



NHS South West London  
Integrated Care Board

# Meeting Pack

## South West London Integrated Care Board

22 November 2023  
10:00 – 13:00

Chaucer Centre, Canterbury Road,  
Morden, SM4 6PX

## Board Meeting

Wednesday 22 November 2023

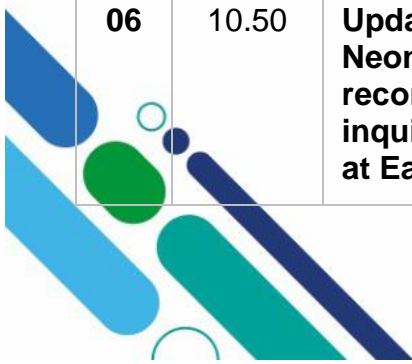
10.00 – 13.00

Location: Chaucer Centre, Canterbury Road, Morden, SM4 6PX

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	<b>Welcome, Introductions and Apologies</b>	Chair	
02		<b>Declarations of Interest</b> <i>All members and attendees <b>may</b> have interests relating to their roles. <b>These interests should be declared in the register of interests.</b> While these general interests do not need to be individually declared at meetings, interests over and above these where they are relevant to the topic under discussion should be declared.</i>	All	01
03	10.05	<b>Minutes, Action Log and Matters arising</b> Minutes and actions arising from the SWL ICB Part 1 meeting held on the 20 September 2023	Chair	02
04	10.10	<b>Chair's Report</b>	Chair	03
<b>IN FOCUS</b>				
05	10.20	<b>Health Inequalities</b>	John Byrne	04
06	10.50	<b>Update on progress SWL Local Maternity and Neonatal System has made on supporting recommendations from the independent inquiry into maternity and neonatal services at East Kent.</b>	Elaine Clancy	05



	Time	Agenda Item	Sponsor	Enc
<b>FOR DECISION</b>				
<b>07</b>	11.20	<b>2023/25 Better Care Fund – Section 75s sign off and SWL Better Care Fund Review Update</b>	Tonia Michaelides	06
<b>08</b>	11.30	<b>Investing in Services beyond Hospital - Keeping People Healthy and Well in our Communities</b>	Sarah Blow	07
<b>09</b>	11.40	<b>COMFORT BREAK</b>		
<b>ITEMS FOR INFORMATION</b>				
<b>10</b>	11.50	<b>Primary Care Access Recovery Plan (PCARP) System Level Update</b>	Mark Creelman	08
<b>11</b>	12.00	<b>South West London Integrated Care Partnership Update</b>	Cllr Ruth Dombey	09
<b>12</b>	12.10	<b>Board Committee Updates and Reports</b> <ul style="list-style-type: none"> <li>• Finance &amp; Planning Committee Update</li> <li>• Month 6 Finance Report</li> <li>• Quality &amp; Oversight Committee Update <ul style="list-style-type: none"> <li>○ Performance Report</li> </ul> </li> <li>• Audit &amp; Risk Committee Update</li> </ul>	Dick Sorabji Helen Jameson Mercy Jeyasingham Jonathan Bates Martin Spencer	10 11 12 13 14
<b>13</b>	12.35	<b>Chief Executive Officer's Report</b>	CEO	15
<b>14</b>	12.45	<b>Any Other Business</b>	All	
<b>15</b>	12.50	<b>Meeting close</b>	Chair	
<b>16</b>	12.51	<b>Public Questions - by email</b> 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 17 January 2024, Hotel Antoinette, 249-263 The Broadway, Wimbledon, SW19 1SD

NHS South West London Integrated Care Board  
Register of Declared Interests (November 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)	Nature of Interest				From	To	Action taken to mitigate risk	
				Financial Interest	Non-Financial professional Interest	Non-Financial Personal Interest	Indirect Interest				
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. Sept 2017 2. Dec 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. 01/05/2020	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. 3. Non-Executive Member on Hertfordshire and West Essex ICB		1 3		2	1. Nov 2022 2. Oct 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. 09/2018 2. 07/2019 3. 11/2021 4. 10/2021 5. 10/2024	1. 09/2024 2. 07/2023 3. 11/2023 4. 10/2026 5. 10/2024	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. 01/01/2022	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. 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. 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. Sept 2019 2. Dec 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.	
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.Heller 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	1. 01/08/2021 2. 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 Haider Practice (GMS) 2. Joint Clinical Director, Brocklebank PCN 3. Brocklebank PCN is part of Battersea Healthcare (BHIC) 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 6 7	2			1. Practices hold PMS/GMS contracts. Dr Nicola Jones holds no director post and has no specific responsibilities within BHIC 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				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
Iain Dodds	Place Member Richmond ICB Board Member ICP Board Member	N	Nil Return								

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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
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 -Visba Health Care - Chair UK advisory Board Jan 2022 ongoing -Surrey Physion - Strategic Adviser Feb 2023 ongoing -WA Communications - Strategic Adviser Mar 2023 ongoing -DAC Beachcroft - Strategic Adviser April 2020 ongoing -ZPB - Strategic Adviser 2018 ongoing <del>-Biossion - Strategic Adviser 2022 ongoing</del>	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	Y	1. CEO of Richmond and Wandsworth LA	1				1. CEO of Richmond and Wandsworth LA	03/04/2023	Current	Declared and discussed when relevant with COI Guardian.

**MINUTES**  
**SWL ICB Board Meeting**  
**Wednesday 20 September 2023**  
**10.00 – 13.00**  
**Microsoft Teams**

**Chair:** Mike Bell

<b>Members:</b>	<b>Designation &amp; Organisation</b>
<b>Non-Executive Members</b>	
Ruth Bailey (RB)	Non-Executive Member, SWL ICB
Dick Sorabji (DS)	Non-Executive Member, SWL ICB
<b>Executive Members</b>	
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
<b>Partner Members</b>	
Vanessa Ford (VF)	Partner Member, Mental Health Services (Chief Executive Officer, South West London & St. Georges Mental Health Trust)
Jo Farrar (JF)	Partner Member, Community Services (Chief Executive Kingston Hospital NHS Foundation Trust & Hounslow and Richmond Community Healthcare NHS Trust; Executive NHS Lead for Kingston and Richmond)
Ruth Dombey (RD)	Partner Member, Local Authorities (London Borough of Sutton).
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)
<b>Place Members</b>	
Dr Annette Pautz (AP)	Place Member, Kingston (Kingston GP)
James Blythe (JBI)	Place Member, Sutton (Managing Director Epsom & St Helier NHS Trust)
Matthew Kershaw (MK)	Place Member, Croydon (Chief Executive Officer and Place Based Leader for Health Croydon Healthcare Services NHS Trust)
Ian Dodds (ID)	Place Member, Richmond (Director of Children Services Royal Borough of Kingston upon Thames & London Borough of Richmond upon Thames)
Mark Creelman (MC)	Place Member, Wandsworth (Executive Locality Lead, Merton, and Wandsworth)
<b>Attendees</b>	
Charlotte Gawne (CG)	Executive Director of Stakeholder & Partnership Engagement and Communications, SWL ICB
Karen Broughton (KB)	Deputy CEO/Director of People & Transformation, SWL ICB
Jonathan Bates (JBa)	Chief Operating Officer, SWL ICB
<b>Observers</b>	
Alyssa Chase-Vilchez (ACV)	SWL HealthWatch Representative
Sara Milocco (SM)	SWL Voluntary Sector Representative

<b>In attendance</b>	
Ben Luscombe (BL)	Chief of Staff, SWL ICB
Maureen Glover (MG)	Corporate Services Manager (ICS)
Caroline Morris (CM) for agenda item 6	Director of Collaborate Commissioning
Michelle Woodward (MW) for agenda item 6	Head of Urgent and Emergency Care
John Atherton (JA) for agenda item 7	Director of Mental Health Transformation, SWL, ICB
<b>Apologies</b>	
Dame Cally Palmer (CP)	Partner Member, Specialised Services (Chief Executive Officer, The Royal Marsden NHS Foundation Trust)
Mercy Jeyasingham (MJ)	Non-Executive Member, SWL ICB
Martin Spencer (MS)	Non-Executive Member, SWL ICB
Mike Jackson (MJa)	Participant, Local Authorities (Joint Chief Executive Richmond upon Thames & Wandsworth Council)

No.	AGENDA ITEM	Action by
<b>1</b>	<b>Welcome and Apologies</b>	
	<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 Kingston but because of the strike action taking place on this day the decision had been made to move to a virtual meeting.</p>	
<b>2</b>	<b>Declarations of Interest</b>	
	A register of declared interests was included in the meeting pack. There were no further declarations relating to items on the agenda and the Board noted the register as a full and accurate record of all declared interests.	
<b>3</b>	<b>Minutes, Action Log and Matters arising</b>	
	<p><b>Minutes</b> The Board <b>approved</b> the minutes of the meeting held on 19 July 2023.</p> <p><b>Action Log</b> The action log was reviewed and it was noted that four actions remained open which were not due for completion until later in the year.</p> <p><b>Action Ref ICB-05:</b> Alyssa Chase-Vilchez (ACV) advised that an update report on Children and Young People’s mental health would be available in the coming weeks.</p>	
<b>4</b>	<b>Decisions Made in Other Meetings</b>	
	<p>Sarah Blow (SB) presented the report.</p> <p>It was noted that on 19 July a part 2 meeting was held for the Board to agree that, when the existing Urgent Care contract lapsed, the CHS Acute and Community contract would become the default contractual arrangement for urgent care provision.</p> <p>The Board <b>noted</b> the decisions made at the Part 2 meeting of the Board held on 19 July.</p>	

5	<b>Chair's Report</b>	
	<p>Mike Bell (MB) presented the report.</p> <p>MB noted that the ICB had commemorated South Asian Heritage Month with a series of events and activities. Congratulations were passed on to the teams who had been nominated for Health Service Journal (HSJ) awards.</p> <p>Attention was drawn to the SWL ICB's Annual General Meeting (AGM) on Monday 25 September which everyone was welcome to attend.</p> <p>The Board <b>noted</b> the report.</p>	
6	<b>Winter Planning</b>	
	<p>Jonathan Bates (JBa) presented the report and asked the Board to consider three specific questions, as noted in the paper.</p> <p>Matthew Kershaw (MK) added his reflections, as Joint Senior Responsible Officer (SRO), and commended the plan to the Board recognising there would be a challenging period ahead, which would be exacerbated by the industrial action.</p> <p>MB asked members of the Board to give an update on their respective areas and the following points were noted:</p> <p>John Byrne (JBy) provided an update on the latest intelligence that had been received in relation to Covid and Flu and the importance of immunisations.</p> <p>Annette Pautz (AP) noted how the use of digital tools in primary care helped triage patients and enable prioritised access.</p> <p>Nicola Jones (NJ) noted the huge activity in Primary Care and the importance of Primary Care being able to support the rest of the system.</p> <p>Jacqueline Totterdell (JT) talked about SDEC (Same Day Emergency Care), noting that this service had revolutionised patient experience in emergency care some years ago and there was an opportunity to make it even better and share best practice.</p> <p>James Blythe (JBI) provided an update on UCR (Urgent Community Response) noting that the next step of development was to ensure there was consistent co-ordination of care and that information on care plans was available to the UCR service to support patients.</p> <p>Jo Farrar (JF) advised that the Trust worked closely with social care to maintain flow throughout the hospital to enable timely discharge. He noted the importance of vaccinating staff and longer-term patients, building up resilience of carers and utilising the virtual wards.</p> <p>MK talked about frailty which was a priority in SWL and was a big factor in terms of demand on the service, particularly in the winter.</p> <p>JBa thanked the Board for their support and enthusiasm and in responding to a question about the link to the voluntary community sector, it was noted that plans in relation to the voluntary community sector were embedded in each Local A&amp;E Delivery Board and JBa said he would be happy to talk with Sara Milocco (SM) outside of the meeting.</p>	



	<p>SB commented on the wider communications and engagement work that had been undertaken, noting the significant experience and learning in SWL and the positive approach that was being taken. It was noted that a report on the Primary Care Access Plan would be brought to the Board in November for a wider discussion on the Governance arrangements and how the plan will be overseen. Board members noted the systems and processes that had already been set up and that the ICB worked closely with all of the providers across the system and other parts of London including the London Ambulance Service (LAS). Delivery of the Plan would be monitored by the SWL Urgent and Emergency Care Delivery Board which was jointly chaired by JBa and MK.</p> <p>The Board <b>approved</b> the Winter Planning document and <b>confirmed</b> it was assured that preparations for the coming winter period had been undertaken in a robust manner.</p>	
<b>7</b>	<b>Children and Young Peoples Mental Health and Emotional Wellbeing</b>	
	<p>Vanessa Ford (VF) presented the report.</p> <p>Board members discussed Children and Young People’s Mental Health and Emotional Wellbeing and provided feedback from their individual perspectives.</p> <p>Ian Dodds (ID) highlighted the significant increase being seen in terms of complexity and acuity of need which was placing significant pressure on mental health services and also on children and social care services.</p> <p>VF responded to SM’s question about mental health coverage in schools and noted that, historically, funding and resource had been prioritised on weighted population. The ICB had now committed to prioritise funding on need.</p> <p>VF said that Mental Health was a priority for everyone and there was a need to be thoughtful about how to channel energies to the areas that had the most impact and to stay aligned to the priority areas the ICP and ICB Boards had set in order to deliver against them.</p> <p>MB advised that the Board would need to discuss increasing the overall funding to Mental Health Community and prevention.</p> <p>SB noted that need should not be confused with demand and that there was a need to address the unmet need for young people who were accessing services.</p> <p>SB advised that a paper would be brought back to the Board in November on principles for funding mental health and community.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>Approved</b> the annual refresh to the SW London CAMHS Transformation Plan (<i>‘Transforming Mental Health Services for Children, Young People (0-25) and their Families across South West London – 2023’</i>).</li> <li>• <b>Noted</b> the update on key issues relating to children and young people’s mental health in SW London.</li> </ul>	
<b>8</b>	<b>Provider Collaborative Partnership Delivery Agreements</b>	
	<p>JB and Karen Broughton (KB) presented the report.</p>	

	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>Approved</b> the 2023/2024 SWL Provider Collaborative Partnership Delivery Agreements, noting that the APC 2023/24 Partnership Agreement still needed to be approved by the respective Trust Boards.</li> <li>• <b>Approved</b> the recommendation that any future changes to the document would be delegated to the Senior Management Team who would seek the Board's approval for any material changes.</li> </ul>	
<b>9</b>	<b>Green Plan: Mid-Year Progress Update</b>	
	<p>Helen Jameson (HJ) presented the report.</p> <p>Board members discussed the report and noted that transport was one area where carbon footprint emissions could be reduced. 24% of journeys in London were NHS related and Jo Farrar (JF), Chair of the SWL Outpatient Board provided assurance that plans were being developed which would look at reducing the number of inappropriate appointments to help reduce journey times.</p> <p>It was noted the quality of estates was a significant challenge and there was a need to embed green into all transformation plans. MK informed the Board that a significant bid was being submitted through Salix on a new heating approach in Croydon which he hoped would be successful.</p> <p>Cllr Ruth Dombey (RD) noted the South London Partnership was leading on a scheme called Innovate, which had funding from the Mayor of London and London Council to look at how to use digital technology in a better way. It was noted it would be important to ensure that SWL NHS was linked and aware of this work.</p> <p>JBI drew attention to the Building a Future Hospital's programme and highlighted that all NHS schemes would be net zero and green would be embedded into construction techniques.</p> <p>HJ agreed with comments made by Board members and noted that green and sustainability should be embedded into everything the ICB did. The ICB was making good progress and there was real momentum with staff and the population about how everyone could be involved in this initiative.</p> <p>SB summarised that the Green agenda was a priority for the ICB and it was good to see the progress being made and that the Board was receiving updates.</p> <p>The Board <b>noted</b> the system's achievements in the first half 2023/24 and that an update of the ICB's progress would be shared with NHSE in line with their reporting requirements.</p>	
<b>10</b>	<b>Board Assurance Framework (BAF)</b>	
	<p>Ben Luscombe (BL) presented the report.</p> <p>One new risk had been added to the BAF regarding oversight of system quality in SWL and Elaine Clancy (EC) noted that it was important to gather concerns together in terms of the overall system quality risk, taking into account workforce challenges, the impact of industrial action, the challenges</p>	

	<p>the winter plan posed and the implementation of Patient Safety Incident Response Framework (PSIRF).</p> <p>SB noted that the Chair of the Audit Committee had highlighted that some of the mitigated risks still carried a high level of risk and that these would be reviewed by the Audit &amp; Risk Committee.</p> <p>The Board <b>noted</b> the overall BAF position.</p>	
<b>11</b>	<b>South West London Integrated Care Partnership Update</b>	
	<p>Cllr Ruth Dombey presented the report.</p> <p>MB noted that there was a real sense of engagement across the ICP and drew particular attention to the extremely positive event in May, noting that it was good to see Health &amp; Wellbeing Chairs leading the six workstreams. In addition SB/MB had spoken with Trust Chairs and it was hoped that they would also be able to participate in the workstreams moving forward to enable a joined-up system across the third sector, local government and the NHS.</p> <p>The Board <b>noted</b> the report.</p>	
<b>12</b>	<b>Board Committee Updates and Reports</b>	
	<p><b>Finance &amp; Planning Committee Update</b> DS presented the report which gave an overview of the key issues discussed at the Finance and Planning Committee in July. The financial position is on plan for months two and three; and the Financial Recovery Plan was delivering.</p> <p><b>Month 4 Finance Report</b> HJ presented the report and noted the M4 financial position.</p> <p>SB noted that the ICB was on plan but reminded the Board that this was a deficit plan. Delivery of the plan will still be challenging, particularly with the ongoing industrial action.</p> <p><b>Quality &amp; Oversight Committee Update</b> Mercy Jeyasingham was not present at the meeting but it was noted that a written report had been received which was included in the meeting pack.</p> <p><b>Quality Report</b> Elaine Clancy (EC) presented the report and asked the Board to provide feedback on the presentation of the Quality Report. JT supported a change to the Quality Report noting that the inclusion of more data would enable quality to be triangulated in a more helpful way.</p> <p><b>Performance Report</b> JBa presented the report. Areas of success were highlighted as progress against long waits for ambulances, meeting the target for faster cancer diagnosis and the improvement seen in access to Psychological Therapy services. Challenges were noted as the length of time people were waiting for emergency care whether physical or mental health and the growth being seen in patients waiting more than 52 weeks to access elective care.</p> <p>The Board <b>noted</b> the Committee updates and reports.</p>	

<b>13</b>	<b>Chief Executive Officer's Report</b>	
	<p>SB presented the report this included a report on the Lucy Letby case. SB provided assurance on systems and processes in place across the SWL NHS system.</p> <p>Attention was drawn to the Annual Assessment of the ICB from NHSE and assurance was provided that any areas of improvement in the assessment would be taken forward through business-as-usual processes.</p> <p>SB gave a verbal update on Martha's Law which would enable patients to seek a second opinion</p> <p>The Board <b>noted</b> the report.</p>	
<b>14</b>	<b>Any Other Business</b>	
	There was no other business and the meeting was closed.	
<b>15</b>	<b>Public Questions</b>	
	No written questions had been received from members of the public.	

**Next meeting in public: Wednesday 22 November: Chaucer Centre, Canterbury Road, Morden, SM4 8PX.**

## ICB Board Part 1 - Action Log

Date: 7 November 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	Report on agenda.	Closed
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	Report on agenda.	Closed
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		Closed
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			
<b>Name of Meeting</b>	ICB Board		
<b>Date</b>	Wednesday, 22 November 2023		
<b>Title</b>	Chair's Report		
<b>Lead Director Lead (Name and Role)</b>	Mike Bell, Chair, SWL ICB		
<b>Author(s) (Name and Role)</b>	Ryan Stangroom, Chief of Staff Funke Ojatalayo, ICB Head of Assurance		
<b>Agenda Item No.</b>	04	<b>Attachment No.</b>	03
<b>Purpose</b>	Approve <input type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input checked="" type="checkbox"/>
<b>Purpose</b>			
<p>The report is provided for information and to update the Board on key issues not covered in other substantive agenda items.</p>			
<b>Executive Summary</b>			
<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>			
<b>Key Issues for the Board to be aware of:</b>			
<b>Black History Month</b>			
<p>Throughout October we celebrated Black History Month. The ICB showcased the achievement of Black female leaders in the NHS and promoted events to raise awareness of maternal health inequalities faced by people from black and minority ethnic backgrounds. We invited staff to discuss their heritage and what Black History month means to them and to join in the events that took place throughout the month. South West London hosted an event on the 27 October to help understand why fibroids disproportionately affects black women than any other race.</p>			
<p>We also looked at how maternal health inequalities impacted the experience of people from black and minority ethnic backgrounds. With these and other events and initiatives, we hope to raise awareness of issues which affect our BME communities and work to address health inequalities.</p>			
<p>As CEO for the ICB, Sarah continues to lead work to develop an anti-racism framework for SWL and we will be updating the Board further on this in January.</p>			
<b>The Mayor's Skills Academy</b>			
<p>The Mayors Skills Academy, sponsored by the Greater London Authority (GLA), has been setup to support people from unemployed, underrepresented groups (50+, Minority groups, young people, lone parents, people with caring responsibilities, deaf and disabled groups) who have</p>			

been disproportionately affected by the impact of the pandemic, into good jobs and opportunities in the NHS.

The programme team is working closely with education, employability partners, charities and healthcare partners across the ICS to develop a targeted approach to recruitment that reduces barriers to entry for these groups. For example, 'Recruitment with a Difference' at St Georges Mental Health Trust, supporting homeless groups with St Georges Foundation Trust, raising awareness of 350 careers in the NHS across the traveller community and unemployed over 50s group with the Department of Work and Pensions.

To tackle immediate barriers, a project-based work experience programme has been setup to provide high quality, work experience opportunities which will help to strengthen future applications and job prospects in the NHS. The Programme also recently won an HPMA award in the Talent Acquisition Strategy of the year category. This year saw the highest number of entries ever recorded; competition was stiff – which made the win even more special.

In addition, the programme team are working with the NHSE Anchors Institute team with the aim of improving the social mobility of our staff by better understanding their skills, qualifications and career aspirations which will enable us to work with further and higher education partners and help bridge the skills gap.

### **SWL ICB Annual General Meeting**

We held our first AGM as an ICB on 25<sup>th</sup> September 2023 at Wimbledon Everyday Church where we presented our annual report and accounts. The meeting was well attended by over 50 people, representing our partners, community and voluntary groups and members of the public both in person and online and we had great engagement from those in the room.

We listened to case studies presented by two groups whose projects had been supported by our SWL Investment Fund and featured the great work they have achieved. Delrita Agyapong, Chief Executive Officer at Caius House, presented Youth Battersea Minds and Tim Fallon, Chief Executive Officer at SPEAR, presented the SPEAR Homelessness to Independence project.

Our annual reports and accounts and a recording of the event are available on our website. You can also download a copy of the presentation here. <https://www.southwestlondon.icb.nhs.uk/wp-content/uploads/2023/09/NHS-South-West-London-ICB-Annual-General-Meeting-AGM-2023-presentation.pdf>

### **London Leaders workshop on HIV**

The London Leaders workshop on HIV, which I co-chaired with Caroline Clarke, NHS England Regional Director for London, explored the joint approach to ending HIV transmissions and securing the best health and care outcomes for Londoners living with and affected by HIV.

The workshop hosted by London's Fast-Track Cities HIV Initiative united everyone with a common interest and commitment to tackling HIV including the Mayor of London, NHS England, ICBs, London Councils, UK Health Security Agency (UKHSA), Office for Health Improvement and Disparities (OHID), people living with HIV, doctors, nurses, and academics. This is the only forum in London that brings everybody working in the HIV sector together and provides an effective example of how health and social care professionals can harness the power of communities and the voluntary sector to bring about sustainable change.

London is on track to be the first major global city to eradicate HIV within the next five years, but there is a need to sustain this effort. HIV continues to be a critical health and health equity issue for London – 40% of people living with HIV in the UK live in London with already marginalised and underserved communities being disproportionately affected. Reduced health related quality of life, multiple comorbidities, and poor mental health are major concerns. For as long as people with HIV remain either undiagnosed or untreated onward transmissions will continue, with ongoing HIV associated stigma being one of our major roadblocks to progress.

A short video about the event can be viewed at <https://youtu.be/yVMDacQP9Rk?si=kkUDhr-AEnLbOmoA>.

### **Acute Providers Collaboration**

The Chief Executives and Chairs from the Acute Providers Collaboration met on 16<sup>th</sup> October 2023 with Sarah Blow and I to discuss their plans for the future.

### **London Chairs Meeting**

The Chairs of the London ICBs and NHS Trusts collectively met on 4<sup>th</sup> October 2023 for an opportunity to connect and hear from colleagues across the sector. Caroline Clarke, NHS England Regional Director for London provided an update on national, regional and ICB priorities and challenges. Caroline was joined by Dr Chris Streater, NHSE Regional Medical Director, and Professor Kevin Fenton, Regional Director for Public Health who also provided updates on their respective programmes and priorities.

### **NHS Providers Conference**

The NHS Providers Annual Conference was held on 14 and 15 November in Liverpool which brings together senior NHS leaders for debate discussion and networking. We participated in a breakout session focused on overcoming challenging circumstances to create positive environments focused on improving quality of care and patient safety.

Information on the enablers of patient safety that could be implemented elsewhere were shared, including ensuring effective governance and organisational culture, and co-production of safety measures with staff and communities was shared. The session drew upon themes of leadership, behaviours, resourcing, and workforce levels. The work on improving care for patients with learning disabilities in South West London was shared.

### **DigitalHealth London Accelerator Cohort Networking Day**

I was pleased to speak at an exciting event on SWL ambitions in relation to MedTech innovations. This event brought together a wide range of tech entrepreneurs who are being supported across South London by our Health Innovation Network to work with the NHS to make our services more efficient, more accessible and better focused on those communities facing the most acute health inequalities.

### **Recommendation:**

#### **The Board is asked to:**

- Note the contents of the report.



<b>Conflicts of Interest</b> N/A
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<b>Corporate Objectives</b> This document will impact on the following Board Objectives	Overall delivery of the ICB's objectives.
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<b>Risks</b> This document links to the following Board risks:	N/A
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<b>Mitigations</b> Actions taken to reduce any risks identified:	N/A
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<b>Financial/Resource Implications</b>	N/A
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<b>Is an Equality Impact Assessment (EIA) necessary and has it been completed?</b>	N/A
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<b>What are the implications of the EIA and what, if any are the mitigations</b>	N/A
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<b>Patient and Public Engagement and Communication</b>	N/A
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<b>Previous Committees/Groups</b> Enter any Committees/Groups at which this document has been previously considered	<b>Committee/Group Name</b>	<b>Date Discussed</b>	<b>Outcome</b>

<b>Supporting Documents</b>	N/A
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## NHS South West London Integrated Care Board

<b>Name of Meeting</b>	ICB Board		
<b>Date</b>	Wednesday, 22 November 2023		
<b>Title</b>	Health Inequalities		
<b>Lead Director (Name and Role)</b>	Dr John Byrne, Executive Medical Director		
<b>Author(s) (Name and Role)</b>	Dr Catherine Hefferman, Director of Health Improvement Alex Lang, Head of Transformation: Long-Term conditions Kehinde Adeniji, Prevention Lead and Health Inequalities Manager		
<b>Agenda Item No.</b>	05	<b>Attachment No.</b>	04
<b>Purpose</b>	Approve <input type="checkbox"/>	Discuss <input checked="" type="checkbox"/>	Note <input checked="" type="checkbox"/>

### Purpose

This presentation outlines the programme of work being done in South West London (SWL) Integrated Care System (ICS) to address health equity. Health equity encompasses health inequalities healthcare inequalities and health disparities.

### Executive Summary

Embedding health equity across SWL is a long-term endeavour but key to its success is the ability to invest in prevention, community building, addressing the wider determinants of health and self-care and empowerment.

NHS England is leading a national Healthcare Inequalities Programme, known as Core20plus5 and as part of this programme, Integrated Care Boards (ICBs) will receive a 3-year annual non-recurrent financial allocation. In 2022/23, SWL used this money to fund the Health Inequalities Investment Fund and to fund national programmes and other Core20plus5 related initiatives.

The Investment Fund approach for 2023/24 was approved by the SWL Integrated Care Partnership (ICP) Board in July 2023. The Health Inequalities fund for SWL is £4.3 million in Full Year 2023/24.

This presentation will provide information on the governance in place support the delivery of the health equity improvement programme in SWL and highlights ICS work to date on implementing key programmes of work aimed at tackling health and healthcare inequalities in SWL, including prevention, community empowerment and self-care.

### Key Issues for the Board to be aware of

We are currently in Q3 of 2023/24, and therefore the SWL Health Inequalities funding from the SWL Investment Fund needs to be released and spent for delivery in a timely manner before

reaching the end of the financial year. Each Place has been advised delivery of existing projects can be extended to March 2025, dependent on progress and meeting of KPIs by projects.

**Recommendation**

**The Board is asked to:**

- Note the programme of work being undertaken in SWL on addressing health inequalities, healthcare inequalities and health disparities.
- To support and champion investment and partnership work in prevention, community building and empowerment, addressing the wider determinants of health and self-care.
- For all system partners (Acute, Mental Health, Community and Primary Care) to review their own internal plans with regard to delivering against the CORE20PLUS5 national framework

**Conflicts of Interest**

N/A

**Corporate Objectives**

This document will impact on the following Board Objectives

This document will impact on the following Board Objectives:

- Improve outcomes in population health and healthcare.
- Tackle inequalities in outcomes, experience and access.
- Help the NHS support broader social and economic development.

It is aligned to the SLW Joint Forward Plan and ICP Priorities.

**Risks**

This document links to the following Board risks:

This document links to the following Board risks:

There is a risk that monies allocated for Full Year 2023/24 will not be spent in-year due to the late allocation of funds. This may mean that projects are delayed in starting and completing.

**Mitigations**

Actions taken to reduce any risks identified:

Actions taken to reduce any risks identified:

Learning has been taken on board from last years' experience. Each Place has been advised delivery of existing and new projects could be extended to March 2025. Extending delivery period to March 2025 will mean that applicants can receive their funding and have 12-15 months to complete their projects.

**Financial/Resource Implications**

National funding has been allocated to ICBs to tackle healthcare inequalities for their local population. The funding should help systems to maintain work to reduce healthcare inequalities, such as the Five Priority Actions and Core20PLUS5, while achieving financial balance and elective recovery.

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

Yes. An EIA is necessary to evaluate the impact of the inequality funding on targeted communities. This will be done as part of the system evaluation process.

<b>necessary and has it been completed?</b>	
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<b>What are the implications of the EIA and what, if any are the mitigations</b>	<p>Some key mitigations of the points raised above are:</p> <ul style="list-style-type: none"> <li>• The assessment will consider our patients and residents who fall within the nine protected characteristics and will be aligned to the quality impact assessments.</li> <li>• In line with the CORE20PLUS5 approach, community connectors have been recruited to adapt the Asset Based Community Development model in the most deprived communities of SWL to build capacity and deliver targeted based interventions for those with the poorest outcomes.</li> <li>• The SWL Health Equity Partnership Group will play a key role in developing the priorities to tackle health inequalities and holds the system to account for delivery.</li> </ul>
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<b>Patient and Public Engagement and Communication</b>	N/A
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<b>Previous Committees/Groups</b> Enter any Committees/Groups at which this document has been previously considered	<b>Committee/Group Name</b>	<b>Date Discussed</b>	<b>Outcome</b>

<b>Supporting Documents</b>	SWL ICB Board Health Inequalities, November 2023
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# SWL ICB Board Health Inequalities

November 2023



# Contents

- An introduction to Health Equity, Inequalities and Healthcare Inequalities
- Outline the oversight Framework around Health Equity and workstreams
- Strategies linked to Health Equity and some of the key themes for focus
- Outlining how activity in SWL with regard to prevention and self-management , including innovation, are helping us with Health Equity
- How the Acute Provider Collaborative (APC) and SWL Clinical Networks are addressing health inequalities
- Local Maternity & Neonatal System work streams related to health equity
- Recovery of secondary prevention activities in SWL
- A recap on the Health Inequalities fund for 22/3, including projects and process update for this year 23/4
- Examples of activity under way in SWL
- Next steps

# Introduction

- The purpose of this presentation is to update the ICB Board on the work being done in South West London (SWL) to address health and healthcare inequalities
- This will cover our work to date on implementing:
  - The national NHS healthcare inequalities programme (Core20plus5)
  - The Mayor of London's Health Inequalities Strategy
  - The Joint Forward Plan and ICP Strategy
- SWL ICB has statutory equality duties for equality and inequalities as outlined in the Equality Act 2010 and the Health and Social Care Act 2022. This includes publishing equality information and objectives for the Public Sector Equality Duty; annual equality delivery system reporting and developing equality impact assessments and utilising the findings to improve health and care. SWL ICB complies with this and annual files returns with NHSE.
- Embedding health equity across SWL is a long-term endeavour but key to its success is the ability to invest in prevention, community building, addressing the wider determinants of health and self-care and empowerment

# What is Health Equity?

- Health inequalities, health disparities and health inequities are often used interchangeably but have particular and distinct meanings.
- The term we should be focusing on is Health Equity.
- Health equity can be defined as “the absence of unfair and avoidable (or remediable) differences in health among population groups defined socially, economically, demographically or geographically” (WHO).
- Health equity means ensuring every person can achieve their best health.
- To do this we need to address the 3 components of health equity:

health inequalities,

healthcare inequalities

health disparities.

