



NHS South West London
Integrated Care Board

Meeting Pack

South West London Integrated Care Board

17 January 2024
10:00 – 13:00

Hotel Antoinette, 249-263 The Broadway,
Wimbledon, SW19 1SD

Board Meeting

Wednesday 17 January 2024

10.00 – 13.00

Location: Hotel Antoinette, 249 - 263 The Broadway, Wimbledon, SW19 1SD

The ICB has four core purposes. These are to:

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

	Time	Agenda Item	Sponsor	Enc
01	10.00	Welcome, Introductions and Apologies	Chair	
02		Declarations of Interest <i>All members and attendees may have interests relating to their roles. These interests should be declared in the register of interests. While these general interests do not need to be individually declared at meetings, interests over and above these where they are relevant to the topic under discussion should be declared.</i>	All	01
03	10.05	Minutes, Action Log and Matters arising Minutes and actions arising from the SWL ICB Part 1 meeting held on the 22 November 2023	Chair	02
04	10.10	Decisions Made in Other Meetings	CEO	03
05	10.15	Chair's Report	Chair	04
IN FOCUS				
06	10.25	Workforce	Karen Broughton	05
	11.10	COMFORT BREAK		

	Time	Agenda Item	Sponsor	Enc
07	11.20	Community Engagement	Charlotte Gawne	06
ITEMS FOR INFORMATION				
08	12.05	South West London Integrated Care Partnership Update	Cllr Ruth Dombey	07
09	12.15	Board Committee Updates and Reports <ul style="list-style-type: none"> • Finance & Planning Committee Update <ul style="list-style-type: none"> ○ Month 8 Finance Report • Quality & Oversight Committee Update <ul style="list-style-type: none"> ○ Quality Report ○ Performance Report • Remuneration Committee Update 	Dick Sorabji Helen Jameson Mercy Jeyasingham Elaine Clancy Jonathan Bates Ruth Bailey	08 09 10 11 12 13
10	12.35	Chief Executive Officer's Report	CEO	14
11	12.45	Any Other Business	All	
12	12.50	Meeting close	Chair	
13	12.51	Public Questions - by email Members of the public are invited to ask questions relating to the business being conducted today. Priority will be given to those received in writing in advance of the meeting.	Chair	

Date of next meeting: Wednesday 20 March 2024, Silver Room, AFC Wimbledon, Cherry Red Records Stadium, Plough Lane, London SW17 0NR.

SWL Integrated Care Board
Declarations of Interest - as at 8 January 2024

Member	Role	Interest Type	Interest Category	Interest Description (Abbreviated)	Provider	Date Arose	Date Ended	Date Updated
Alyssa Chase-Vilchez	SWL Healthwatch ICS Executive Officer	Nil Declaration				29.06.2023		
Annette Pautz	Deputy Borough Chair & Chair of Membership	Declarations of Interest – Other	Financial	Partner at Holmwood Corner Surgery, New Malden	Holmwood Corner Surgery	01.04.2021		
		Declarations of Interest – Other	Financial	Member of Kingston General Practice Chambers Ltd	Kingston General Practice Chambers Ltd	01.04.2021		
		Declarations of Interest – Other	Financial	Board Member of NMWP PCN	NMWP PCN	01.04.2021		
		No Change to existing declarations					25.07.2022	
Cally Palmer	CEO, The Royal Marsden NHS Foundation Trust	Declarations of Interest – Other	Financial	Chief Executive The Royal Marsden NHS Foundation Trust	The Royal Marsden NHS Foundation Trust	03.04.2023		
		Declarations of Interest – Other	Financial	National Cancer Director since April 2015.	NHS England/Improvement (national)	03.04.2023		
		No Change to existing declarations					30.06.2023	
Charlotte Gawne	SWLSMT006 Executive Dir of Communications & Engagement SWL	Nil Declaration				01.11.2021		
		Nil Declaration				30.05.2022		
		Nil Declaration				05.09.2023		
Dick Sorabji	Non-Executive Member	Nil Declaration				01.07.2022		
		Nil Declaration				06.09.2023		
Elaine Clancy	SWLSMT004 Chief Nursing Officer	Declarations of Interest – Other	Non-Financial Personal	School Governor- Langley Park School for Girls	Langley Park School for Girls	01.04.2023		
		Declarations of Interest – Other	Non-Financial Personal	Trustee for the 1930 Fund for District Nurses	1930 Fund for District Nurses	01.04.2023		
Helen Jameson	Chief Finance Officer	Nil Declaration				18.07.2022		
		Nil Declaration				03.04.2023		
Ian Dodds	Director of Children's Services, Royal Borough of Kingston upon Thames and London Borough of	Nil Declaration				03.04.2023		
		Nil Declaration				29.06.2023		
Jacqueline Totterdell	CEO, St George's University Hospitals NHS FT and Epsom and St Helier University Hospital NHS Trust	Declarations of Interest – Other	Financial	Group Chief Executive Officer of Provider Trust in SWL since August 2021.	St George's, Epsom and St Helier University Hospitals and Health Group	03.04.2023		
		Declarations of Interest – Other	Non-Financial Professional	Trustee of this Charity	Aspergillosis Trust	01.04.2023		
James Blythe	SWLSMT008 Executive Locality Director Merton & Wandsworth	Declarations of Interest – Other	Indirect	Wife is an employee of St George's University Hospitals NHS Foundation Trust	SWL CCG	01.04.2021		
Jo Farrar	Chief Executive of Kingston Hospital and Hounslow and Richmond Community Healthcare NHS Trust, Kingston and Richmond Place Executive Lead	Declarations of Interest – Other	Financial	CEO of Provider Trust since September 2019	Kingston Hospital NHS Foundation Trust	03.04.2023		29.06.2023
		Declarations of Interest – Other	Financial	CEO of Provider Trust since December 2021	Hounslow and Richmond Community Healthcare NHS Trust	03.04.2023		29.06.2023
		Declarations of Interest – Other	Non-Financial Personal	Partner is the Practice Manager (from 11/9/2023)	Churchill Medical Centre GP Practice	05.09.2023		
John Byrne	Executive Medical Director	Nil Declaration				01.07.2022		
		Nil Declaration				29.08.2023		
		Nil Declaration				22.09.2023		
Jonathan Bates	SWLSMT005 Chief Operating Officer	Declarations of Interest – Other	Non-Financial Personal	Spouse provides primary care consultancy and interim support to a range of organisations.	Primary care consultancy	01.10.2020		02.10.2023
		Declarations of Interest – Other	Indirect	Ongoing - spouse provides primary care consultancy and interim support to a range of organisations.	Spouse	01.04.2021		02.10.2023
		No Change to existing declarations					31.05.2022	
Karen Broughton	SWLSMT007 Exe Dir of Strat and Transf'n/Dep SRO SWL HCP SWL	Nil Declaration				01.04.2021		
		Nil Declaration				01.04.2022		
		Nil Declaration				06.09.2023		
Mark Creelman	Place Executive, Merton & Wandsworth	Declarations of Interest – Other	Financial	Substantive NHS role is MD of NEL CSU who provide services to both CCG and GP and other provider organisations in SWL	See description	01.01.2017	26.11.2021	
		Declarations of Interest – Other	Financial	Substantive NHS role is MD of NEL CSU who provide services to both CCG and GP and other provider organisations in SWL	NEL CSU	26.11.2021		
		No Change to existing declarations					09.08.2022	

SWL Integrated Care Board
Declarations of Interest - as at 8 January 2024

Martin Spencer	Non-Executive Member	Declarations of Interest – Other	Financial	Non Executive Director and Chair of the Remuneration Committee at the NHS Counter Fraud Authority	NHS Counter Fraud Authority	22.08.2022		26.12.2023
		Declarations of Interest – Other	Financial	Non-Exec Director and Chair of Audit and Risk Committee for Ofsted	Ofsted	22.08.2022		26.12.2023
		Declarations of Interest – Other	Financial	Non-Exec Director and Chair of Audit and Risk Committee for Achieving for Children	Achieving for Children	22.08.2022		26.12.2023
		Declarations of Interest – Other	Financial	Civil Service Commissioner	Civil Service Commission	22.08.2022		26.12.2023
		Declarations of Interest – Other	Financial	Chair of Education Skills and Funding Agency	Education Skills and Funding Agency	22.08.2022		26.12.2023
Matthew Kershaw	CE & Place Based Leader for Health	Declarations of Interest – Other	Financial	Chief Executive - Position of Authority in an organisation in the field of health and social care	Croydon Health Services NHS Trust	01.10.2019		28.06.2023
		Declarations of Interest – Other	Non-Financial Professional	Recently made a Visting Senior Fellow at the Fund, having previously worked full time in the Policy team - Position of Authority in an organisation in the field of health and social care	The Kings Fund	01.10.2019		28.06.2023
		Declarations of Interest – Other	Non-Financial Professional	I am Chief Executive of a provider Trust in South West London and thereby am involved in delivering care that is discussed and planned and ultimately commissioned by SWL CCG.	Chief Executive of NHS provider organisation - Croydon Health Services	01.04.2021		28.06.2023
		No Change to existing declarations				10.06.2022		
		Declarations of Interest – Other	Financial	Chief Executive of a provider Trust in SWL since October 2019.	Croydon Healthcare Services NHS Trust	03.04.2023		28.06.2023
Mercy Jeyasingham	Non-Executive Member	Declarations of Interest – Other	Financial	Non-Executive Director at Medicines & Healthcare Products Regulatory Agency	Medicines & Healthcare Products Regulatory Agency	03.10.2022		02.10.2023
Michael Bell	Independent Non Executive Chair	Declarations of Interest – Other	Financial	Chair of Lewisham and Greenwich NHS Trust since July 2022.	Lewisham and Greenwich NHS Trust	03.05.2023		
		Declarations of Interest – Other	Financial	Director at MBARC Ltd (Research and consultancy company which works with central and local government and the NHS). Current clients are: <ul style="list-style-type: none"> • Welsh Government - Financial Inclusion and Social Justice services - since 2013 - ongoing • NEL ICS - Executive Coaching - since 2020 - ongoing • NCL ICS - Primary Care development - May 2022 - 2023 • Visiba Health Care - Chair UK advisory Board Jan 2022 ongoing • Surrey Physion - Strategic Adviser Feb 2023 ongoing • WA Communications - Strategic Adviser Mar 2023 ongoing • DAC Beachcroft - Strategic Adviser April 2020 ongoing • ZPB - Strategic Adviser 2018 ongoing • Rinnova - Strategic Adviser 2022 ongoing 	MBARC Ltd	03.05.2023		
Mike Jackson	Chief Executive, London Borough of Richmond and London Borough of Wandsworth	Declarations of Interest – Other	Financial	CEO of Richmonad & Wandsworth LA	Richmonad & Wandsworth LA	03.04.2023		
		No Change to existing declarations				30.06.2023		
Nicola Jones	Primary Care Provider Lead	Declarations of Interest – Other	Financial	Co-Chair Cardiology Network SWL	SWL	17.12.2021		05.06.2023
		Declarations of Interest – Other	Non-Financial Professional	Joint Clinical Director, Brocklebank Primary Care Network	Brocklebank Primary Care Network	17.12.2021		05.06.2023
		Declarations of Interest – Other	Financial	My practices are part of Battersea Healthcare (BHCIC)	Battersea Healthcare	17.12.2021		05.06.2023
		Declarations of Interest – Other	Financial	Managing Partner - The Haider Practice (GMS)	The Haider Practice	17.12.2021		05.06.2023
		Declarations of Interest – Other	Financial	Managing Partner Brocklebank Practice and St Paul's Cottage Surgery (both PMS).	Brocklebank Practice and St Paul's Cottage Surgery	17.12.2021	07.12.2022	

