (72% of the total £280.4m plan). The under-delivery of the recurrent provider efficiency plans was a key driver of the unplanned 2022/23 deficits at St George's and Epsom St Helier, and the system deficit for 2023/24. A system financial recovery plan is in place, with strong governance oversight.

The ICB met the requirements of the Mental Health Investment Standard, reporting £274.2m spend against a target of £273.8m for 2022/23. The required NHS minimum investment of £111.6m into the Better Care Fund has been made and an additional £3.2m discretionary NHS contribution.

The implementation of a dedicated Innovation Fund, to support a range of system wide and local initiatives, engaging both health and other care partners, was a welcome development in 2022/23. This has also been commented on positively by the Wandsworth HWB. This dovetails effectively with the research structure that the ICB has implemented to drive a focus on innovation, linking in with key partners from local science networks. We welcome that a focus of the innovation and research work is on robust and timely evaluation of initiatives to understand their outcomes, which will support the extension of those delivering the capacity for greatest positive impact. The focus on the potential of digitisation is also welcome, both as system and service wide priorities as set out in the ICBs digital investment plan; and as key elements of individual initiatives (the Diabetes Prevention Decathlon is, amongst a range of other initiatives, an interesting example.)

Helping the NHS support broader social and economic development

We have noted throughout our assessment the ways that the ICB has engaged with a wide range of partners and their related strategies and plans, including HWB Joint Local Health and Wellbeing Strategies, to ensure that its work is both complementary and supportive. The Wandsworth Health and Wellbeing Board has expressed its support for the SWL NHS Green Plan and how the ICB will make a contribution to the Climate Change and Air Quality agenda locally. It also welcomes the identification of Workforce issues as a priority in the SWL Integrated Care Plan, and how the ICB may do more to increase and promote opportunities for good employment, and a healthy workforce. This is reflected in the priority the ICB has attached to workforce issues in its role as an Anchor Institution - both as an existing employer, and as a potential employer, for people in its local communities. We welcome the work in developing and implementing a range of initiatives to support current employees to make progression in their careers, and to identify and address key barriers that may affect particular groups; and initiatives to support local people to understand the job and career opportunities that exist in health and care, and to support them secure roles and as they move into roles.

We ask that you share our assessment with your leadership team and consider publishing this assessment letter. NHS England will publish a summary of the outcomes of all ICB performance assessments as part of its 2022/23 Annual Report and Accounts.

Finally, I would like to take again this opportunity to thank you and your teams for the hard work and effort in your first nine months of operation. We will continue to work with you in our shared ambition to improve healthcare for the local population and across the system.

Please let me know if there is anything in this letter that you would like to follow up on.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Caroline Clarke', written in a cursive style.

Caroline Clarke
Regional Director – NHS England, London Region