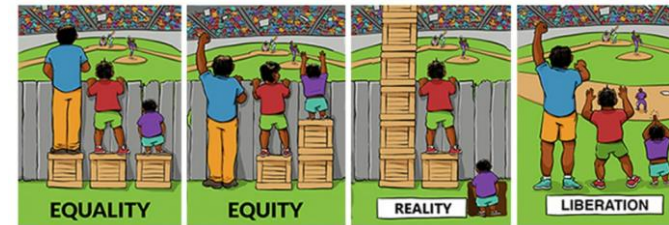


Image “Reality, Equality, Equity, Liberation,” courtesy Interaction Institute for Social Change ([interactioninstitute.org](http://interactioninstitute.org)), Artist: Angus Maguire ([madewithangus.com](http://madewithangus.com))



Image Contributors to health (in)equity, King's Fund 2013



# How are we addressing health inequalities in SWL ?

- **Health inequalities** refers to the differences in health outcomes between different population subgroups such as differences in how long we live or the age.
- Inequalities in health are largely due to inequalities in society and the unequal distribution of the social determinants of health. They occur across several demographics: gender, age, ethnicity, socio-economic groups, geography, religion, sexual preference etc.
- There are also vertical inequalities in utilization of health care in terms of education, income and occupation.
- To reduce health inequalities in SWL, we need to work together to target **the wider determinants of health**.
- These are the social, economic and environmental factors that can limit a person's ability to be healthy, creating health inequalities, such the conditions in which people are born, grow, work, live and age, environment, education, income, employment, social and community networks and commercial determinants. Examples include poor housing, lack of access to quality education, racial and ethnic discrimination, income and wealth gaps, unsafe environments, and climate change.
- In SWL, we tackle the wider determinants of health through our ICP work, the work of South London Partnership (e.g. employment hub and reducing the % of economically inactive) and the local authorities on 'upstream' factors, development of Anchor Institutions (and creation of social value in our local economy) and Voluntary sector.

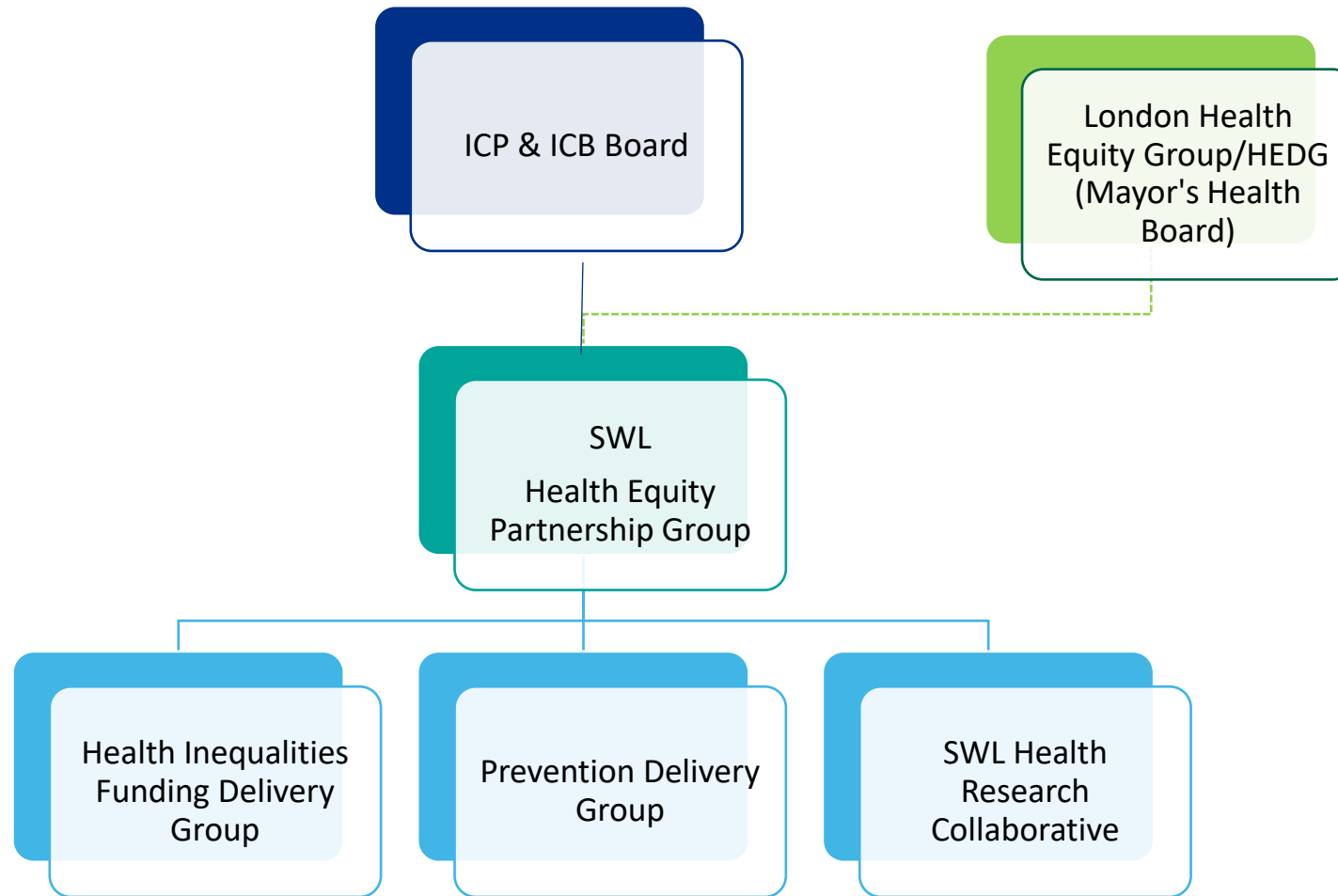
# How are we addressing healthcare inequalities in SWL?

- This refers to the differences in rates of access and usage of services between population sub-groups.
- Addressing healthcare inequalities is within the gift of the ICB and wider NHS.
- It is also important to think about the impact of healthcare on population health (i.e. our healthcare services are also a determinant of health inequalities).
- In SWL, we want to achieve an equitable distribution of services. This is where rates of access to a service follows the distribution of need – i.e. a patient with a given level of need in one sub-group has the same chance of accessing a service as their counterpart with a similar level of need in other subgroups.
- We are trying to achieve this through the delivery plans of the Primary Care Strategy, the Mental Health Strategy and through the Trusts' Clinical Strategies (e.g. GESH Group Strategy). This includes work on identifying those who have higher need for healthcare but poorer access to it and worse outcomes and experiences.
- SWL Local Maternity and Neonatal System is delivering a five-year plan for health inequity and health inequality improvement (aligned with national programme).
- We are also tackling healthcare inequalities through our applications of Personalised Care in community (social prescribing and health coaches) and through Making Every Contact Count (MECC) approaches in frontline staff, such as community pharmacies (e.g. Winter Fit, Blood Pressure checks, women's health, digital exclusion etc)
- Population health management has been utilised within PCNs across the ICS (each Place has a Health Inequalities and PHM Clinical Lead) to identify those individuals, groups or communities that need better care and access and then implement the approach to accommodate them.
- For screening and immunisations, evidence-based approaches on how to better serve the under-served are being implemented in partnership between ICB, local public health and the regional NHSE team. This includes the SWL Immunisation Strategy.
- The ICB Health Improvement Team works with community led 'health and well-being checks' that have identified ~33% of participants with previously undiagnosed obesity, hypertension, diabetes & other cardiovascular risk factors who are then referred to primary care.

# How are we addressing health disparities in SWL?

- This refers to a particular type of health difference that is closely linked with social, economic and/or environmental disadvantage and is linked to groups of people who have systematically experienced greater obstacles to health. These are our most vulnerable groups.
- Examples of 'inclusion health' include the homeless, Roma, gypsy and traveller communities, sex workers, boating community and offenders/former offenders.
- Within SWL, we have a SWL Homeless Panel that leads on a programme of work to improve the health of this population. The SWL Health Inequalities Fund funds Place based and now SWL level voluntary sector work on health disparities. Vaccinations are also supplied via pharmacy and outreach delivery models.
- Much of the work is placed based, with discrete projects and on-going programmes of work but there is more to be done and we are aligning our approaches with that of Region's Health Equity Group.
- **All three components of Health Equity are covered in the delivery plans for the JFP and ICP Strategy.**

# Oversight Framework



# Strategic plans and frameworks (Local & National)

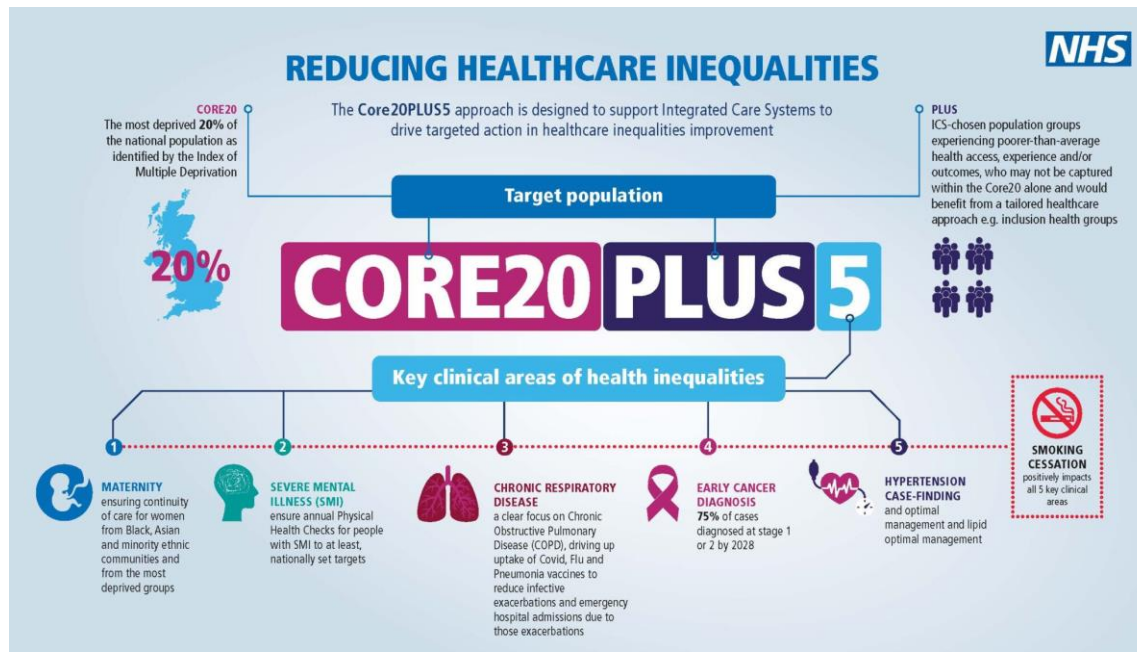
### Integrated Care Partnership Strategy

- Addressing the wider determinants of health and well-being
- Scaling up innovation to improve outcomes for people in our most deprived areas and our most vulnerable people
- Empowering our communities to improve their health and well-being

### Joint Forward Plan

- Improving outcomes for our children, young people and adults in the Core20PLUS5 population
- Developing our health inequalities strategic delivery plan
- Developing our anchor institutions to tackle socio-economic inequalities
- Developing our anti-racism framework to address racial inequalities
- Deepening our understanding of our population and health inequalities
- Using data, intelligence and population health management to improve outcomes and tackle inequalities for our population
- Strengthening our community engagement
- Delivering SWL's statutory equality duties

- The **NHS Healthcare Inequalities Programme** provides funding for 3 years (2022/23 – 24/25) to deliver its goals (Restoring NHS services inclusively; Mitigating against digital exclusion; Ensuring datasets are complete and timely; Accelerating preventative programmes & Strengthening leadership and accountability.
- £4.3 million is available to South West London for 2023/24.
- The Health Inequalities fund for 2023-25 will be distributed with 75% of funding for existing schemes and 25% for new schemes. Place-based partnerships received an allocation of the funding using a needs-based approach.
- In SWL, this has been used to fund the Health Inequalities Fund, develop a HI dashboard, deep dive into waiting lists, evaluation support, Health Equity Fellowships and provision of the national programme *Core20plus5 Connectors*



# How are the APC and Clinical Networks addressing health inequalities in SWL?

- Tackling health inequalities is a theme running through each of the SWL Clinical Networks
- Addressing variation of access and outcomes across SWL clinical pathways
- Developing end to end clinical pathways that reduce variation across our boroughs
- Using a data-driven, population health management approach to identify opportunities and ensure targeted interventions
- Example projects to address health inequalities in SWL include:
  - Early diagnosis of respiratory disease in CORE20Plus5 population through proactive patient identification
  - Improving access to specialist lipid service
  - Fracture risk assessment pop-ups in primary care
  - A community fiberoptic evaluation of swallowing community service across SWL, to address inequity in care received and support the standardisation of management for patients with swallowing difficulties
  - Translation of digital self-management content to numerous languages to improve access to where English is not a first language
  - Equitable access to fracture liaison service across SWL
  - Community outreach to increase uptake and completion of pulmonary rehab services in under-represented groups
  - Reduce inequity across for patients with acute neurological conditions
  - PRINCE pilot project to reduce admissions with UTI in multiple sclerosis patients

# Local Maternity Network system work aligned to Health Inequalities

## Some Workstreams: see below

**Health inequalities** – The ICB has been a sponsorship organisation to the Darzi Fellowship Programme in maternity.

**Darzi Fellows** have been exploring perinatal health inequalities in South West London and what might be done to improve local services, all three projects have involved engaging with women and families in South West London. A new fellow has recently started Sept 2023. The project will look at barriers people with learning disabilities face while accessing maternity care in South West London and make recommendations for both services and the ICB.

## Maternity Core Connects

**Aim:** Addressing health inequalities highlighted by the Core20PLUS5 framework – understanding barriers and access to Maternity services for those with protected characteristics and key populations including black and ethnic minority communities, LGBTQ+ communities, and Gypsy, Roma, Traveller communities, and those most deprived in the SWL ICS region.

Work in progress Implementation of Maternity Survey To extract themes for system implementation – to report quarterly

Community Outreach, Regular attendance at local community centres, faith groups, and libraries. Regular engagement with local MNVPs

Working towards establishment of service user discussion groups and coffee mornings- Croydon Coffee Morning to start 7 Dec 2023 at Babyzone.

Working to hold Whose Shoes Engagement packages at all four Trusts – tentatively January 2024 start

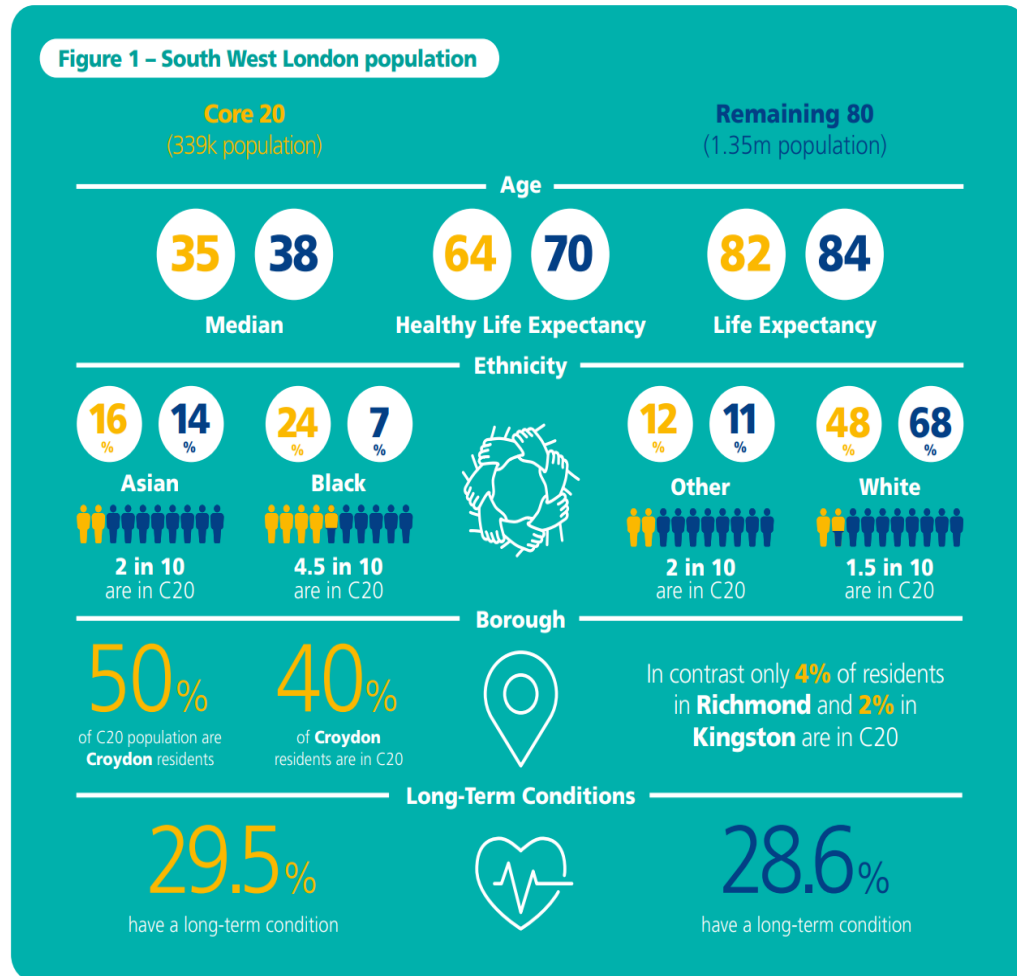
Listening to and working with women and families – two new maternity core connectors are meeting and listening to experiences of communities in South West London and sharing information with our maternity services and Local Maternity Voices Partnerships to influence service developments.

## Midwifery Continuity of Carer (MCoC)

- CHU has an enhanced Midwifery Continuity of Carer (MCoC) that covers the most deprived areas (Level 1 decile)



# Key to improving health equity is prevention, community empowerment and self-care



**Smoking**

Smoking remains the single biggest cause of preventable illness and death in England. In South West London in 2021, 13.7% of adults in South West London are smokers known to their GP.

Smoking is a major risk factor for lung cancer. Over the last five years, the rate of people being referred urgently for lung cancer in South West London was lower than the national average.

**Alcohol**

The rate of alcohol related mortality is below the London and national averages but varies between our places (ranging from 21.5 per 100,000 in Richmond to 40.4 in Merton).

**Adult immunisations**

In 2022/23, 66% of eligible South West London residents had at least one dose of Covid-19 vaccine and 70.5% of over 65s had their 'flu vaccine.

**Type two diabetes**

5.9% of our population have been diagnosed with diabetes (either type 1 or type 2), with an estimated 38,000 people living with type 2 diabetes who are yet to be diagnosed.

**Coronary heart disease**

1.9% of our adult population are known to have coronary heart disease and there were 829 Deaths from ischaemic heart diseases in 2021.

**Childhood immunisations**

Our childhood immunisation coverage is below the recommended level of 95% for almost all childhood vaccinations, in all boroughs. Coverage varies from 80-90%.

**Obesity**

Nearly 1 in every 5 children in Reception are overweight or obese. Obesity rates double between reception and Year 6 (from 18% to 35%), and then double again by adulthood.

**Hypertension**

Clinical prevalence of hypertension in South West London according to GP registers is 10.64% (lower than national rate of 13.97%).

80% of patients over the age of 45 have had a blood pressure reading in the last five years. There is evidence that the remaining 20% are those who are most likely at risk of hypertension and work is underway to reach them.



# Implementing the prevention commitments set out in the Long Term Plan

- **Tobacco**
  - Ambition: all people admitted to hospital who smoke are offered NHS-funded tobacco treatment services
  - Now delivering pathways across Trusts that link into community services
  - Bi-monthly SWL tobacco dependency steering group since Feb 2023, chaired by Director of Health Improvement
  - All Trusts have recruited Smoking Advisors and at different levels of delivery - some joining-up pathways with their local authority services and community pharmacy smoking cessation services
- **Obesity**
  - A priority in the SWL ICP Strategy with a Prevention delivery group set up to reduce obesity in SWL and there will be investment in this as result of the SWL Investment Fund
  - SWL-wide obesity health needs assessment in progress which will inform a SWL weight management pathway (planning to start in November 2023)
  - Updating the service specification for tier 4 weight management services and developing a SWL tier 3 service
  - Delivering NHS digital weight management programme, Pentathlon & Decathlon programmes and self-care apps (GetUBetter), community Health & Well-Being checks
- **Alcohol**
  - SWL didn't receive national funding to be an early implementer site for the alcohol care teams and have not received any money to deliver the alcohol dependency programme asks of the Long Term Plan
  - Since 2019, there is a drug and alcohol liaison team in St George's and jointly commissioned by Merton and Richmond & Wandsworth Councils on behalf of the ICB.
  - Local authorities have commissioned local alcohol and drug misuse services
- **Antibiotic macrobiotic resistance**
  - Developing SWL IPC strategy which incorporates AMR
  - SWL T&F group looking at improving ICP capacity and sustainability Post-COVID

# Recovery of secondary prevention activities in SWL

- Established SWL Clinical Networks (e.g. Cardiology, Respiratory, Diabetes) monitor progress of secondary prevention recovery with workstreams in place to focus on delivery of specific recovery activities such as hypertension and pulmonary rehab
- A strong focus within the SWL Joint Forward Plan with clear outcomes, delivery plans and metrics that support recovery
- SWL LTCs dashboard and use of national reporting such as CVD Prevent and National Diabetes Audit for monitoring and reporting internally and via health inequalities and Core20Plus5 where appropriate
- Strong partnership working with the London Cardiac Operational Delivery Networks and AHSNs to align priorities, monitor CVD prevention metrics and share best practice learnings

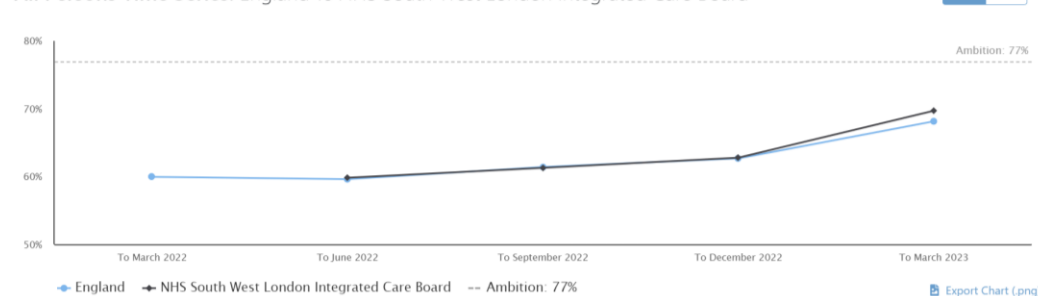
## Improving trajectory of key CVD prevention metrics

**CVDP007HYP:** Percentage of patients aged 18 and over, with GP recorded hypertension, in whom the last blood pressure reading (measured in the preceding 12 months) is below the age appropriate treatment threshold.

Data Extract Metadata

All Persons Time Series Inequalities Marker Time Series System Level Comparison Area Breakdown

All Persons Time Series: England vs NHS South West London Integrated Care Board

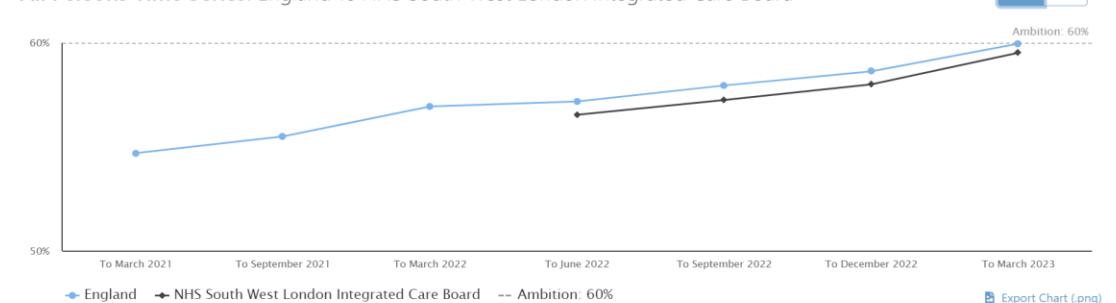


**CVDP003CHOL:** Percentage of patients aged 18 and over with no GP recorded CVD and a GP recorded QRISK score of 20% or more, on lipid lowering therapy

Data Extract Metadata

All Persons Time Series Inequalities Marker Time Series System Level Comparison Area Breakdown




All Persons Time Series: England vs NHS South West London Integrated Care Board



SRO: Dr. John Byrne, Executive Medical Director

Clinical lead: SWL Clinical Collaboration: Cardiology, Diabetes, Respiratory, MSK, Renal, Gastro, Primary Care, Personalisation, Digital, APC






Programme lead: Jayne Thorpe, Deputy Director of Transformation: Prevention & Long-term Conditions

RAG:  
 Green – expected to be achieved  
 Amber – risk of delivery <10%  
 Red – risk of delivery >10%

- Programme ambitions**
1. Prevent people from getting ill, or their illness deteriorating, by providing evidence-based education and wellness prevention services
  2. Detect illness at an earlier stage
  3. Provide effective treatment to delay disease progression and avoid hospital care
  4. People with long-term conditions to live for longer in good health and reduce their requirement for hospital care

**Governance & Oversight** The Prevention & Long-term Conditions Programme reports into the SWL Prevention & Long-term Conditions Steering Group. This group will report into the new SWL Health Improvement and Health Inequalities Board.

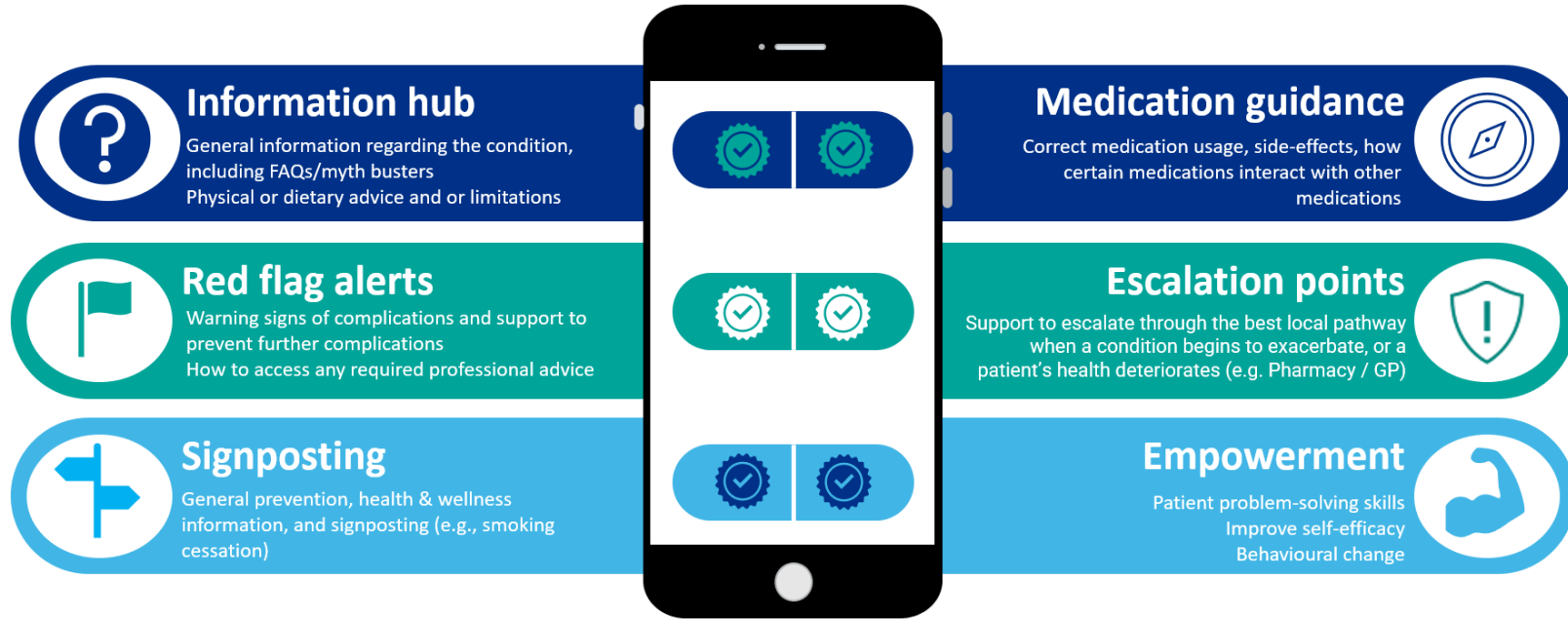
**SWL Joint Forward Plan Outcome and Outputs** Performance RAG Traj. SWL ICB two-year delivery plans to achieve outcome and output measures

90% of people living with atrial fibrillation effectively treated with oral anticoagulants by 2028	90.2% (CVD Prevent Audit March 2023)		↑	<ul style="list-style-type: none"> <li>• All patients with LTCs are offered annual assessments and review</li> <li>• All patients with LTCs receive info on their condition and tips on how to manage their condition</li> </ul>
77% of those with hypertension identified and treated to their blood pressure target by 2024.	69.7% (CVD Prevent Audit March 2023)		↑	<ul style="list-style-type: none"> <li>• Develop a cardiometabolic care model and deliver joined-up care for patients with multiple cardiometabolic conditions.</li> <li>• All patients with long-term conditions are offered annual assessments and review</li> </ul>
Increase % of patients aged 25 - 84 years with a CVD risk score >20% on lipid lowering therapies to 60%	59.5% (CVD Prevent Audit March 2023)		↑	<ul style="list-style-type: none"> <li>• Develop a cardiometabolic care model and deliver joined-up care for patients with multiple cardiometabolic conditions.</li> <li>• All patients with long-term conditions are offered annual assessments and review</li> </ul>
Increased the number of people with diabetes meeting all 3 NICE treatment targets to 45% by 2028	38.9% (National Diabetes Audit, March 2023)		↑	<ul style="list-style-type: none"> <li>• Develop a cardiometabolic care model and deliver joined-up care for patients with multiple cardiometabolic conditions.</li> <li>• All patients with long-term conditions are offered annual assessments and review</li> </ul>
By 2028, a reduced percentage of patients with chronic kidney disease require dialysis and/or a transplant.				<ul style="list-style-type: none"> <li>• Increase patient education, activation, and digital self-management to support cardiovascular disease, hypertension, cholesterol, diabetes, asthma, and COPD</li> <li>• All patients with long-term conditions are offered annual assessments and review</li> <li>• All patients with long-term conditions receive information on their condition and tips on how to self-manage their condition</li> </ul>
By 2025, develop respiratory measurements to be able to better monitor care and outcomes of respiratory patients.				<ul style="list-style-type: none"> <li>• Implement the learning from our preventative care pilot and spread this across South West London to embed preventative care</li> </ul>
Reduced the number of COPD-related admissions, with fewer patients diagnosed in our hospitals year on year until 2028.				<ul style="list-style-type: none"> <li>• Increase patient education, activation, and digital self-management to support diabetes, asthma, and COPD</li> </ul>
500 local community champions will be provided with accredited training to deliver health awareness and early detection events by 2028.			↑	<ul style="list-style-type: none"> <li>• Extend accredited training programmes to local volunteers as community health coaches to deliver co-produced and community-led prevention programmes</li> <li>• Provide further accredited training to local community champions to deliver co-produced and community-led early detection and signposting to local services</li> </ul>

# Self-care: Empowering LTCs patients through digital innovation & co-production



South West London



### EVIDENCE BASED

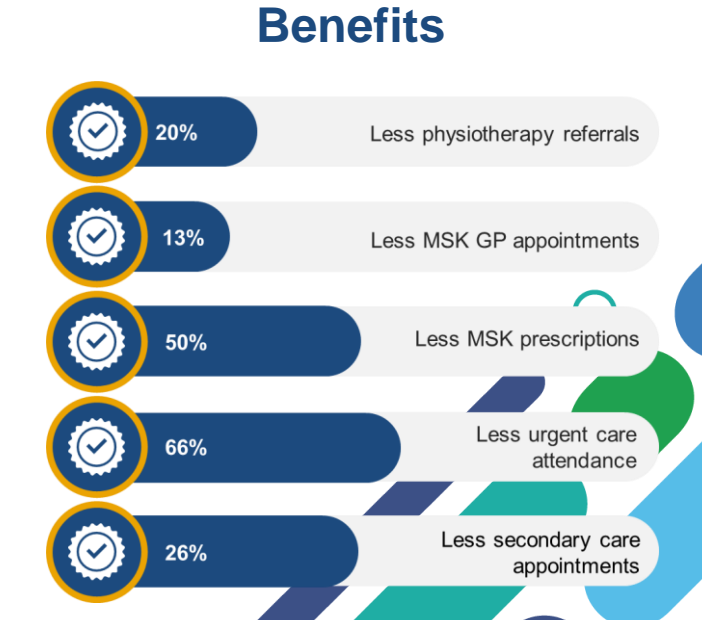
- ✓ Certified medical device
- ✓ NICE Digital Health Evaluation
- ✓ Behavioural Change
- ✓ Economic evaluation
- ✓ ORCHA app library 91%
- ✓ DTAC
- ✓ NHSx Playbook
- ✓ NHSE Pioneer Digital Inclusion Exemplar

**Innovation:** A **FREE** SWL-wide digital health service that provides **instant, 24/7 support** to LTCs patients to better self-manage and/or while they wait for an appointment. **>40k SWL** patients supported.

**Conditions supported:** MSK, women's pelvic health, peri/post-natal, respiratory, heart health, patients withing for an acute appt, waiting for surgery and recovering from surgery.

**Available across all patient touch points:**

SELF REFERRAL
GP / GP Website
PHARMACY
COMMUNITY
ACUTE / A&E



## Context – HI Fund FY 22-23

- In September 2022, as part of the NHS national priorities to focus on health inequalities, South West London was awarded £4.3 million funding from the national team, of which £2.7 million was allocated to the 6 SWL Places/Boroughs through a needs-based approach. £1.6 million was allocated for South West London wide programmes.
- The funding was aimed to help systems to maintain work to reduce health inequalities, such as the [Five priority actions](#) and [Core20PLUS5](#), while achieving financial balance and elective recovery. The funding aimed to give partners the opportunity to suggest innovative projects that could have a big impact on health and wellbeing across South West London.
- In October 2022, Expressions of Interest were open for applicants to apply for Health Inequalities funding. In total, 54 Expressions of Interest from the 6 Places were endorsed/signed by Place Executives and ICB Executives (within their funding allocation). Each Place are at different stages of delivery of the projects.