SWL Integrated Care Board
Declarations of Interest - as at 8 January 2024

		Declarations of Interest – Other	Financial	Primary Care Representative, Wandsworth	GP Practice	01.06.2022		05.06.2023
		Declarations of Interest – Other	Financial	Convenor, Wandsworth Borough Committee	SWL ICS	01.06.2022		05.06.2023
		Declarations of Interest – Other	Financial	Clinical Director Primary Care, SWL ICS	SWL ICS	01.06.2022		05.06.2023
		Declarations of Interest – Other	Financial	Partner Brocklebank Practice and St Paul's Cottage Surgery (both PMS).	Brocklebank Practice and St Paul's Cottage Surgery	07.12.2022		05.06.2023
Ruth Bailey	Non-Executive Member	Declarations of Interest – Other	Financial	Expert advisor to Boston Consulting Group in the Middle East on a public sector project that is not healthcare related.	Boston Consulting Group	01.07.2022	19.10.2022	
		Declarations of Interest – Other	Indirect	Husband is Director in UK Health Protection Agency	UK Health Protection Agency	01.07.2022		02.10.2023
		Declarations of Interest – Other	Financial	Non-Executive Member on Hertfordshire & West Essex ICB	NHS Hertfordshire & West Essex ICB	01.07.2022		02.10.2023
		Declarations of Interest – Other	Financial	Executive Director (Job Share) of People and Organisational Effectiveness for Nursing and Midwifery Council	Nursing and Midwifery Council	19.10.2022		02.10.2023
Ruth Dombey	Leader of Sutton Council Leader of Sutton Council	Nil Declaration				03.04.2023		
		Nil Declaration				01.07.2023		
Sara Milocco	South West London Voluntary Community and Social Enterprise Alliance Director	Nil Declaration				29.06.2023		
Sarah Blow	SWLSMT001 SWL Accountable Officer SWL	Nil Declaration				02.11.2021		
		Declarations of Interest – Other	Non-Financial Personal	My son is a call handler for LAS outside of SWLondon	LAS	01.04.2021		03.11.2023
		No Change to existing declarations				07.06.2022		
Vanessa Ford	Chief Executive, SWL and St George's Mental Health NHS Trust	Declarations of Interest – Other	Financial	Chief Executive SWL & St Georges Mental Health NHS Trust and a CEO member of the South London Mental Health and Community Partnership (SLP) since August 2019.	SWL & St Georges Mental Health NHS Trust	03.04.2023		17.07.2023
		Declarations of Interest – Other	Non-Financial Professional	Merton Place Convenor and. SRO for Regional NHS 111 programme for Mental Health	Merton Place	03.04.2023		17.07.2023
		Declarations of Interest – Other	Non-Financial Professional	Mental Health Representative on the ICB	SWL ICB	03.04.2023		17.07.2023

MINUTES
SWL ICB Board Meeting
Wednesday 22 November 2023
10.00 – 13.00

Chaucer Centre, Canterbury Road, Morden, SM4 6PX

Chair: Mike Bell

Members:	Designation & Organisation
Non-Executive Members	
Ruth Bailey (RB)	Non-Executive Member, SWL ICB
Mercy Jeyasingham (MJ)	Non-Executive Member, SWL ICB
Martin Spencer (MS)	Non-Executive Member, SWL ICB
Dick Sorabji (DS)	Non-Executive Member, SWL ICB
Executive Members	
Sarah Blow (SB)	Chief Executive Officer, SWL ICB
Karen Broughton (KB)	Deputy CEO/Director of People & Transformation, SWL ICB
John Byrne (JBy)	Executive Medical Director, SWL ICB.
Elaine Clancy (EC)	Chief Nursing Officer
Helen Jameson (HJ)	Chief Finance Officer, SWL ICB
Partner Members	
Dame Cally Palmer (CP)	Partner Member, Specialised Services (Chief Executive Officer, The Royal Marsden NHS Foundation Trust)
Jo Farrar (JF)	Partner Member, Community Services (Chief Executive 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) – joined the meeting during agenda item 5.	Partner Member, Acute Services (Group Chief Executive Officer St George's, Epsom and St Helier University Hospitals and Health Group)
Place Members	
Dr Annette Pautz (AP)	Place Member, Kingston (Kingston GP)
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)
Attendees	
Jonathan Bates (JBa)	Chief Operating Officer, SWL ICB
Observers	
Mike Jackson (MJa)	Participant, Local Authorities (Joint Chief Executive Richmond upon Thames & Wandsworth Council)
Alyssa Chase-Vilchez (ACV)	SWL HealthWatch Representative
Sara Milocco (SM)	SWL Voluntary Sector Representative
In attendance	

Ben Luscombe (BL)	Chief of Staff, SWL ICB
Maureen Glover (MG)	Corporate Services Manager (ICS)
Tonia Michaelides (TM) for agenda item 7	Director of Health and Care in the Community
Catherine Heffernan (CH) for agenda item 5	Director of Health Improvement
Apologies	
Charlotte Gawne (CG)	Executive Director of Stakeholder & Partnership Engagement and Communications, SWL ICB
Vanessa Ford (VF)	Partner Member, Mental Health Services (Chief Executive Officer, South West London & St. Georges Mental Health Trust)

No.	AGENDA ITEM	Action by
1	Welcome and Apologies	
	Mike Bell (MB) welcomed everyone to the meeting and apologies were noted. With no further apologies the meeting was quorate.	
2	Declarations of Interest	
	A register of declared interests was included in the meeting pack. There were no further declarations relating to items on the agenda and the Board noted the register as a full and accurate record of all declared interests.	
3	Minutes, Action Log and Matters arising	
	<p>Minutes The Board approved the minutes of the meeting held on 20 September 2023.</p> <p>Action Log The action log was reviewed and it was noted that two actions remained open where Board updates were scheduled in 2024.</p>	
4	Chair's Report	
	<p>Mike Bell (MB) presented the report, highlighting the celebrations in relation to black history month and the London Leaders Workshop on HIV.</p> <p>MB also noted that Sukhvinder Kaur-Stubbs, Chair of Kingston Hospital Foundation Trust and Richmond and Hounslow Community Healthcare was leaving the Trust at Christmas due to on-going health issues. MB passed on his thanks for her contribution to the leadership team in South West London (SWL).</p> <p>The Board noted the report.</p>	
5	Health Inequalities	
	<p>John Byrne (JBy) presented the report, supported by Dr Catherine Heffernan.</p> <p>Board members discussed the report and provided feedback from their individual perspectives.</p> <p>Nicola Jones (NJ) noted the risk factors that existed for people with long term conditions and that provision and access to primary care was</p>	

	<p>fundamental to helping to manage these conditions, with a particular focus on those least able to manage conditions themselves.</p> <p>Following on from NJ's point, Dame Cally Palmer (CP) noted the work of the Cancer Alliance with regard to using out-reach teams to work with areas of high deprivation to ensure people had access to services.</p> <p>Noting the above, MJ noted the Board's responsibility to ensure health inequalities were being adequately tackled at Place and Alyssa Chase-Vilchez (ACV) said Healthwatch was keen to share learnings from engaging with populations who were experiencing health inequalities.</p> <p>Sarah Blow (SB) noted that this was a high priority for the Board and that the team would be working to prioritise areas for collaboration and those which would have the biggest impact. SB noted that a further update on progress would be brought back to the Board and ICP in due course.</p> <p>The Board</p> <ul style="list-style-type: none"> • Noted the programme of work being undertaken in SWL on addressing health inequalities, healthcare inequalities and disparities. • Supported and championed the investment and partnership work that was taking place in prevention, community building and empowerment, addressing the wider determinants of health and self-care. • Noted all system partners (Acute, Mental Health, Community and Primary Care) would be reviewing their own internal plans with regard to delivering against the CORE20PLUS5 national framework 	
6	Update on progress SWL Local Maternity and Neonatal System has made on supporting recommendations from the independent inquiry into maternity and neonatal services in East Kent.	
	<p>Elaine Clancy (EC) presented the report.</p> <p>Reflecting the complexity of this area the Board agreed it would be useful to have a further, in depth look at this as part of the a Board Seminar session in the near future. Mercy Jeyasingham (MJ) noted that the Quality & Oversight Committee looked at maternity on a regular basis, particularly in regard to the national target and RB reflected that it was possible to look good while doing badly.</p> <p>Jacqueline Totterdell (JT) recognised the problems at St Georges Maternity unit and noted the support that had been provided through the NHSE National team. EC noted that she had spent time with the St Georges maternity team and that colleagues there prided themselves on the outcomes the achieved, were proud of their service and were determined to improve the service.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Noted the content of the report, particularly the activity the Local Maternity and Neonatal System has backed to support recommendations made from the Kirkup Report. 	
7	2023/25 Better Care Fund – Section 75s Sign off and SWL Better Care Fund Review Update	
	Tonia Michaelides (TM) presented the report.	

	<p>With regard to the S75 report, Dick Sorabji (DS) noted that, because of the deadline, the report had not been taken to the Finance & Planning Committee, however, based on assurance from the Health & Wellbeing Boards and conversations with TM, he was satisfied the report could be presented to the Board.</p> <p>All of the place leads commented on the value of the Better Care Fund review. Key points noted included, the need to ensure we had good, joint, monitoring arrangements in place with Partners where necessary; that decisions may need to be made about priority areas for funding meaning that, in some places, funding that had been in place may have to be stopped if it was not having the necessary impact; shared learning was important; recognising the role the Voluntary Sector could play was important. SB recognised the significant amount of money in the BCF and noted the intention of the review was not to withdraw funding for services.</p> <p>Cllr Ruth Dombey (RD) noted the maturity of the conversations and recognised this was because initiatives such as this needed time to bed-in. The BCF was a good example of how to get the balance right between the importance of Place and recognising there were some regional and national priorities.</p> <p>MB noted that SWL was the only part of London that had undertaken such a substantial review and that he and SB would share this with colleagues in other ICBs in London.</p> <p>SB thanked all of the LA and NHS staff involved in this work.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Approved the 2023/25 Section 75 agreement and values and noted the progress of the SWL BCF Review. 	
8	<p>Investing in Services beyond Hospital – Keeping People Healthy and Well in our Communities.</p>	
	<p>Sarah Blow (SB) presented the report.</p> <p>While noting that the Board were not, at this point, being asked to approve or commit a sum of money to this work the Board noted their support for the proposal in principle.</p> <p>The Board noted that: the proposal could have a direct impact on pressures in acute hospitals and JT noted the need to have clear measurements across mental health and community to be able to demonstrate the money was improving services; JF commented on the need for predictability in the commitment being made to enable the ICB to make long term decisions and build the case for proactive and anticipatory care; RD suggested a reference to the current crisis in social care should be referenced as this will have an impact in SWL. Building on RD's point, MK noted the potential this presented for more integrated working and transformation across the ICS and JF noted the role the voluntary sector could play; RB noted the part this initiative could play in addressing health inequalities and asked that this be brought out more strongly in the paper. Finally, the Board also noted the work that needed to be done to ensure a cultural change to recognise that there were alternatives to the Acute sector.</p>	

	<p>SB thanked the Board for their enthusiasm and comments and that these would be incorporated into the proposal. SB also thanked HJ and TM for their work on the proposal.</p> <p>The Board</p> <ul style="list-style-type: none"> • Agreed the principle of increasing future investment in community primary care and mental health services. • Agreed to progress the development of the approach to releasing the funding for investment using a combination of options summarised in Section 3 of the paper. • Agreed the further development of the plans required to mobilised investment. 	
10	Primary Care Access Recovery Plan (PCARP) – System Level Update	
	<p>Mark Creelman (MC) presented the report.</p> <p>Nicola Jones (NJ) noted the great work in practices, Primary Care Networks and Federations, but noted the tensions and risks in the system. NJ also talked about the Primary Care Recovery Plan and the wider SWL Primary Care strategy which focused on prevention and proactive care, as well as access.</p> <p>The Board noted the contents of the report.</p>	
11	South West London Integrated Care Partnership Update	
	<p>RD presented the report and said she was impressed by the commitment of people who were working on the ICP's six different work streams and looked forward to receiving progress reports.</p> <p>RD passed on her special thanks to SM and ACV for the work they undertake representing such diverse places, communities and groups and providing a voice for the community in SWL.</p> <p>The Board noted the report.</p>	
12	Board Committee Updates and Reports	
	<p>Finance & Planning Committee Update</p> <p>DS presented the report which gave an overview of the key issues discussed at the Finance and Planning Committee in September.</p> <p>Month 6 Finance Report HJ presented the report and noted that the ICS System was on plan except for industrial action costs.</p> <p>Quality & Oversight Committee Update</p> <p>MJ presented the report and noted that the Committee had undertaken a deep dive into the Maternity Programme and Local Maternal Neonatal Services.</p> <p>EC noted that the Terms of Reference for the Quality & Oversight Committee were being reviewed as part of an ongoing piece of work looking at quality assurance and quality governance.</p>	