# What we did last year 22/23 with the HI Fund (as well as funding Place based projects)



## South West London

Title	Summary	Status	Contractual arrangement
Anti-racism framework	A long-term commitment from the SWL system to be an anti-racist organization	Work handed over to EDI and Workforce. Flair data analytics paid for three years delivery, KREC community engagement paid for a year. Planning phase for work with a review of governance <b>STARTED</b>	1 year contract for KREC 3-year delivery (already paid for 3 years under statement of work)
Health Equity Fellowship	To develop leaders, clinicians, managers and general workforce on raising awareness of inequalities as well as providing an opportunity for them to be local health equity champions/fellows.	Draft plan and phasing of delivery of fellowship, learning the West Yorkshire model and considering a bespoke approach for SWL. Draft SMT paper developed and shared with DsPH for feedback and further development. <b>NOT STARTED</b>	1 year – funding held at LB Croydon
<a href="#">Core20PLUS Connectors Programme</a>	Recruit additional Core20PLUS Connectors across SWL, building on the Wave 1 cohort and NHS national funding. SWL is scaling up the model to sustain outcomes for the Core20PLUS population.	Part of national programme, Wave 1 cohort (start Spring/Summer 2022). HI funding provided to sustain and recruit additional connectors and activities. Programme still in delivery phase (see handover notes) <b>STARTED</b>	1 year – high level plans were created by each VCSE lead
<a href="#">Ethnicity and Mental Health Programme (EMHIP)</a>	Expand the Ethnicity in Mental Health Project (EMHIP) project across SWL	Governance and High level delivery plan agreed in early 2023. <b>NOT STARTED</b>	1 year
Learning Disabilities (LD) work with Mencap (formerly known as LD Connectors)	Working with Mencap to improve uptake of Covid vaccinations amongst those with a learning disability.	Delivery of vaccination/HWb awareness events and activities taking place in the participating Mencap organisations. Update/returns provided in August/September. <b>NOT STARTED</b>	1 year
Tackling NHS prescriptions poverty for care leavers	To fund free NHS prescriptions for SWL Care leavers to tackle prescription poverty	Learning from London Councils (approach in other ICBs), development of toolkit, waiting for update on claims of prescription support.	1 year
CYP oral health	Offer Babies, children and young people their families or carers a continuing programme of education and support.	Planning phase of preventative approach	1 year
2000 Flu vaccines for inclusion health groups	2000 Flu vaccines for inclusion health groups	Delivered as part of Autumn/Winter flu vaxx campaign. <b>COMPLETED</b>	22/23 in-year – already completed
Evaluation and impact support	Support system and place-based projects and programmes with evaluation approach	Optum support work in delivery mode – ABCD training for Core20PLUS Connectors underway by CVA. <b>STARTED</b>	1 year for Optum and CVA ABCD training
InHIP	Not part of the fund but we received separate money from NHSE to fund innovation in healthcare inequalities pilots for one year in maternity and respiratory.	Phase 2 of the programme will not be funded by NHSE. <b>JUST STARTED.</b>	

# Health Inequalities Fund 23/24

- As part of the NHS national priorities to focus on health inequalities, South West London (SWL) was awarded £4.3 million funding from the national team at NHS England for 2023/24.
- We want to build on and scale up the work that has been delivered at system, Place and neighbourhood level, to continue to reduce health inequalities especially at a time where more people continue to be impacted by the current cost of living crisis.
- The Health Inequalities fund for 2023 -24 will be distributed between existing and new projects:
  - 75% for existing schemes
  - 25% for new schemes
- This funding is for implementing targeted health inequalities interventions for local populations, addressing [Core20PLUS5](#) and the SWL Integrated Care Partnership Strategy's priorities for health inequalities:
  - Addressing the wider determinants of health and well-being
  - Scaling up innovation to improve outcomes for people in our most deprived areas and our most vulnerable people
  - Empowering our communities to improve their health and well-being
- Place based partnerships within SWL will receive an allocation of the funding using a needs-based approach.
- Successful schemes will be authorised to run until the end of March 2025.
- Whilst we do not yet know the amount that will be allocated to SWL for 2024/25, we anticipate it to be similar to £4.3 million.



# Next steps

- The Health Inequalities Fund Delivery Group is set up and is meeting for the first time in November 2023. They will pull together the different local, regional and national asks into a comprehensive programme of work.
- They will monitor the progress of each project funded by the Health Inequalities Fund and oversee the evaluation of impact.
- They will lead the programme of work across SWL that will embed the asks of the Core20plus5 including having oversight of the healthcare inequalities work that is ongoing in maternity, acute trusts, community and primary care.
- They will lead on linking SWL work with the Mayor of London's Health Inequalities Plan working closely with London's Health Equity Group, including the implementation of the recommendations of the GLA's Cost of Living task 'n finish group.
- They will also lead a programme of work that will align with UKHSA's ambition to provide equity in the protection of the population from communicable and non-communicable diseases (for example COVID-19 and influenza has shown marked differences in outcome between different sub-groups of the SWL population)
- 18 month delivery plans are being developed for the interconnected prevention and health inequalities workstreams of the ICP and will be delivered through the Prevention and Health Inequalities Fund Delivery Groups of the Health Equity Partnership Group.



# Appendix 1

Addressing health inequalities is a common theme running through the SWL Prevention and Long-Term Conditions priorities

#Ref	JFP outcomes & outputs: Supporting people to manage their LTCs	SWL ICB two-year delivery plan from JFP	P&LTC team project to support delivery
PLTC 1	90% of people living with atrial fibrillation effectively treated with oral anticoagulants by 2028.	<ul style="list-style-type: none"> <li>All patients with LTCs are offered annual assessments and review</li> </ul>	DOAC therapy review project: 13 SWL PCNs undertaking virtual clinics for AF optimisation
		<ul style="list-style-type: none"> <li>All patients with LTCs receive information on their condition and tips on how to self-manage their condition:               <ul style="list-style-type: none"> <li>•<i>Explainer films</i></li> <li>•<i>Prevention portal</i></li> <li>•<i>DoS</i></li> <li>•<i>Self management app - New standard care pathways, EMIS and NHS app integration. Marketing plan to increase adoption.</i></li> </ul> </li> </ul>	Prevention Course (CVD)  Digital self-management (CVD): Healthy Hearts app powered by getUbetter New standard care pathways, EMIS and NHS app integration. Marketing plan to increase adoption. <ul style="list-style-type: none"> <li>• Work across Clinical Networks, incl. MSK, Gynae, Respiratory, CVD, Diabetes</li> <li>• Requires significant matrix working with PH, LA, Primary Care, Place Teams, Acute Teams, Community Teams, Community Pharmacy, Digital, IG, Clinical Risk</li> </ul>
		<ul style="list-style-type: none"> <li>Develop a cardiometabolic care model and deliver joined-up care for patients with multiple cardiometabolic conditions, who are currently required to attend multiple appointments across different care settings</li> </ul>	3 treatment targets @scale to be scaled to Cardiometabolic and incl. CVD (3-year project 40 GP practices in FY23/24) <ul style="list-style-type: none"> <li>• Y1 Diabetes and convert to cardiometabolic/LTCs offering</li> <li>• Programme includes Maturity Matrix, QI Process Improvements, Comms Training, Automated Call &amp; Recall, Risk Strat, etc.</li> </ul>
PLTC 2	77% of those with hypertension identified and treated to their blood pressure target by 2024.	<ul style="list-style-type: none"> <li>All patients with long-term conditions are offered annual assessments and review</li> </ul>	Renal optimisation: CKD management guidelines implementation across SWL primary care
		<ul style="list-style-type: none"> <li>All patients with LTCs receive information on their condition and tips on how to self-manage their condition:</li> </ul>	SWL hypertension working group inc. community pharmacy BP checks programme and comms campaigns(e.g.
		<ul style="list-style-type: none"> <li>All patients with long-term conditions are offered annual assessments and review</li> </ul>	Dashboard and Monitoring inc. <a href="http://www.cvdprevent.nhs.uk">www.cvdprevent.nhs.uk</a> – working with primary care (CVD)
PLTC 3	Increased the number of patients with a cardiovascular disease risk score >20% receiving lipid lowering therapies to 60% by 2024.	As above +	Lipid optimisation project
PLTC 4	Increased the number of people with diabetes meeting all 3 NICE treatment targets to 45% by 2028.	<ul style="list-style-type: none"> <li>Develop a cardiometabolic care model and deliver joined-up care for patients with multiple cardiometabolic conditions, who are currently required to attend multiple appointments across different care settings</li> </ul>	Diabetes 3 treatment targets @ scale (3-year project 40 GP practices in FY23/24)
		<ul style="list-style-type: none"> <li>All patients with long-term conditions are offered annual assessments and review</li> </ul>	Dashboard and Monitoring – working with primary care (diabetes)
			T1 transformation
			T2Young: delivery of NHSE specification across 6 SWL Places

#Ref	JFP outcomes & outputs: Supporting people to manage their LTCs	SWL ICB two-year delivery plan from JFP	P&LTC team project to support delivery
PLTC 6	By 2028, a reduced percentage of patients with chronic kidney disease require dialysis and/or a transplant.	<ul style="list-style-type: none"> <li>• Increase patient education, activation, and digital self-management to support cardiovascular disease, hypertension, cholesterol, diabetes, asthma, and COPD</li> <li>• Develop a cardiometabolic care model and deliver joined-up care for patients with multiple cardiometabolic conditions, who are currently required to attend multiple appointments across different care settings</li> <li>• All patients with long-term conditions are offered annual assessments and review</li> <li>• All patients with long-term conditions receive information on their condition and tips on how to self-manage their condition</li> </ul>	<p>Renal optimisation: CKD management guidelines implementation across SWL primary care</p> <p>3 treatment targets @scale to be scaled to Cardiometabolic and incl. CVD (3-year project 40 GP practices in FY23/24)</p> <ul style="list-style-type: none"> <li>• Y1 Diabetes and convert to cardiometabolic/LTCs offering</li> <li>• Programme includes Maturity Matrix, QI Process Improvements, Comms Training, Automated Call &amp; Recall, Risk Strat, etc.</li> </ul> <p>Prevention Course (CKD)</p> <p>Digital self-management (CKD): New standard care pathways, EMIS and NHS app integration. Marketing plan to increase adoption.</p>
PLTC 7	By 2025, develop respiratory measurements to be able to better monitor care and outcomes of respiratory patients.	<ul style="list-style-type: none"> <li>• Implement the learning from our preventative care pilot and spread this across South West London to embed preventative care</li> </ul>	<p>Respiratory diagnostic hublets: delivery of NHSE London specification in primary care</p> <p>InHip respiratory: addressing inequalities in resp. diagnostics</p> <p>Pulmonary rehab: increasing the uptake and completion of PR in SWL and reducing variation in access and outcomes</p> <p>Prevention Course (Asthma and COPD)</p> <p>Digital self-management (Asthma/COPD): New standard care pathways, EMIS and NHS app integration. Marketing plan to increase adoption.</p>
PLTC 8	Reduced the number of COPD-related admissions, with fewer patients diagnosed in our hospitals year on year until 2028.	<ul style="list-style-type: none"> <li>• Increase patient education, activation, and digital self-management to support diabetes, asthma, and COPD</li> </ul>	Programmes as above
PLTC 9	500 local community champions will be provided with accredited training to deliver health awareness and early detection events by 2028.	<ul style="list-style-type: none"> <li>• Extend accredited training programmes to local volunteers as community health coaches to deliver co-produced and community-led prevention programmes</li> <li>• Provide further accredited training to local community champions to deliver co-produced and community-led early detection and signposting to local services</li> </ul>	<p>Health &amp; wellness checks programme</p> <p>Health coaching and champions engagement and infrastructure</p> <p>Community health and wellbeing worker (Brazil Model)</p> <p>Digital inclusion</p> <p>Prevention Decathlon / Pentathlon</p>

PLTC	Section	Objectives	Projects
PLTC 10	<b>Preventing Ill Health Section:</b> Halve the number of smokers on GP records to 6.75% in SWL by 2027/8.	<ul style="list-style-type: none"> <li>Rollout a smoking cessation offer to every smoker or tobacco user across all Southwest London hospitals, maternity services, and mental health trusts</li> </ul>	Tobacco dependence programme in 4 SWL acute and maternity wards, and SWL&SGs mental health trust
PLTC 5	Every adult in South West London knows their ABC numbers (atrial fibrillation, blood pressure, cholesterol) by 2027/28.	<ul style="list-style-type: none"> <li>Work with our communities to understand and adopt healthier lifestyles and develop a healthy weight programme</li> <li>Develop digital support to help people navigate what is available to support them when diagnosed with a long-term condition</li> </ul>	Prevention Decathlon / Pentathlon
			SWL Prevention portal, explainer films, DoS
PLTC 11	<b>Acute Section:</b> No patient will wait over 65 weeks for treatment by April 2024, and over 52 weeks by April 2025	<ul style="list-style-type: none"> <li>Deliver pathway changes from primary care through to specialist services, using diagnostics at the beginning of pathways</li> <li>Ensure timely access and reduce waiting times</li> <li>Provide mutual aid where surges in demand have been identified at a specific hospital</li> </ul>	SWL cardiology, diabetes and respiratory clinical networks management and delivery, development and implementation of clinical guidelines & pathways and alignment of SWL and pan-London clinical pathways
			Review of admitted, non-admitted PTLs & diagnostics and co-ordinate agreed action improvement plans
			Advice & guidance task & finish group: improving primary/secondary care interface, cath-lab, breathlessness and PIFU working groups
			Implement GIRFT outpatient priorities in Cardiology
PLTC 12	<b>Specialised Commissioning Section:</b> Increased number of patients on CKD registers by end 2023/24	<ul style="list-style-type: none"> <li>Improve patient awareness and engagement of CKD risk factors, healthy lifestyle information and the treatments available to keep well</li> </ul>	Renal optimisation project: CKD management guidelines implementation across SWL primary care
PLTC 13	<b>Data, digital and PHM Section:</b> From 2023/24, continue to enable better self-management by providing patients with timely access to information, advice and care, digital technologies can help improve health outcomes and prevent complications	<ul style="list-style-type: none"> <li>Give people the information and tools they need to support themselves to self-care, including self-care applications that interact with their health and care record, and support people to be cared for in their preferred place of care</li> <li>SWL Digital Exclusion Programme</li> </ul>	Digital self-management: <i>New standard care pathways, EMIS and NHS app integration. Marketing plan to increase adoption.</i> <i>Notes:</i> <ul style="list-style-type: none"> <li>Work across Clinical Networks, incl. MSK, Gynae, Respiratory, CVD, Diabetes</li> <li>Requires significant matrix working with PH, LA, Primary Care, Place Teams, Acute Teams, Community Teams, Community Pharmacy, Digital, IG, Clinical Risk</li> </ul>
			Work across LA, PH, NHS to tackle digital exclusion
PLTC 14	<b>Primary Care Section:</b>	<ul style="list-style-type: none"> <li>Introduce preventative services to target longer-term ill health conditions including the development of a directory of SWL prevention services across all SWL Programmes and all SWL Clinical Networks</li> </ul> <p>Note:</p> <ul style="list-style-type: none"> <li>Prevention is one of the three workstreams in the SWL Primary Care Strategy</li> </ul>	SWL Prevention portal, explainer films, DoS
			Programme Management & Key link to Primary Care
			Cardiometabolic model of care
PLTC 12	<b>Research Section:</b>	<ul style="list-style-type: none"> <li>Research and innovation is a key a priority in SWL</li> </ul>	SWL Research Collaborative
PLTC 15	<b>Community care section:</b>	<ul style="list-style-type: none"> <li>Work with GPs to identify patients at risk of developing long-term conditions</li> </ul>	<i>Projects in PLTC 1,3,4,9</i>

## NHS South West London Integrated Care Board

<b>Name of Meeting</b>	ICB Board		
<b>Date</b>	Wednesday, 22 November 2023		
<b>Title</b>	Update on progress SWL Local Maternity and Neonatal System has made on supporting recommendations from the independent inquiry into maternity and neonatal services at East Kent.		
<b>Lead Director (Name and Role)</b>	Elaine Clancy, Chief Nursing Officer		
<b>Author(s) (Name and Role)</b>	Manjit Roseghini, System Director of Midwifery Kate Nichol, Head of Maternity and Neonatal Programme		
<b>Agenda Item No.</b>	06	<b>Attachment No.</b>	05
<b>Purpose</b>	Approve <input type="checkbox"/>	Discuss <input checked="" type="checkbox"/>	Note <input checked="" type="checkbox"/>

### Purpose

The paper is a response to an action from the ICB in January 2023 – for the maternity programme to provide an update on progress on supporting the recommendations made from independent inquiry into maternity and neonatal services at East Kent Hospitals University NHS Foundation Trust – also known as The Kirkup Report. The Local Maternity and Neonatal System within the ICB is running the maternity programme.

### Executive summary

The Kirkup Report, *Reading the Signals: maternity and neonatal services in East Kent (October 2022)*, is the latest Independent Inquiry into suboptimal maternity care in the United Kingdom. This follows Morecombe Bay investigation in 2015 and the Ockenden review (Shrewsbury and Telford 2020/2021). The report outlines four areas for action:

- Key action 1: Monitoring safe performance.
- Key action 2: Standards of clinical behaviour – giving care with compassion and kindness.
- Key action 3: Team working with a common purpose.
- Key action 4: Responding to challenge with honesty.

The paper provides information on progress the Local Maternity and Neonatal System has made on supporting recommendations from the report across South West London's four maternity services. The Board is advised to acknowledge that information provided within the paper is a snapshot in time and that there are other areas of concentration which the maternity programme is working collaboratively with system partners to address. A board seminar on maternity is planned and further updates to the public Board will be provided in the future.

It is important to note that a new national single delivery plan was published in March 2023, *Three Year Delivery Plan for Maternity and Neonatal Services*. It aims to bring together the actions from NHS England's maternity and neonatal programme, the NHS Long Term Plan, and the recent reviews of maternity services at Shrewsbury and Telford and East Kent. For the next three years, services and Integrated Care Boards need to concentrate on four high level themes. Integrated

Care Boards have been set several responsibilities to deliver. The plan moving forward will be to provide assurance on progress and implementation on the recommendations set out in the Three-Year Delivery Plan.

South West London's Local Maternity and Neonatal System is considered the delivery arm for the ICB. The Local Maternity and Neonatal System is running a large programme of work aligned to the Three-Year Plan.

### **Key issues for the Board to be aware of**

St George's maternity services have recently been rated 'inadequate' overall by the Care Quality Commission (CQC). The service has also been rated inadequate for safe and well-led domains. There are parts of the CQC report where key action 4 of the Kirkup Report comes into question. The service will undergo a week's, '*diagnosis*' work with Independent Advisors from NHS England, the Regional Maternity Team and senior members of the ICB - starting 06 November 2023.

### **Local Maternity and Neonatal System programme risks**

Ongoing workforce challenges within South West London's maternity services are impacting on delivery of the programme.

Funding for the maternity programme is reliant on system development funds from NHS England. The fund is non-recurrent and confirmed late in quarter one. This poses significant risk to delivery as it creates gaps in project management resource where staff on fixed term contracts look for permanent, more secure positions.

### Point of note

It is important to note that whilst Local Maternity Systems have recently amended their names to, Local Maternity and *Neonatal* Systems, the commissioning of neonatal services remains with NHS England and delivery of the neonatal transformation programme sits with the London Neonatal Operational Delivery Network. At this moment in time, the 'N' is around improving joint maternity and neonatal pathways and better collaborative working with the Neonatal Operational Delivery Network.

### **Recommendation**

#### **The Board is asked to:**

- Note the activity the Local Maternity and Neonatal System has backed to support recommendations made from the Kirkup Report.
- Note the National Three-Year Delivery Plan has brought together national policies and independent inquiries, and the Local Maternity and Neonatal Systems' programme of work is aligned to this new plan.
- Note the Three-Year Delivery Plan seeks to bring change through building in accountability throughout the system - Trusts, ICBs and NHS England.
- Note that there is recognition of issues in maternity services and the LMNS is working collaboratively to address these risks and will provide further updates.

<b>Conflicts of Interest</b> N/A	
<b>Corporate Objectives</b> This document will impact on the following Board Objectives	The paper is related to: Improving Health and Health Services Looking after our People Performance Quality and Safety
<b>Risks</b> This document links to the following Board risks:	There is risk on the corporate risk register around the quality of maternity care being delivered by acute trusts.
<b>Mitigations</b> Actions taken to reduce any risks identified:	<b>Workforce</b> Trusts continue with local recruitment and retention drives, including international recruitment. All trusts have employed Recruitment and Retention Lead Midwives to provide pastoral support to staff. All trusts have workforce recruitment plans in place. Birthrate Plus workforce planning and real time staffing acuity tool in use in all maternity services.  The Local Maternity and Neonatal System is holding regular meetings with Directors and Heads of Midwifery to ensure oversight of key risks and issues related to workforce and the quality of service delivery.
<b>Financial/Resource Implications</b>	N/A
<b>Is an Equality Impact Assessment (EIA) necessary and has it been completed?</b>	The Local Maternity and Neonatal System developed a needs impact assessment which informed a maternity equality and equity action plan. The recommendations from Ockenden and Kirkup reports are aligned to the plan. Evidence of the action plan was used to support ICB's Equality Delivery System reporting in 2022.
<b>What are the implications of the EIA and what, if any are the mitigations</b>	To continue to improve safety for all mothers and babies, with specific focus on vulnerable women who are at higher risk of poorer outcomes in pregnancy.

<p><b>Patient and Public Engagement and Communication</b></p>	<p>Two new maternity core connectors are meeting and listening to experiences of communities in South West London and sharing information with our maternity services and Local Maternity Voices Partnerships to influence service developments. The ICB has been a sponsorship organisation to the Darzi Fellowship Programme and all three projects have involved engaging with women and families in South West London.</p>
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<p><b>Previous Committees/Groups</b></p>	<p><b>Committee/Group Name</b></p>	<p><b>Date Discussed</b></p>	<p><b>Outcome</b></p>
<p>Enter any Committees/Groups at which this document has been previously considered</p>	<p>Senior Management Team</p>	<p>09 November 2023</p>	<p>Board seminar on maternity to be planned.</p>

<p><b>Supporting Documents</b></p>	<p>Appendix: High level data</p>
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Paper for Integrated Care Board

Wednesday 22 November 2023

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Reading the signals - Maternity and neonatal services in East Kent - the Report of the independent investigation by Dr Bill Kirkup Oct 2022

Report – progress update by South West London Local Maternity and Neonatal System

Activity within the LMNS programme - to support the issues identified in the independent investigation on maternity and neonatal services in East Kent maternity services, led by Dr Bill Kirkup.

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## Introduction

1. Reading the Signals: maternity and neonatal services in East Kent (October 2022) - Kirkup Report, is the latest Independent Inquiry into suboptimal and failures in maternity care in the United Kingdom. This follows Morecombe Bay investigation in 2015 and the Ockenden review (Shrewsbury and Telford 2020/2021). A further investigation led by Donna Ockenden into Nottingham maternity services is anticipated later this year. Despite significant policy changes and investment, similar areas of concern run through all these reports.
2. All the independent Inquires and named reports list above, identified failures and opportunities for improvement in maternity services and required immediate and essential action or consideration on the part of all providers. The Kirkup Report outlines four areas for action:
  - Key action 1: Monitoring safe performance.
  - Key action 2: Standards of clinical behaviour – giving care with compassion and kindness.
  - Key action 3: Team working with a common purpose.
  - Key action 4: Responding to challenge with honesty.
3. Maternity services in South West London are committed to the delivery of high-quality care. The trusts have undertaken a range of assessment activities against the national reports, requirements such as Shrewsbury and Telford 2020/2021, Morecombe Bay 2015, Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme, and regulatory by CQC (Care Quality Commission) and, with consideration given to East Kent (Kirkup 2022) findings and recommendations.
4. The outcomes and updates of these activities and associated learning from the Kirkup report are provided from section 7. The plan moving forward will be to provide assurance on progress and implementation on the recommendations set out in the Three Year Delivery Plan - to Trust Boards, South West London Integrated Care Board, NHS England and Care Quality Commission (CQC).
5. A new national single delivery plan was published in March 2023, *Three Year Delivery Plan for Maternity and Neonatal Services*. It aims to bring together the actions from NHS

England's maternity and neonatal programme, the NHS Long Term Plan, and the recent reviews of maternity services at Shrewsbury and Telford and East Kent. It seeks to achieve change through building in accountability throughout the system, encouraging the spread of best practice and supporting a cross-system approach to improving care. The plan sets out 12 objectives and priority actions across four themes.

- Listening to women and families with compassion which promotes safer care.
  - Supporting our workforce to develop their skills and capacity to provide high-quality care.
  - Developing and sustaining a culture of safety to benefit everyone.
  - Meeting and improving standards and structures that underpin our national ambition.
6. For the next three years, services and Integrated Care Boards need to concentrate on the four themes and deliver the 12 objectives and priority actions. South West London's Local Maternity and Neonatal System (LMNS) is considered the delivery arm for the ICB. The LMNS is running a large programme of work aligned to the Three Year Plan.

### LMNS programme activity supporting the issues identified in the Kirkup Report

**7. Key action area 1: Monitoring safe performance – finding signals among noise.**

*Report recommendation: The prompt establishment of a National Task Force with appropriate membership to drive the introduction of valid maternity and neonatal outcome measures capable of differentiating signals among noise to display significant trends and outliers, for mandatory national use.* The Task Force is established, Health minister Maria Caulfield is chairing the new National Oversight Group. New national outcomes measures are expected to be published before the new year, accompanied by a new maternity national dashboard.

8. In anticipation of the national outcome measures, the SWL (South West London) LMNS has redesigned and developed its maternity dashboard and implemented an improved method to look at trust maternity and neonatal safety data. The dashboard and new method to look at data was supported by the National Making Data Count Programme. The new method allows the LMNS to understand better the scale of any problem and identify possible causes. An online teaching session on using Statistical Process Control (SPC) charts has been delivered to key trust leads. Slide 3 and 4 of within the appendix provides latest available

data. The data is shared with the Quality and Oversight Committee within the ICB for oversight and review.

9. The London Neonatal Operation Delivery Network has developed a new dashboard. The dashboard contains outcomes measures specific to clinical pathways where collaborative working between maternity and neonatal services is key. It is shared monthly with the LMNS. Data is discussed at a system Maternity and Neonatal Working Group who scrutinise the data and lead on improving both data quality clinical pathways.
10. South West London has led the way in implementing a new regional maternity escalation framework. The new framework went live on 23 October 2023. Our maternity services are now better supported by trust site operations and the system control centre within the ICB to manage any capacity challenges. Following a 'mutual aid' meeting, information and data is shared with the Local Maternity and Neonatal System team. Since June 2023, the system control centre has convened six mutual aid meetings. In one instance a regional mutual aid meeting was required as aid could not be provided locally.
11. A new regional daily situation report (SitRep) for maternity is being considered. South West London LMNS has expressed support for this, and all maternity service leads have commented on a draft SitRep for London. Daily returns would be collected from trusts and would include data on areas such as bed capacity, delayed inductions of labour, service suspensions, and staffing levels. The London Regional Maternity Team within NHS England is leading on formation of the SitRep. A commencement date is yet to be determined.
12. **Key action area two: Standards of clinical behaviour – technical care is not enough.** Caring for patients in any setting requires not only technical skills but also kindness and compassion. *Report recommendations: (1) Those responsible for undergraduate, postgraduate and continuing clinical education be commissioned to report on how compassionate care can best be embedded into practice and sustained through lifelong learning. (2) Relevant bodies, including Royal Colleges, professional regulators and employers, be commissioned to report on how the oversight and direction of clinicians can be improved, with nationally agreed standards of professional behaviour and appropriate sanctions for non-compliance.*
13. All four maternity services in South West London are enrolled onto the national Perinatal Culture and Leadership Development Programme. The programme aims to support senior

leaders create the conditions for a lasting culture of safety and continuous improvement for a better place to work. Senior leaders from across maternity and neonatal services have been brought together on a six-month programme. St George's started the programme in January 2023. Part of the programme encompasses a SCORE survey (Safety, Communication, Operational Reliability, and Engagement). The survey is anonymous and open to all staff to complete. A debriefing lead (from outside South West London) is supporting the leaders transform the feedback into a tailored plan. Data from the survey is retained by the trust – the LMNS will ask the service to share their learning and plans for improvement at a future LMNS Board.

14. Epsom and St Helier started the Culture and Leadership programme in July 2023, Croydon and Kingston started in October 2023.

15. All Directors and Heads of Midwifery in South West London are also participating in a programme supporting the inclusion agenda. The programme aims to support them develop effective diversity, equity and inclusion strategies and understand better how diversity in the workforce is positively leveraged to produce better outcomes for patients, staff and patients, particularly those from marginalised communities.

16. Kingston maternity service is one of two pilot sites in London who will test a new maternity staff wellbeing blueprint for London. It has been developed by the CapitalMidwife Programme and proposes the conditions maternity staff need to thrive and be happy working in their unit. Kingston service will begin the programme in the new year.

17. **Key action area three: Flawed teamworking – pulling in different directions.** Clinical care increasingly depends on effective teamworking by groups of different professionals who bring their own skills and experience to bear in coordination.

*Report recommendations: (1) Relevant bodies, including the Royal College of Obstetricians and Gynaecologists, the Royal College of Midwives and the Royal College of Paediatrics and Child Health, be charged with reporting on how teamworking in maternity and neonatal care can be improved, with particular reference to establishing common purpose, objectives and training from the outset and (2) relevant bodies, including Health Education England, Royal Colleges and employers, be commissioned to report on the employment and training of junior doctors to improve support, teamworking and development.*

18. In 2022 the London Regional Maternity team in NHS England, visited the four maternity services in South West London to assess compliance against the immediate and essential

actions from the interim Ockenden Report (December 2020). All four services demonstrated full compliance with immediate and essential action three, *staff training and working together*. All the services have in place models to deliver effective teamworking and collaborative learning.

19. By way of further support, the LMNS is supporting system wide multidisciplinary training events. Maternity staff across South West London are coming together to build on their knowledge and skills to interpret cardiotocographs correctly and better understand human factors in healthcare. Both areas are common issues identified from investigations into stillbirths, neonatal deaths and babies born with suspected brain injury. To date, approximately 115 staff have worked and learned collaboratively, with a further 150 staff coming together over the next three months. Feedback has shown several positive benefits, including understanding different perspectives and development needs and increased leadership competencies. Several staff also reported increased work motivation.

20. At the end of 2022, South West London formally established a Maternal Medicine Network, as a hub and spoke model, with St George's and Epsom and St Helier designated as maternal medicine centres. The network is responsible for ensuring that all women with significant medical problems will receive timely specialist care and advice before, during, and after pregnancy. The Network is developing new shared protocols including clinical guidelines and referral pathways. There is a new specialist multidisciplinary team (MDT) that meet weekly to consider case management and review outcomes of pregnancies cared for within the network. Members of the MDT are providing regular teaching sessions for doctors and midwives, offering insight into how significant medical conditions affect pregnancy, both from the patient's perspective and physiologically, and explaining good clinical management and best practice.

**21. Key action area four: Organisational behaviour – looking good while doing badly.**

The need for openness, honesty, disclosure, and learning must outweigh any perceived benefit of denial, deflection and concealment.

*Report recommendations: (1) the Government reconsider bringing forward a bill placing a duty on public bodies not to deny, deflect and conceal information from families and other bodies, (2) trusts be required to review their approach to reputation management and to ensuring there is proper representation of maternity care on their boards and (3) NHS*

*England reconsider its approach to poorly performing trusts, with particular reference to leadership.*

22. Currently, Directors of Midwifery and Clinical Directors attend trust Board meetings when required to provide an update on maternity services. It is not common practice, across many trusts in London, for Directors of Midwifery and Clinical Directors to attend trust Board meetings on a regular basis. This was noted during Ockenden assurance visits last year. The LMNS is not in position to advise trusts on this part (part 2) of Kirkup Report recommendations.
23. The recent CQC rating of 'inadequate' at St George's maternity services reported, '*leaders often logged incidents as causing less harm than they did*'. The CQC also reported, '*some baby deaths weren't investigated as serious incidents and investigations didn't always take place in a timely way*'. These findings have been taken seriously at both ICB and NHS England level. The service will undergo a week's, 'diagnosis' work with NHS England and senior members of the ICB starting 06 November 2023.
24. The Saving Babies' Lives Care Bundle version three (SBLCB v3) provides evidence-based best practice for acute providers of maternity care and Integrated Care Boards across England to reduce perinatal mortality. From 2023/24 Local Maternity and Neonatal Systems are formally required to review and validate trust compliance against the SBLCB v3. The main purpose is to enable both the LMNS and maternity services to identify common problems and barriers to implementation, and together develop and share effective ideas and resolutions. A first round of review meetings with senior leaders from services has recently taken place, with a second round of review scheduled in the new year. Moving forward, review meetings will be held quarterly. The review meetings showed a good level of practice and interventions being delivered, and all four maternity services are on track to implement SBLCBv3 by March 2024. Unfortunately, the national online tool developed by NHS England is not functioning, which means the LMNS is unable to report early compliance figures.

## NHS South West London Integrated Care Board

<b>Name of Meeting</b>	ICB Board		
<b>Date</b>	Wednesday, 22 November 2023		
<b>Title</b>	2023/25 Better Care Fund - Section 75s sign off and SWL Better Care Fund Review Update		
<b>Lead Director (Name and Role)</b>	Jonathan Bates, Chief Operating Officer SWL ICB Karen Broughton, Deputy Chief Executive and Director of Transformation & People		
<b>Author(s) (Name and Role)</b>	Tonia Michaelides, Director of Health and Care in the Community SWL ICB Amelia Whittaker, Director of Contracting SWL ICB		
<b>Agenda Item No.</b>	07	<b>Attachment No.</b>	06
<b>Purpose</b>	Approve <input checked="" type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input type="checkbox"/>

### Purpose

This report has been brought to the Board in line with the ICB Scheme of Reservation and Delegation that states all Section 75s (S75) need to be approved by the Finance and Planning Committee and the ICB Board.

The report also provides an update on the progress on the SWL wide review of Better Care Fund (BCF) plans.

### Executive Summary

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

The BCF is included within the S75 arrangements agreed and signed between South West London (SWL) Integrated Care Board (ICB) and respective local authorities. This paper sets out the details of these agreements for 2023/25 for approval.

All six SWL BCF plans, having been approved by Health and Well Being Boards (HWBBs), were submitted to NHS England (NHSE) by the deadline 30 June 2023. Approval letters for all six plans have been received from NHSE. The deadline given in guidance for signing S75 agreements, the contractual mechanism for BCFs, was 31 October 2023.