	<p>Performance Report</p> <p>JBa presented the report and highlighted improved performance against targets for childhood immunisations; that the best cancer performance in London in many areas had been maintained; and that the mental health 12 hour waits for patients was the best it had been since the spring.</p> <p>Audit & Risk Committee</p> <p>Martin Spencer (MS) presented the report and noted the key areas that had been discussed at the last meeting.</p> <p>In response to a question from JBI about whether the Committee had assurance on the capacity and resources needed to reduce the number of single tender waivers, MS noted that individual single tender waivers were taken through the Finance Committee. The Audit Committee looked at the pattern and the trend and that the numbers were declining and would continue to be monitored.</p> <p>The Board noted the Committee updates and reports.</p>	
13	Chief Executive Officer's Report	
	<p>SB presented the report particularly noting the update Reinforced Autoclaved Aerated Concrete (RAAC), and that there had been none found within the SWL NHS estate at this point in time.</p> <p>SB also noted the positive outcome of the ICBs Annual Emergency Preparedness Resilience and Response (EPRR) and thanked the team for their hard work.</p> <p>SB also updated on the national federated data platform contract.</p> <p>The Board noted the report.</p>	
14	Any Other Business	
	There was no other business and the meeting was closed.	
15	Public Questions	
	<p>No written questions had been received from members of the public.</p> <p>Wendy Micklewright asked the Board to note the medicalisation of distress; the United Nations call for an end to coercive practise within the mental health system; coercive practises including restraints, seclusions, forced medication and electro convulsive treatment (ECT) Wendy highlighted that the petition calling for ECT to be stopped has over 134,000 signatures.</p>	

Next meeting in public: Wednesday 17 January: Hotel Antoinette, 249-263 The Broadway, Wimbledon, SW19 1SD

ICB Board Part 1 - Action Log

Date: 8 January 2024

Date of Meeting	Reference	Agenda Item	Action	Responsible Officer	Target Completion Date	Update	Status
19.7.23	ICB-04	Update on ICS Digital	Bring Digital back to the Board in July 2024	John Byrne	01.07.2024		Open
19.7.23	ICB-06	South West London Integrated Care Partnership Update	EC to provide an "in focus" item on Children and Young People's Services at a future Board	Elaine Clancy	01.05.2024		Open

NHS South West London Integrated Care Board

Name of Meeting	ICB Board		
Date	Wednesday, 17 January 2024		
Title	Decisions made in other meetings		
Lead Director Lead (Name and Role)	Sarah Blow, Chief Executive Officer, SWL ICB		
Author(s) (Name and Role)	Maureen Glover, Corporate Services Manager		
Agenda Item No.	04	Attachment No.	03
Purpose	Approve <input type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input checked="" type="checkbox"/>
Purpose			
To ensure that all Board members are aware of decisions that have been made, by the Board, in other meetings.			
Executive Summary			
Part 2 meetings are used to allow the Board to meet in private to discuss items that may be business or commercially sensitive and matters that are confidential in nature.			
At its Part 2 meeting on 22 November 2023 the following items were brought to the Board for approval:			
<ul style="list-style-type: none"> • Procurement of a single unified Children’s Therapy service for four special schools in Wandsworth. • Procurement of a nursing service for two Special Schools in Merton and Wandsworth. • Wandsworth Multispeciality Community Provider (MCP) Contract Extension. • H2 plan and the signing of the Board Assurance Template by the ICB CEO and ICB Chair. 			
The Board discussed and approved each of the above items.			
Recommendation			
The Board is asked to:			
<ul style="list-style-type: none"> • Note the decisions made at the 22 November 2023 Part 2 meeting of the Board. 			
Conflicts of Interest			
N/A			

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

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

Name of Meeting	ICB Board		
Date	Wednesday, 17 January 2024		
Title	Chair's Report		
Lead Director (Name and Role)	Mike Bell, Chair		
Author(s) (Name and Role)	Ryan Stangroom, Chief of Staff to the Chair		
Agenda Item No.	05	Attachment No.	04
Purpose	Approve <input type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input checked="" type="checkbox"/>

Purpose

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

Executive Summary

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

Key Issues for the Board to be aware of

South West London Community Health Assembly

Senior NHS leaders, local politicians, community groups, civic and faith organisations, charities, and universities across South West London came together in late November at St Barnabas Church, Clapham Common to commit to addressing the biggest challenges impacting the mental health and wellbeing of local communities as part of the South London Listens Programme. Over 300 people attended the event hosted by Citizens UK and built on the success of the South London Listens Assemblies held on World Mental Health Day in 2022.

Participants came together to celebrate the power of community to create positive change and applaud the progress already made in tackling health inequalities in the region. Communities shared powerful stories about how their own health is impacted by issues such as low wages, the impact of the housing crisis on health, and racial inequities, especially for migrant communities.

Throughout the evening, which included community testimonials, music and dancing, senior NHS Leaders and I pledged to address several important issues. These pledges build on the work of South London Listens to-date and covered the following issues:

- **Work and wages:** Championing a real living wage for people living and working in south east London – and the ICBs committing to publish action plans in 2024 on how they will become Living Wage Systems.
- **Children, young people and parents:** Ensuring young people and parents have the support they need, especially during their wait for Child and Adolescent Mental Health Services and maintaining up-to-date signposting to resources for parents.
- **Housing:** Convening system partners to build an action plan which uses the evidence base of the impact of housing on health and wellbeing so that solutions can be identified and implemented.
- **Mental health and social isolation:** Continuing to resource and support BeWell organisations, that provide community mental health and organising support for people across south east London.
- **Race and migration:** Tackling racial disparities, especially for migrant communities, through expanding work on the safe surgeries initiative, and expanding the Community Embedded Worker programme

Fast-Track Cities World AIDS Day launch of HIV Confident Charter and Ambassadors

I am pleased to represent the five London ICBs on Fast Track Cities London. For World AIDS Day we hosted an event with a focus on making London and Londoner's HIV Confident. At the event the new HIV Confident charter and HIV Ambassadors programmes was launched and explored the opportunities and challenges in our city for getting to zero stigma. I am pleased that St. George's is one of the early signatories to "HIV Confident".

Proactive Anticipatory Care Model Demonstration

The Kingston and Richmond Primary Care team provided a demonstration of the Proactive Anticipatory Care (PAC) model, which was launched as a pilot in May 2021 across Kingston and Richmond. The PAC model helps local people plan-ahead, be more in control and manage changes in their health and wellbeing through more proactive and coordinated care. This harnesses the considerable strength of working together as a local community through multi-disciplinary team meetings which include GPs, community, social care, and hospital-based services.

Visit to St George's Hospital

Gillian Norton, Chair of St George's University Hospitals NHS Foundation Trust and Epsom and St Helier University Hospitals NHS Trust, invited me to visit at St George's Hospital in early January 2024. I was fortunate to meet the clinicians and non-clinicians delivering outstanding care to the people of Wandsworth and wider South West London as a leading teaching hospital and one of four Major Trauma Centres.

NHS London Anchor Chair and NED Network

The Anchor Network of Chairs and Non-Executive Directors (NEDs) met on 27th November to receive an update on anchor activity across London and engage in deep-dives on the emerging London-wide strategy and social value. There was a broad discussion on how to link anchors work more broadly into London's strategic objectives and how Chairs and NEDs could support

achievement of these. There was agreement to pick-up further planning of this work to position and embed anchors at the London level in collaboration with the NHS London Regional Office.

Accelerating FemTech Showcase: The Opportunities for Innovation in Women’s Health

The Accelerating FemTech programme was established to support innovators and boost the development of technology solutions to address current challenges in Women’s Health. I was invited to join the showcase to hear about the fantastic innovations that have successfully completed the programme and to contribute at a panel discussion on bringing women’s health innovation to life.

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

N/A

Risks

This document links to the following Board risks:

N/A

Mitigations

Actions taken to reduce any risks identified:

N/A

Financial/Resource Implications

N/A

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

N/A

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

N/A

Patient and Public Engagement and Communication

N/A

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

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

Name of Meeting	ICB Board		
Date	Wednesday, 17 January 2024		
Title	Focus-on: Workforce		
Lead Director (Name and Role)	Karen Broughton, Deputy Chief Executive / Executive Director for People and Transformation.		
Author(s) (Name and Role)	Lorissa Paige, Programme Director, Workforce, OD, and HR Melissa Berry, Programme Director, Diversity, Equality, and Inclusion Una Dalton, Programme Director, Workforce, and Immunisations Karen Broughton, Deputy Chief Executive / Executive Director for People and Transformation.		
Agenda Item No.	06	Attachment No.	05
Purpose	Approve <input type="checkbox"/>	Discuss <input checked="" type="checkbox"/>	Note <input checked="" type="checkbox"/>

Purpose

This paper supports an in-focus session at the Board meeting workforce.

Executive Summary

The attached paper seeks to:

- Build an understanding the NHS workforce in South West London.
- Understand South West London’s workforce challenges.
- Highlight the four Workforce Transformation Programmes.
- Share our focus over the coming months.

Key Issues for the Board/Committee to be aware of

- Workforce is a priority for both the Integrated Care Board and Integrated Care Partnership.
- NHS England has recently published the Workforce Long Term Plan (June 2023) and an Equality, Diversity and Inclusion Improvement Plan (August 2023) to set national priorities in relation to workforce.
- The ICB People Function Guidance published in August 2021 sets out 10 outcomes-based functions for workforce.
- The Integrated Care Board’s Workforce structure has been strengthened as part of the management cost review to ensure we have sufficient resources to deliver the workforce transformation programmes.
- The workforce transformation programme is lead and delivered in partnership with NHS Trust Chief People Officers.

Recommendation

The Board is asked to:

- Note and discuss the overview of the NHS workforce in South West London and the workforce transformation programme that is in place to meet the challenges we face.
- Discuss the recommendation that the Board receives 6-monthly reports from the South West London ICB People Board to show progress on the workforce programmes as well as an SWL NHS workforce report.

Conflicts of Interest

n/a

Corporate Objectives

This document will impact on the following Board Objectives

Making South West London a Great Place to Work
Supporting the ICB's to meet its Financial Plan.

Risks

This document links to the following Board risks:

There is a risk that there is confusion about responsibility for workforce action and that resources are not in place to support delivery of the programme..

Mitigations

Actions taken to reduce any risks identified:

- Programme plan created to outline priority actions and with a Chief People Officer of SWL Workforce Programme Director to lead.
- Chief People Officers identified as SROs.
- A monthly meeting of Chief People Officers and SWL Workforce Programme Directors ensuring visibility of progress and agrees mitigation or support needed if required.
- The Integrated Care Board's Workforce structure has been strengthened as part of the management cost review to ensure we have sufficient resources to deliver the workforce transformation programmes

Financial/Resource Implications

An element of the 2024/25 financial plan will be at risk if the workforce programmes to support the plan are not delivered.

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

n/a - All our work programmes consider equality impact assessments relating to each area and is being designed to improve have a positive impact on equality, diversity and inclusion.

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

n/a

Patient and Public Engagement and Communication	n/a
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Previous Committees/Groups Enter any Committees/Groups at which this document has been previously considered	Committee/Group Name	Date Discussed	Outcome
	ICB Board Seminar	18/10/2023	
		Click or tap to enter a date.	
		Click or tap to enter a date.	

Supporting Documents	SWL ICB Board In focus – Workforce presentation
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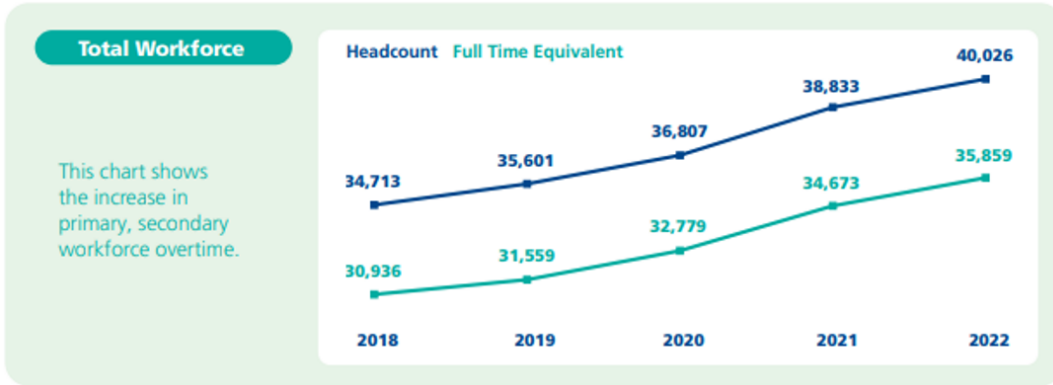
SWL ICB Board In focus – Workforce

**Karen Broughton, Deputy Chief Executive/
Director of Transformation and People**

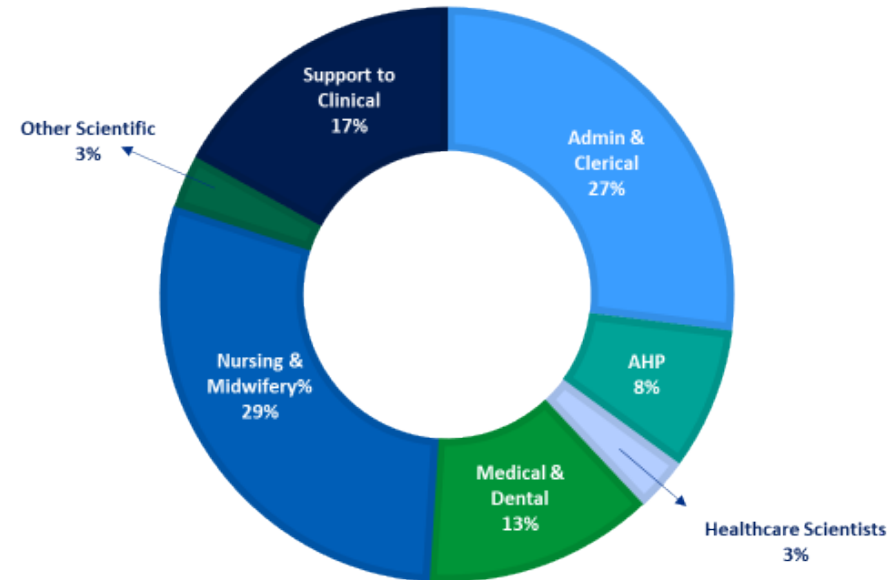
The intention of our workforce focus session today ...

- Build our understanding the NHS workforce in South West London
- Understand our big workforce challenges
- Go through our Workforce Transformation Programmes
- Share our focus over the coming months

The NHS in South West London employs just over 40,000 people ...



Breakdown of SWL staff by staff group



- 13.7%** of our staff leave South West London each year
- Staff** one of the highest turnover rate is seen in those under the age of 35
- 3.9 years** the average length of service (less than it was in 2018) – for under 35 years it is 2.3 years
- £11.7 million** As large employers, we have an apprenticeship levy to spend on apprenticeship training which we do not always fully use
- 42 years** the average age of our staff
- 16.3%** of our staff are over the age of 55

The Chart above shows that:

- Nurses and midwives account for 29% of NHS staff in South West London
- Administrative and Clerical Staff make up 27% of our NHS staff
- 17% of our staff provide support to clinical
- Medical and Dental staff are 13% of our workforce
- 8% of our staff are Allied Healthcare Professionals
- 3% of our staff are Healthcare Scientists
- 3% of our staff are in Other Scientific groups

Our workforce challenges ...

- **Recruitment** – securing a strong supply of new people to fill our vacancies
- **Planning our workforce of the future** – improving our collection and interrogation of workforce data to improve our workforce planning and redesign capability.
- **Equality, diversity and inclusion** – becoming representative of the communities we serve (particularly at a senior level in the NHS) and eradicating racism.
- **Retention** – retaining our experienced staff.
- **Providing better care for our people** – supporting the health and wellbeing of our people.
- **Low workforce morale** – increasing flexible working options and career development opportunities.
- **Delivering workforce transformation** – whilst dealing with operational pressures, without increasing the workforce challenges that we face.

The national context ...

The **NHS People Plan** was published in July 2020 and aimed to have more people, working differently in a compassionate and inclusive culture within the NHS. To achieve this the plan set out specific actions around four pillars:

- Looking after our people
- Belonging in the NHS
- New ways of working and delivery care
- Growing for the future

The plan also includes **The People Promise**, outlining behaviours and actions that staff can expect from NHS leaders and colleagues to improve the experience of working in the NHS for everyone.

ICB People Function Guidance published in August 2021 set out 10 outcomes-based functions to make the local area a better place to live and work for their people including:

- Supporting the health and wellbeing of all staff
- Growing the future workforce and enabling adequate workforce supply
- Supporting inclusion and belonging for all
- Valuing and supporting leadership at all levels, and lifelong learning
- Leading workforce transformation and new ways of working
- Educating, training and developing people, and managing talent
- Driving and supporting broader social and economic development
- Transforming people services and supporting the people profession
- Leading coordinated workforce planning using analysis and intelligence
- Supporting system design and development

The NHS Long Term Workforce Plan ...

The new **NHS Long Term Workforce Plan**, published in June 2023, sets out how the NHS will address workforce challenges. Actions fall into three priority areas:

- **Train:** Substantially growing the number of doctors, nurses, allied health professionals and support staff. This is underpinned by a £2.4 billion funding commitment.
- **Retain:** A renewed focus and major drive on retention, with better opportunities for career development and improved flexible working options. This comes alongside reforms to the pension scheme, with an aim to retain 130,000 staff working in the NHS for longer.
- **Reform:** Working differently and delivering training in new ways. Advances in technology and treatments will be explored and implemented to help the NHS modernise and meet future requirements.

Equality, Diversity and Inclusion (EDI) ...

- **An EDI Improvement Plan** was published in August 2023. The plan sets out why equality, diversity and inclusion is a key foundation for creating a caring, efficient, productive and safe NHS. It provides a framework for ICBs to produce their own local plans using six high impact actions:
 - **High impact action 1** Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.
 - **High impact action 2** Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.
 - **High impact action 3** Develop and implement an improvement plan to eliminate pay gaps.
 - **High impact action 4** Develop and implement an improvement plan to address health inequalities within the workforce.
 - **High impact action 5** Implement a comprehensive induction, onboarding and development programme for internationally-recruited staff.
 - **High impact action 6** Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.

Our workforce priorities are set out in ...

The SWL NHS Joint Forward Plan

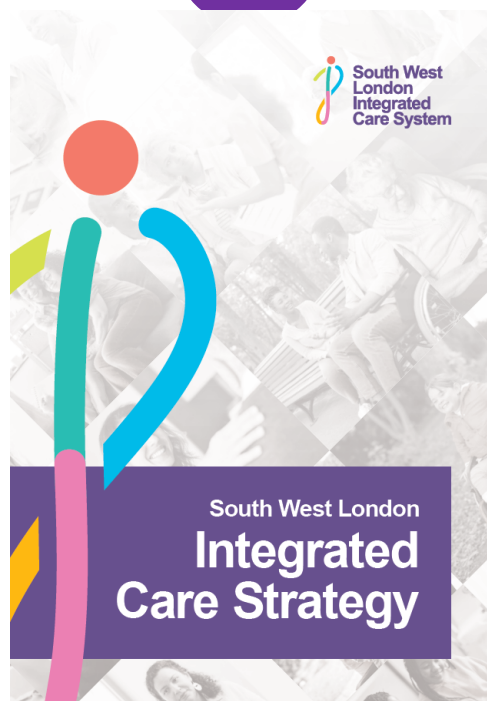
Our five-year plan for the NHS in South West London outlines the following priorities:

- Recruitment and retention of staff
- Apprentices and work experience
- Health and Wellbeing
- Support to staff - cost of living
- Training and development
- Equality, Diversity and Inclusion

ICB



ICP



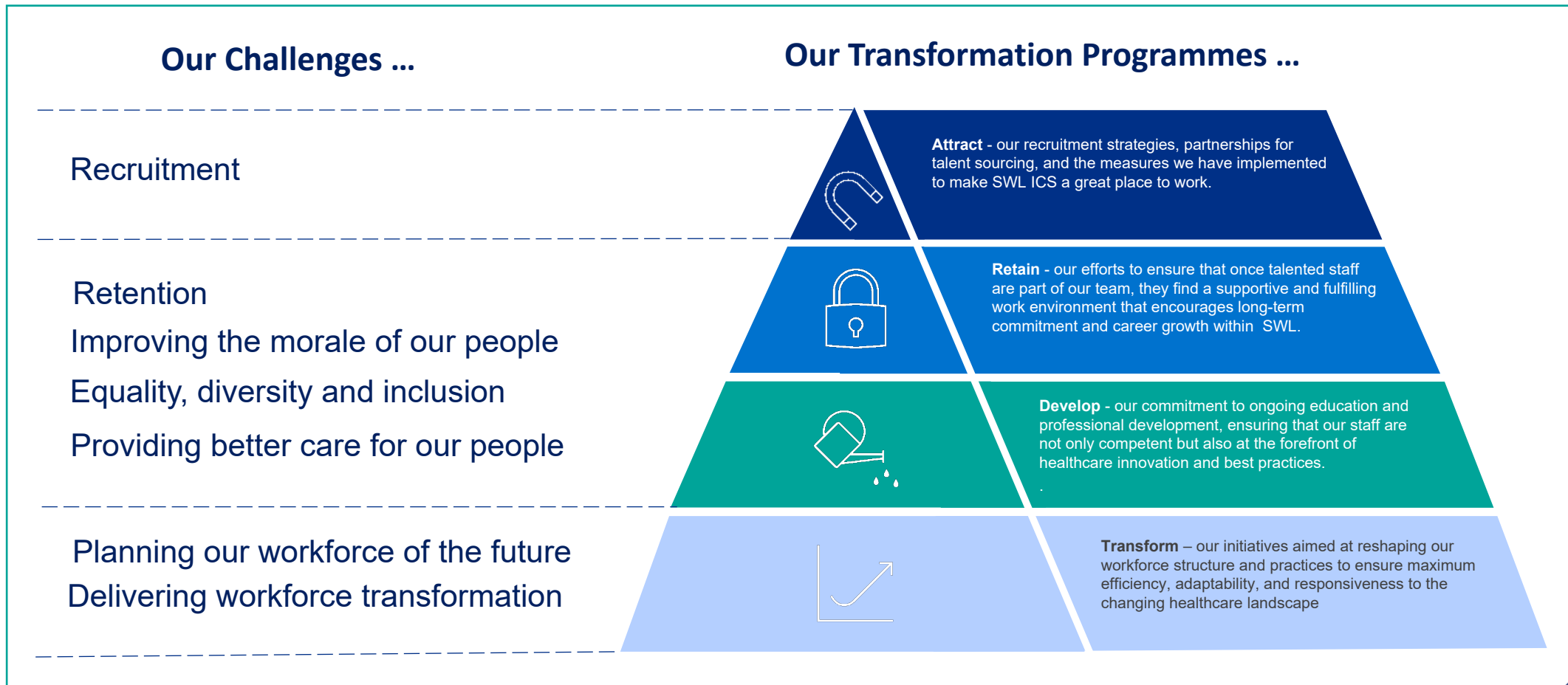
Integrated Care Partnership Strategy

Our shared strategy for health and care across South West London outlines the following priorities:

- Supporting local people into employment
- Making SW London a great place to work
- Targeting difficult to recruit health and care roles
- Designing our future workforce

... and the financial recovery plan

Our four Workforce Transformation Programmes to address our workforce challenges ...





Attracting, Retaining, Developing, and Transforming our workforce is the focus of the SWL Workforce Transformation Programme to ensure that we build a workforce that is inclusive, skilled, dedicated but also innovative, adaptive and able of meeting the challenges of modern healthcare delivery whilst ensuring the best possible outcomes for our community


Let's look at some data relating to our programmes of work ...





Attract

11.1%  Vacancy rate is ↓ 1.2% year to date (YTD) with the highest vacancy being Nursing & Midwifery

36%  36% of black Londoners are not in paid employment

50%  50% of people applying for Healthcare Support Worker roles fail the recruitment assessments at one large provider site.


55%  55% of respondents to our SWL Social Mobility Skills Audit suggested the main reason people are attracted to the NHS is due to the work life balance prospects.


30%  30% of respondents to our SWL Social Mobility Skills Audit said admin and clerical roles are the most desirable roles to apply for according to the local community.


Sources of data: SWL Social Mobility Skills Audit, Trust for London, Electronic Staff Record (ESR).





Retain


13.7%  Staff Turnover is ↓ 2.6% year to date (YTD), London 12.9% ↓ 2.5% YTD, National 10.6% ↓ 2.2%

20%  Between Oct 22-Oct 23, 2,823 WTE staff (Clinical 1,882 WTE (66.7%), Medical & Dental 75 WTE (2.6%) and Non-Clinical 866 WTE (30.7%)) left SWL due to the following: retirement 20%, End of Contract 16.5% and relocation 12.7%

3.9  The average length of service for SWL is 3.9 years, London is 4.2 years and national is 4.7 years.

4.6%  Sickness absence rate is 4.6% ↓ 0.2% YTD, London 4.6% ↓ 0.2% YTD, National 5.3% ↓ 0.4% YTD

18%  The top three reason for SWL sickness are: Mental health 18%, Musculoskeletal (18%), Minor illness (17%).

83%  83% of staff consider the ability to gain additional skills in one's job as extremely or very important, with this being even higher for ethnic minority participants.

Source of data: SWL staff survey comparison

Let's look at some data relating to our programmes of work ...