Due to the need to review S75 agreements from both the ICB and local authority perspective and the governance timeline for agreeing the agreements at a borough level it has not been possible to meet the deadline given. There is a commitment to ensure that all S75s have been signed by 30 November 2023.



The delay in signing the S75s does not put at the risk the delivery of the schemes included in the BCF. Most schemes in the BCF are a continuation from previous years and any new schemes were mobilised once the plans were agreed by HWBB's.

This paper has two parts:

- The first part recommends approval of the ICB Board, from the Finance and Planning Committee, for the South West London ICB 23/25 Better Care Funding (BCF) Section 75 agreements with the six SWL Local Authorities.
- The second part of the paper gives an update on the progress of the SWL BCF review.

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

For the reasons given in the summary above, the signing and sealing of the S75s will occur after the given deadline of 31 October. The commitment has been made to sign and seal all agreements by 30 November 2023.

Other key issues and risks are covered in the paper.

**Recommendation**

**The ICB Board is asked to:**

- Approve the 2023/25 Section 75 agreement and values.
- To note the progress of the SWL BCF Review.

**Conflicts of Interest**

Not Applicable.

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

**Corporate Objectives**

This document will impact on the following Board Objectives

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

**Risks**

This document links to the following Board risks:

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

**Mitigations**

Actions taken to reduce any risks identified:

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

<b>Financial/Resource Implications</b>	Close integration between health and social care facilitates more integrated pathways delivering better more efficient services.
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<b>Is an Equality Impact Assessment (EIA) necessary and has it been completed?</b>	Impacts are discussed and reviewed at each borough-based Health and Wellbeing Board (HWB) where BCF plans are signed off.
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<b>What are the implications of the EIA and what, if any are the mitigations</b>	Mitigations are discussed and agreed at each borough-based Health and Wellbeing Board (HWB).
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<b>Patient and Public Engagement and Communication</b>	There is patient and public at each borough-based Health and Wellbeing Board (HWB).
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<b>Previous Committees/Groups</b> Enter any Committees/Groups at which this document has been previously considered	<b>Committee/Group Name</b>	<b>Date Discussed</b>	<b>Outcome</b>
	SWL SMT	9/11/2023	Recommended to Finance & Planning Committee
	SWL Contract & Procurement Group	26/10/2023	Recommended to SMT
	Respective SWL Health and Wellbeing Board	Various	Agreement of BCF plans
	Place Based Committees	Various	Agreement of S75 funding/BCF Plans

<b>Supporting Documents</b>	Not applicable
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## **South West London ICB Better Care Fund (BCF) and Section 75 agreements**

### **Introduction**

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

Launched in 2015, the programme established pooled budgets between the NHS and local authorities, aiming to reduce the barriers often created by separate funding streams. Every year, systems put together plans on how the pooled budget is to be used to meet the national conditions of the Better Care Fund. This year, for the first time, systems were asked to submit BCF plans for 2 years (2023/24 and 2024/25).

The pooled budget is a combination of contributions from the following areas:

- NHS minimum contribution
- Disabled facilities grant – local authority grant.
- Social care funding (improved BCF) – local authority grant.
- ASC discharge funding (split between ICB and LA discharge funding)

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

### **Section 75 arrangements**

The BCF is included within the Section 75 (S75) arrangements agreed and signed between South West London Integrated Care Board (ICB) and respective local authorities. The Section 75 partnership agreements, legally provided by the NHS Act 2006, allow budgets to be pooled between local health and social care organisations and authorities. This allows for Integrated resources and management structures and functions that can be reallocated between partners. The Section 75 agreements will contain additional services outside of the BCF and this varies by borough based on local need.

The process for formal agreement is aligned to national timelines with NHSE England for ICBs to have signed and sealed agreements in place by 31 October 2023.

Financial values for 2023/25 are as below:

Borough	23/24 BCF Allocation (£)	ICB BCF Contribution (£)	Local Authority BCF Contribution (£)	Other Joint/Non-BCF funding (£)	ASC Discharge Fund Total SWL allocation (LA & ICB) - (£)	23/24 S75 Total (£)
Croydon	31,000,447	31,000,447	12,970,791	1,739,000	2,918,082	48,628,320
Kingston	13,759,578	13,759,578	3,359,961	11,744,813	926,414	29,790,766
Merton	15,909,832	15,909,832	6,498,095	920,900	1,553,129	24,881,956
Richmond	14,640,373	14,640,373	2,702,169	0	838,178	18,180,720
Sutton	15,672,619	15,672,619	5,503,745	4,067,048	1,420,974	26,664,386
Wandsworth	26,983,851	26,983,851	19,252,236	1,733,507	4,693,781	52,663,375

<b>TOTAL</b>	117,966,700	117,966,700	50,286,997	20,205,268	12,350,558	200,809,523
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Borough	24/25 BCF Allocation (£)	ICB BCF Contribution (£)	Local Authority BCF Contribution (£)	Other Joint/Non-BCF funding (£)	ASC Discharge Fund Total SWL allocation (LA & ICB) - (£)	24/25 S75 Total (£)
Croydon	32,755,072	32,755,072	12,970,791	1,826,000	5,051,263	52,603,126
Kingston	14,538,371	14,538,371	3,359,961	11,744,813	1,630,769	31,273,914
Merton	16,810,328	16,810,328	4,461,903	920,900	2,698,965	24,892,096
Richmond	15,469,019	15,469,019	2,702,169	£0	1,490,872	19,662,060
Sutton	16,559,689	16,559,689	5,372,745	4,067,048	2,474,882	28,474,364
Wandsworth	28,511,137	28,511,137	19,252,236	1,733,507	8,107,150	57,604,030

<b>TOTAL</b>	124,643,616	124,643,616	48,119,805	20,292,268	21,453,901	214,509,590
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Further narrative and detail is included in **Appendix A**

This paper recommends approval of the ICB Board from the Finance and Planning Committee for the South West London ICB 23/25 Better Care Funding (BCF) Section 75 agreements with the six SWL Local Authorities.

## Appendix A

Further narrative to support the 2023/25 Section 75s:

Borough	Reasons for any differences between the BCF allocation and ICB contribution in S75?	What are the other pooled arrangements covered within the S75?	What is covered in the risk share arrangements?	Are there any other risks the ICB need to be made aware of?
Croydon	No difference between allocation and ICB contribution.	<p>Additional contribution to the LIFE service</p> <p>One Croydon PMO staff Recharge</p> <p>Integrated Children and Maternity</p>	<p>After extensive joint monitoring and reviewing of any BCF underspend and overspend the risk share for Overspend shortfall shall be funded by the partners in the following proportion: SW London ICB 70%: Croydon Council 30%.</p>	None identified.
Kingston	No difference between allocation and ICB contribution	<p>Adult services provided by the Voluntary Care Sector.</p> <p>Children's services for Kingston and Richmond are within this agreement and provided by Achieving for Children</p> <p>Public Health – Kingston wellbeing service costs; inpatient detoxification beds</p> <p>This also includes the 2023/24 Adult Social Care Discharge monies.</p>	<p>Open book principles and reporting of system impacts to increase visibility of financial risk.</p> <p>Different mechanisms can be used to bring resources together and will enable risk sharing across the system. These include but are not limited to pooling and aligning budgets and delegated spending powers across Partners, where one Partner may manage and administer a budget on behalf of the other.</p> <p>There is a recognition that the SWL NHS system may at times</p>	None identified

Borough	Reasons for any differences between the BCF allocation and ICB contribution in S75?	What are the other pooled arrangements covered within the S75?	What is covered in the risk share arrangements?	Are there any other risks the ICB need to be made aware of?
			require greater cross borough working to benefit from economies of scale and to establish consistency of practice for some pathways, funding arrangements and commissioning.	
Merton	No difference between allocation and ICB contribution	Learning Disabilities, Substance Misuse Tier 4 Detoxification Services, Falls Prevention and Community Equipment.	<p>Mostly block arrangements. ICB schemes for BCF plan are block contracts or static contribution arrangement. Joint discussion regarding any underspends from LBM element.</p> <p>The only risk share relates to ICES, community equipment which is closely monitored and currently forecast is within budget. To date, any projected overspends have been met by underspends from elsewhere.</p>	Although not a risk to the BCF, complex delayed discharges from acute and non-acute care are a significant cost pressure in Merton.
Richmond	No difference between allocation and ICB contribution.	<p>Rapid Response Team /Winter Pressures Support Services. This also includes the 2023/24 Adult Social Care Discharge monies.</p> <p>Children's services for Richmond are funded within</p>	Risk share arrangement process in place to identify and monitor overspends and underspends.	None identified.

Borough	Reasons for any differences between the BCF allocation and ICB contribution in S75?	What are the other pooled arrangements covered within the S75?	What is covered in the risk share arrangements?	Are there any other risks the ICB need to be made aware of?
		the Kingston Section 75 agreement		
Sutton	No difference between allocation and ICB contribution.	Includes Disabled Facilities Capital Grant (LBS) at a total of £1,807,785.  This also includes the 2023/24 Discharge Fund monies.	Risk share arrangement on overspends and underspends.  ICB will contribute 66% London Borough of Sutton will contribute 34%.	All 2023/24 schemes have been subject to a budget review and recommendations are being implemented.  There are projected risks to the budget for 2024/25. Mitigations have been identified.
Wandsworth	No difference between allocation and ICB contribution.	This includes the Disabled Facilities Grant (DFG).  Complex discharges, and community equipment.  Adult and Children MH and LDA jointly commissioned services  This also includes the 2023/24 Adult Social Care Discharge monies.	The Wandsworth Place and Wandsworth Council BCF Section 75 Agreement notes the risk share on the pooled budget is based on agreement that the partner acting as Commissioning Lead for any of the BCF schemes will be responsible for meeting the cost of any overspend unless certain conditions which are outlined in the Section 75 agreement have been met.	Although not a risk to the BCF, complex delayed discharges from acute and non-acute care are a significant cost pressure in Wandsworth.  This is directly related to awaiting housing adaptations. Wandsworth Borough Council and the ICB have been working for a number of years on

Borough	Reasons for any differences between the BCF allocation and ICB contribution in S75?	What are the other pooled arrangements covered within the S75?	What is covered in the risk share arrangements?	Are there any other risks the ICB need to be made aware of?
			<p>Most of the BCF schemes are 'block' based contracts. Therefore, it is unlikely that there will be an overspend due to the nature of the contractual arrangement. Apart from the complex discharges and community equipment spends.</p>	<p>mitigating this risk by expanding schemes funded by disabled facilities grant.</p>



**Table showing the summary of the total value of the 23/24 SWL BCF plans broken down by category**

BCF Category	Sum of Expenditure
Assistive Technologies and Equipment	£8,275,041
Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services supporting recovery)	£5,099,202
Care Act Implementation Related Duties	£2,524,651
Carers Services	£3,422,205
Community Based Schemes	£25,406,364
DFG Related Schemes	£11,344,917
Enablers for Integration	£1,426,247
High Impact Change Model for Managing Transfer of Care	£7,888,377
Home Care or Domiciliary Care	£24,839,702
Home-based intermediate care services	£14,060,327

BCF Category	Sum of Expenditure
Housing Related Schemes	£732,579
Integrated Care Planning and Navigation	£25,205,683
Personalised Budgeting and Commissioning	£1,541,910
Personalised Care at Home	£16,205,489
Prevention / Early Intervention	£4,692,483
Residential Placements	£28,552,914
Urgent Community Response	£3,085,036
Workforce recruitment and retention	£818,397
<b>Total</b>	<b>£185,121,524*</b>

*\*Reflects the total 23/24 BCF value including additional contribution above the minimum requirement. The value of the additional contribution is £4.5m and is counted in the Other Joint/Non-BCF funding (£) column in the table on page 5.*

## **South West London Better Care Fund Review**

### **Update to the Board**

#### **1. Introduction**

The Better Care Fund (BCF) remains essential to the integration of health and social care services that deliver person-centred care, sustainability and better outcomes for people and carers.

Following the COVID-19 pandemic and with the renewed focus on supporting people to live independently in their own home and hospital discharge all six south west London (SWL) place partnerships are reviewing their BCF to inform plans for 24/25 and beyond.

Given that this work was in train in each borough there was an opportunity for SWL leads across health and social care to come together to share the outputs of their reviews. By doing this we will be able to identify and share areas of innovation and work together on common challenges.

Going forward we will build on the collaboration at place and across the ICS, exploring how we continue to share approaches to the development of delivery of BCFs across SWL.

When considering the outputs of the review it is important to keep in mind the following points:

- Other than the Discharge Fund element the monies that are managed via the BCF are not new monies but represent existing spend.
- The BCF in its self is not a service but brings together a portfolio of services and schemes that are optimally delivered through integration between health and care.
- The BCF has 4 conditions that must be met and progress against these conditions are reported via quarterly returns through the HWBs.
- The money flowing through the BCF is only a proportion of the total community services and care spend.
- The NHS is required to make a minimum contribution to the BCF and that minimum requirement is set nationally.

#### **2. Approach**

In SWL BCF plans are developed and delivered on a borough basis. Given that all boroughs are were planning or taking forward their BCF reviews the approach agreed that these reviews would be completed to a common timetable and framework as summarised in the next section.

It was recognised that each place had their own timetable to complete the review, so the proposed timelines were set taking into consideration that all places will complete their BCF review in Q3 OF 23/24 to inform 24/25 onwards.

SWL review of BCFs is co-sponsored by Jeremy De Souza Director of Adult Social Care and Public Health, Richmond and Wandsworth Councils and Tonia Michaelides Director of Health and Community SWL ICB who meet with the BCF leads from both the NHS and local authorities monthly to monitor progress of the reviews.

### 3. BCF Review Timetable

The SWL BCF review is being completed in three phases as described below. It was agreed that after the completion of Phase 2 there would be a SWL workshop to share outputs from the review and identify areas to work together on across SWL.

In summary the three phases of the review are:

- *Phase 1 – February – May 2023*

Each place partnership reviewed their current BCF plans both in terms of resource spent and outcomes realised. This gave each partnership a greater understanding of the delivery of the BCF for their place to inform future plans.

**Outcome: At the end of the first Phase each Place partnership gained an in depth understanding of their current BCF plans including the current focus of the total funding being pooled as part of the BCF and the outcomes the funding is achieving.**

- *Phase 2 May-September 2023*

Once each place partnership has built their in-depth understanding of their BCF plans the next phase of the review identified any changes needed to the deliver the local priorities and outcomes set for the BCF.

Each place partnership considered how to complete this part of the review, but it was felt useful for a common set of questions to be used. Answering a common set of questions will also support sharing of learning and good practice across SWL.

The suggested questions for boroughs to use as part of Phase 2 of the review included:

- Is the totality of the BCF funds focused on the delivery of local and national priorities? At a high level how is the BCF funding allocated across the priority and what services are included?
- What positive impact are the funds having? Are we using the funding on programmes, interventions and services that will make the most difference to residents? Are there other services that should be included in the BCF?
- Are there any opportunities to reallocate funding, including reducing or stopping spend or transferring services into 'Business as Usual'?
- Are our governance and reporting approaches fit for purpose? Could each place describe their reporting and governance structures so that these can be shared across SWL.
- Is there any activity that you feel could be optimally worked on collectively across SWL to support borough delivery?

**Outcome: Each place gained an in depth understanding of impact of their BCF in terms of delivery of national and local priorities and the outcomes being realised for the local population.**

**Each Place also reviewed their oversight arrangements and made changes to ensure that progress BCF is monitored closely and subsequent opportunities to make improvements are identified.**

### ***Phase 3 October 2023- March 2024***

Each place partnership will take the findings from their review together with the outputs of the SWL workshop to develop plans for 2024/2025 and beyond.

Recommendations from the workshop on how share good practice and learning across SWL as well as how best to provide support to local teams will be established.

**Outcome: In advance of 1<sup>st</sup> April 2024 each borough will have BCF plans agreed that reflect the outcomes of the review.**

**A SWL wide BCF network will be established to support delivery at a borough level, by sharing good practice, common risk, and challenges and oversight of any BCF schemes identified to be delivered on a bigger footprint than a single borough.**

## **4. Progress to date**

On 31<sup>st</sup> October 2023 a SWL wide workshop with the BCF leads for both the Local Authorities and ICB was held to share the following:

- What each borough has learnt through their review
- What actions are they taking forward.
- What will each borough do next.
- What can we work on together across SWL.

The following sections give a summary of the updates from each borough and the work that we will be taking forward together across SWL.

## 5. Summary of Borough Updates

A summary of the update that each borough gave at the workshop in the table below:

Borough	What was learnt?	What actions have been taken.	What are the next steps.
<b>Croydon</b>	<p>Schemes are well aligned with the BCF objectives and there is a good split between proactive care and discharge support.</p> <p>The schemes are also well aligned to local priorities.</p> <p>Improve Data collection and analysis, potentially including some resources from BCF to be able to do that.</p>	<p>Decommissioned 2 schemes.</p> <p>Realigned and rebranded schemes to reflect current local transformation priorities.</p> <p>Reviewed all budget codes to improve reporting.</p> <p>Funding has been allocated to support the Discharge Integration Fronrunner Programme as the new model of care is developed over the course of the programme, including a Home from Hospital Service provided by the VCS and a Red Bag coordinator supporting the hospital discharge pathway into care homes.</p> <p>Expansion of the carer's support offer to expand the range of respite services, increasing the reach of emotional support services, linking with health and care services and modernising the digital support offer.</p>	<p>Ensure that all BCF projects are aligned to facilitate and compliment the changes designed within the Front Runner programme ensuring a one system approach to delivering the BCF metrics and deliverables.</p>
<b>Kingston</b>	<p>Some good practice in place - but needs stronger evidence, oversight &amp; consistent integrated system approach.</p> <p>Need to better structure how we understand the BCF schemes' impact - linking it into a whole system outcomes framework.</p> <p>Need to better track performance and outcomes for schemes through a dashboard.</p>	<p>A summary of the health funded schemes including the aims of the services, the costs of the services and the metrics and outcomes linked to the schemes has been produced.</p>	<p>Improve Reporting and Outcomes measurement - Framework &amp; Dashboard</p> <p>Ensure robust governance &amp; Oversight is in place'</p> <p>Increase joint commissioning linking to BCF objectives e.g VCSE</p> <p>Consider how we can incorporate test &amp; pilot approaches to establish what works and stop what doesn't work e.g. OT assessment hub</p>

	<p>Need to review in more detail what specific schemes deliver against BCF objectives - areas for development.</p> <p>BCF objectives needs to be more embedded in all joint commissioning planning and delivery (VCSE, joint funding / synched commissioning).</p>		
<b>Merton</b>	<p>Intermediate Care is the area of greatest spend and has the most opportunity for further integration, so has been agreed as the initial focus.</p> <p>There is a chance to look at opportunities for more joint working and closer integration through linking this to the reprovision and integration of community services in Merton.</p> <p>The BCF Demand and Capacity analysis has highlighted the need for more readily available data that is fully representative of the scope of services.</p>	<p>Adult Social Care Discharge fund plans were reviewed to work through what could be taken forward into the discharge fund element of the 2023-25 BCF. Some were then carried on into 2023-25 or amended.</p> <p>The work to support discharges is being reviewed and developed by the discharge programme and a series of discharge summits.</p>	<p>Two transformation projects are already progressing: intensive rehab pilot at Mary Seacole Ward and the CLCH proposal to provide a new model for home-based rehab and move away from bed-based provision when possible.</p> <p>Using resident and patient feedback, some proposed objectives and outcomes have been agreed and a review of discharge pathway 1 and the prevention of admission pathway has been prioritised. This will into feed discussions at upcoming stakeholder workshops on the reprovision and integration of community services.</p> <p>Measuring success through stakeholder and patient feedback, improvement against metrics, increased capacity within a more cost-effective model.</p>
<b>Richmond</b>	<p>The demand and capacity work as part of the BCF supported transparent conversations throughout the system and the recent quarter 2 refresh of the demand and capacity work for November 2023 – March 2024.</p> <p>This demand and capacity work has highlighted that more people are supported in the community by intermediate care than those people needing intermediate care to support discharge; the total BCF funding is also in similar proportions to the numbers of people which was a helpful comparison.</p> <p>The assumptions for the demand and capacity refresh also were able to highlight areas where the borough may need to put more resources using the discharge monies for 2024-25, such as community equipment</p>	<p>A summary of the health funded schemes including the aims of the services, the costs of the services and the metrics and outcomes linked to the schemes has been produced. In summary:</p> <p>Community health teams to support independence (previously Outcome Based Commissioning) which had been badged against a number of community services (Falls, Respiratory, Cardiac Rehab and Neuro Rehab Stroke ESD).</p> <p>Richmond Response and Rehabilitation Team (RRRT) includes BCF funding from both Health &amp; Social Care.</p> <p>There is a Mental Health scheme which provides a liaison psychiatry service which is understood to only</p>	<p>There is a need to understand the potential overlap between the investment and outcomes provided by UCR and the services within the BCF and the split of funding in community services between health and ASC.</p>

	<p>provision which supports people remaining independent in the community as well as to support safe and efficient discharge.</p>	<p>be badged against funding in the West London MHT contract (and not supporting SWL &amp; St Georges).</p> <p>Richmond Council has carried out alignment of the BCF schemes. Scheme descriptions had been changed to identify the outputs and outcomes of those schemes more easily, moving away from historical service descriptors where possible.</p>	
<b>Sutton</b>	<p>Robust and early exit strategies for non-recurrently funded projects are needed.</p> <p>Performance and value for money information for schemes needs to be strengthened.</p> <p>There is a potential for duplication from multiple national funding streams such as those supporting hospital discharge</p>	<p>A deep dive review and scoring of 5 material BCF schemes against criteria has been completed. The review included performance, contribution to BCF national and local outcomes, value for money and potential duplication with other funding streams.</p> <p>Implemented the budget review recommendations. Reviewed Discharge Fund schemes for potential duplication.</p> <p>Increased data insight and analysis capacity to inform system pressures planning.</p> <p>Strengthened performance management arrangements and oversight of BCF metrics.</p> <p>A lead officer has been identified to be accountable for the delivery of the each of the review recommendations.</p>	<p>Identified actions from the review are being progressed at pace.</p> <p>For example, a rapid exploration of opportunities for efficiencies from closer working between the Council's START reablement service and the Sutton Health and Care At Home Team, including ensuring that people are on the right pathway.</p> <p>Some actions will be taken forward on a longer timeframe, such as a commissioning review of the Community Equipment contract.</p>
<b>Wandsworth</b>	<p>The demand and capacity work as part of the BCF supported frank and honest conversations throughout the system and the recent quarter 2 refresh of the demand and capacity work for November 2023 – March 2024.</p> <p>The demand and capacity work has highlighted that there are similar numbers of people being supported in the community by intermediate care and those people needing intermediate care to support</p>	<p>Wandsworth Council has carried out alignment for the BCF schemes ensuring that spend is fully allocated to specific budget lines. Scheme descriptions had been changed to identify the outputs and outcomes of those schemes more easily, moving away from historical service descriptors where possible.</p> <p>Work has commenced to review intermediate care provision within the borough, which includes several</p>	<p>Plans are in place to review the MDTs and to incorporate health and adult social care information (via Client Level Data) from Health Insights as part of the proactive care work being taken forward by SWL ICB which will enable Wandsworth to support the borough health inequalities work accordingly within 2024-25.</p>



	<p>discharge; however, the total BCF funding is much more focussed towards keeping people independent at home.</p>	<p>pilot programmes, and links in with the BCF demand and capacity refresh.</p> <p>The equipment spend has been incorporated into the BCF to smooth financial flows across the Wandsworth equipment service contract. This has been managed via a process of substitution from other services.</p> <p>It is now easier to explain the outcomes of the BCF schemes to stakeholders and the public now that the spend has been aligned against outcomes.</p> <p>Spend has been identified to supply additional social workers to support the Wandsworth proactive care programme which was previously available to support the Proactive Care MDTs in the borough.</p>	
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## **6. Areas for collaboration across SWL**

The following areas have been identified as potential areas for collaborative working across SWL:

- Development of intermediate care and sub-acute model across SWL. Defining what we mean by intermediate care beyond beds.
- Agree a common set of outcomes and naming conventions for scheme to allow for more SWL wide review and analysis.
- Agree a common approach to demand and capacity modelling; agree a core common dashboard to support the delivery of BCF plans and using population health data to ensure that the BCF schemes are focused on addressing Health Inequalities. Potential need for dedicated system wide BCF BI support identified.
- Identify opportunities for adopt a single evaluation approach for similar schemes.
- Map total expenditure community based spend across health and care to have total picture not just what is in the BCFs.
- Share learning from Croydon's frontrunner programme.
- Agree approach to capturing the wider voice – e.g., service users and providers to inform BCF plans going forward.
- Consider alignment of schemes across boroughs support that discharge from the same acute hospitals or Mental Health Trusts.

## **7. Recommendation**

The Board is asked to note the contents of the report and the progress made in reviewing the SWL BCF plans.

NHS South West London Integrated Care Board			
<b>Name of Meeting</b>	ICB Board		
<b>Date</b>	Wednesday, 22 November 2023		
<b>Title</b>	Investing in services beyond hospital Keeping people healthy and well in our communities		
<b>Lead Director (Name and Role)</b>	Sarah Blow – SWL ICS Chief Executive Officer		
<b>Author(s) (Name and Role)</b>	Helen Jameson, Chief Finance Officer Tonia Michaelides, SWL Director of Health and Care in the Community		
<b>Agenda Item No.</b>	08	<b>Attachment No.</b>	07
<b>Purpose</b>	Approve <input checked="" type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input type="checkbox"/>
<b>Purpose</b>			
<p>The purpose of the paper is to seek the ICB Board’s approval for future increased investment in community, primary care and mental health services.</p> <p>Increased investment will only be possible after our financial plans have been delivered along with key milestones such as productivity metrics. However, it is important that we begin to articulate this intention in the ICB’s plans going forward.</p> <p>This paper outlines the proposition to achieving the ambition to increase investment in community, primary care, and mental health services and sets out the case for change, the options for identifying funding with risks and benefits and next steps to developing the approach.</p>			
<b>Executive Summary</b>			
<p>The core aims of ICB’s include; improving outcomes in population health and healthcare; tackling inequalities in outcomes, experience, and access and enhancing productivity and value for money. Community, primary care, and mental health services play a key role in delivering these aims.</p> <p>Community, primary care, and mental health services are crucial to supporting other parts of the system e.g. playing a vital role in relieving pressure on the rest of the system, such as supporting the safe and timely discharge of patients from hospital. They also support improved productivity - recent research shows that that for every £100 spent in the NHS community care sector, there is £131 (31%) return on investment in acute sector savings realised through reduced hospital admissions and fewer people taken to hospital by an ambulance.</p> <p>However, the ability of these service areas to reach their full potential is constricted by a number of factors including levels of investment. Historically investment has not kept pace with other service areas and to enable SWL to maximise the potential of services to improve the health and well-being of the population and support the rest of the health and care system future investment is required.</p>			

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

The case for change - Section 2 of the paper.  
Options for releasing funds to invest – Section 3 of the paper.

**Recommendation**

**The Board is asked to:**

- Agree to the principle of increasing future investment in community, primary care, and mental health services.
- Agree to progressing the development of the approach to releasing the funding for investment using a combination of the options summarised in Section 3 of the paper. This will be presented to the Board for approval at a future meeting.
- Agree to the further development of the plans that are required to mobilised investment. The plans will be shared with the Board at a future meeting

**Conflicts of Interest:**

Not applicable at the current time.

Once areas for investment have been agreed any conflict will be highlighted and appropriately managed.

**Corporate Objectives**

This document will impact on the following Board Objectives

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

**Risks**

This document links to the following Board risks:

The key risks to the investment are financial. A summary of these risks is given in section 4 of the paper

**Mitigations**

Actions taken to reduce any risks identified:

Once the preferred option for identifying the funding source is agreed a detailed risk log will be compiled with mitigations. Each investment plan will also have a risk log with mitigations.

**Financial/Resource Implications**

The proposal in the paper calls for increased investment in community, primary care and mental health services which will have financial implications. The benefits and risk for each of the potential options for identifying the investment are summarised in Section 4 of the paper.

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

An EIA will be completed as part of the delivery plan for each investment area once these have been agreed.

<b>What are the implications of the EIA and what, if any are the mitigations</b>	Any implications from the EIAs will be picked up and addressed when completed
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<b>Patient and Public Engagement and Communication</b>	Decisions on areas to invest in will consider recent patient and public engagement feedback. When investment is being made we will engage with patients and public to ensure that there is a focus on the priority areas identified through the feedback.
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<b>Previous Committees/Groups</b> Enter any Committees/Groups at which this document has been previously considered	<b>Committee/Group Name</b>	<b>Date Discussed</b>	<b>Outcome</b>
	SWL SMT meeting	19/10/2023	Support given to the paper and amendments made.
	SWL SMT meeting	09/11/2023	Support given to the paper and amendments made.

<b>Supporting Documents</b>	
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## **Investing in services beyond hospital – Keeping people healthy and well in our communities**

### **1. Introduction**

In south west London (SWL) we have an ambition to keep people well and safe at home, improving health outcomes, reducing inequality and ensuring financial sustainability of the health and care system. This ambition reflects the key NHS Long Term Plan priority to provide more care and support in the community outside of secondary hospital care settings.

Integrated Care Boards (ICBs) were established to ensure delivery of core aims of Integrated Care Systems (ICS) which include – improving outcomes in population health and healthcare; tackling inequalities in outcomes, experience, and access; enhancing productivity and value for money. This purpose together with the SWL ambition described above highlights the need for the ICB to have a medium to long term plan to increase investment in community, mental health, primary care and preventative services.

The purpose of this paper is to secure the ICB's endorsement to begin developing plans to make this investment a reality. The paper outlines the case for change, the options for releasing the money to invest in these services and what we will do next to develop detailed plans.

There is a compelling case for change as highlighted in section 2 of the paper. Research published by the NHS confederation in September 2023 shows that for every £100 spent in the NHS community care sector, there is £131 (31%) return on investment in acute sector savings realised through reduced hospital admissions and fewer people taken to hospital by an ambulance.

The SWL providers of community, primary care and mental health services support the delivery of the SWL ambition and are working to transform and expand their capacity to deliver more care. This expansion is being achieved through innovations such as the introduction of more digital resources, new roles and workforce supply

routes. This transformation is being delivered within existing financial resources and therefore is limited in scope.

Given the increased pressure presented by raising demand in services together with challenges in areas such as workforce and financial sustainability the ambition we have set ourselves will not be fully realised without a redistribution of funding.

## **2. Case for Change**

Community and mental health services play a key role in local health and care systems. There is a compelling case for change for why we need to invest in these services as described below:

**Rising Demand:** Throughout the COVID-19 pandemic, community services played a vital role, demonstrating flexibility and resilience in the face of unprecedented challenge. Coming out of the pandemic demand for these services continues to increase and for some services referrals have increased beyond pre-pandemic levels. At a national level there are over 1 million people on community waiting lists. The backlog in community waits should be given the same focus as the backlog in acute services with plans and sufficient funds in place to address them.

**Improving health outcomes:** The community sector has a key role in managing the physical and mental health need of local populations and makes an important contribution to reducing health inequalities. We know that community-based providers play a key role in ensuring patients are cared for at home or closer to their home, and that this is better for individuals and their outcomes, as well as for patient flow and capacity across the system. Community based care is designed to meet the needs of those who may not be able to access care in more traditional settings, including patients for whom the NHS often struggles to reach.

Community based providers deliver key services that support the health, wellbeing, and wider outcomes for individuals and are key to advancing a population health approach, playing an important role in delivering preventative care that can support the reduction of health inequalities.

Neglecting investment in community and mental health services may be a false economy as patient health may deteriorate and subsequently require more expensive health and care support.

**Unlocking Potential:** Community based services deliver a wide range of services. For example – adult community services, primary care services, mental health services, children’s services, health and well-being services, specialist long term condition management, planned community care and bedded care such as rehabilitation. However further investment is needed to maximise this potential to support individual outcomes and patient flow.

One example of this is investment in upstream prevention, with more care provided by community-based services, and support to the development of multidisciplinary neighbourhood teams across primary, community and social care. This type of transformation would also support evolving models of delivering care in the community - for instance through urgent community response and virtual wards, both of which require collaborative working across systems.

**Workforce Challenges:** Having the right numbers and skill mix of community staff is essential to providing high-quality care, keeping people well in their own home or in the community, and reducing additional demand on acute hospitals and other healthcare services. However, the supply of community staff has not kept pace with increases in demand, and this has been exacerbated by the COVID-19 pandemic. Community based service providers are now facing pressing recruitment and retention issues.

With investment providers of community-based services could take initiatives to improve the recruitment and retention of staff such as:

- The expansion and development of new roles that attract more staff into the sector. These new roles could span health and care services.
- Looking at opportunities to broaden the talent pool by recruiting staff outside the NHS.
- Developing career pathways to support the retention of staff and fund more training and development opportunities.

**Support to other parts of the system:** Community based services play a vital role in relieving pressure on the rest of the system, such as supporting the safe and



timely discharge of patients from hospital. However, the significant challenges currently facing the community sector are likely to have an impact on other services – for example, if patients are unable to access preventative care for long term conditions, they are more likely to present at a later stage and with more complex needs in the acute sector, which in turn increases demand and reduces patient flow through the system.

For those patients in hospital, they rely on the community-based health and care services to manage patient flow through the system, enabling safe and timely discharge, allowing patients to return home as soon as they are ready. However, without the right community capacity in place, delays to discharge can occur. This can negatively impact on patient outcomes and increase care needs as deterioration can occur in the absence of appropriate support and rehabilitation.

**Productivity:** Investing in community and mental health services will reduce long term pressure in the acute sector which make a significant contribution to the productivity of the whole SWL health and care system. Recently published research by the NHS Confederation shows that the reduction in acute demand associated with higher community spend could fund itself through savings on acute activity if a causal relationship were assumed, with an average 31 per cent return on investment and average net saving of £26 million for an average-sized integrated care system.

The research also showed that on average, systems that invested more in community care saw 15 per cent lower non-elective admission rates and 10 per cent lower ambulance conveyance rates, both statistically significant differences, together with lower average activity for elective admissions and A&E attendances.