Develop

↑



The Long Term workforce plan indicates that South West London needs to increase staffing numbers over the coming years to meet growing demand

↑



Student Nursing Associates constitutes the largest apprenticeship training course subscribed to for the last two financial years

~70%



of apprenticeship levy funds go unutilised or unallocated each year (ave. Apr 21 to Nov 23)

54.1%



Of staff stated they can access the right learning and development opportunities when they need it, this has improved by 3% (Staff Survey 2022)

52.1%



Of staff feel supported to develop their potential, this has improved by 2%, but below the national average of 54.7%. (Staff Survey 2022)

Source of data: SWL staff survey comparison

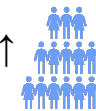


Transform

26.2%

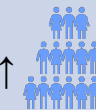
of staff agree that there are enough staff at their organisation for them to do their job properly. However, here has been a decline from 2020 of 10.2% (35.4%).

↑



Since the pandemic 2020/21, our use of temporary staff has decreased by -19.9% (2020/21 to November 2023)from 5,266 WTE to 4,217 WTE

↑



Since the pandemic 2020/21, the number of staff in SWL has risen by 6.7% (from 2020/21 to November 2023) from 34,187 to 36,482, this has been due to an increase in substantive staff.

ATTRACT | Improving workforce supply

Working with health partners across the South West London, the programme aims to ensure a consistent supply of people particularly those from Core 20 plus five groups, through innovative attraction initiatives, which includes; a workforce recruitment approach that reduces barriers to entry, increasing the number and variety of work experience and job readiness opportunities and by making evidence-based improvements to the application and onboarding processes.



Working with partners including Education Providers to improve the quality of Health-related careers courses and support the closing of skills gaps for those looking for work or already in employment in the NHS i.e. digital skills, basic Maths and English.



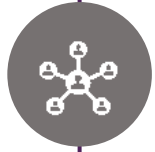
Focussing and reducing barriers to entry for entry level roles by improving the application journey. For example, by using plain English in all recruitment documentation and by making interviews accessible.



A **project-based work experience (PBWEX) programme** has been developed to support all in our local communities finding work in the NHS in SWL. The focus of which is to ensure people can secure tangible work experience opportunities to support their future applications for jobs in the NHS.



Engaging with schools to **improve understanding of the range of Clinical and non-Clinical jobs and career pathways** on offer within the NHS through use of our 'Jobs that Care' board game, JTC digital version allowing students to play online (<https://jobsthatcare.co.uk/>) and engagement sessions.



A targeted piece will begin in 2024 to support care leavers and homeless people to gain employment in the NHS.

Next Steps		Expanding Jobs That Care
	Integration with Social Care	Widely Promoting '350 NHS careers'
Focus on care leavers	Increasing work experience placements	Local Careers Events

ATTRACT | Activity spotlight...

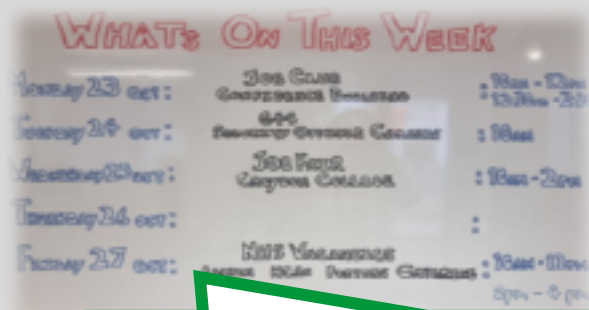
The Workforce Transformation team have been engaging with people in the community by attending events and classes, delivered by our education partners, and attending careers events to actively promote the range of jobs in healthcare and support potential applicants in realising the transferable skills they hold are relevant and needed within healthcare.

Employability Careers Events in Primary Care

- >1000 people attended 5 careers events
- >45 education, employability and VCSE Partners supported the events
- 7 people have made contact to say they have secured roles as a direct result of these events.
- Immediate and on-going employment and careers advice and support provided



"The event exceeded my expectations and reinforced our mutual dedication to enhancing the NHS workforce through higher education."
Merton Connected



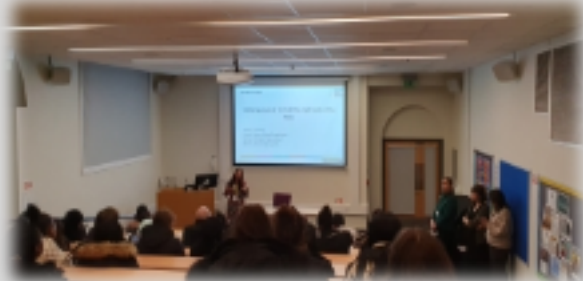
Exploring 350 Careers in the NHS with the Department of Work and Pensions

- 44 people attended three sessions to discuss opportunities in the NHS and to learn how to successfully apply for live vacancies in the NHS
- 1 person was offered a Nursing Associate role
- 1 person was offered a voluntary role

*'The session was very informative'
'I didn't realise that there were so many non-medical roles within the NHS'
'Presenter was very patient and was very clear in her delivery'
'The presentation was very effective and was delivered at a good pace'*

South Thames College Employability week

- 100 students from multiple disciplines learned about 350 careers in the NHS
- SWL Workforce Team represented the NHS at careers event for local employers



*"Finding out that there are 350 roles and normal day to day activities can translate into transferable skills"
"Realising the wide variety of jobs available with the NHS"
"Knowing that there are many different roles where transferable skills can be applied. Also, the application process support was very helpful."*

Jobs that Care: Schools Engagement

- Following our Jobs that Care activities with schools over 83% (250 students) said they would apply for jobs in the NHS in the future.
- The career events were rated an average of 4.4/5 in terms of career confidence, skill improvement and helpfulness.



*"The event was informative, I felt very comfortable throughout. I left knowing more about careers with the NHS"
"Brilliant, very inspiring. Everyone was approachable to talk to and network with. The professionals spoke very confidently about their careers."*

Health and wellbeing initiatives have been developed to address feedback from workforce surveys, intelligence shared by occupational health, mental health hubs and our health and wellbeing leads. These SWL-wide offers provide a holistic approach to employee wellbeing whilst addressing the diverse health needs experienced by our people.



Mental Health Hub

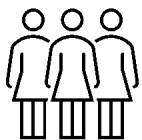
Provides rapid access to local, evidence-based mental health and wellbeing support. The hub can offer staff a clinical assessment, quick access to counselling and support onward referrals to more specialist services.

In 2023 calendar year 1425 people contacted the hubs and received clinical assessment – 1208 female (85%), 214 male (15%) and 3 trans (<1%).



Men's Health Project

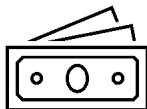
Provides a range of support and resources to address mental health concerns, obesity and MSK – the main issues identified by male staff through the men's health survey (113 responses) and ESR stats. We offer specialist health seminars/recordings, cooking vlogs, exercise/desk stretching resources, and FutiTalks sessions - a weekly sport/talk therapy group (76 registered interest with a weekly attendance of 8-14 participants).



Women's Health Project

Providing the majority of the NHS workforce with practical solutions (care packages and specialist app subscriptions) and educational resources (specialist seminars) to help female staff manage unique health challenges with dignity.

With 150 care packages available to support our female workforce, 565 members of staff expressed interest in 19 days. Seminars held were well received with an average attendance of 38 staff members.



Cost of Living Research Project

Working in partnership with provider colleagues, we commissioned a review into the impact of the high cost of living on our staff, particularly those in lower Bands. The report was informed by 34 staff members interviewed (28 band 2-5 and 6 managers), and 3 focus groups were held (avg of 8 participants per group). The findings are still under review but will support the development of sustainable interventions in a way that positively impacts retention.



Debt Counselling Service

Money worries, debt stress and poor mental health are often linked. This service offers staff across SWL free confidential debt advice from professionals that also assess underlying causes of debt and signpost accordingly.

DEVELOP | Supporting the development of our people

This programme supports the continuous professional development of our people.

A key area of activity is to represent, inform and shape strategic direction on behalf of the SWL system at key events with local and regional partners including the London wide HR Directors forum, offering insights at NHSE roundtable events and sub committees of the London People Board.


Other development activities include:

Clinical placements are a significant challenge to the implementation and success of all clinical apprenticeships, including SNAs. **SWL is working with local HEIs and employers to collectively address this and identify solutions to moving forward** and increasing the number of apprenticeships across the system.

Leadership development for line managers which focusses on inclusivity and social mobility.

Development of an ICS wide workforce development baseline consisting of the qualifications, skills and aspirations of the existing workforce.

Using baseline intelligence to work with Education partners to ensure training and development offers are fit for purpose and ensure the workforce of tomorrow is developed appropriately and mindfully.

<h3>Communications & Engagement</h3> <ul style="list-style-type: none">• Nursing Associate (NA) Guidance to support NAs working in Primary Care.• Preceptorship programme for newly qualified NA.• Raising awareness of Nursing Associate opportunities across SWL• NHS career opportunities for student NAs and NAs.• Development of literature and engagement materials to support System-wide education.	<h3>Student Nursing Associates (SNAs)</h3> <ul style="list-style-type: none">• South West London continues to actively promote recruitment into the Out of Hospital Apprentice Student Nursing Associate (SNA) role to address workforce challenges and support the nursing pipeline of the future.• Working with NHSE London Region strategically to maximise recruitment of Student Nursing Associates (Apprentices).• Working with partners across SWL to maximise recruitment and access training with Higher Education Institutes in SWL.• Facilitated £150,000 Levy Transfer across SWL NHS employers.
<h3>Facilitating Widening Participation</h3> <ul style="list-style-type: none">• We are working to improve access to entry level roles for people within our community to increase the range of people choosing to work in healthcare, through the Mayor's Skills Academy programme and associated delivery programmes.• Raising awareness of educational requirements for entry to training.• Improving access to Functional Skills for example Maths and English..• Delivered webinars to engage with employers and prospective applicants.	<h3>Apprenticeships</h3> <ul style="list-style-type: none">• Development of the SWL Apprenticeship Hub concept to better develop and align our apprenticeship needs and maximise our use of the apprenticeship levy. <p> <i>Shining a light on apprenticeships</i></p>

TRANSFORM | Workforce Intelligence Improvement Programme

Transforming workforce data use to optimise service delivery, healthcare outcomes, and improve workforce planning. The programme looks to develop a robust data system, agreeing and utilising standardised data analysis across the ICB, and the creation of decision-making dashboards to determine workforce requirements informed by finance and performance metrics.

Developing a standardised data extraction, analysis, forecasting, and planning methodology for all Acute Trusts in SWL ICB is our focus. Workforce, finance, and performance data will be triangulated, and brought together into a single data warehouse, which will enable managers and senior decision-makers across the ICB to more easily recognise workforce trends, automate analysis, and improve decision-making and workforce planning. This would enable:

- **Triangulation:** Integrating data from workforce, finance, and performance will allow for proactive responses to demand and capacity issues, enabling predictive forecasting and informed planning.
- **Unified Plans:** Consistent methods for demand and capacity planning will be applied to ensure efficient use of resources by aligning workforce levels with service performance.
- **Enhanced Data Extraction:** To provide a holistic view of workforce metrics, including turnover and absence rates, and insights into recovery trends post-COVID, aiding in workforce adjustments in line with growth, technological changes, and evolving treatment pathways.
- **Standardised Reports:** A consistent reporting framework, incorporated into a self-service tool, will enable easy access to vital data for informed decision-making and tracking of initiatives. Training in this tool will promote a data-literate workforce capable of service impact analysis.
- **Data Integration:** A centralised data repository will eliminate fragmentation, enhance trend spotting, and sharpen forecasting for growth and tech impacts.

Next Steps



Review our needs against the NHS new Federated Data Platform



Development of detailed project scope and resource requirement



Ratification of detailed plan and agreement to proceed by board

TRANSFORM | Supporting financial recovery

This programme has been established to support the ICB's 2024/25 financial recovery plan, each element of the programme is supported by a Chief People Officer as the Senior Responsible Officer. There are five elements to this programme:

1

Joint Agency Rate Card
SRO: Simon Haben, CPO
Croydon University Hospital

Focuses on the reduction of bank and agency usage and the development of common processes across SW London

2

Development of a collaborative bank
SRO: Simon Haben, CPO
Croydon University Hospital

Focuses on the development of the current collaborative bank to include all Trusts and all staff groups

3

HR Shared Services
SROs: Sue Winter, HRD Acute Provider Collaborative and Kelvin Cheatle, CPO Kingston University Hospital

Focuses on where we can further develop our shared people services across SW London

4

Apprenticeships
SROs: TBC following the departure of the current SRO

Focuses on the use of the current apprenticeships levy and the development of a SW London Apprenticeship Hub.

5

Rostering
SRO: Krystyna Ruskiewicz, CPO, Royal Marsden Hospital

Focuses on how we can work collaboratively to improve local roosting processes and share good practice.