### **3. Options for releasing funds to invest.**

During the pandemic the financial framework for funding services changed and new services were invested in to address the changing healthcare need of our local population. As we go forwards it will be key that we assess the current investment profile in community and primary care services to ensure we understand the level/profile of funding, which will support the system to identify where and how to invest to improve the health and wellbeing of the population.

The NHS financial framework is continuing to evolve and funding levels are currently reducing back to pre-pandemic levels, whilst nationally required investment levels

are confirmed each year for mental health (MHIS), ambulance services and elective recovery/capacity.. As a consequence of this ,SWL ICS’s funding continues to shrink in line with nationally set convergence factor and the requirement to pay back historic deficits.

Through the SWL Financial Recovery Plan all providers are working together to reduce the cost base of the system, to bring it back into balance, with the long term aim of freeing up resource to invest in health inequalities and prevention through primary, community and mental health services.

The transformation required to deliver these savings will take 4-5 years to deliver, so this paper focuses of the options available in the short term to initiate the transfer of funds toward the community to start the reduce the demand on acute care services. Recognising there will be double running costs, until the impact of the additional investment in the community is realised.

It should also be noted that the ability for the system to shift funds may be affected by the additional controls placed on system spend until it returns to financial balance. However, if these are met then there are number of options the system could utilise to investing in services within the community.

<b>Approach</b>	<b>Risk/Benefits</b>
A/ Use the principle that the first call on the allocation after applying nationally mandated guidance should be investment in community services. This could be applied as a % uplift or fixed level of investment dependent on the funds available (akin to the approach to Mental Health investment (MHIS) but on a much wider service profile.	This would enable an investment on an incremental basis - but may not enable best value for money if invest is divided between lots of small schemes. Greater value for money may be achieved is funds are saved on an incremental basis to enable a larger investment to be made.
B/ Reduce Acute contract values by a % and redistribute	The majority of the system deficit is within the acute sector and this could further destabilise them – prior to the community initiatives reducing demand. <i>This option wouldn't be recommended at this time</i>
C/ Review utilisation of SDF allocation recognising that whilst the allocation has reduced in recent years the ICB has been given more flexibility about how it could be invested	This may give the system the ability to invest further/ align investment to the new strategy immediately

D/ Future Health Inequalities and ICP priority funding could be targeted at community services	This provides the potential to increase investment in community services from 2025/26 onwards.
E/ A number of community schemes are required to support the Urgent care workstream of the financial recovery plan. There are limited funds available to support these and it is recommended the workstream focus on these to secure the investment as quickly as possible.	Although a small investment this could be realised immediately, which would support delivery of the financial recovery programme as well as the investment into community services.

It is suggested that a combination of range of options above could be used to focus funds into community services, with a minimum requirement of option A as we move into future planning rounds and that this should be explored and brought back to the Board for consideration as well as the analysis of the current community investment profile.

#### **4. Principles to enable investment.**

To ensure that any investment in community, primary care and mental health services is applied in the most effective way a set of principles will be put in place, for example:

- That there is a clear understanding of the current baseline for community, primary care and mental health services together with recent areas of investment. This will help identify the priority areas for future investment.
- Investment will be into agreed key priority areas with key outcomes as agreed with the ICB.
- That a number of conditions are met before investment can be agreed e.g. meeting productivity targets.
- That funding is phased once agreed milestones have been achieved.

#### **5. Inclusion in ICB plans**

The ICB's intention to invest into community, primary care and mental health services plans will be identified in the organisation's plans going forward.

As part of the planning round for 2024/25 the system will consider the impact of any additional proposed community investments and will prioritise accordingly within the agreed investment envelope. A working group will be set up for this purpose which will include the system COO, CFO and leads from Community based services. This group will report into the overall Planning Steering Group.

## **6. What we will do next**

If the ICB Board approves to recommendation made in the paper work will be taken forward to develop the approach. A detailed mobilisation plan will be developed shared with the ICB Board in the new year. The plan will include:

- The proposed areas for investment based on the ICS plans
- The approach to releasing the funding for investment.
- Identification of that milestones that will have to be reached to enable investment to take place.
- The approach to adopting the population health logic model to ensure that the outcomes agreed for the investment are achieved.

## **7. Recommendation**

The ICB Board is asked to approve the following recommendations:

- To agree to the principle of increasing future investment in community, primary care, and mental health services
- To agree to progressing the development of the approach to releasing the funding for investment using a combination of the options summarised in Section 3 of the paper. This will be presented to the Board for approval at a future meeting.
- To agree to the further development of the plans that are required to mobilised investment. The plans will be shared with the Board at a future meeting.

## NHS South West London Integrated Care Board

<b>Name of Meeting</b>	ICB Board		
<b>Date</b>	Wednesday, 22 November 2023		
<b>Title</b>	Primary Care Access Recovery Plan (PCARP) System-Level Update		
<b>Lead Director (Name and Role)</b>	Mark Creelman Primary Care SRO Andrew McMylor, SWL Director of Primary Care		
<b>Author(s) (Name and Role)</b>	Ashley Hayward, Head of Digital Transformation, SWL Emily O'Donnell, Lead Primary Care Transformation Manager, SWL		
<b>Agenda Item No.</b>	10	<b>Attachment No.</b>	08
<b>Purpose</b>	Approve <input type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input checked="" type="checkbox"/>

### Purpose

The report provides an update of current progress against the national Primary Care Access Recovery Plan. This builds on the work detailed in the SWL Primary Care Strategy that was previously presented to the ICB Board in May 2023.

### Executive Summary

The Fuller Stocktake built a broad consensus on the vision for integrating primary care with three essential elements:

1. Streamlining access to care and advice.
2. Providing more proactive, personalised care from a multidisciplinary team of professionals.
3. Helping people stay well for longer.

Before being able to fully implement the wider reforms necessary to achieve this vision, it is recognised that pressure needs to be taken off general practice by tackling the 8am rush. Although the national delivery plan for recovering access to primary care supports all three elements of the Fuller Stocktake vision, the focus is on the first.

The Primary Care Access Recovery Plan was published in May 2023 and has two key ambitions:

1. To tackle the 8am rush and reduce the number of people struggling to contact their practice.
2. For patients to know on the day they contact their practice how their request will be managed.

The plan seeks to support recovery by focusing this year on four areas:

1. Empower patients.
2. Implement Modern General Practice Access.
3. Build capacity.
4. Cut bureaucracy.

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

- SWL ICB are currently the 2nd highest across London and 5th highest nationally for the number of practices with records access enabled via the NHS App.
- Workforce initiatives are in place to drive up recruitment and retention of primary care staff across SWL.
- Further work is required in areas such as primary/secondary interface and reducing bureaucracy.
- Online consultations are now available in 100% of SWL practices and utilisation of the service has significantly improved, and 63 SWL practices are being supported to move from an analogue telephone system to a digital solution that will support the development of the modern general practice model.

**Recommendation**

**The Board is asked to:**

- The Board is asked to note the contents of this report.

**Conflicts of Interest**

No conflicts of interests have been identified.

**Corporate Objectives**

This document will impact on the following Board Objectives

- Improving General Practice access across SWL.
- Supporting the needs of a diverse patient population.
- Developing stronger links between primary and secondary care.
- Improving patient experience and care.

**Risks**

This document links to the following Board risks:

No risks are identified in this paper

**Mitigations**

Actions taken to reduce any risks identified:

N/A

**Financial/Resource Implications**

No financial implications noted in this paper.

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

Individual workstreams undertake EIAs where and as required.

**What are the implications of the EIA**

N/A

<b>and what, if any are the mitigations</b>	
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<b>Patient and Public Engagement and Communication</b>	Project teams discuss individual matters with relevant patient groups as appropriate.
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<b>Previous Committees/Groups</b> Enter any Committees/Groups at which this document has been previously considered	<b>Committee/Group Name</b>	<b>Date Discussed</b>	<b>Outcome</b>
	Primary Care Transformation Group	09/11/2023	For noting

<b>Supporting Documents</b>	PCARP SWL System-Level Update Nov-23
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## Primary Care Access Recovery Plan

### System-Level Update - November 2023

#### 1. Introduction

NHS England has requested a system-level report is presented to the ICB Board this Autumn to provide an update of current progress against the national Primary Care Access Recovery Plan. This builds on the work detailed in the SWL Primary Care Strategy that was previously presented to the ICB Board in May 2023.

The Primary Care Access Recovery Plan has two key ambitions:

1. **To tackle the 8am rush and reduce the number of people struggling to contact their practice.** Patients should no longer be asked to call back another day to book an appointment, and we will invest in general practice to enable this.
2. **For patients to know on the day they contact their practice how their request will be managed:**
  - a. If their need is clinically urgent it should be assessed on the same day by a telephone or face-to-face appointment. If the patient contacts their practice in the afternoon they may be assessed on the next day, where clinically appropriate.
  - b. If their need is not urgent, but it requires a telephone or face-to-face appointment, this should be scheduled within two weeks.
  - c. Where appropriate, patients will be signposted to self-care or other local services (e.g., community pharmacy or self-referral services).

The plan seeks to support recovery by focusing this year on four areas:

1. **Empower patients** to manage their own health including using the NHS App, self-referral pathways and through more services offered from community pharmacy. This will relieve pressure on general practice.
2. **Implement Modern General Practice Access** to tackle the 8am rush, provide rapid assessment and response, and avoid asking patients to ring back another day to book an appointment.
3. **Build capacity** to deliver more appointments from more staff than ever before and add flexibility to the types of staff recruited and how they are deployed.
4. **Cut bureaucracy** and reduce the workload across the interface between primary and secondary care, and the burden of medical evidence requests so practices have more time to meet the clinical needs of their patients.



## 2. SWL Progress Update:

### 2.1 Empower Patients

#### 2.1.1 NHS App

Across SWL 95% of practices have switched on access to medical records for their patients. SWL ICB are currently the 2<sup>nd</sup> highest across London in terms of the number of practices with records access enabled, and 5<sup>th</sup> highest nationally. Practices have been supported by the change management team to encourage patients to view their health records via the NHS App. Record views via the app have been steadily increasing since June 2023.

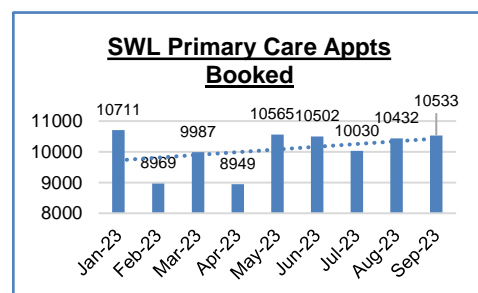
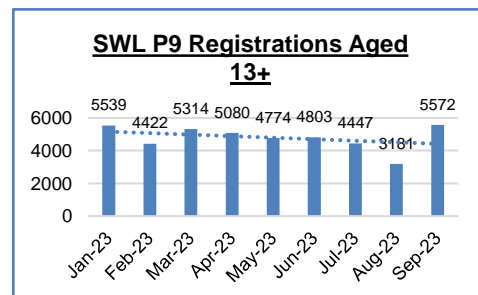
The NHS app is now being promoted as the digital front door to healthcare. The app includes helpful features such as booking and managing appointments, ordering repeat prescriptions, and receiving messages from your GP.

The number of patients registering with the NHS App has been steadily increasing with a slight dip in August. A targeted communications campaign was carried out over the course of January to March 2023 which drove up registrations during that period with another campaign planned over winter.

88% (151/172) of SWL practices are now offering routine appointments online for patients to book.

99% (170/172) of practices across SWL are now offering ordering/ management of repeat prescriptions via the NHS app.

Messaging functionality is also available in the NHS app and is free of charge for all messages that are received and picked up via the App. Data for August and September shows that this functionality is being increasingly used across SWL:



Month	Total Messages sent via Batch	Total Messages sent to the NHS App	Total Messages sent to the NHS App w/notifications	Total Messages viewed within 3h	Overall messages not requiring a fallback	Messages sent via the app with notifications on	Messages viewed by patients who received the notification
Aug-23	182,502	87,473	43,990	10,457	5.73%	24.10%	23.77%
Sep-23	182,870	92,626	39,934	11,531	6.31%	21.84%	28.88%

#### 2.1.2 Self-Directed Care

All SWL practices have recently transitioned over to AccuRx for patient messaging. Functionality includes:

- Batch messaging which covers appointment reminders and QOF campaigns.
- Two-way messaging which enables practices to reply to messages sent by practices.
- Self-booking links which enables patients to book and manage their own appointments, including booking into services e.g., asthma reviews, cervical screening.
- Ability for practices to quickly administer health questionnaires to practices.

#### 2.1.3 Register with a GP Surgery Online

The NHS 'Register with a GP Surgery' service aims to reduce the complications for both the patients registering with a new GP practice and the practices receiving them. SWL currently has 14 practices signed up to enable registrations online.

## 2.2 2. Implement Modern General Practice Access

### 2.2.1 General Practice Websites

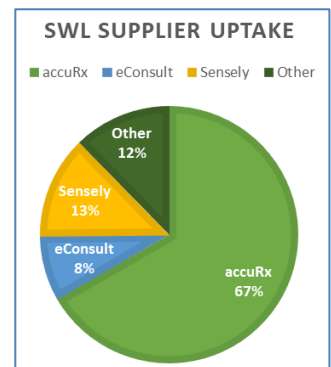
Following audits carried out by the London region team and colleagues from Redmoor Health, all practices across SWL have been given access to optimised templates and best practice for how to present and manage their websites to ensure that they are useful and usable for patients. Overall practice websites across SWL have improved. Boroughs such as Wandsworth, Merton and Richmond have implemented a single supplier to ensure that a minimum standard of information is included on the GP Practice website as a standard. This includes but is not limited to:

- Contact details and clear opening times of the practice.
- Direction to the NHS App.
- Details of how to carry out an online triage form to request an appointment (Online Consultation).
- Details on self-care.
- Information on how and when to contact NHS 111.

### 2.2.2 Online Consultation Tools

Online consultations enable patients to contact a GP or health care professional regarding a medical or admin query by completing a free text form or set questionnaire online. Practices will therefore no longer need to request that patients contact the practice at a later time.

100% of all SWL practices are now offering Online Consultation. SWL ICB carried out a large-scale procurement in 2021/22 to enable practices a choice of three suppliers. Each supplier offers a different level of functionality enabling practices to tailor their offer to suit their chosen model. Historically utilisation of this service was low across SWL, this has drastically increased over the course of 2021/22 and 2022/23. Usage data now shows a rate around 25,000-30,000 online consultations per week across SWL.



### 2.2.3 Digital/Cloud Based Telephony Solutions

SWL ICB is working with NHS England to support all practices to implement a digital cloud-based telephony solution to replace existing analogue telephone systems. Digital cloud-based telephony to reduce call waiting times and improve patient experience and access, for example enabling call-back so patients do not need to wait on the telephone, re-routing of calls to the most appropriate service. There are currently 65 practices across SWL who are eligible for this support, with the other 107 having already implemented a digital telephony solution.

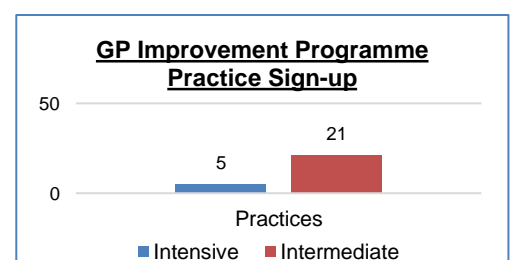
### 2.2.4 Practice and PCN Training and Development

Practices and PCNs are encouraged to participate in the national and local training and development offers to support them with moving to a modern general practice access model. Details of sign-up to date is included below:

#### NHSE GP Improvement Programme (GPIP)

There are two programmes available to all practices:

1. Intensive 26-week programme.
2. Intermediate 13-week programme.



## NHSE Care Navigation Training

There are two training courses available:

1. Foundation course for practices: 71/172 practices have signed up to date.
2. Advanced course for PCNs. 6/39 PCNs have signed up to date.

## ICB Hands-on Support Offer to Practices

The recovery plan highlights the need for ICBs to provide hands-on support to a fair share of 850 practices nationally. This equates to 22 practices in SWL. Support has been provided to:

- All 172 practices to ensure practices are coding and mapping their appointments in-line with the national appt slot categorisation guidance.
- All 172 practices have access to a dedicated change manager to support with digital transformation on the ground.
- SWL Training hubs are supporting the deployment of digital care co-ordinators to support practices on the ground with patient education to encourage uptake of the NHS App and other digital access offerings.

### **2.2.6 PCN Access Improvement Plans**

All 39 PCNs have submitted an access improvement plan, approved by the ICB at the end of July 2023. PCNs have identified their current baseline for routine appts within 2-weeks; prospective records access, patient experience, digital tool utilisation/uptake and GP appointment coding and mapping.

These plans highlight areas of improvement at both practice and PCN level and the steps being taken to address these by 31st March 2024. This work will improve online patient journeys including practice websites, help to understand general practice transformation maturity and support needs, and improve the overall experience of access.

## **2.3 Build Capacity**

Primary care workforce includes training, supply, recruitment, retention, and skill development of all clinical and non-clinical staff, who are working in primary care in South West London (SWL).

Increasing the size of the general practice workforce and supporting workforce retention is a key priority for SWL. The current general practice workforce in SWL is **3,195 FTE**.

Since the commencement of the Network Contract DES and the Additional Roles Reimbursement Scheme (ARRS), there has been a focus on increasing the multi-disciplinary team (MDT) working in primary care. ARRS provides funding for 17 different roles and there has been a large increase in recruitment to these roles equating to **720 FTE** in August 2023, with PCN workforce plans aspiring to increase this to **845 FTE** by March 2024.

National System Development Funding (SDF) has provided funding for a host of schemes to support the recruitment and retention of primary care staff. Many of the schemes are being delivered by the SWL Training Hub as an enabler and partner in supporting our workforce needs. Some of the successful schemes include:

- **GP Fellowship Scheme:** A 2-year programme of support available to all newly qualified GP and nurses working substantively in general practice, offering support with PCN portfolio working and learning and development post registration. Currently there are 86 GPs and 10 nurses participating in the scheme.
- **GP Supporting Mentors Scheme:** Allows locally based GPs who are highly experienced with a recognised mentoring qualification, to be matched with newly

qualified GPs to provide mentoring support. Currently there are 27 GP mentors providing mentoring support.

- **SWL ICS Induction:** Initially open to primary care staff and has since been extended to wider ICS partners. There are opportunities to access CPD funding which has been positively received. There is also work underway in line with the Workforce Race Equality Standard (WRES) for tackling workforce race inequality across the system by having Freedom Speak Up Champions at PCN level that promote equality, diversity & inclusion (EDI) and support staff forums. This is a joint programme of work with between SWL ICS and SWL Training Hub.
- **National health and wellbeing offer to PCNs:** NHS England are providing a selection of health and wellbeing offers for primary staff which include confidential coaching and support.

## 2.4 Cut Bureaucracy – Improve the Primary and Secondary Care Interface

The below provides an update on the current position against each key area:

- **Onward referrals:** All SWL Trusts can make an onward referral and will make an onward referral unless the right clinical pathway is to return the referral to the GP.
- **Electronic fit notes and discharge letters:** Providers are making improvements to ensure patients receive all the necessary information following an outpatient appointment. This includes exploring opportunities to issue fit notes and discharge letters electronically.
- **Call/recall systems:** All SWL Trusts are working on provider initiated follow up appointments (PIFU) which allows patients to remain in the care of the hospital and book a follow up appointment in the speciality they were seen based on their need, rather than at a specified time in the future. All Trusts have systems to recall patients for follow-up tests and appointment.
- **Clear points of contact:** All SWL Trusts have clear points of contact, but it is recognised that this may involve having to contact multiple different teams. The advice & guidance service has been implemented (and continues to be expanded) in all Trusts, which allows local GPs to ask advice of the hospital regarding their patients to determine the best treatment for the patient which may or may not result in a hospital appointment, ensuring patients receive the right care at the right time.
- **Additional developments:** SWL Digital Transformation Programme is developing a patient portal to enable patients to access their letters, appointments and results digitally. The development of this plan is a priority for the ICB and has received nationally funding to support this.
- **Workstream task group:** Given the importance of the primary and secondary care interface in ensuring pathways are as effective as possible, we are establishing a workstream task group to enable greater alignment between the sectors.

## NHS South West London Integrated Care Board

<b>Name of Meeting</b>	ICB Board		
<b>Date</b>	Wednesday, 22 November 2023		
<b>Title</b>	South West London Integrated Care Partnership Update		
<b>Lead Director Lead (Name and Role)</b>	Cllr Ruth Dombey, Co-Chair, Integrated Care Partnership Board		
<b>Author(s) (Name and Role)</b>	Rachel Flagg, Director, Integrated Care Partnership Development		
<b>Agenda Item No.</b>	11	<b>Attachment No.</b>	09
<b>Purpose</b>	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.

### Executive Summary

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

The report provides an update on the next steps for delivery of the ICP Strategy and the October meeting of the ICP Board.

In July 2023, the South West London Integrated Care Partnership (ICP) Board agreed the South West London Integrated Care Partnership Strategy for 2023-2028. The strategy was publicly launched in October. Our ambition is to make real and tangible improvements in health and care for local people. The strategy outlines our priorities for change and the collective action we will take to improve health and care for the people of South West London across our agreed strategic priorities of:

- 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

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

The ICP Board met on 4 October 2023 and received a progress update on the delivery of the ICP strategy, including the leadership arrangements for each strategic priority and the development of 18-month delivery plans.

The Board also discussed the approach to developing an outcomes framework for the ICP Strategy to understand the impact of our collective actions, based on a logic model, which was agreed.

There was a paper on the approach to agenda planning for the ICP Board and the Board agreed that ICP agenda items should be clearly linked to the four purposes of the Integrated Care System and that they would hold a forward agenda planning session during November, open to all ICP Board members to plan for the year ahead.

An update on the Integrated Care Partnership's Investment Fund was given, following the launch of the Health Inequalities Fund and the ICP Priorities Fund on 2 October 2023. The key information is summarised below for the information of this Board.

### **South West London Integrated Care Partnership Investment Fund**

The South West London ICP Investment Fund was established from funding agreed by the ICB during the SWL ICB financial planning process. The ICB's AGM in September show-cased several high impact schemes that would not have occurred without the dedicated funding from SWL ICB.

The South West London ICP Investment Fund 2023- 25 is comprised of two parts:

**The ICP Priorities Fund** for 2023-25 will be targeted to support delivery of the Integrated Care Partnership Strategy. The fund is divided into two categories with the following distribution of monies:

- Category 1: ICP Workforce priority has an 80% allocation of funding (£3.8 million)
- Category 2: Remaining ICP priorities and cross cutting themes focussed (excluding Health Inequalities – please see below) has an allocation of 20% of the funding (£950k)

The ICP Priorities Fund has a budget of £5 million over two financial years until March 2025.

**The Health Inequalities Fund** will be targeted on reducing Health Inequalities (Core20+5) across South West London. The Health Inequalities fund for 2023-25 will be focussed on existing and new projects with a distribution of funding of 75% for existing schemes and 25% for new schemes. £4.3 million funding is available for 2023/24 with a similar value anticipated for 2024/25.

Applications opened on Monday 2 October and closed on Friday 10 November (six working weeks). To support applicants, an Investment Fund information event was held on Monday 2nd October to provide more detail on the application process for both funds. This session was attended by over 250 stakeholders from across SWL. In addition to the information event, we held a number of collaboration sessions for specific cross cutting themes and priority areas within the ICP Priorities Fund to foster new relationships and develop innovative ideas.

Applications are currently being reviewed and we are aiming to notify successful applicants in December 2023.

### **NHS England Public Consultation on specialist paediatric cancer services**

The second half of the October ICP Board meeting was given over to NHS England, who had just launched a public consultation on the future location of very specialist cancer treatment services for children. The Board received a presentation from NHS England about the consultation process and the options being considered. Board members then had the opportunity to ask questions and give views. Members of the public attended to share their personal experiences of the existing service offer and set out what was important to them. The public consultation will run until Monday 18 December 2023. Further details can be found at:

<https://www.transformationpartners.nhs.uk/childrenscancercentre/>.

### **Recommendation**

#### **The Board is asked to:**

- Note the contents of this report.

### **Conflicts of Interest**

Some members of the ICP Board and ICB Board have an interest in the NHS England public consultation on paediatric cancer services. No decision is being taken by South West London ICP or South West London ICB in relation to this matter. The decision will be taken by NHS England.

#### **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

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

Not required for this paper

<b>necessary and has it been completed?</b>	
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<b>What are the implications of the EIA and what, if any are the mitigations</b>	n/a
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<b>Patient and Public Engagement and Communication</b>	No specific implications are identified, other than the public consultation process described above.
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<b>Previous Committees/Groups</b> Enter any Committees/Groups at which this document has been previously considered	<b>Committee/Group Name</b>	<b>Date Discussed</b>	<b>Outcome</b>

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

<b>Name of Meeting</b>	ICB Board		
<b>Date</b>	Wednesday, 22 November 2023		
<b>Title</b>	Finance & Planning Committee Update		
<b>Non-Executive Member Chair</b>	Dick Sorabji		
<b>Lead Director (Name and Role)</b>	Helen Jameson, Chief Finance Office		
<b>Author(s) (Name and Role)</b>	Kath Cawley, Director of System Planning		
<b>Agenda Item No.</b>	12	<b>Attachment No.</b>	10
<b>Purpose</b>	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 26 September 2023. The meeting was quorate and following consideration and discussion of key items at the meeting, the updates below are highlighted.

### South London Mental Health Provider Collaborative Development Update

- Overview provided on the achievements, ambition and strategic priorities for the South London Mental Health Provider partnership.
- Assurance provided on the reinvestment of achieved savings include community-based infrastructure and the learning disability ward at Springfield, both supporting patients as close to home as possible and interfacing with community services.

### Kingston and Richmond Place Update

- Overview provided on the work, ambition and strategic priorities for the Kingston and Richmond Place partnerships.
- Assurance provided on the development of partnership working at Place, and the related projects established.

### **Continuing Health Care (CHC) review**

- Overview provided of CHC services, including the number of people in SWL that are supported by CHC funding at any one time, the number of daily referrals and their routes as well as the CHC financial position.
- Assurance provided on the ICB's seven point CHC transformation programme.

### **Financial Recovery Plan**

- The Committee received an update on the Financial Recovery Plan and the July 2023 Financial Recovery and Sustainability Board.
- Assurance was provided on the workforce programmes including the Clinical Workforce review which had commenced and the reported agency expenditure which had decreased in month 5.

### **Operating plan 2024/25: planning approach**

- The Committee noted the expected approach for the planning refresh for 2024/25. In particular that planning guidance is expected to be published in November 2023 and final plans to be submitted by early February 2024.
- The ICB Board will be required to approve the ICS's plans prior to submission.

### **ICS Month 5 Finance report**

- The Committee noted the SWL system financial position at month 5 which was £6.2m 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 five months of the year.
- The efficiency savings plan delivery was favourable to plan YTD but achieved through greater reliance on non-recurrent schemes than planned.

### **ICS Progress Delivery Report: Month 4 activity**

- The Committee noted the ICS progress delivery report which updated the Committee on the progress against the submitted operational plan at month 4 including specific areas of adverse performance.
- The Committee discussed the impact of Industrial Action on Elective Recovery performance.
- Outpatients, diagnostics, and cancer performance at Month 4 is either on plan or above.
- The Committee noted the updated productivity reported using NHSE's methodology of "implied productivity". This showed a worsening of SWL's position since the end of 2022/23, primarily due to non-recurrent cost savings that were included in 2022/23 and the pressures on elective activity resulting from Industrial Action.

### **ICB Finance Report Month 5**

- The Committee noted the ICB finance report for month 5. The ICB has a YTD deficit plan of £1.1m and is reporting a £9.8m surplus, so a £11.0m favourable position to the YTD plan. Of this favourable variance, £10.4m is due to ERF income being held to offset trust activity under target. The Committee noted key risks to prescribing and CHC. The ICB is still forecasting to hit forecast outturn.

**Contract Awards**

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

**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

**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

<b>Previous Committees/Groups</b>	<b>Committee/Group Name</b>	<b>Date Discussed</b>	<b>Outcome</b>
Enter any Committees/Groups at which this document has been previously considered			

<b>Supporting Documents</b>	N/A
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## NHS South West London Integrated Care Board

<b>Name of Meeting</b>	ICB Board		
<b>Date</b>	Wednesday, 22 November 2023		
<b>Title</b>	South West London ICB Finance Report Month 6		
<b>Lead Director (Name and Role)</b>	Helen Jameson, Chief Finance Officer		
<b>Author(s) (Name and Role)</b>	Neil McDowell/Joanna Watson, Director of Finance		
<b>Agenda Item No.</b>	12	<b>Attachment No.</b>	11
<b>Purpose</b>	Approve <input type="checkbox"/>	Discuss <input checked="" type="checkbox"/>	Note <input checked="" type="checkbox"/>

### Purpose

This report is brought to the Board to:

1. Provide an update as at month 6 on the ICB financial position against its internal budget.
2. Provide an update as at month 6 on the South West London (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 SWL NHS system plan; alongside the other SWL NHS organisations. The ICB position is £12.6m favourable year to date and on plan to deliver the £2.5m surplus for the year. The 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 £8.0m adverse to plan year to date due to industrial action and forecasting to deliver the plan by the end of the financial year, but there are significant risks to this. The key risk to the plan remains delivery of the efficiency programme. Efficiency delivery is adverse to plan year to date by £3.9m and has relied on more non recurrent schemes than were planned, which will put additional pressures on future years.

SWL capital position reflects a year to date overspend of £20.2m, though this is due to the timing of asset sale credits. South West London & St Georges Mental Health Trust's (SWLSG) plan included £35.7m of asset sale credits in M6. £31.9m is now expected in M7, with £3.8m now delayed to Q4. Year to date position otherwise includes underspends of £10.9m across other Trusts, which relate to phasing differences vs. plan.

The key risks highlighted in the report include:

- Delivery of the efficiency plan given current scheme development progress and reliance on non-recurrent measures.

- Costs and operational impact of industrial action, with further strike days planned for the winter.
- 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 SWLSG asset sales and Full Business Case 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.

On 8 November NHSE wrote to confirm a national settlement for industrial action costs for the first seven months of the year. SWL ICS would receive a proportion of the £800m funding pot and a reduction in the ERF target for the year of a further 2% (annual targets have been reduced by a total of 4% during the year).

Further to this ICS's are asked to ensure they can deliver their agreed plan and to review investments, ensuring patient safety is maintained. Systems have until 22 November to complete this review and submit updated plans for the second half of the year. With each provider and ICB Board asked to confirm that they have considered the quality impact assessment of plans and assured themselves of appropriate clinical involvement in decision making.

**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 run rate is greatly reduced compared to last year.
- Efficiency delivery is £3.9m adverse to plan year to date and delivery has relied on more non-recurrent scheme than planned. Fully developed schemes account for 73% of the efficiency programme.
- The requirement to submit an updated plan for the second half of the year as a consequence of the national industrial action settlement. Ensuring the quality impact of any changes have been considered.

**Recommendation:**

**The Board is asked to:**

- Note the month 6 position for:
  1. The internal ICB
  2. ICS revenue
  3. ICS Capital

**Conflicts of Interest**

N/A.

<b>Corporate Objectives</b> This document will impact on the following Board Objectives	Achieving Financial Sustainability.		
<b>Risks</b> This document links to the following Board risks:	Achieving Financial Plan for 2023/24.		
<b>Mitigations</b> Actions taken to reduce any risks identified:	<ul style="list-style-type: none"> <li>• Enhanced grip and control actions have been implemented across SWL NHS organisations.</li> <li>• Recovery and Sustainability Board management and oversight of financial position.</li> <li>• Financial Recovery Plan developed.</li> <li>• Finance and Planning Committee will scrutinise the ICB's financial performance.</li> <li>• Each SWL NHSE organisation financial governance processes.</li> <li>• NHS Trust and ICB Chief Executive scrutiny and leadership is focused on financial delivery.</li> <li>• Measures taken by individual organisations and collectively to identify additional efficiency programmes.</li> </ul>		
<b>Financial/Resource Implications</b>	Within the report.		
<b>Is an Equality Impact Assessment (EIA) necessary and has it been completed?</b>	N/A		
<b>What are the implications of the EIA and what, if any are the mitigations</b>	N/A		
<b>Patient and Public Engagement and Communication</b>	N/A		
<b>Previous Committees/Groups</b> Enter any Committees/Groups at which this document has been previously considered	<b>Committee/Group Name</b>  SWL Senior Management Team (SMT)	<b>Date Discussed</b>  26/10/2023	<b>Outcome</b>
<b>Supporting Documents</b>	SWL Finance Report Month 6 2023/24		

# SWL NHS Finance Report M6

November 2023



# Contents

- ICB internal position at month 6
- SWL NHS system revenue position at month 6
- SWL NHS system capital position at month 6
- Summary



## The ICB internal position at month 6



### Key Messages:

- The overall position excluding elective fund recovery (ERF) claw back is in line with our £0.7m year to date deficit plan and remain on track to deliver the £2.5m surplus for the year, although there is risk around acute contracting and prescribing costs.
- ERF clawback at month 6 is £12.6m although we are assuming this will be delivered by year end.
- The efficiency position is on plan both year to date and forecast outturn whilst noting that the plan is profiled with higher savings required in the latter part of the year.
- Continuing healthcare expenditure has continued to be in line with plan or better and the efficiency programme is delivering in line with the plan.
- Mental health placements costs are more than plan although this will in part be mitigated by the transfer of responsibility to South London Partnership. Final details are currently being worked through and overall impact will be reported in the month 7 position.
- Delegated dental, ophthalmic and pharmacists (DOPs) are forecast to breakeven.