The development of this programme has three phases:

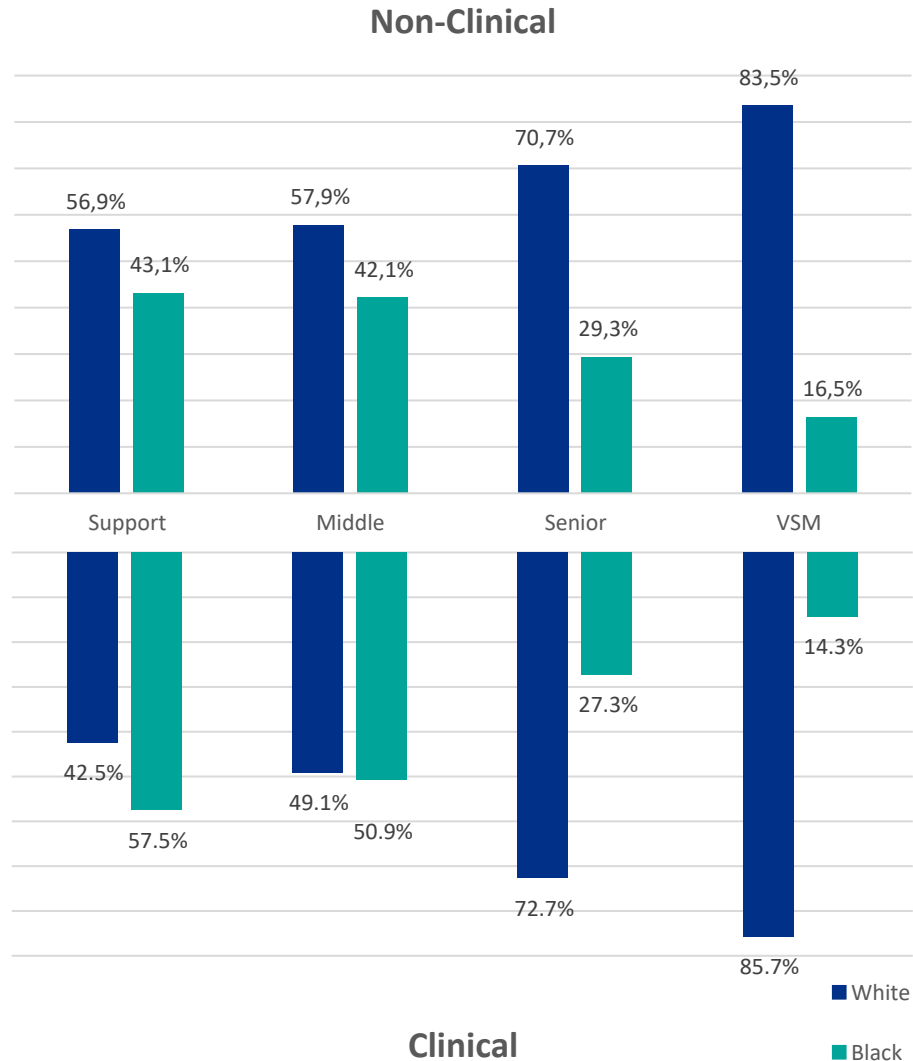


1. Scope, funding and governance (July 23 - November 23) - completed
2. Development of plans and trajectories (December 23 – January 24)
3. Delivery (from February 24)

Our focus on Equality, Diversity and Inclusion and Anti-Racism

Workforce Race Equality metrics tell us ...

Percentage of staff in each of the pay bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce.



Predominantly more White staff than Black and Minority Ethnic (BME) staff in the workforce. The gap widens in higher bands



White staff under-represented in clinical support roles.

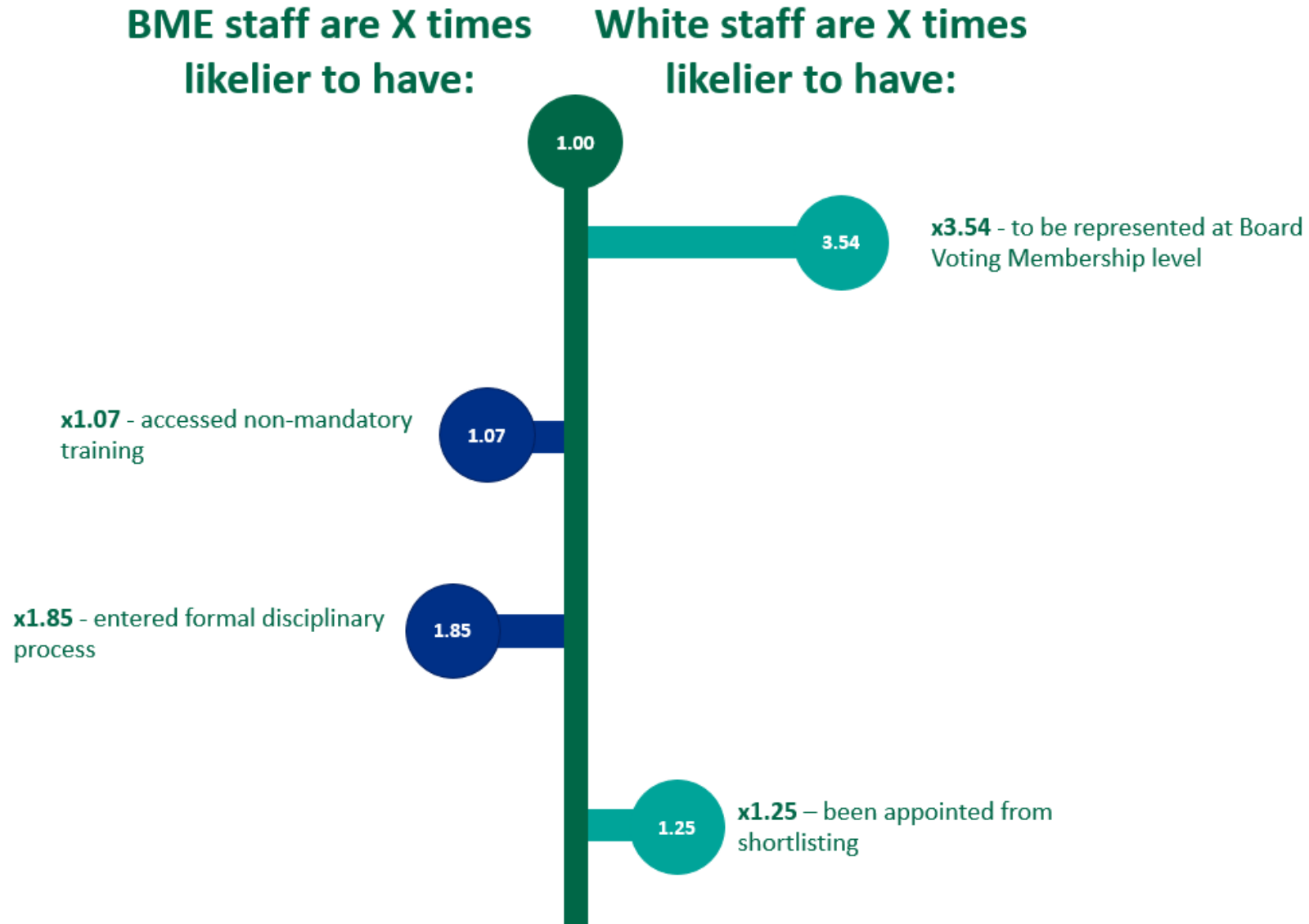


BME staff significantly under-represented in senior roles and VSM roles



Over **80%** of VSM roles are represented by White staff

Workforce Race Equality Metrics tell us ...



Our vision is to make South West London a great place to work and live, **where everybody feels they are included & belong.**

Our objectives that underpin our vision and supports our delivery of the national EDI Improvement Plan

Measurable objectives on EDI for Chairs Chief Executives and Board members.

Overhaul recruitment processes and embed talent management processes.

Eliminate total pay gaps with respect to race, disability and gender.

Address Health Inequalities within workforce.

Comprehensive Induction and onboarding Programme for International recruited staff.

Eliminate conditions and environments in which bullying, harassment and physical harassment occurs.

Our initiatives to deliver our objectives

Equality, Diversity and Inclusion Initiatives

Our vision is to make South West London a great place to work and live, **where everybody feels they are included & belong**. To achieve this, we have developed several initiatives across our ICS:

Epsom and St Helier's, Georges hospitals, SWL ICS, and Surrey Heartland ICS have come together to develop and deliver a new mobile application called 'Ask Aunty' to support international nurses, doctors, midwives and, therapists, registered to get the best support and access to internal and external personal, pastoral, culture, psychological worth and emotional wellbeing support.

The programme is open to all staff working at Band 8C who aspire to progress to Band 8D and Band 9/director level roles within 12-24 months. There will be 20 spaces across the system for cohort one, and at least 60% - 70% of those spaces will be reserved for staff from Black, Asian and ethnic minority backgrounds.

Development of a framework which aspires to ensure that SWL ICB and ICS are anti-racist organisations. Collaborating with Flair Impact to focus on the racial impacts and conducting a deep dive into data.

Collaboratively working alongside TCM Group to address the issues surrounding the high number of Black and Asian and Ethnic Minority staff going through the disciplinary process, by using 5D Review and increasing the mediation offering.

The Disability Advice Line (DAL) launching in January 2024, is a helpline that aims to support and engage potential existing staff people with disabilities and long-term health conditions. The service will offer information and guidance on disability-related issues to managers, other key stakeholders, existing staff, perspective staff and the wider system.

Underpinned by the SWL EDI Improvement Plan

What is the Disability Advice Line?

The Disability Advice Line (DAL) aims to support and engage people with disabilities and long-term health conditions.

- An **innovative support** service that gives **confidential independent** Disability Advice on job opportunities and disability recruitment challenges and barriers
- Introduce and **raise awareness** of ‘**disability potential**’ within SWL and **measure its impact** through the **increased number** of disabled people at **every stage** of the recruitment process
- **Working in Partnership** with a number of external organisations to ensure the effectiveness of the DAL
- **Access to confidential specialist information** (including for disabled applicants and existing employees with mental, physical, and hidden disabilities)
- The Disability Advice Line **launches in January 2024.**

Launching
January 2024

We are Here
to Help.

Future System Leaders Programme

The programme commenced with a Line Managers Briefing on 9th January, with Module One for participants commencing on Monday 22nd and Wednesday 24th January.

This is a transformative development programme for senior leaders from diverse backgrounds presently in our NHS organisations. Programme participants will come together to learn from each other, from the programme inputs and facilitation, and from the work they will do over time to bring about equitable representation at the most senior levels of the organisation.

The programme is open to all staff working at Band 8C who aspire to progress to Band 8D and Band 9/director level roles within 12-24 months.

There are 20 spaces across the system for cohort one, with at least 60% - 70% of those spaces reserved for staff from Black, Asian and ethnic minority backgrounds.

The programme includes learning workshops spread over 9 months, self-facilitated action learning sets meeting approximately every 5 weeks for 3 hours, and a range of learning materials to support participants.



Developing an Anti-Racism Framework

Anti-racism in London's health and care systems

FIVE COMMITMENTS THAT HEALTH AND CARE LEADERS HAVE AGREED FOR LONDON:

1. **Leadership commitment:** to being anti-racist health and care systems and organisations, with Board representation, strategy development and anti-racist approach to all policies.

2. **Commitment to our ethnic minority workforce:** to support our ethnic minority staff and create enabling workplaces.

3. **Commitment to target health equity:** to prioritise and deliver evidence informed, culturally competent interventions to narrow the gap, by reducing inequities people from ethnic minorities face in access, uptake, experiences and outcomes of our health and care services.

4. **Commitment to becoming an anchor institution:** to leverage our positions as anchor institutions to tackle the wider determinants of racial health inequalities.

5. **Commitment to our local communities:** to work with our communities to amplify their voices, in the decision, design and delivery of services, to rebuild trust and confidence.

Our Vision

London's Health and Care partners recognise that racism in its structural, institutional, and interpersonal forms is an urgent threat to public health, the advancement of health equity, and a barrier to excellence in the delivery of medical care.

Our organisations oppose all forms of racism and will actively work to dismantle racist and discriminatory policies and practices across all of health and care and work towards race equity



The London Anti-Racism Collaboration for Health (LARCH) is a **peer collaboration** that seeks to address **ethnicity-related health inequalities** in London, by supporting and enabling **better practice across London's health and care partners**, including anti-racist approaches.



Anti Racism Framework development ...

Anti Racism

The topic of racism alone is sensitive, interpersonal and can challenge our traditional ways of thinking and has a profound impact on our workforce and patients. Most people find conversations around racism uncomfortable, and outside of their comfort zone this is relevant for all people regardless of their ethnic background or lived experience.

The purpose of the development of an Anti Racist framework for South West London

To support our ambition for South West London Health and Care System to be anti-racist, we are developing an anti-racism framework to:

- tackle structural racism.
- understand the impact that structural racism has on the experiences and opportunities of our staff and the health inequalities experienced by people and communities in SWL.
- support a long-term cultural shift in anti-racism.

Design and Development of Anti Racism

We will co-design the framework with colleagues and partners across South West London, including our voluntary, Local Authority and NHS partners, and we will work in collaboration with our delivery partners, Flair Impact and Kingston Race Council on the framework's development.

Delivery

The ICB will take on the role of supporting organisations to embed this change and support the implementation of the key initiatives across the ICS.

Framework development Timeline

8 January 2024

Anti Racism Face2Face Workshop

A workshop with our Implementation Group focusing on defining:

- our ambition
- measurable goals
- Emerging priorities

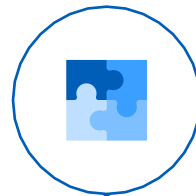


24 January 2024

ICP Board discussion

Discussion paper for the ICP Board:

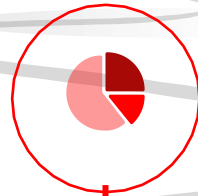
- Update on scoping exercise and journey so far
- Proposal of Anti Racism development
- Link to the NHS EDI improvement plan



31 January 2024

Expression of interest sought for Flair impact insights survey

- EOIs to be expressed from all organisations across ICS
- Senior Lead in each organisation needs to be identified
- Discovery exercise – insights fed back to those participating.



February-March 2024

Community Engagement

Key delivery partner Kingston Race Equality Council to work with community and voluntary organisations



April 2024

Flair Impact

Launch Flair Impact work



Summer 2024

Anti Racism Framework Outline

- Using community insights and Flair Impact work create our draft Anti-racism Framework
- One focus for the first 12 months



Our focus over the months ahead ...

	Task and Finish Group	SRO	Key Deliverables
ICP	Difficult to recruit roles	Una Dalton	<ul style="list-style-type: none"> • identify three difficult to recruit roles and develop plans to tackle these • reduce agency spend in these areas
ICP	Making it easier to get a job	Lorissa Page	<ul style="list-style-type: none"> • marketing of jobs and careers in health and care in local communities • the creation of a portal for all health and care jobs in SWL in one place • targeting people who have never worked in health and care
ICP/ICB	Apprentiships and Placements	Elizabeth Harris	<ul style="list-style-type: none"> • making better use of the apprenticeships levy • development of apprenticeships across the system • offering good work placements
ICB	HR Services at Scale	Sue Winter/Kelvin Cheatle	<ul style="list-style-type: none"> • develop and deliver a plan to address our ambitions for HR shared services
ICB	Bank and Agency /Secondary Bank	Simon Haben	<ul style="list-style-type: none"> • drive delivery of Trust and SW London plans to reduce bank and agency spend and improve consistency of approach across organisations. • development of a secondary bank as part of the national vanguard process
ICB	Rostering	Krystyna Ruszkiewicz	<ul style="list-style-type: none"> • improve and develop rostering practice across SW London
ICB	Retention	Katherine Robinson	<ul style="list-style-type: none"> • to develop the next stages of the at-scale retention programme to support and enhance retention initiatives in NHS organisations.
ICB	Belonging, inclusion and anti-rasism	Melissa Berry	<ul style="list-style-type: none"> • to drive system wide delivery of the EDI agenda • Develop a SWL anti-racism framework and support its implementation
ICB	Workforce Analytics	Lorissa Page	<ul style="list-style-type: none"> • to develop our systems of workforce data to inform system wide workforce planning
ICB	Oliver McGowan	Una Dalton	<ul style="list-style-type: none"> • to roll out a programme of mandatory training (learning disability and autism)
ICP/ICB	Supporting Local People into Employment	Lorissa Page	<ul style="list-style-type: none"> • to further develop our local anchor arrangements including reducing barriers to entry and improving social mobility

Governing workforce delivery ...

- **To deliver the ICB workforce priorities:**

- The **South West London People Board** meets each quarter and is responsible for delivery of the workforce programme. A refresh of the People Board terms of reference is underway following a survey of Board members.
- We have established a **Workforce Transformation Board** (WTB), reporting to the People Board to drive delivery of the agreed workforce priorities. The WTB will meet monthly and will comprise all Trust HRDs/SROs. The Board will be co-chaired by Karen Broughton, Deputy Chief Executive/Director of Transformation and an NHS Provider Trust Chief People Officer.

- **To drive delivery of ICP workforce priorities:**

- We have established a **SW London ICP Strategy: Workforce Partnership Group**. This group will meet every two months and will comprise all key partners. The group will be co-chaired by Karen Broughton, Deputy Chief Executive/Director of Transformation and People and Carolyn Dwyer, Strategic Director – Development, Growth and Regeneration. We held our first meeting in September.

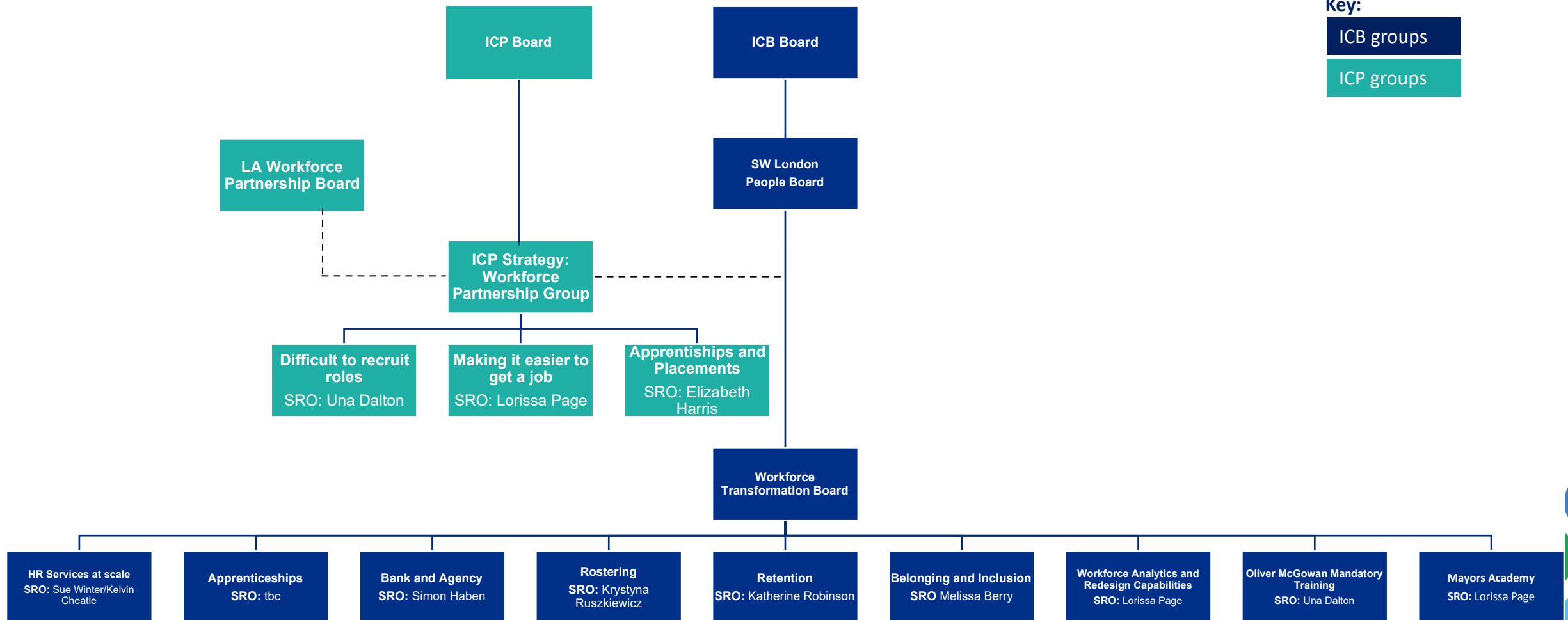
We need to see how these work in practice to make sure we do not duplicate or meet unnecessarily.

Emerging Governance

Key:

ICB groups

ICP groups



And finally ...

And finally ...

- **Focus is vitally important** – we are working with Chief People Officers and Integrated Care Partnership (ICP) colleagues to be clear about work programmes and actions
- **Support is essential** – new workforce structure has been created in the ICB
- We need to make sure that the **ICB and ICP work programmes align** where necessary
- **We need to be clear what is and should be done where** – otherwise it will be a very crowded pitch
- **We would like to recommend** that the Board receives 6-monthly reports from the South West London ICB People Board to show our progress of the workforce programmes as well as an SWL NHS workforce report.

NHS South West London Integrated Care Board

Name of Meeting	ICB Board		
Date	Wednesday, 17 January 2024		
Title	Focus-on: Community Engagement across South West London		
Lead Director (Name and Role)	Charlotte Gawne, Executive Director of Stakeholder & Partnership Engagement and Communications		
Author(s) (Name and Role)	Charlotte Gawne, Executive Director of Stakeholder & Partnership Engagement and Communications		
Agenda Item No.	07	Attachment No.	06
Purpose	Approve <input type="checkbox"/>	Discuss <input checked="" type="checkbox"/>	Note <input checked="" type="checkbox"/>

Purpose

To support an in-focus session at the Board meeting on ‘community engagement’ across South West London (SWL). To explain to members how community engagement activity is carried out across our six places, and at SWL level, and to further members’ understanding about the role of the Board and our legal duty, how we make sure community voice has impact on what we do, and our plans for the future. We are seeking Board members’ views and advice about what we do now, and how we collaborate more going forward.

Executive Summary

The attached paper explains:

- The Integrated Care Board’s role in engagement
- The impact engagement can make on our services, how we plan and design them for the future
- How we engage and ensure community voice has impact in our six places at SWL level
- The different ways we engage communities
- What we plan for the future

Key Issues for the Board to be aware of:

- Our updated legal duty as a result of the 2022 HSC Act, best practice engagement and the strong commitment to engagement from key Board members and their teams
- Our new and updated ways of working due to what we learned from communities and partners during the pandemic
- The plans we have to set up a ‘bank of engagement insight’ so we can share what we hear from our communities and work smarter with less resource.

<p>Recommendation</p> <p>The Board is asked to:</p> <ul style="list-style-type: none"> Note the overview report on community engagement structures, governance and activity across SWL, and for members' advice and views on: <ol style="list-style-type: none"> The paper and presentation at the meeting Are there 'engagement insight reports' Board members could share? What support do members' organisations need, if any, to make community engagement everyone's business? What opportunities are there going forward to listen and adapt what we do by acting on community voice?

<p>Conflicts of Interest NA</p>
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<p>Corporate Objectives This document will impact on the following Board Objectives</p>	<p>The legal duty to involve, and how it fits with the new 'triple aim' in the HSC Act 2022. Adhering to NHSE guidelines on engagement.</p>
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<p>Risks This document links to the following Board risks:</p>	<p>No particular risk - other than risks around not working as efficiently as we could do, if we do not collaborate on the 'bank of engagement insight'.</p>
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<p>Mitigations Actions taken to reduce any risks identified:</p>	<p>A programme of discussing and iterating our plans at SW London and Place level with key leaders and communities.</p>
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<p>Financial/Resource Implications</p>	<p>A programme of discussing and iterating our plans at SW London and Place level with key leaders and communities. Particularly around the 'bank of engagement insight', and how we work with other ICBs, regional and national partners.</p>
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<p>Is an Equality Impact Assessment (EIA) necessary and has it been completed?</p>	<p>All our engagement work considers equality impact assessments and how we reach into communities to identify any potential negative impact a decision or action may have on certain groups, and to support colleagues to make informed adjustments to reduce or eliminate those impacts.</p>
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<p>What are the implications of the EIA and what, if any are the mitigations</p>	<p>NA</p>
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<p>Patient and Public Engagement and Communication</p>	<p>This paper describes how we do this routinely.</p>
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Previous Committees/Groups	Committee/Group Name	Date Discussed	Outcome
Enter any Committees/Groups at which this document has been previously considered			

Supporting Documents	Community Engagement Presentation
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Focus on: Community Engagement

Charlotte Gawne

Executive Director of Stakeholder & Partnership Engagement and Communications

17 January 2024

Introduction

Mercy Jeyasingham, Non-Executive Member

- Chair of SW London People and Communities Engagement Group
- Senior membership: attendance, participation and willingness
- We all still have a great deal to learn.
- Our role as an ICB Board around engagement

What we'll discuss

What we'll discuss in this session



1. **The Integrated Care Board's role in engagement**
2. **The impact engagement can make**
3. **How we engage and ensure community voice has impact**
 - in our six places
 - at SWL level
4. **The different ways we engage communities**
5. **What we plan for the future**
6. **Your advice and views**
 - On what you have heard
 - Are there insight reports you could share?
 - What support does your organisation need, if any, to make community engagement everyone's business?
 - What opportunities are there going forward to listen & adapt what we do by acting on community voice?