### Targets:

- Spend is on plan (after ERF clawback) year to date and on plan at year end
- 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



South West London

Allocation and Expenditure	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
<b>Total Allocation (Income)</b>	<b>£1,717,085</b>			<b>£3,579,752</b>		
<b>Expenditure:</b>						
Acute Services (NHS & non NHS)	£842,690	£830,180	£12,509	£1,676,906	£1,677,147	-£241
Community Health Services	£137,029	£137,200	-£171	£274,848	£275,312	-£464
Continuing Healthcare	£89,494	£87,669	£1,825	£177,579	£173,508	£4,071
Corporate Services (Running Costs)	£15,607	£15,607	£0	£31,216	£31,216	£0
Mental Health	£176,824	£177,707	-£883	£352,816	£355,021	-£2,205
Other Programme Services	£23,890	£19,997	£3,892	£108,197	£101,494	£6,703
Primary Care (Incl Prescribing & Delegated)	£332,548	£337,126	-£4,578	£657,968	£665,832	-£7,864
Specialised Commissioning (Pathfinder Project)	£99,741	£99,741	£0	£297,722	£297,722	£0
<b>Total Expenditure:</b>	<b>£1,717,823</b>	<b>£1,705,229</b>	<b>£12,594</b>	<b>£3,577,252</b>	<b>£3,577,252</b>	<b>£0</b>
<b>Surplus/(Deficit)</b>	<b>-£738</b>			<b>£2,500</b>		

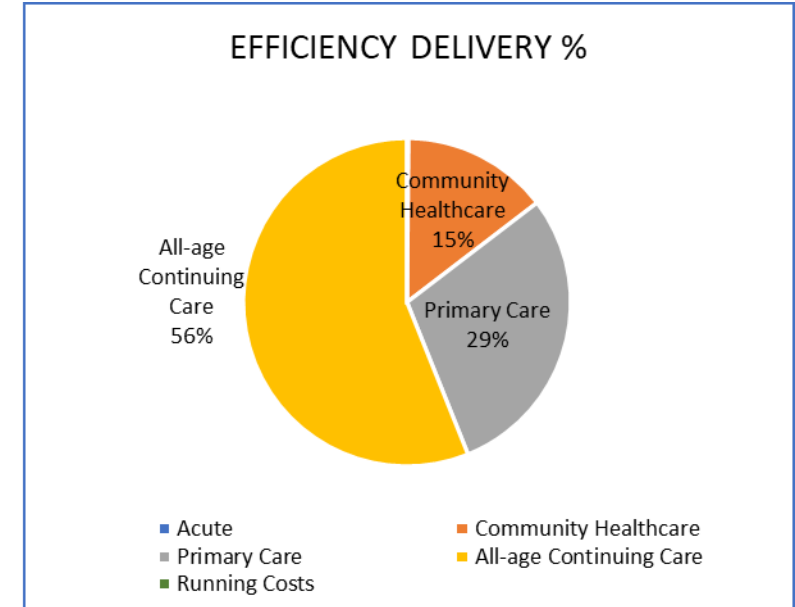
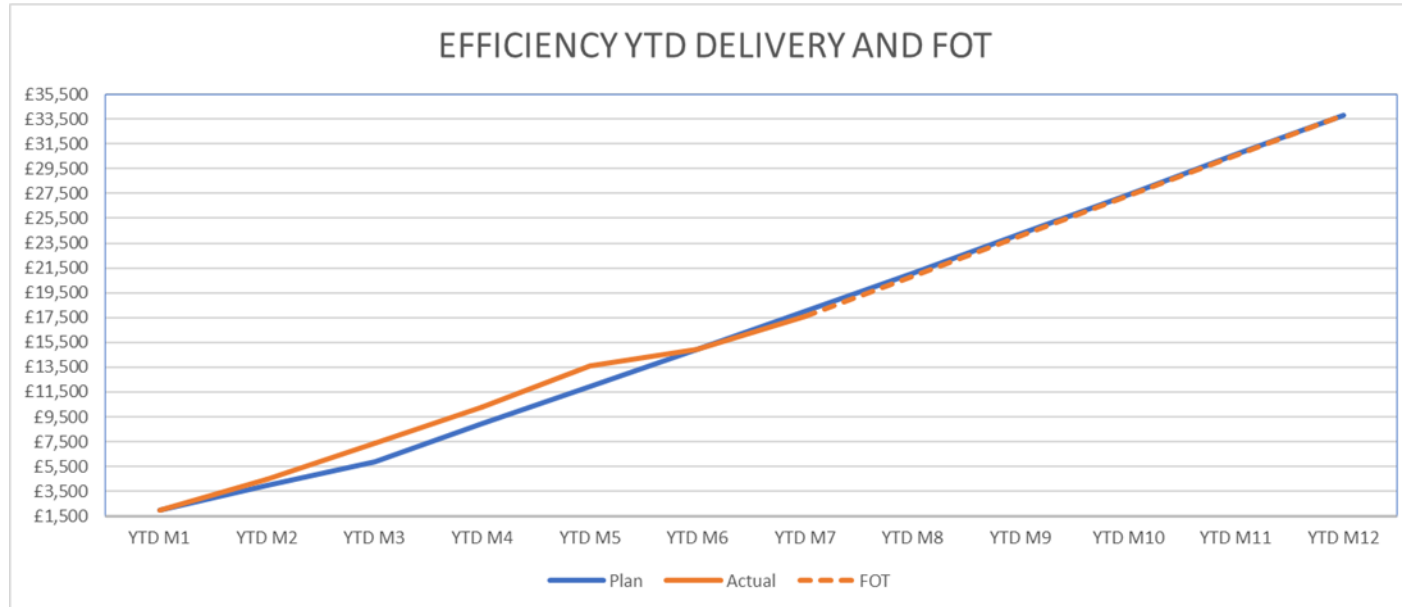
## SWL Overview: (favourable/-adverse variance)

- SWL ICB is forecasting to deliver the £2.5m surplus in line with plan.
- ICB's year to date expenditure variance is £12.6m favourable, which is due to ERF clawback (reported under Acute).
- Continuing healthcare is now underspent although it should be noted some Boroughs are seeing pressures coming through.
- Primary care overspends are related to prescribing with mitigation against other programme services due to the release of non-recurrent contingencies.
- Mental health over performance linked to jointly funded placements with some mitigation for this to come through once the risk share arrangement with South London Partnership (SLP) is agreed.

# Overview of SWL ICB's efficiency plan



South West London



## Narrative

- The efficiency plan is in line with plan with an increase in savings required in the latter half of the year
- YTD savings are largely delivered within All-age Continuing Healthcare 56%, Primary care schemes 29% and Community, which includes reductions following contract reviews of 15%.

## The SWL NHS system revenue position at month 6



# SWL NHS system revenue position



South West London

- The year to date adverse variance of £8.0m is driven by the direct costs of industrial action and loss of income due to reduced activity in the year to date .
- The ERF income under achievement due to industrial action is £12.6m. 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, but there are significant risks which are described on a later slide.

Month 6 - YTD	Surplus / (deficit)		
£m	YTD Plan	YTD Actual	YTD Variance
CHS	-11.4	-17.7	-6.3
ESHT	-23.1	-26.7	-3.6
KHT	-16.8	-18.0	-1.2
SGH	-14.8	-27.0	-12.2
HRCH	0.1	0.2	0.1
SWL StG	-0.3	-0.3	0.0
RMH	-4.4	-1.8	2.7
<b>Trusts Total</b>	<b>-70.7</b>	<b>-91.3</b>	<b>-20.6</b>
SWL ICB	-0.7	11.9	12.6
<b>SWL System</b>	<b>-71.5</b>	<b>-79.4</b>	<b>-8.0</b>

Month 6 - 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
<b>Trusts Total</b>	<b>-84.1</b>	<b>-84.1</b>	<b>0.0</b>
SWL ICB	2.5	2.5	0.0
<b>SWL System</b>	<b>-81.6</b>	<b>-81.6</b>	<b>0.0</b>

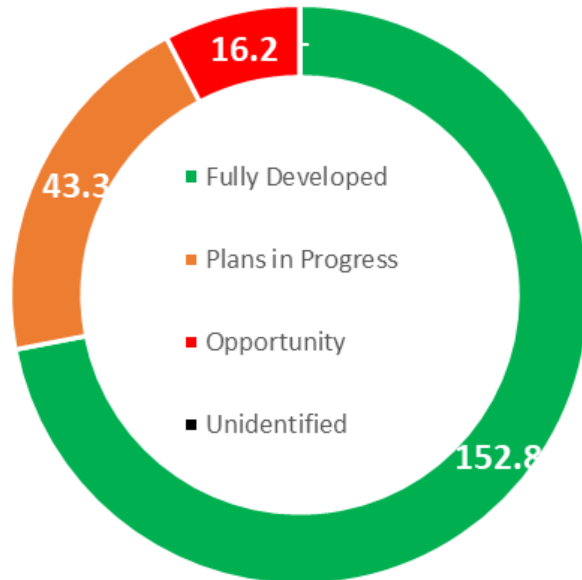
# SWL NHS system efficiency



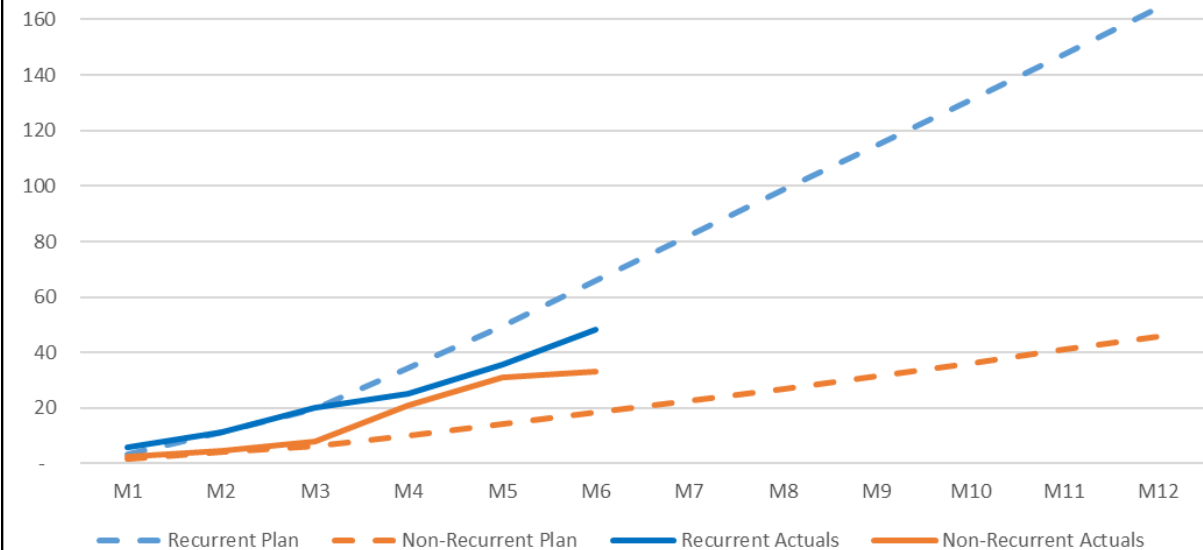
South West London

- The planned total system efficiency for the year is £210m, with a forecast outturn of £212.3m
- Forecast outturn delivery is at the following planning gateways:
  - No efficiency is unidentified;
  - £16.2m (8%) is at the opportunity stage;
  - £43.3 (21%) have plan is progress;
  - £152.8m (73%) is fully developed (up 2% on M5).
- There is a risk to achieving the efficiency plan if schemes do not progress to the fully developed stage.
- Efficiency delivery is adverse to plan year to date by £3.9m and has relied on more non recurrent schemes than were planned, which will put additional pressures on future years.

SWL efficiency development (£m)



SWL ICS recurrent & non-recurrent efficiencies (£m)



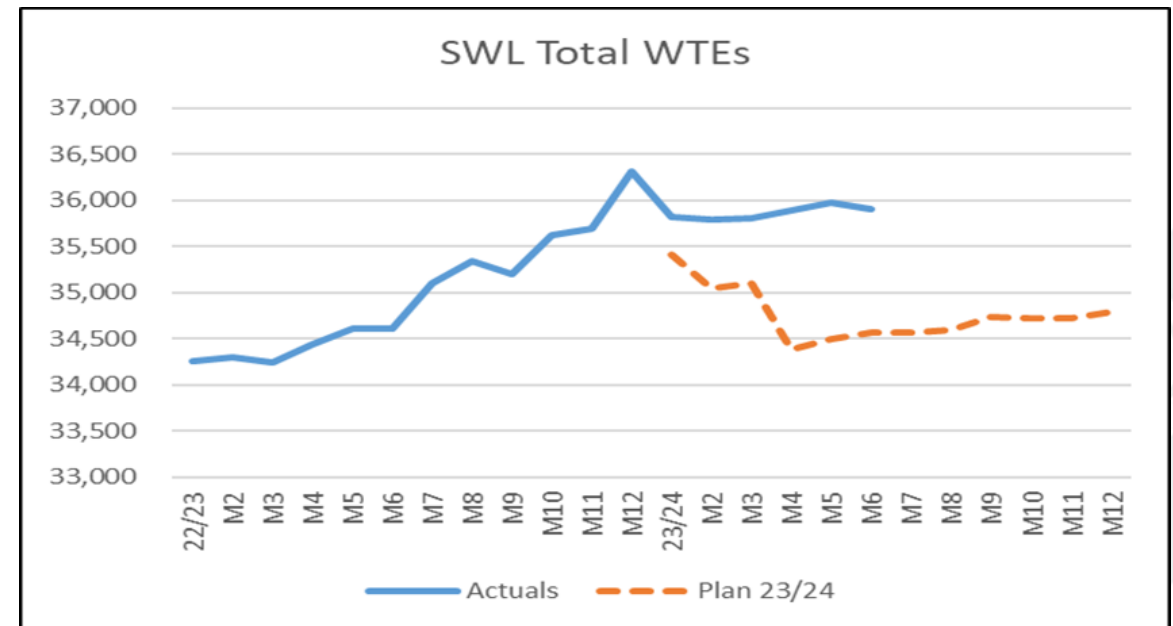
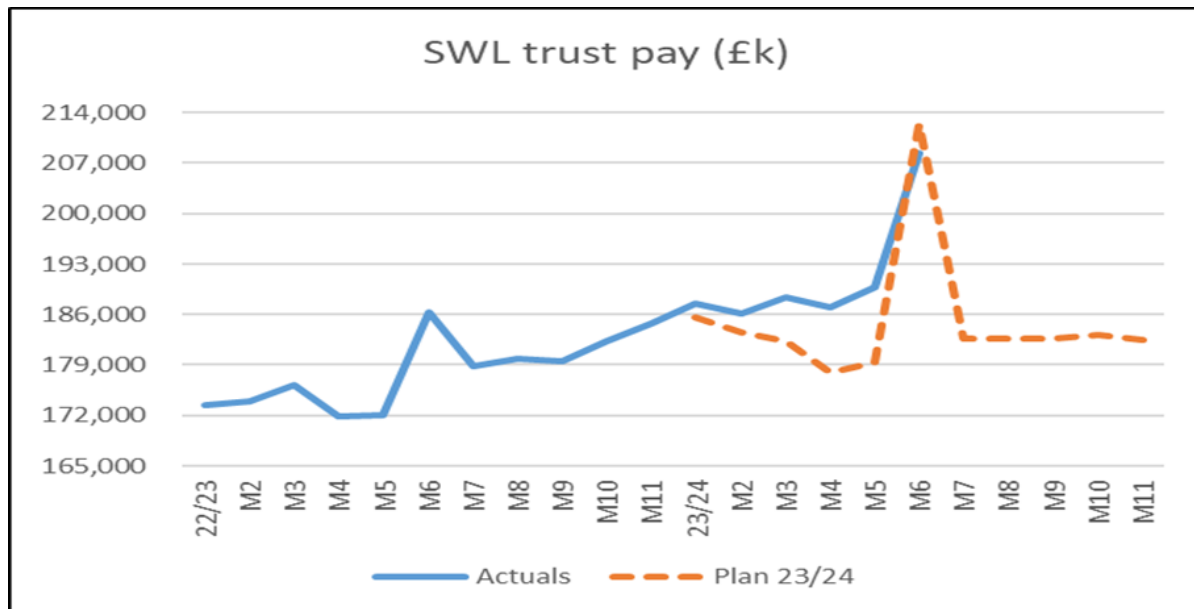


# SWL NHS system workforce



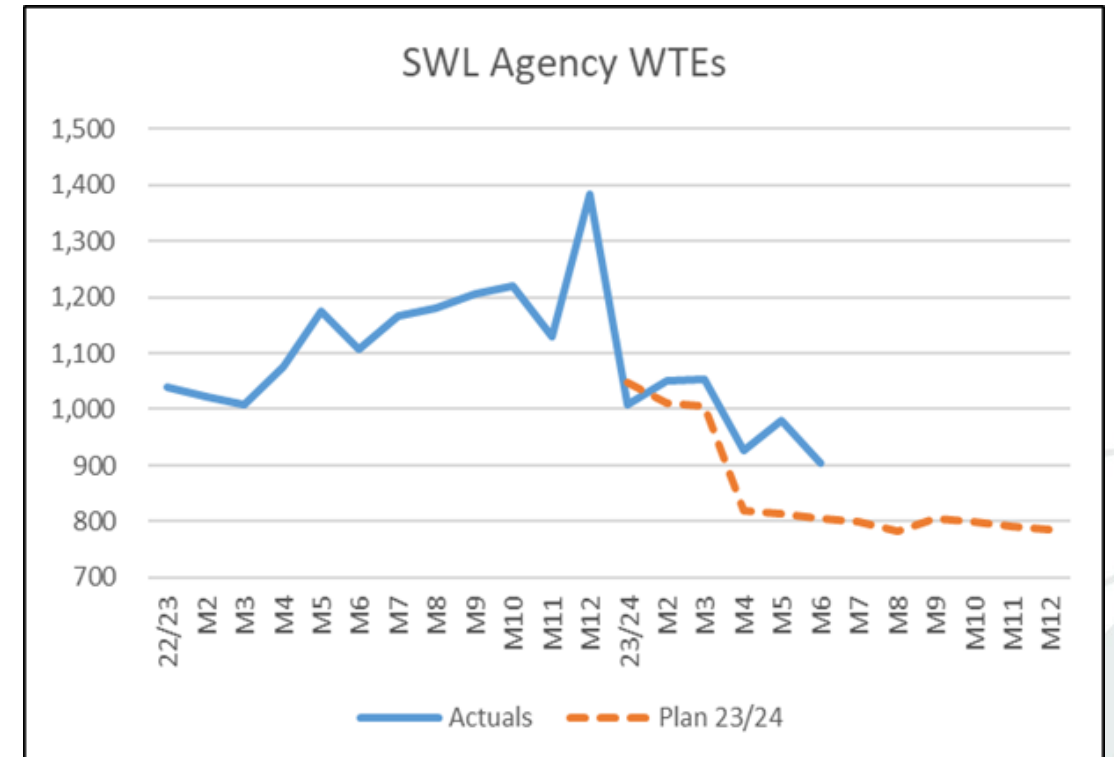
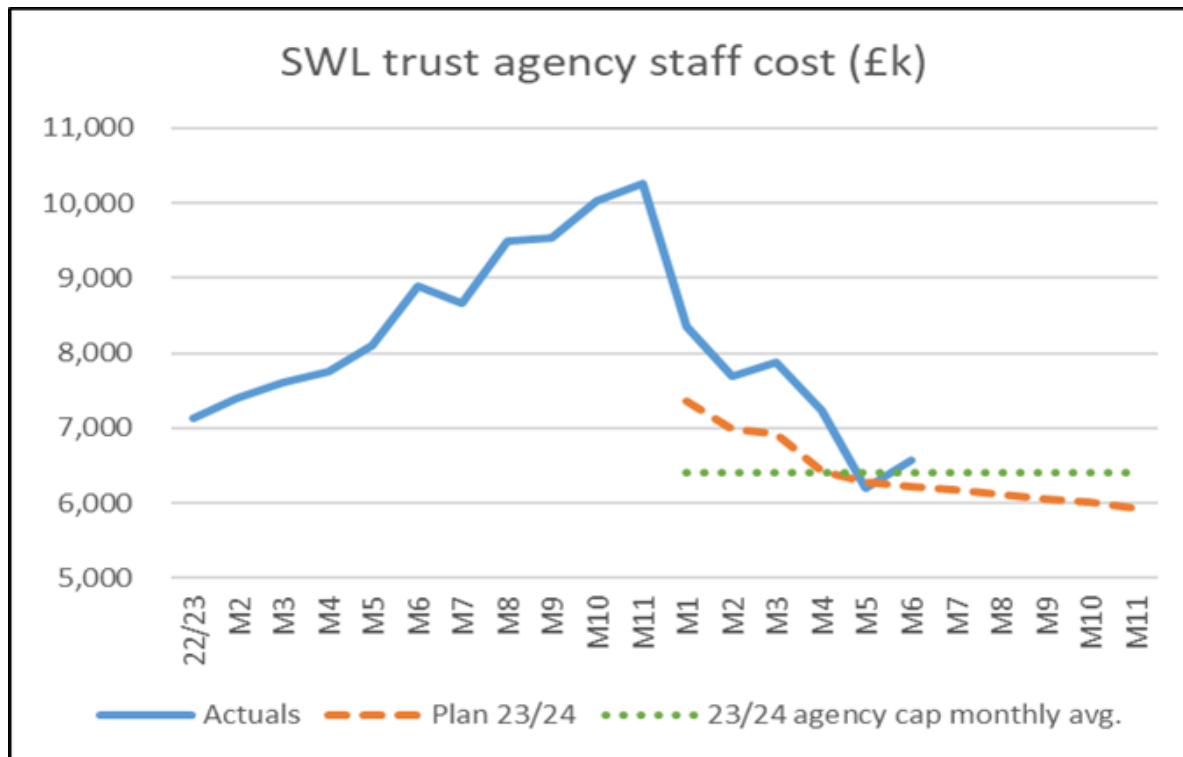
South West London

- 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 £25.8m adverse to plan for the year to date in part driven by industrial action.
  - Substantive £9.2m adverse;
  - Bank £13.9m adverse;
  - Agency £3.7m adverse;
  - Other pay costs £1.1m favourable.
- The increase in costs in month 6 is due to recognition of the pay awards in the first half of the year. The pay award has been confirmed since plans were agreed.
- Total WTEs are currently 4% (1,482 WTEs) above plan, but the trajectory is down month on month (69 WTE decrease from month 5 to month 6).



# 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 £3.7m (9%) and forecast to be £5.9m (8%) 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 it is below £8m a month.
- Agency WTEs decreased by 77 month on month but remain above plan.



# SWL NHS system risks



South West London

Risk	Description	Mitigation
Non-delivery of recurrent efficiency plans and pay cost run rate reductions	<ul style="list-style-type: none"> <li>Efficiency delivery overall year to date is £3.9m adverse and has relied on more non-recurrent schemes than planned. Non recurrent was planned to be 22% of total efficiency and actual delivery has been 41%.</li> <li>There is no reported unidentified efficiency, however, a significant proportion (29%) is not yet at the fully developed stage.</li> <li>Agency costs are forecast to breach the agency cap, although run rate is reducing.</li> </ul>	<ul style="list-style-type: none"> <li>External review of acute workforce currently being undertaken</li> <li>Control environment assessment was conducted over the summer, and this will be repeated via peer review this autumn.</li> <li>System wide Financial Recovery Plan (FRP) has been finalised and is now being rolled out via a series of delivery boards.</li> <li>System Recovery Board meets monthly to review progress and challenge slippage.</li> <li>Grip and control actions implemented, including 'triple lock' approval of non-pay spend and agency costs, which are submitted to NHSE London weekly.</li> </ul>
Additional costs and loss of ERF income due to industrial action	<ul style="list-style-type: none"> <li>Strike action has taken place in all month aside from May with future strikes also anticipated.</li> <li>The year to date adverse variance of £8.0m is driven by the costs of cover during industrial action exceeding the savings from salary reductions.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>System continues to monitor and review the costs of industrial action and maximise elective activity.</li> </ul>
Inflation pressures and funding of pay award	<ul style="list-style-type: none"> <li>General price inflation has been running significantly higher than the national assumption used in planning for non-pay cost inflation at 5%.</li> <li>Prescribing costs remain a key risk to the ICB</li> <li>Funding for pay awards confirmed since the planning round may not covered the costs incurred.</li> </ul>	<ul style="list-style-type: none"> <li>SWL Procurement forward view of contracts to support obtaining best price and joint procurement where appropriate.</li> <li>Continue to manage costs through supplier contract renewals / negotiations as they arise and review via the triple lock process.</li> <li>Bank and agency FRP workstream includes review of application of pay awards to different staff groups.</li> </ul>
Contract uplifts and variable API not within ERF	<ul style="list-style-type: none"> <li>SWL contract payments from some out of sector ICBs do not include uplifts per NHSE guidance.</li> <li>Variable element of the API contract not covered by ERF may become a cost pressure for the ICB.</li> </ul>	<ul style="list-style-type: none"> <li>Working with NHSE to secure regional agreement on application of contract uplifts with ICBs outside London.</li> <li>Close analysis of variable elements of API contract, including diagnostics / drugs. Actuals not yet clear due to data quality issues, but potential risk of cost pressure to the ICB.</li> </ul>

## The SWL system capital position at month 6



# SWL NHS System Capital Position



## South West London

- M6 SWL CDEL position reflects a YTD overspend of £20.2m, though this is due to the timing of asset sale credits. SWLSTG YTD plan included £35.7m of asset sale CDEL credits in M6. £31.9m is now expected in M7, with £3.8m now delayed to Q4 (credits are only recognised in the YTD actual 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.
- YTD otherwise includes underspends of £10.9m across other trusts, which relate to phasing differences vs. 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 FOT.
- FOT includes £68.5m relating to IFRS16 technical adjustments. Funding is still under review by NHSE. YTD underspend in part reflects this uncertainty.
- Nationally funded schemes are currently forecast as on track, bar the BYFH programme due to ongoing discussions with the New Hospitals Programme.

Month 6  Provider capital	YEAR-TO-DATE (YTD)				FORECAST OUTTURN (FOT)			
	YTD plan	YTD spend	YTD Variance	YTD Variance	Full year plan	FOT	Over/ (under) spend vs. plan	FOT Variance
	£'m	£'m	£'m	%	£'m	£'m	£'m	%
Croydon Hospital	8.1	5.7	(2.4)	(30%)	14.1	14.1	-	-
Epsom and St.Helier Hospital	12.2	8.1	(4.1)	(34%)	27.4	27.4	-	-
Kingston Hospital	3.8	3.4	(0.4)	(11%)	16.8	16.8	-	-
St. Georges Hospital	7.3	6.7	(0.6)	(9%)	32.7	32.7	-	-
Hounslow & Richmond Community Healthcare	0.9	0.5	(0.4)	(45%)	2.0	2.0	-	-
South West London & St. Georges Mental Health	(23.5)	7.6	31.2	(132%)	(16.9)	38.9	55.9	(330%)
The Royal Marsden Hospital	7.8	4.8	(3.0)	(39%)	15.7	15.7	-	-
Disposals credits from anticipated asset sales			-	-		(55.9)	(55.9)	-
Overcommitment in SWL CDEL plan			-	-		(5.7)	(5.7)	-
<b>SWL CDEL - Trusts</b>	<b>16.5</b>	<b>36.7</b>	<b>20.2</b>	<b>122%</b>	<b>91.8</b>	<b>86.1</b>	<b>(5.7)</b>	<b>(6%)</b>
IFRS16 technical adjustment	50.2	16.9	(33.3)	(66%)	73.9	68.2	(5.7)	(8%)
National schemes - trusts	14.9	7.5	(7.4)	(50%)	63.6	58.9	(4.6)	(7%)
ICB / Primary care capital	-	-	-	-	4.5	2.6	(1.9)	(42%)
<b>National CDEL</b>	<b>65.1</b>	<b>24.4</b>	<b>(40.8)</b>	<b>(63%)</b>	<b>142.0</b>	<b>129.7</b>	<b>(12.3)</b>	<b>(9%)</b>
<b>Total CDEL</b>	<b>81.6</b>	<b>61.1</b>	<b>(20.6)</b>	<b>(25%)</b>	<b>233.8</b>	<b>215.8</b>	<b>(18.0)</b>	<b>(8%)</b>
Grants, donations and peppercorn leases	12.5	11.5	(1.0)	(8%)	21.0	24.8	3.8	18%
<b>Net system capital expenditure</b>	<b>94.2</b>	<b>72.6</b>	<b>(21.6)</b>	<b>(23%)</b>	<b>254.7</b>	<b>240.6</b>	<b>(14.1)</b>	<b>(6%)</b>

## Summary



- The Board is asked to:
  - Note the ICB month 6 position and that forecast outturn remains on plan.
  - Note the ICS revenue month 6 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 6 position.
  - Note the significant 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

<b>Name of Meeting</b>	ICB Board		
<b>Date</b>	Wednesday, 22 November 2023		
<b>Title</b>	Quality Oversight Committee Meeting update		
<b>Non Executive Member Chair</b>	Mercy Jeyasingham		
<b>Lead Director (Name and Role)</b>	Elaine Clancy, Chief Nursing Officer		
<b>Author(s) (Name and Role)</b>	Ruby Mangal, Head of Quality Oversight		
<b>Agenda Item No.</b>	12	<b>Attachment No.</b>	12
<b>Purpose</b>	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 quality concerns discussed at the SWL ICB Quality and Oversight Committee meeting on 11 October 2023, noting the meeting was not quorate.

The Quality and Oversight Committee has met once since the last update to the ICB Board, on 11 October 2023. The meeting was quorate. The updates below are following consideration and discussion of key items at the meeting.

### All Age Continuing Healthcare Service (AACH)

- An overview was provided on the status of Continuing Healthcare (CHC) uplifts and contracts for 2023/24.
- Assurance was provided that all contracts are expected to be signed by the end of November 2023.
- An update was provided on the CHC performance and delivery issues in Kingston and Richmond and the proposed actions being developed for submission to SMT for approval.

### Care Quality Commission (CQC) inspections and other quality reviews across SWL

- An update was provided on the CQC maternity reviews of all four maternity services in SWL. Initial feedback on recommendations for Epsom and St Helier hospital (ESTH) has been received and the ICB is supporting Trusts with improvements as the final report is awaited.
- Assurance was provided that the ICB has met with St George's Hospital (SGH) to discuss the upstream diagnostic work, due to commence in early November 2023.
- The committee were asked to note that the ICB continues to support the Royal Hospital for Neurodisability (RHND) to implement the CQC recommendations related to medicines management, patient safety alerts and the maintenance of equipment.



### **Update on the Maternity Programme and Local Maternal Neonatal Services (LMNS)**

- An overview was provided on the ICB achievements, challenges and milestones against the national three-year delivery plan.
- An update was provided on the role of the LMNS in reporting against a national improvement programme and how the ICB provides assurance of improvements in relation to the quality of services across SWL.
- Concerns were noted about the LMNS improvement plan and whether the report provides adequate assurance of the ICB risks for neonatal services and oversight of improvements.
- The committee agreed that a Clinical Quality Governance Framework and a review of the role of the LMNS in the context of the national programme is brought back to the meeting in February 2024.
- Assurance was provided on health and inequalities access. An update on the programme of work undertaken by the Darzi Fellowship on improving access for people with a learning disability is planned to be presented to the Quality Oversight Committee.

### **SWL Child Death Overview Panel (CDOP) Annual Report 2022-23**

- A summary of the SWL Child Death Overview Panel's (CDOP) annual report was provided.
- A request was made that the Clinical Quality Governance Framework due to be presented to the Committee in February 2024 includes an update on how information is shared and reporting arrangements for CDOP across the SWL footprint.

### **SWL ICS Infection and Prevention Control (IPC) Action Plan**

- An overview was provided on the SWL Infection Prevention Control action plan noting the year-on-year increase in Healthcare Associated Gram-negative Bloodstream and Clostridium Difficile infections, with most London ICBs forecasted to breach their NHSE set thresholds for 2023/24. The committee was assured that the ICB is working with SWL providers to deliver the plan.

### **CHS Paediatric Audiology new service model for SWL**

- This item was deferred to the next meeting with the agreement that an update will be presented to the Quality Oversight Committee in December 2023.

### **SWL ICB Performance Report**

- An overview of the Performance report was provided, highlighting areas of improved performance and key challenges.
- Assurance was provided that the implications and impact of the 45-minute London Ambulance handovers is being discussed at the Urgent Emergency Care (UEC) Board. This will be an ongoing topic at the Quality Oversight Committee over the Quarter 4.

### **SWL ICB Quality Report**

- An overview was provided on the quality of health services delivered by the system's healthcare providers.
- The Committee was asked to note changes to the plans and options being considered to decommission Croydon Health Services paediatric audiology services.

**Quality and Performance Risk Register**

- An updated was provided on the Quality and Performance Risks since the last meeting.
- The committee were asked to note the two new risks below:
  - RSK-040 - Community Paediatrics
  - RSK-087 - System Quality Oversight
- The Committee noted two significant quality and performance risks:
  - RSK-037 - Urgent and Emergency Care - Risk of failing to deliver consistently effective and high-quality urgent and emergency care services, spanning 111 services and emergency departments.
  - RSK-001 - Delivering Access to Planned Care - Highlights increased backlogs and waiting times creates delays in patient treatment.
  - RSK-018- (Learning Disability Mortality Review Programme) - This risk has now been closed as mitigations have been realised.
- The committee were assured that all quality risks will be captured on the risk register for the next meeting.

**Recommendation**

**The Board is asked to:**

- Note the Quality and Oversight Committee report.

**Conflicts of Interest**

No conflicts of interest were noted.

**Corporate Objectives**

This document will impact on the following Board Objectives

Delivering the SWL ICB Quality and safety strategy.

**Risks**

This document links to the following Board risks:

No risks identified.

**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

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

<b>Previous Committees/Groups</b> Enter any Committees/Groups at which this document has been previously considered	<b>Committee/Group Name</b>	<b>Date Discussed</b>	<b>Outcome</b>
	Quality and Oversight Committee	11/10/2023	

<b>Supporting Documents</b>	N/A
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## NHS South West London Integrated Care Board

<b>Name of Meeting</b>	ICB Board		
<b>Date</b>	Wednesday, 22 November 2023		
<b>Title</b>	Performance Report		
<b>Lead Director (Name and Role)</b>	Jonathan Bates, Chief Operating Officer		
<b>Author(s) (Name and Role)</b>	Suzanne Bates, Director of Performance Oversight		
<b>Agenda Item No.</b>	12	<b>Attachment No.</b>	13
<b>Purpose</b>	Approve <input type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input checked="" type="checkbox"/>

### Purpose

To provide the Board with oversight and assurance in relation to the overall performance of services and health care provided to the population of South West London (SWL). The report highlights the current operational and strategic areas for consideration.

### Executive Summary

The attached performance report is being presented to ICB Board with an overview of the key concerns that were discussed at the SWL ICS Quality and Oversight Committee on 11 October 2023.

### Key areas where SWL has seen improvements in performance:

- Mental Health 12 Hour unvalidated Emergency Department Breaches decreased from 122 in August to 97 in September, the lowest number since April of this year, though still an area where considerable further progress is required.
- Childhood Immunisations uptake in quarter one for SWL was 88.8%, exceeding the London outcome of 86.7%.
- In August, the number of super stranded patients remained stable at 739. In the most recent two months, SWL has reported its lowest levels for at least a year. Further work in the area on continuous flow is taking place to help address the significant challenges of the coming winter.
- For the Cancer 62-day GP standard, SWL providers continued to be the highest performing in London reporting 75.9% in August, an improvement from the 72.0% reported in July.

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

- A&E All Type 4-hour performance decreased to 73% in September, below the end of year target of 76%. SWL had the highest number of 12-hour breaches in London in September. Pressure on the system remains high with Industrial Action impacting staff morale and senior decision-making capacity reduced during the consultant strikes. As a system, SWL has invested in a

range of initiatives in the Emergency Department (ED) to reduce front-end pressures, including acute inpatient beds, frailty at the front-door, additional therapy and virtual ward services. Nonetheless, there remains considerable pressures on the entire urgent and emergency care pathway as we move into winter with enhanced dialogue planned such as Chief Nurse Officers, Chief Medical Officer and Chief Operating Officer interface meetings throughout the period.

- SWL has the fewest patients waiting over 18 and 52 weeks in London. However, there were 293 patients waiting over 65 weeks at SWL providers against a trajectory of 144 in August. The SWL Elective Care Board is working with SWL providers to develop updated 65-week waiter trajectories with an aim to treat this cohort by March 2024. However, there is a risk further Industrial Action or significant winter pressures impact progress. St George's is supporting Epsom & St Helier with mutual aid for their most pressured specialties and are sharing best practice for community paediatrics pathways. Croydon Hospital is increasing its gynaecology capacity for the rest of the year.

**Recommendation:**

**The Board is asked to:**

- Consider this report, provide feedback and be assured that work is ongoing in areas across the system to seek to alleviate the performance issues that have been raised.

**Conflicts of Interest**

N/A

**Corporate Objectives**

This document will impact on the following Board Objectives

Performance objectives are underpinned across South West London's corporate objectives.

**Risks**

This document links to the following Board risks:

Performance risks are included in the SWL ICB Corporate risk register and escalated to the Board Assurance Framework where appropriate.

**Mitigations**

Actions taken to reduce any risks identified:

As detailed in the risk register.

**Financial/Resource Implications**

Current financial constraints have implications for service delivery that are being closely managed.

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

An EIA has been considered and is no required for this specific report.

<b>What are the implications of the EIA and what if any are the mitigations</b>	N/A
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<b>Patient and Public Engagement and Communication</b>	Through the Quality & Oversight committee we are working with representatives to ensure we are listening to the voices of our population and using this insight to improve service delivery.
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<b>Previous Committees/Groups</b> Enter any Committees/Groups at which this document has been previously considered	<b>Committee/Group Name</b>	<b>Date Discussed</b>	<b>Outcome</b>
	SWL ICB Senior Management team	09/11/2023	The report was reviewed and recommended for approval

<b>Supporting Documents</b>	SWL Performance Report
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# South West London Integrated Board Report

October 2023 (Month 06 Data)

DATE REFRESHED : 16-10-2023

SRO: Jonathan Bates

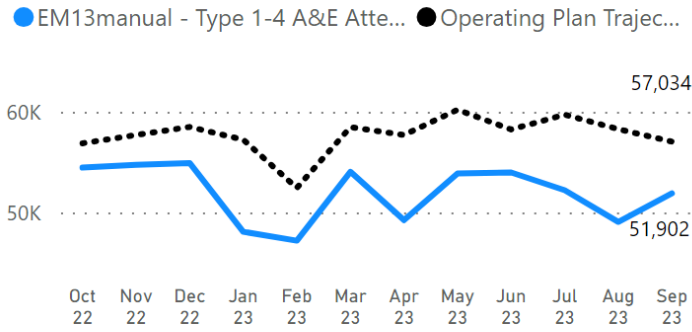


- The South West London (SWL) Integrated Board report presents the latest published and unpublished data assessing delivery against the NHS Constitutional standards and locally agreed on metrics. These metrics relate to acute, mental health, community and primary care services and other significant borough/Place 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 data quality issues across SWL, mostly affecting RMH reporting due to the new Patient Administration System implementation. Data is expected to be refreshed for November reporting.

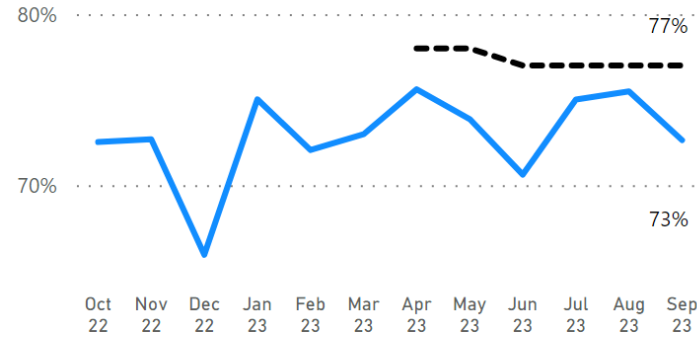


- **12 Hour A&E Breaches:** 1,624 patients waited over 12 hours from decision to admit to admission in September, an increase from 1,392 in August. SWL had the highest number of 12-hour breaches in London this month. There were 259 x 60-minute London Ambulance Service handover breaches, an increase since August. St George's Hospital started the 45-minute rapid release protocol pilot in September, and the wider system followed in October. Whilst it is too early to see the impact of this protocol in published data, the system is heightening its focus on Continuous Flow programmes and the utilisation of virtual wards.
- **Mental Health 12 Hour A&E Breaches:** Unvalidated figures show that in August there were 97 x 12-hour breaches in September, down from 131 in August. Actions to support improvement include additional hostel beds, bed prioritisation scoring, additional private sector beds and focussed flow improvement work.
- **A&E 4 Hour Waits:** Accident & Emergency attendances at local providers increased in September, though they were still below the planned trajectory. SWL performance decreased to 73% and is below the trajectory of 76.9% for September. Kingston Hospital Foundation Trust achieved 59.2%, while the other Trusts were above 73%. The volume of 111 calls decreased in comparison to August and the percentage of abandoned 111 calls increased slightly in September. The system has invested in a range of initiatives to reduce front end pressures, including additional acute beds, frailty at the front-door, additional therapy and pharmacy services.
- **Cancer:** Against the 62-day standard of 85%, SWL performance was 75.9% in August, this highest in London. On the 28-Day faster diagnostic standard, performance was 74.1%, the first time this year that SWL reported a non-compliant position. Croydon Health Services achieved 65.7% and St. George's achieved 66.8%, while the other Trusts were above 75%. RM Partners continues to support trusts' transformation plans to sustainably increase the productivity of the breast and skin pathways, and improve performance against 2-week, 31-day and 62-day targets.
- **Planned Care:** The number of patients waiting in SWL has increased by 21.8% in the last year, higher than the London increase of 15.5%. There is an under-performance on Day Case (-7% against plan in-month), which is offset by Ordinary achieving 11% against plan in-month.
- **52 Week Waits:** There were 1,963 patients waiting over 52 weeks for treatment at SWL providers in August, an increase of 149 patients when compared to July. Out of these patients, 293 have waited over 65 weeks. Epsom & St Helier reported 917 patients in this category, an increase of 82 patients, and Croydon reported 381 patients an increase of 45 patients on July's outcome. Croydon Trust are increasing their Gynaecology capacity for the rest of the year, whilst St. George's are assisting Epsom & St Helier Trust with mutual aid (Gynaecology and Community Paediatrics) and the sharing of best practice for Community Paediatrics pathways.
- **Severe Mental Illness Health checks:** In Q1, SWL achieved 51.3% where 8,062 SMI patients received all six annual health checks. In July this increased to 55%, where 8,580 SMI patients received all six annual health checks.
- **Learning Disability Health Checks:** August's performance shows that progress against plan is currently exceeding target and ahead of the 22/23 position. Engagement with Primary Care remains strong. The 2023/24 position indicates the majority of Adult Health Checks are profiled to be completed in the last quarter of the financial year.
- **Childhood Immunisations:** Uptake in the first quarter for SWL was 88.8% ahead of the London outcome of 86.7%. Vaccination rates for routine immunisations have remained stable since the last quarter, with a small decrease in MMR and 4-in-1 vaccine rates. The Immunisation Coordinator is working closely with struggling practices, particularly in Croydon, which remains the lowest-performing borough.

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



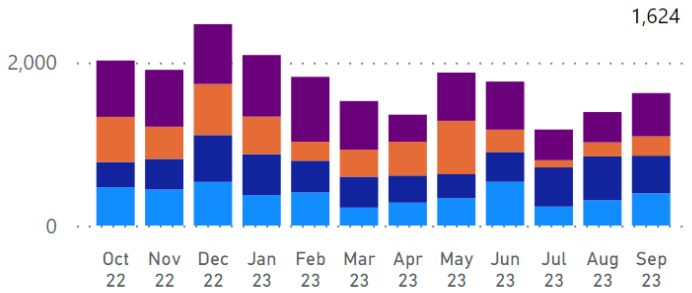
**A&E (All Types) 4 Hour Standard**



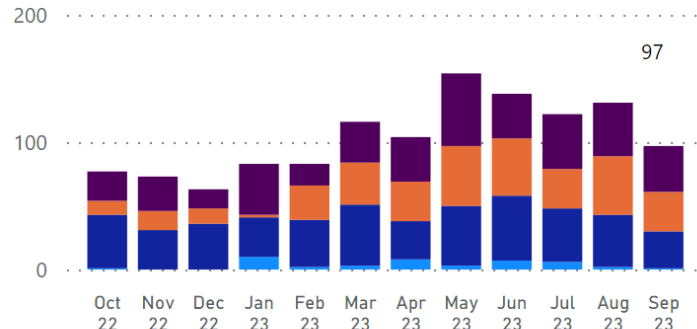
**A&E Attendances and performance**

A&E attendances remain below plan. This is in part driven by some attendances now being recorded as Same Day Emergency Care (SDEC), as well as the impact of 2-hour community response services. The pressure on the system remains high with Industrial Action impacting on staff morale and senior decision-making capacity reduced during the consultant strikes. Performance dropped to 73% overall which is slightly below the end of year target of 76%. As part of the winter plan, SWL Trusts are aiming to achieve 80% throughout the last quarter of the financial year. The system has invested in a range of initiatives in the Emergency Department to reduce pressure on the front door, including frailty at the front-door, additional therapy and pharmacy services.

**12 Hour A&E Breaches**



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

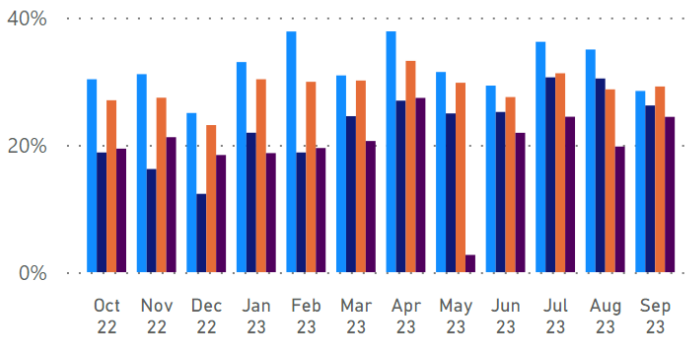


**12 Hour breaches**

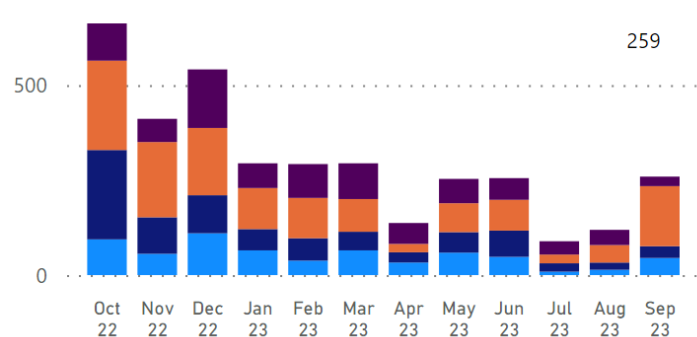
The number of physical breaches increased in September, with the pressure on flow impacting on bed availability and high numbers of patients waiting to be admitted each morning. Progress of the Trusts' Continuous Flow programmes is reviewed by the SWL UEC Board.

The numbers of Mental Health 12-hour breaches reduced in September. There is a SWL Mental Health in Emergency Department Improvement Plan in place, which includes reviewing the arrangements for patients presenting in Mental Health Crisis as well as flow improvement work. A proportion of UEC Funds is also being used to provide schemes such as step-down hostel capacity

**% Ambulance Handover within 15 minute**



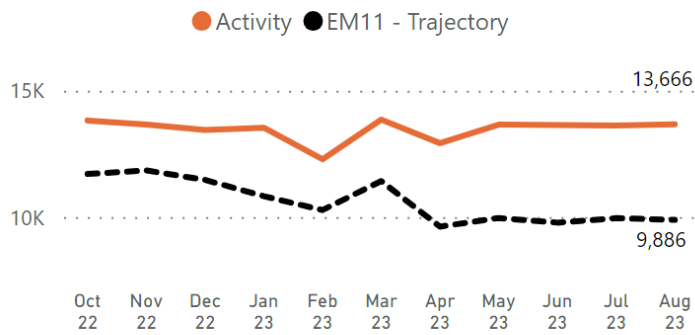
**60 minute Ambulance Breaches**



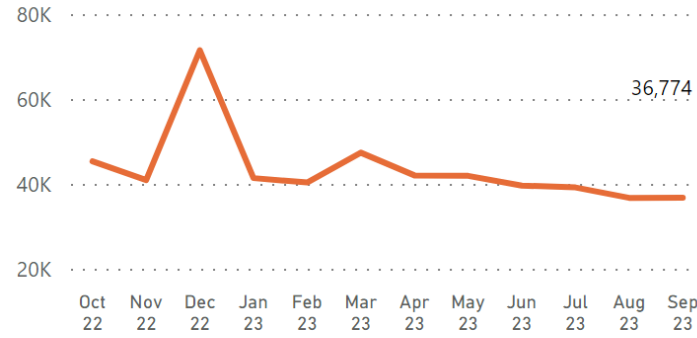
**Ambulance handovers**

The number of long delays in ambulance handover increased in September. St George's Hospital went live with 45-minute handover pilot in September and the other three acute Trusts started implementation in mid-October. The impact of the pilots is being closely monitored by the SWL UEC Board and the close working with London Ambulance Service to plan, develop and implement the protocol has been highly beneficial. Hospital Ambulance Liaison Officers (HALOs), resourced through the UEC funds, have been recognised as key in facilitating day-to-day management of flow and supporting improvement work.

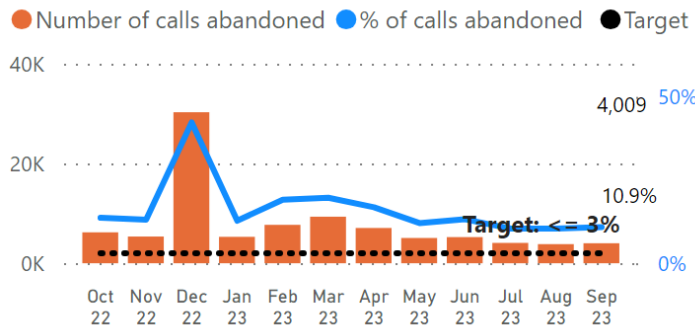
### Total Non-elective Spells



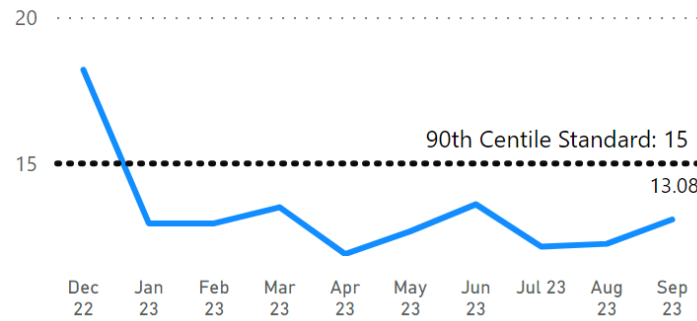
### 111 Call Volumes



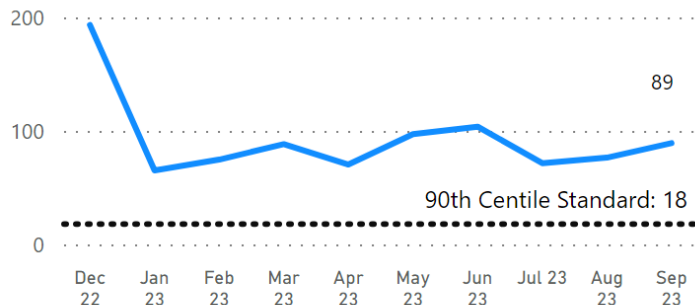
### 111 Calls Abandoned



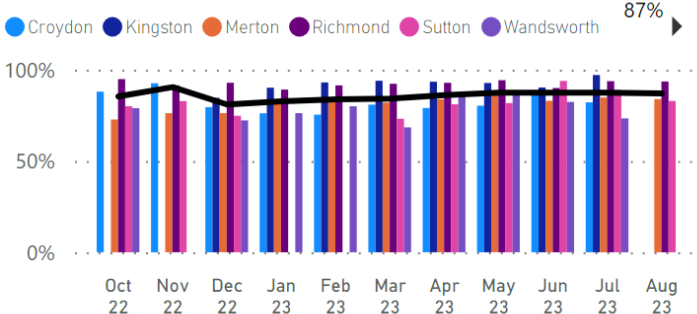
### Ambulance Category 1 Emergency Response Times (minutes)



### 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 trajectory. Drivers for this increase are being investigated, which includes looking at acuity and data quality.

#### 111 Calls

In September, 10.9% calls were abandoned, above the target of 3% or less. This was due to staffing challenges at both providers: Practice Plus Group and London Ambulance Service. Call volumes remained high and were close to contracted volumes with 36,744 calls over the month. Actions taken in October to improve performance include increasing service advisers, introducing a new weekend shift model and staff experience advocates, Directory of Services training, clinical support for health advisors and a review of the automated phone response.

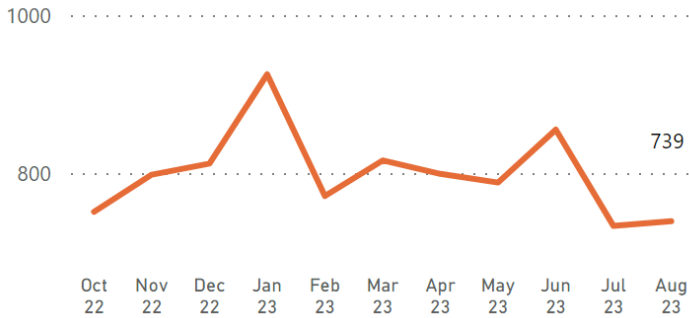
#### Ambulance Response Times

Response times for both Category 1 and 2 conveyances deteriorated slightly in August. Category 1 responses times are well within the 15 minute 90<sup>th</sup> centile standard and have stayed close to the 7-minute average response time. Category 2 responses remained challenged with an average response time well above the expected 18 minutes, though there are signs of year-on-year improvement in performance against this metric across the capital. Acute Trusts continue to focus on reducing handover delays to release ambulances back onto the road, with the commencement of the 45-minute handover protocol. London Ambulance Service is deploying additional resources as we go into the winter period including additional ambulances and crews.

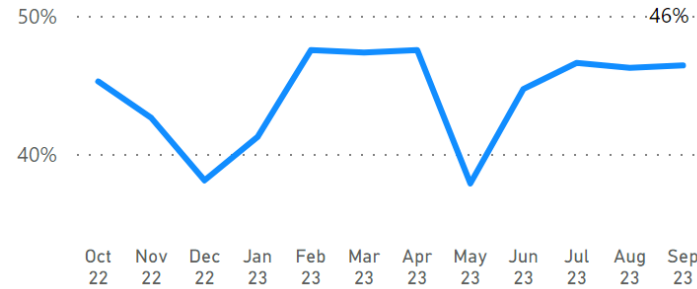
#### 2-Hour Urgent Community Response (UCR)

The latest Urgent Community Response performance remains at 87% against the national standard of 70%. SWL 2-hour 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, London Ambulance Service and 111 to increase the volume of referrals.

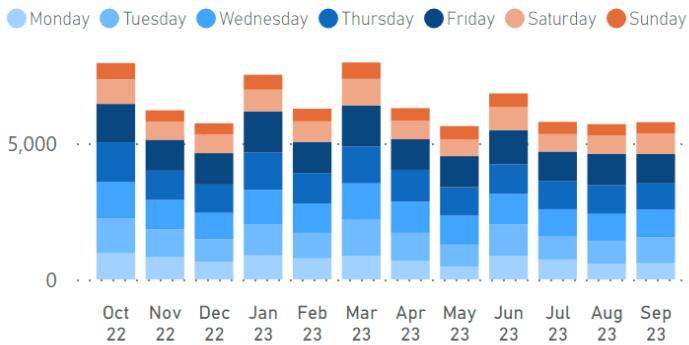
Number of Patients staying 21+ Days (Super Stranded)



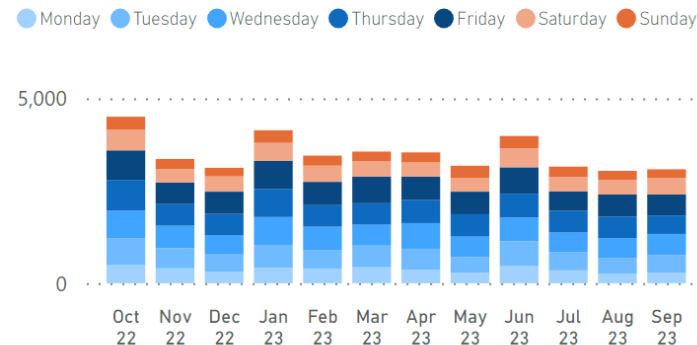
Daily discharges as % of patients who no longer meet the criteria to reside in hospital



Total Discharges by Weekday



Total Discharges before 5pm by Weekday



### Patients with a length of stay (LoS) over 21 days

The SWL Discharge group continues to prioritise this metric. The SWL hospitals continue to share practices and approaches to develop internal processes to reduce length of stay. An audit is being conducted on Pathway 3 discharge delays. Red Bag Co-ordinators have been appointed to all Trusts except St George's Hospital (who are in the process of recruiting) to facilitate the return of existing residents. The bigger pressure is from patients who are requiring a new placement, particularly those with behaviours that challenge and frequent fallers.

### Total discharges by weekday and before 5.00pm

Data demonstrates that this has held steady during September. The SWL discharge group review this metric to compare Trust activity and to share innovation/good practice.

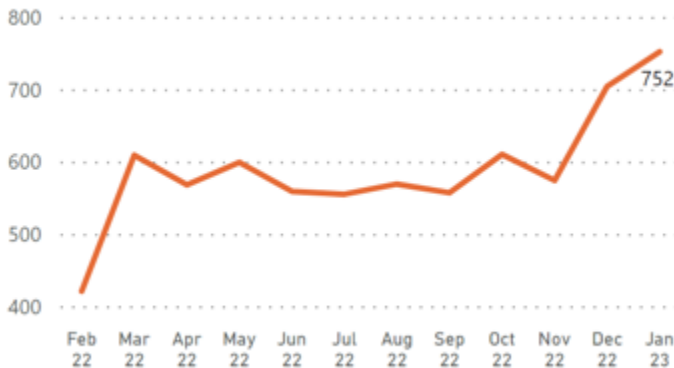
### Emergency admissions from a care home

The national issue with the data on care home resident emergency admission levels continues. The ICB is monitoring trends of London Ambulance Service call outs and conveyances as a proxy for admission information. The SWL Care Home program continues to focus on clinical and digital integration projects to reduce unnecessary hospital admissions and UEC use.

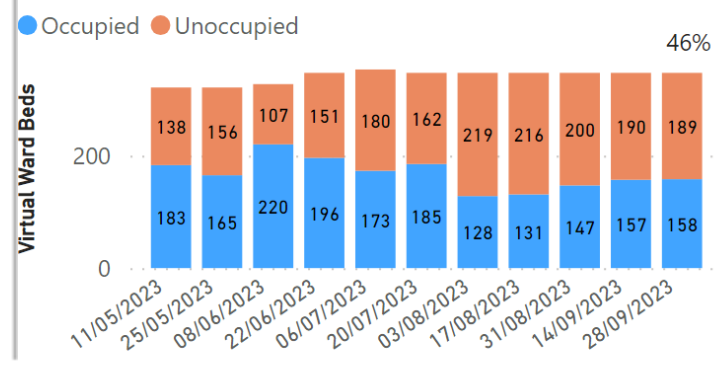
### Virtual Ward

Capacity of virtual wards is 347 beds, with an occupancy of 46% in September. Capacity will stay stable for the foreseeable future, with a focus on increasing the utilisation. Utilisation has been increasing slowly over the last month, with new initiatives around the pull model and further admission avoidance pathways showing some promise in recovering utilisation. There is a system requirement for further clinician championing of virtual wards for early supported discharge pathways. Work with the Urgent Community Response teams, Same Day Emergency Care pathways and existing Single Point of Access services is ongoing to strengthen admission avoidance pathways. The national ambition to meet an 80% occupancy by September was not met by SWL, or any ICS in the London region.

Emergency Admissions from a Care Home

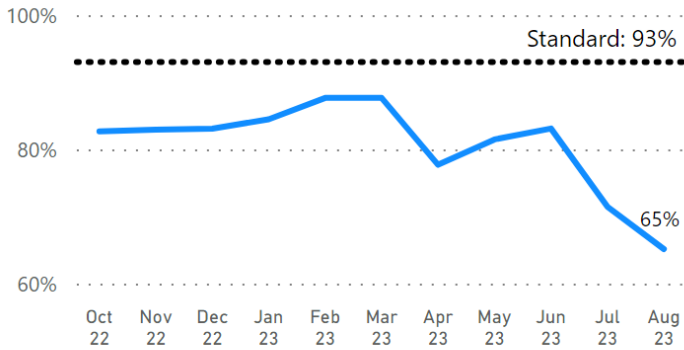


SWL Virtual Ward Capacity and Occupancy

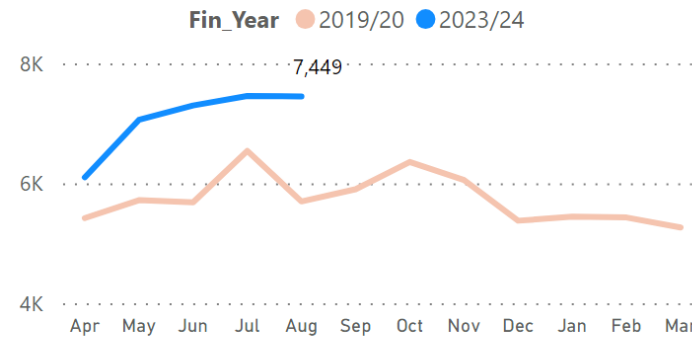




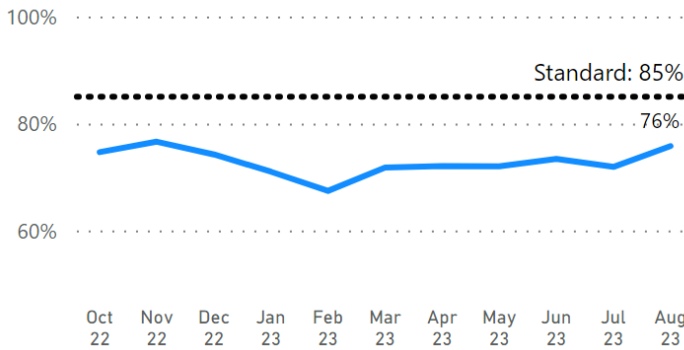
### 2 Week Waits: Performance against Standard



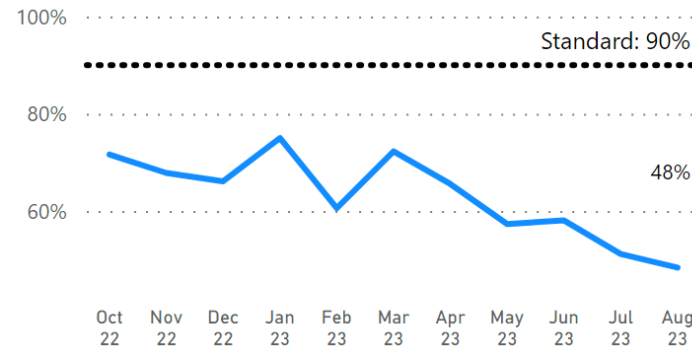
### 2 Week Waits: Activity



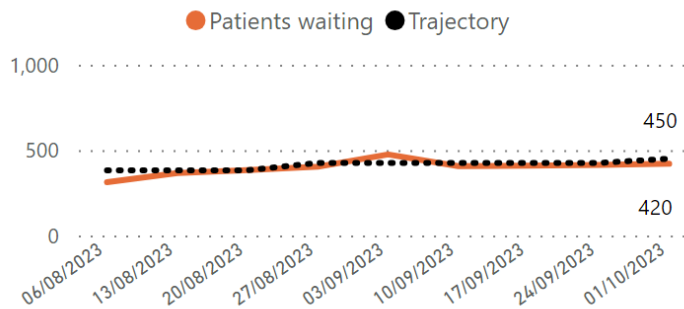
### 62 Day GP Referrals: Performance against Standard



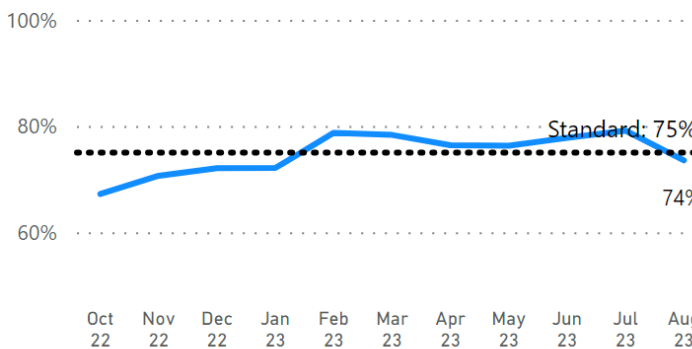
### 62 Day Screening: Performance against Standard



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



### Faster Diagnosis Standard: Performance against Standard



## 2 Week Wait (ww) performance and Activity

Delays in Breast and Skin pathways account for 82% of all 2ww breaches in SWL. Performance continued to be impacted by high referral levels and limited-service capacity. All SWL providers reported non-compliant positions in August. Royal Marsden Hospital achieved 40.9% in August, the lowest in London. RM Partners (RMP) continue to support transformation plans to increase the productivity of the Breast and Skin pathways, and improve performance against 2-week, 31-day and 62-day targets.

## First cancer treatment within 62 days of GP referral

SWL providers continued to be the highest performing in London reporting 75.9% in August, an improvement from the 72.0% reported in July.

## First cancer treatment within 62 days of screening

SWL providers performance declined to 48.4% in August and remains below the 90% standard. Performance continues to be driven by Breast breaches, at St Georges Hospital and Royal Marsden Hospital.

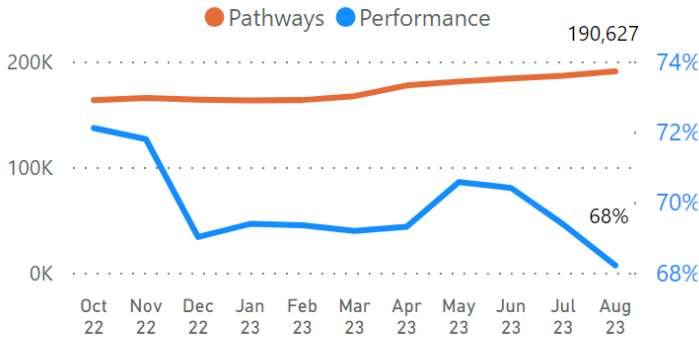
## Total patients waiting over 62 days for treatment

There were 420 patients waiting against a trajectory of 450 at the end of the month. Kingston Hospital report non-compliance against their trajectory, driven by dermatology.

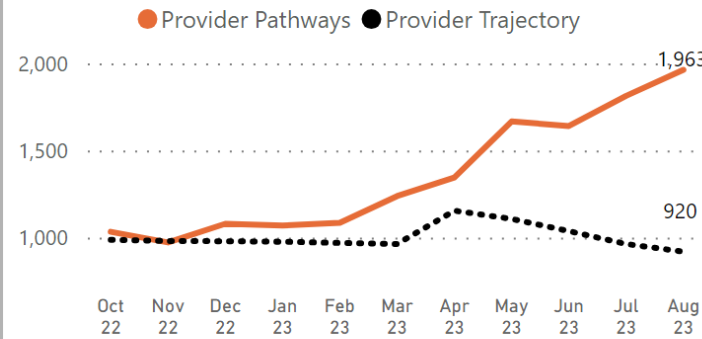
## Faster Diagnosis Standard (FDS)

SWL reported a non-compliant position of 74.1% against the Faster Diagnosis Standard for the first time this year. All SWL providers, with the exception of Croydon Hospital (65.7%), and St. George's (66.8%) reported a compliant position. Croydon remains in Tier 2 for faster diagnosis standard performance and continues to work through actions identified in their recovery action 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 waiting list pathways

At SWL level there were 190,627 patients on an incomplete pathway in August, an increase of 4,274 on July. 68.2% of patients were waiting under 18 weeks. The number of patients waiting in SWL has increased by 21.8% in the last year, higher than the London increase of 15.5%. However, compared with London, SWL has the fewest patients waiting over 18 and 52 weeks.

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

Influenced by Industrial Action, there were 1,963 patients waiting over 52 weeks for treatment at SWL providers in August, an increase of 149 patients when compared to July. Epsom & St Helier reported 917 patients in this category, an increase of 82 patients, and Croydon Hospital reported 381 patients an increase of 45 patients since July. Since January this year, 52-week waiters have grown by 85.6%; 60% of that growth is at Epsom & St. Helier and 31% of the remaining is at Croydon. Mitigations include a Community Paediatrics Quality Improvement Plan, extra Gynaecology capacity at Croydon and mutual aid across the system.

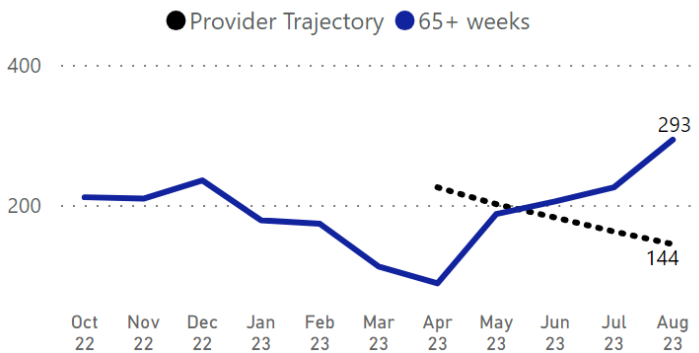
### Long waiters – patients waiting over 65 weeks for treatment

The aim is to treat this cohort of patients by March 2024. There were 293 patients waiting over 65 weeks at SWL providers for treatment at the end of August, against a trajectory of 144. Of these patients, 34 were waiting over 78 weeks; 15 of these are ENT patients including mutual aid capacity provided by CHS for South East London, one of whom has waited over 104 weeks.

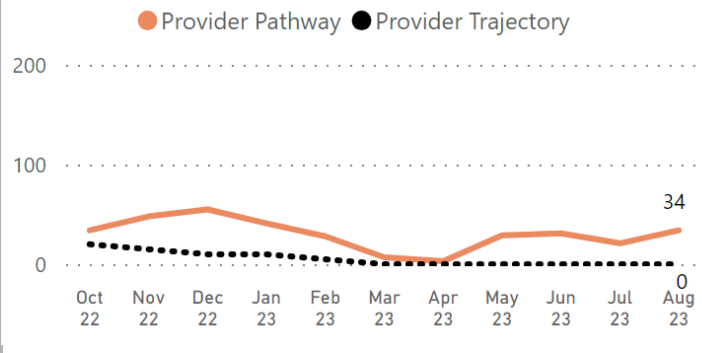
### Elective day case spells & Elective ordinary spells

Electives continue to report activity levels under-plan. In-month achievement is 107% against a plan of 112%. This is likely due to the impact of continued Industrial Action. There is an under-performance on Day Case (7% against in-month plan) however this is off-set by an 11% over-performance on elective ordinary. Under-performance is spread across a number of specialties, the following specialties reporting an over-performance: Trauma and Orthopaedic, Gynaecology and Cardiology.

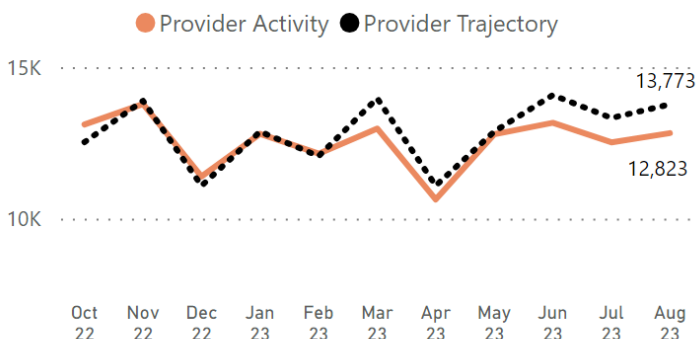
### Incomplete RTT Pathways >=65 Weeks



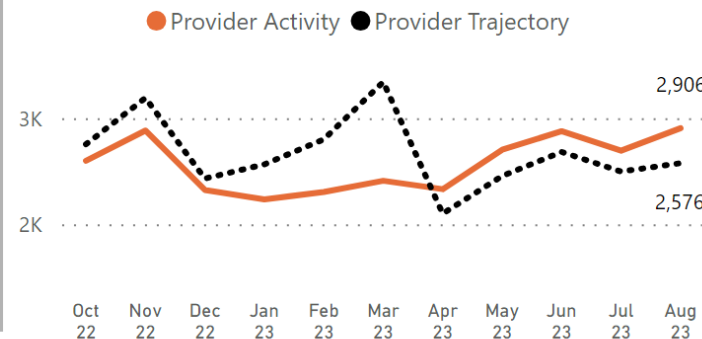
### Incomplete RTT Pathways >=78 Weeks



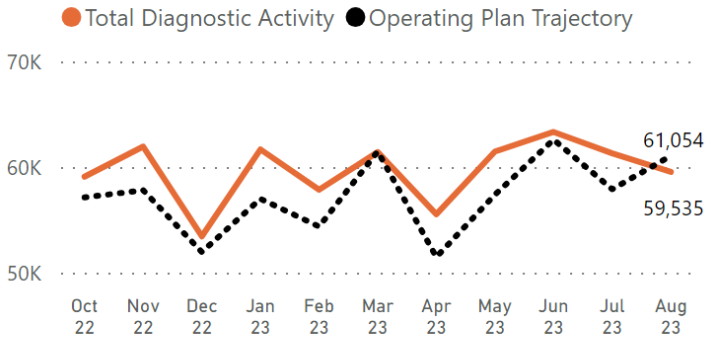
### Elective day case spells



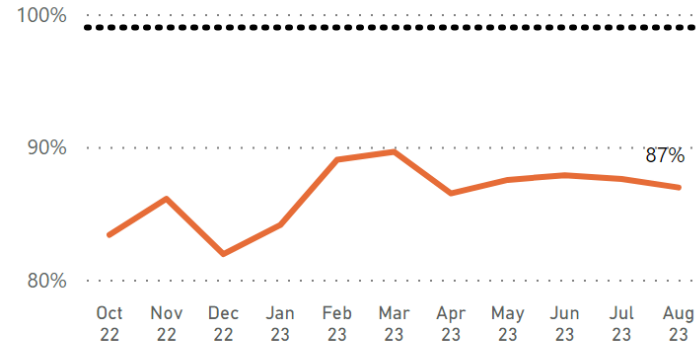
### Elective ordinary spells



**Diagnostic Tests (Activity)**



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



**Diagnostic Activity (7 tests)**

The system achieved 118% in August against a plan of 119%. Echocardiography, Endoscopy and Imaging aggregate activity is above plan by 7.3% year to date. Royal Marsden Hospital data continues to be caveated due to data quality issues following the implementation of the EPIC information system.

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

Overall performance against the 6-week constitutional standard is at 86.8%. In the first 5 months of the year, the number of 13+ week waiters has increased across the system, endoscopy being the main driver. Croydon Hospital has the largest backlog in SWL (3,815) with compliance of 75.2% in August, the main driver being Non-Obstetric Ultra-Sound (77.5%) and Audiology Assessments (26.8%). Kingston Hospital compliance continues to improve at 88.1%.

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

For the first time this financial year Outpatient First appointments across all Trusts (except Royal Marsden Hospital) are reporting activity levels under the in-month plan. Collectively, SWL have achieved 111% against a plan of 119%. CHS are reporting activity levels significantly under plan in August. The SWL position is under-stated due to the ongoing Royal Marsden data quality issue. SWL ICB is working with the Trust to obtain a resolution to the issue.

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

SWL is under plan for the first time this year and is still significantly away from the national ambition of 75% of 2019/20 levels. This ambition still remains a focus for the ICS.

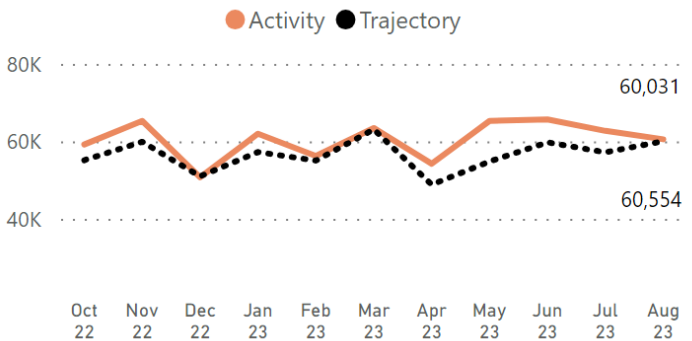
**GP Specific referrals for first consultant led outpatient appointment**

Referrals have dropped in September, in line with expected seasonal trends.

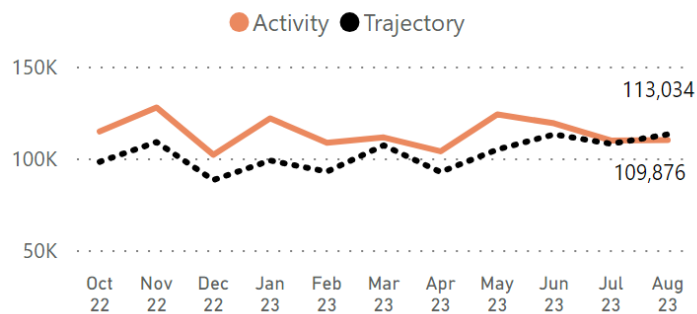
**Other Specific referrals for first consultant led outpatient appointment**

Referrals have remained steady but significantly above 2019/20 levels.

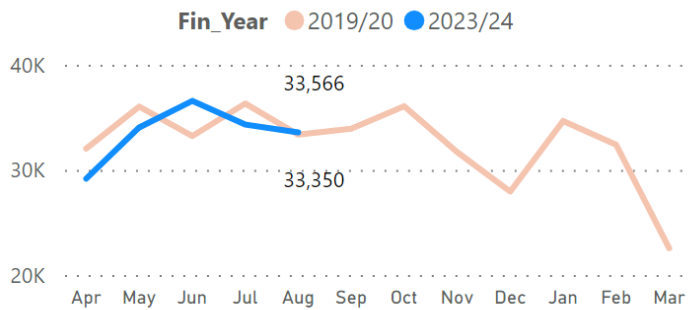
**Consultant-led first outpatient attendances (Specific acute)**



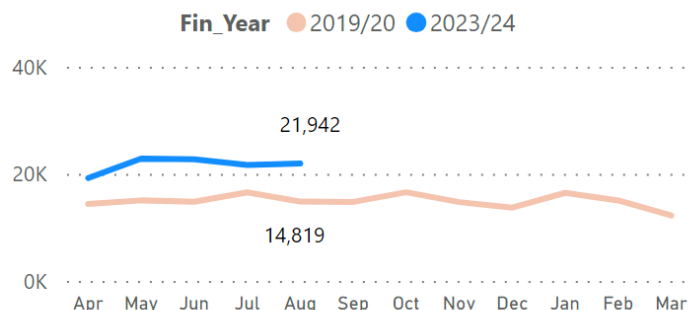
**Consultant-led follow-up outpatient attendances (Specific acute)**



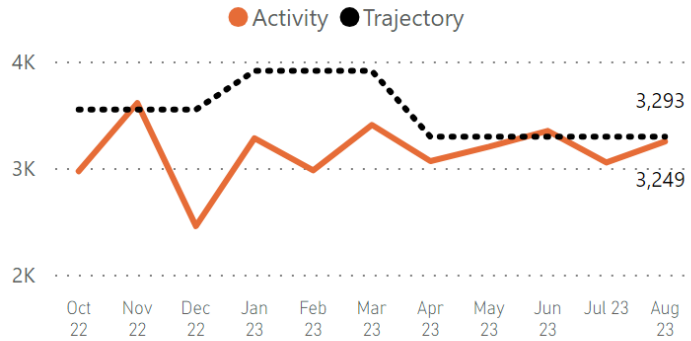
**GP Specific Acute Referrals made for a First Consultant-Led Outpatient Appointment (Provider)**



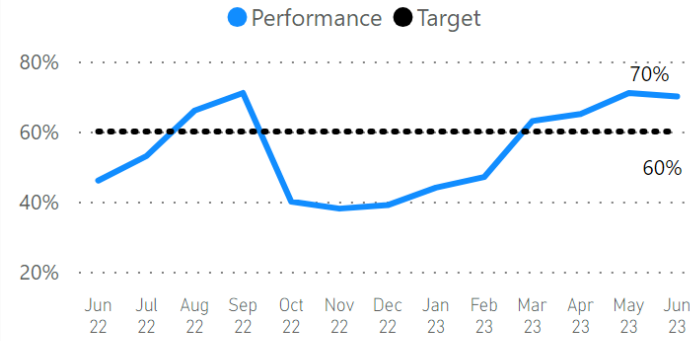
**Other Specific Acute Referrals made for a First Consultant-Led Outpatient Appointment (Provider)**



### IAPT Access



### Early Intervention Psychosis (EIP)



#### Improving Access to Psychological Therapies Access

Activity was close to plan in August. Marketing plans are being reviewed to help increase both GP and self-referrals.

#### Early Intervention in Psychosis

Performance continues to exceed the target. South West London & St George's (SWLSTG) are reviewing their referral process and are exploring a digital solution to initiate an alert in the electronic patient record. For Croydon patients, the Team Manager will have daily oversight for proactive resolution of any barriers to patient assessments; this will be reviewed weekly with the Clinical Service Lead to ensure progress.

#### Out of Area Placements

There were 630 out of area placements reported in July. SWLSTG 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. A series of actions are being implemented to improve patient flow and reduce delayed transfers of care.

#### Dementia Diagnosis rate

SWL continues to maintain good performance levels (71%) exceeding the national target of 66.7% and the London ambition of 70%.

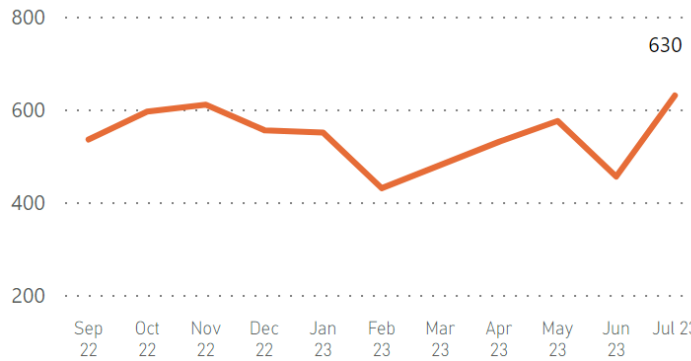
#### CYP Eating disorders

Performance for routine appointments continues to improve but remains below target. There is an action plan to increase capacity and a pilot to integrate outreach teams; this is dependent on recruitment, which has been challenging. There is an ongoing action plan to improve urgent access which is being overseen by the SWL Mental Health Partnership Delivery Group.

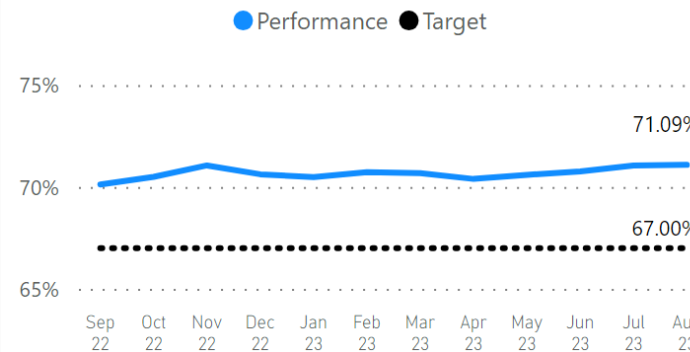
#### CYP Access rate

Performance levels have consistently improved month on month at a steady rate since September 2022.

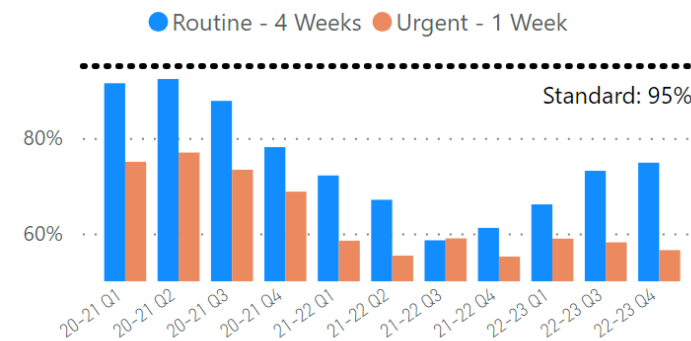
### Number of Out of Area Placements



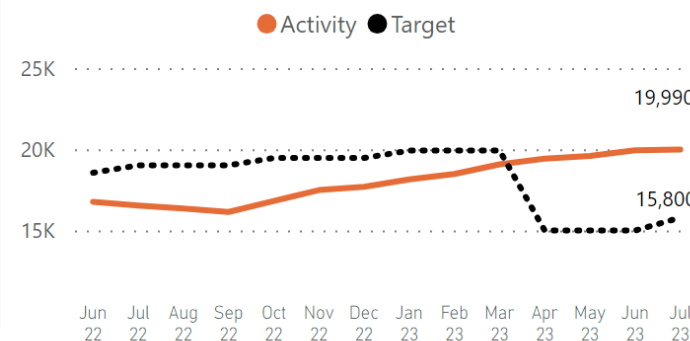
### Dementia Diagnosis Rate



### CYP Eating Disorders Seen within Target Time

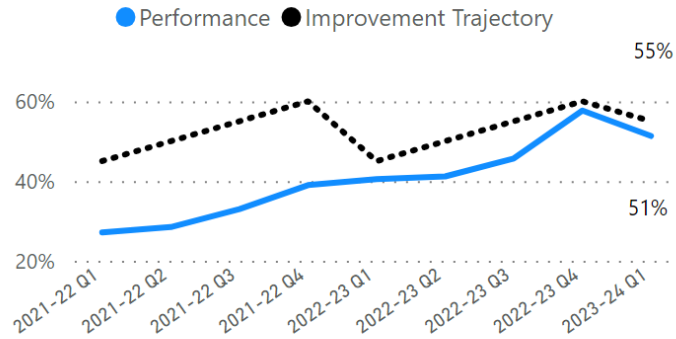


### CYP Access Rate - Rolling 12 Months

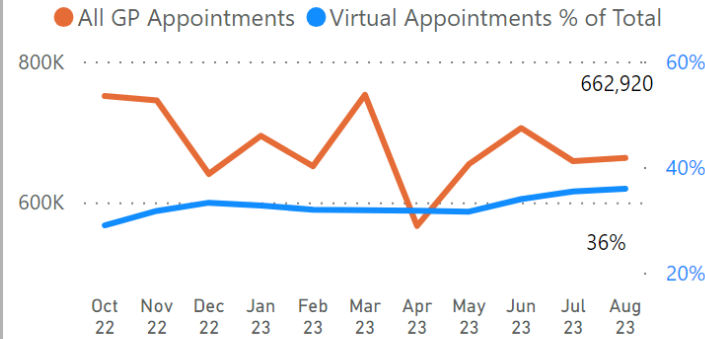




## SMI Physical Health Checks



## Virtual Appointments in General Practice and % of Total



### Severe Mental Illness (SMI) Physical Health Checks

In Q1, SWL achieved 51.3% where 8,062 SMI patients received all six annual health checks, in July this increased to 55%, with 8,580 SMI patients receiving all six health checks.

### GP Appointments

662,920 appointments were delivered in August. Of these appointments 61% were face-to-face consultations, 46% were delivered the same day and 87% were delivered within 14 days (including same day).

### SWL COVID Vaccinations

The Covid Vaccination programme started in September for Care homes, Housebound and other cohorts. There are 124 live sites across SWL, with a further 14 going live by the end of October. SWL have administered over 128k vaccinations and the overall uptake for SWL is at 27% (compared to a London uptake of 22%). Demand for vaccination is now slowing down, a pattern that can be seen nationally. Further invitations and reminders are scheduled.

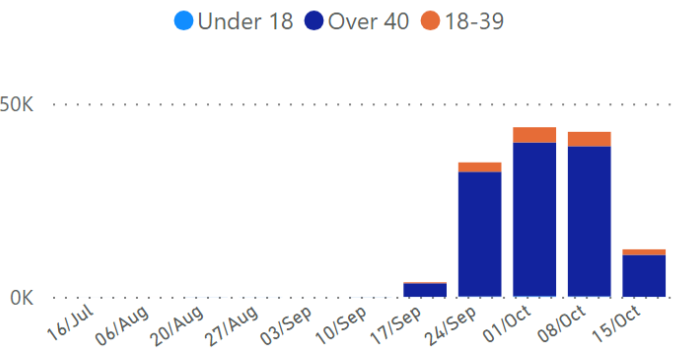
### Learning Disability Health Checks (LD)

Progress against plan is currently exceeding target and ahead of the 2022/23 position. There remains a strong focus, alignment and engagement with Primary Care; GP Clinical Leads in each borough are working with individual practices to maximise rates.

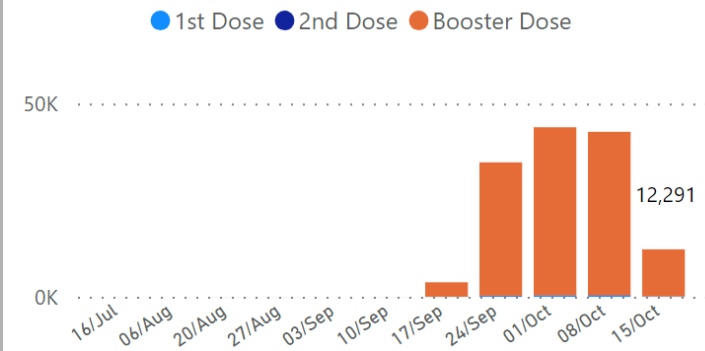
### Childhood Immunisations

Vaccination rates for routine immunisations have remained stable since the last quarter, with a small decrease in MMR and 4-in-1 vaccine rates. The most noticeable improvements have been in Wandsworth and Merton, while Sutton continues to lead in performance. The Immunisation Coordinator is working closely with practices, particularly in Croydon, which remains the lowest-performing SWL borough. Efforts in Croydon are focused on implementing a call/recall system through School Age Immunisation Services (SAIS) to boost vaccination rates.

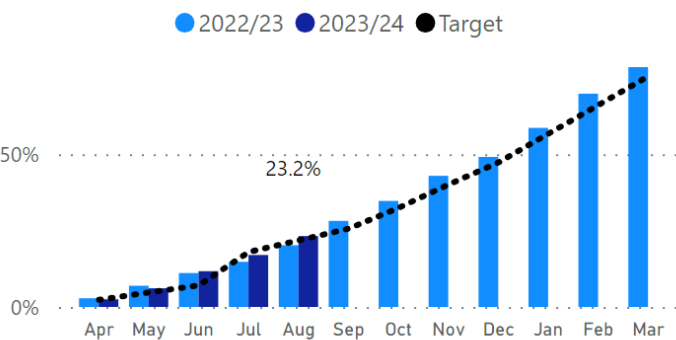
## SWL Covid Vaccinations by age group



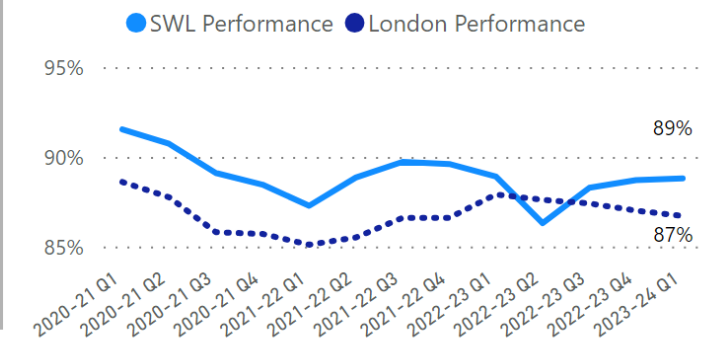
## SWL Covid Vaccinations by Dose



## Learning Disability Annual Health Checks Cumulative



## Childhood Immunisations



## NHS South West London Integrated Care Board

<b>Name of Meeting</b>	ICB Board		
<b>Date</b>	Wednesday, 22 November 2023		
<b>Title</b>	Audit and Risk Committee Update		
<b>Non-Executive Member Chair</b>	Martin Spencer		
<b>Lead Director Lead (Name and Role)</b>	Helen Jameson, Chief Finance Officer, SWL ICB.		
<b>Author(s) (Name and Role)</b>	Funke Ojutalayo, ICB Head of Assurance		
<b>Agenda Item No.</b>	12	<b>Attachment No.</b>	14
<b>Purpose</b>	Approve <input type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input checked="" type="checkbox"/>

### Purpose

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

### Executive Summary

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

### Key Issues for the Board to be aware of

#### Audit and Risk Committee

The Committee met on 24 October 2023. The meeting was quorate. Following consideration and discussion of key items at the meeting, the updates below are highlighted.

#### Board Assurance Framework and Corporate Risk Register

- Noted the current risks and considered whether any further mitigations could be taken to lessen those risks already on the risk register, whether any new risks should be included, and whether any risks can be closed.
- Discussed best practice and management of system risks and process around assurance mapping.
- Discussed and received assurance on the review and escalation process of risks as part of the risk management framework.

#### SWL Digital Security Update

- Noted the update on Cyber Security risk and the new ICB responsibilities outlined in the NHS Cyber Security Strategy.
- Discussed the risk of ICS digital infrastructure failure and the work ICB Digital is doing to mitigate its impact.

### **Zero book value asset value disposals**

- Approved the approach taken to review all ICB assets on our Statement of Financial Position (SoFP) and their write down/disposal as appropriate.

### **Internal Audit Progress Report and Summary Update on Progress against the Internal Audit Plan 2023/24**

- Noted the Internal Audit progress report and substantial assurance ratings for the reports on Cyber Incident Response and Risk Management and Individual Funding Requests.
- Discussed benchmarking reports for Data Security and Protection Toolkit (DSPT) and the ICB's favourable performance relative to others within the sector.

### **External Audit Progress & Sector Update Report**

- Noted the External Audit Progress and Sector Update Report.
- Discussed external audit work plan for 2023/24 and received assurance on continuity of service for the delivery of the audit plan.

### **Annual Auditors Report (financial year 2022/23) including Value for Money (VfM) audit opinion**

- Noted the annual auditor report on the 2022/23 external audit including our VfM work under the National Audit Office (NAO) code.
- Discussed SWL approach to achieving financial sustainability vs the approach being taken by other ICSs.

### **Counter Fraud Progress Report**

- Noted the Local Counter Fraud Specialist Progress Report.
- Discussed proactive awareness activities.
- Discussed SWL benchmarking reports.

### **Information Governance (IG) Update Q1 and Q2 and Information Governance Steering Group (IGSG) Terms of Reference (ToR)**

- Noted the contents of the six-month IG assurance update.
- Approved the revised IGSG ToR.

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

- Noted the list of waivers approved since the last audit committee along with the summary of volumes, value and reasons for issuing of waivers.
- Noted trends arising from the waivers that were identified.
- Noted and supported the drive towards reducing future waivers through increased forward planning and procurement pipelines.
- Noted that new rules for procuring healthcare services will be in place by 1 January 2024 under the Provider Selection Regime.

### **Audit and Risk committee workplan 2023/24**

- Noted the updated Committee work plan, scheduled to be in line with the Terms of Reference, approved by the Board in May.

**Recommendation**

**The Board is asked to:**

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

**Conflicts of Interest**

N/A

**Corporate Objectives**

This document will impact on the following Board Objectives

Overall delivery of the ICB's objectives

**Risks**

This document links to the following Board risks:

N/A

**Mitigations**

Actions taken to reduce any risks identified:

N/A

**Financial/Resource Implications**

Noted within the updates and reports to the Committee. Approvals, where required, are in line with the ICB governance framework and Prime Financial Policies.

**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**

N/A

**Date Discussed**

**Outcome**

**Supporting Documents**

N/A

NHS South West London Integrated Care Board			
<b>Name of Meeting</b>	ICB Board		
<b>Date</b>	Wednesday, 22 November 2023		
<b>Title</b>	Chief Executive Officer's Report		
<b>Lead Director Lead (Name and Role)</b>	Sarah Blow, Chief Executive Officer, SWL ICB		
<b>Author(s) (Name and Role)</b>	Funke Ojotalayo, ICB Head of Assurance		
<b>Agenda Item No.</b>	13	<b>Attachment No.</b>	15
<b>Purpose</b>	Approve <input type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input checked="" type="checkbox"/>

### Purpose

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

### Executive Summary

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

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

### Industrial Action Update

Since strikes began, the cumulative total of acute inpatient and outpatient appointments rescheduled has now exceeded 1 million (1,015,067).

Last month the NHS experienced industrial action on the following dates:

- Monday 2 October 2023 Joint strike Junior Doctors and Consultants
- Thursday 3 October 2023 Joint strike Junior Doctors and Consultants
- Wednesday 4 October 2023 Joint strike Junior Doctors and Consultants

Radiographers also went on strike for 24 hours from 8am on Tuesday 3 October.

We recognise the ongoing impact that the strikes are having on staff as well as patients and I want to say thank you to all of our staff for their continued effort in trying to mitigate the effects of the action.

### Speaking Up

Across the ICB we remain committed to encouraging an open and inclusive culture that promotes and supports our staff to speak up about any issue that gets in the way of them delivering their jobs. Across the NHS, October was 'Speaking Up month,' where the theme this year centred on breaking down the barriers that can prevent people from raising concerns. We are also in the process of updating and adopting the revised Speaking Up policy and rolling out the National training for staff, managers and Board Members on Speaking Up. Our Freedom to Speak Up (FTSU) Champion, Ben Luscombe, will be coming to the Board in May to present his annual FTSU report which will set out the themes and number of concerns that have been raised within the ICB this year.

### **Reinforced Autoclaved Aerated Concrete (RAAC)**

Following a request from NHS England in 2019, all of our trusts reviewed their sites for instances of RAAC at that time and none was found. In response to the most recent request from NHS England, Trusts have since undertaken further surveys that have not revealed any subsequent issues. They are currently reviewing past survey results to provide further assurances and to check the status of newly leased property.

At the beginning of the year, NHS England provided Primary Care providers with guidance on this matter. GPs, or their private landlords, have both statutory and legal responsibilities that they must comply with and, therefore, should be assessing and managing any risk associated with RAAC themselves.

The ICB has carried out its own assessment and has not identified any issues related to RAAC.

### **Right Care, Right Person**

Right Care, Right Person (RCRP) is a new operational model that changes the way the emergency services respond to calls involving concerns about mental health. It aims to ensure that the right agency deals with health-related calls to ensure people are appropriately supported by health or other professionals.

The programme has been implemented across London from 1 November 2023. The main changes affect acute hospital sites with emergency departments and arrangements for welfare checks, patients who walk out from emergency departments or wards and the handover of patients detained by the police under Section 136 of the Mental Health Act. Trusts have put in place new policies and arrangements to respond to these changes.

- Patients who walk out of an acute hospital before discharge - the police will no longer respond to requests to look for a vulnerable patient unless there are exceptional circumstances. A London-wide policy has been agreed by mental health trusts to help with implementation of these changes.
- Welfare checks - the police will no longer undertake welfare checks, unless there is an immediate threat to life, or a risk of serious harm. Instead, these checks will be carried out by an agency already involved with the person.
- Section 136 handover at an Emergency Department as a place of safety - psychiatric liaison services are expected to see a patient under S136 within one hour of arrival. Police officers will not leave until a handover has been completed and without the agreement of an appropriate member of the Emergency Department team.

The ICB will continue to work with NHSE (London), and acute and mental health Trust leads on the ongoing implementation of the RCRP policy. There have been daily calls to track the initial implementation and ensure all parties are aware of the challenges, success, and any emergent risks.

### **Annual EPRR assessment**

The Emergency Preparedness, Resilience and Response (EPRR) Core Standards assessment is an annual self- assessment against a set of 'core standards' which determine the Organisations' current resilience status and readiness to respond comprehensively in the event of a major incident. It ensures the ICB has agreed processes and comprehensive plans that are aligned with its statutory obligations under the Civil Contingencies Act 2004 (CCA) as a category 1 responder. In 2022 SWL ICB achieved "substantially compliant", with only 1 outstanding area relating to Business Continuity and the integration of a new NHSE framework.

The ICB is required to provide assurance against a set of 53 core standards across a range of domains, with a further "deep dive" of 10 standards relating to EPRR training in the organisation.



London ICBs also needed to provide assurance on the ICBs commitment to “Equality, Diversion & inclusion” within its emergency planning.

This year’s formal assurance meeting took place in October with representatives from NHSE London region, and the ICB’s emergency planning lead, and deputy director of system oversight & emergency planning. The assessors were satisfied with the framework developed in SWL and with the progress achieved since the last assessment in 2022, leading to the ICB achieving full compliance with all standards. NHSE will write to the Accountable Emergency Office (AEO) formally in due course and will highlight any areas of notable practice they observed.

**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 set up a four-phase change programme to deliver the required reduction in our running costs:

- Phase 1: Review and Organisational Design
- Phase 2: Engagement and Testing.
- Phase 3: Formal Consultation on changes to the ICBs management structures (followed by consideration of feedback received and a Consultation Outcomes Document to summarise final structures).
- Phase 4: Organisational Change (transition to the new ICB operating model)

We are currently at phase 3 of the programme.

We have now concluded consultation with staff on proposed changes to the ICB’s staffing structures and are reflecting on the feedback received. The Senior Management Team will review their proposed structures based on the feedback received. We plan to publish final structures in a Consultation Outcome Document in the last week of November. Our focus through December to March 2024 will be on implementing the change so that our new structures are in place from 1 April 2024. We recognised this is an unsettling time for our staff and have put in place a range of support for them over this time.

We are clear that, in order to implement the running cost reductions, we will need to work differently, be clear about our focus and continue to work to make South West London a great place to work. We are therefore also designing how the ICB will operate from 1 April 2024 to ensure that we deliver our ICB priorities with reduced staffing levels.

**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.

<b>Risks</b> This document links to the following Board risks:	N/A
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<b>Mitigations</b> Actions taken to reduce any risks identified:	N/A
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<b>Financial/Resource Implications</b>	N/A
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<b>Is an Equality Impact Assessment (EIA) necessary and has it been completed?</b>	N/A
<b>What are the implications of the EIA and what, if any are the mitigations</b>	N/A

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

<b>Supporting Documents</b>	N/A
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