1. What is the Integrated Care Board's role in engagement?



NHS England	Status: Policy	Public Involvement duty: NHS Act 2006, as amended by the Health and Care Act 2022
Integrated Care Board	Status: Statutory guidance	Public Involvement duty: NHS Act 2006, as amended by the Health and Care Act 2022
NHS Trust and Foundation Trust	Status: Statutory guidance	Public Involvement duty: NHS Act 2006, as amended by the Health and Care Act 2022
Integrated Care System Partners	Status: Good practice	Public Involvement duty: N/A

NHS Public involvement legal duties (appendix 1) and supporting the new 'triple aim' of better health and wellbeing, improved quality of services and the sustainable use of resources.

(See appendix 2 for how effective working with communities is essential to deliver the new triple aim duty)

1.1 What are the engagement responsibilities for our SW London Integrated Care Board?

- Involve people and communities in the planning of services, and proposals and decisions having an impact on services
- Demonstrate how legal duties have been met at different levels
- Develop integrated health plans with people and communities
- Create strategy on how the ICB will work with people and communities

*Appendix 3- engagement responsibilities of other partners, ICP, Provider Collabs and Place Committees

1.2 Our NHS legal duties are a platform to build collaborative partnerships with a focus on what matters most to our communities

There are clear benefits to working in partnership with people and communities

- It means better decisions about service changes and how money is spent.
- It improves safety, experience and performance, reduces risks of legal challenges.
- It helps address health inequalities by understanding communities' needs and developing solutions with them.
- It is about shaping a sustainable future for the NHS that meets people's needs and aspirations.

As senior leaders we have a particular role in making this happen by:

- understanding and acting on what matters to people
- demonstrating how our organisations meet the legal duties to involve
- working with partners to put people are at the centre of everything we do
- ensuring there are resources and training for our organisations to do this work effectively
- spending time personally listening to and understanding our local communities.

Our success depends on our ability to work with and through communities: more than just broadcasting messages, it's about understanding and overcoming barriers to accessing services.

2. Quick examples of the impact engagement can make

2. Examples of the impact engagement can make

- **Boosting uptake of cancer screening in Croydon** – Black people are 38% less likely than white people to be diagnosed with cancer via screening. A [cancer awareness programme](#) to understand and change people's attitudes towards screening led to culturally sensitive communication and training volunteers to become cancer health champions. A partnership between Croydon BME Forum, the Asian Resource Centre and Royal Marsden Partners.
- **Improving mental health across SWL** – insight from 6,000 people from the 'South London Listens' partnership and engagement with 1,000 local people shaped the SWL [Mental Health Strategy](#).
- **Going home after a hospital stay in Merton and Wandsworth** - over 150 people engaged about the new rehab and reablement service launching this January. Feedback has informed staff training and better recording of culturally appropriate interventions.
- **Delivering health checks in Sutton** - working with Volunteer Centre Sutton, [17 volunteer community health navigators](#) have been trained to deliver a programme of lifesaving health checks to address health inequalities in Sutton. Volunteers carry out the checks and help people to make the most of the [NHS app](#) so they can access primary care more easily.
- **Improving services for autistic people and people with ADHD in Kingston** – engaged 95 people about support after an autism diagnosis. [This insight](#) has resulted in better training for staff on diagnostics process, and a remodelling of the Kingston Adult ADHD service.
- **Enhanced primary care access and PCNs in Richmond** 17,000 people engaged around the location and opening hours of 'GP hubs' and plans adapted to match local people's preferences.
- **NHS Joint Forward Plan for SW London** – Analysis of over 180 insight reports from partners supplemented by engagement where we had gaps, directly informed our ambitions and actions for the NHS for the next 5 years. Each JFP chapter begins with what '*people and communities tell us*'...
- **Creating our ICP strategy for SW London** – Action Workshop to discuss actions for each of our six shared priority areas. 300 health and care leaders, people and community voice representatives and staff joined together and helped us make actions anchored in the needs of our communities.

3. How we engage and ensure community voice has impact

- 3.1 the context
- 3.2 our aims and principles
- 3.3 the structure: how we deliver
- 3.4 in our six places
- 3.5 and at SW London level
- 3.6 our journey: the pandemic, and what we now do differently

3.1 The context

The NHS must continue to broaden our engagement focus - to be wider than listening and responding to patients in provider trusts.. to engaging with what our communities care about around prevention and staying well.

What makes us healthy?

AS LITTLE AS **10%** of a population's health and wellbeing is linked to access to health care.

We need to look at the bigger picture:

Good work

Our surroundings

Money & resources

Housing

The food we eat

Transport

Education & skills

Family, friends & communities

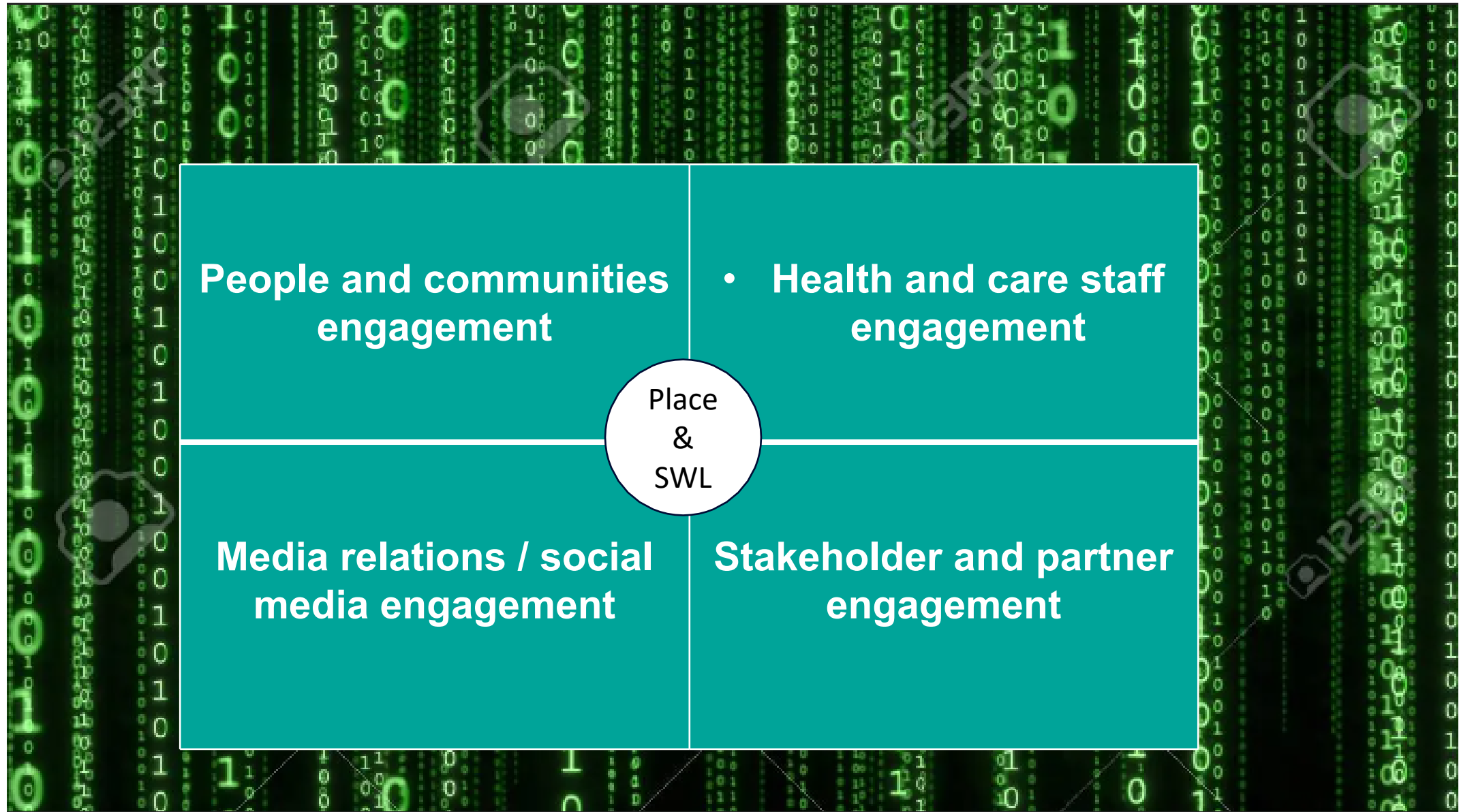
But the picture isn't the same for everyone.

The healthy life expectancy gap between the most and least deprived areas in the UK is: **19** YEARS

The Health Foundation

References available at www.health.org.uk/healthy-lives-infographics
© 2017 The Health Foundation.

3.1 The context : working in a matrix



3.2 Our aims for community engagement

Improve and design NHS services by engaging with communities

Focus on prevention and health inequalities in partnership with communities

Supporting the NHS front-line with demand management – ensuring residents are informed about how to access NHS services

**SW London Voluntary,
Community and Social
Enterprise Sector Alliance**

**SWL Healthwatch partnership
x6 Healthwatches**

**Legal duties and NHSE
guidance / regulation**

3.2 Our principles for engagement

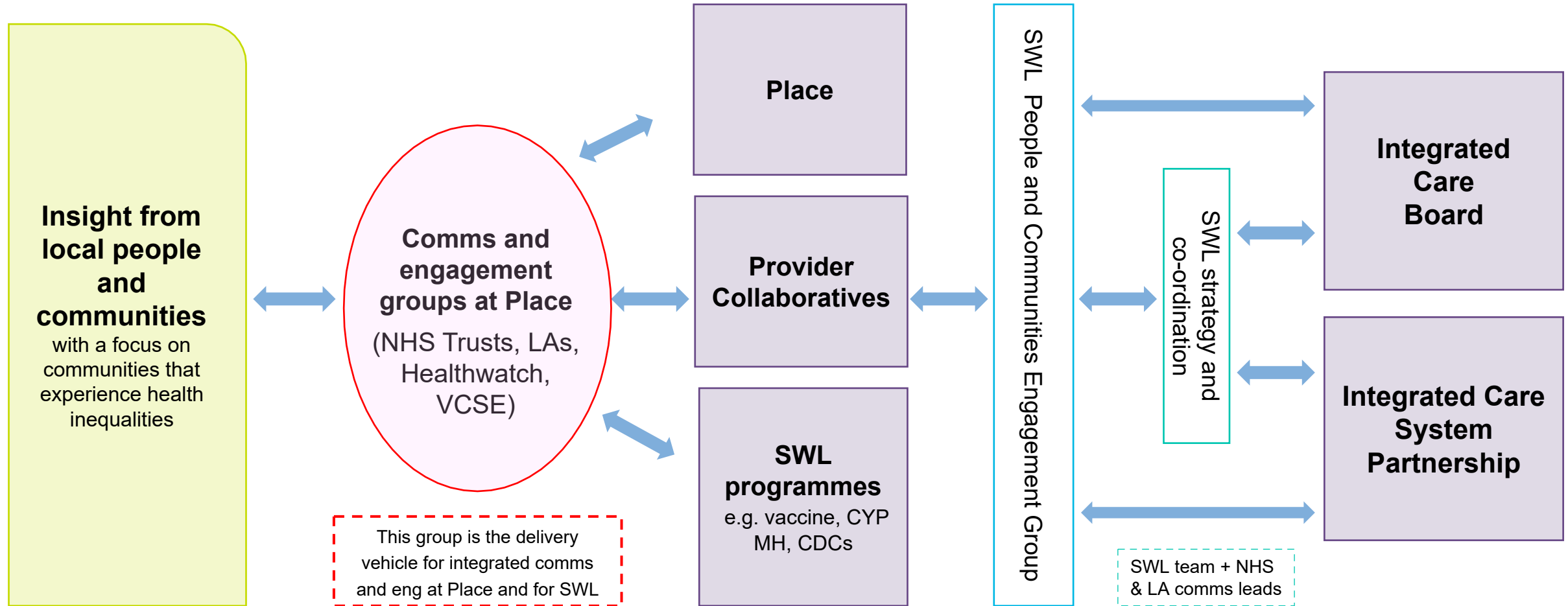


- Put voices of people at the centre of decision making and governance
- Start engagement early when developing plans
- Understand community's needs, experiences and aspirations
- Build relationships with excluded groups, especially those affected by inequalities
- Work with Healthwatch and VCSE sector as key partners
- Provide clear and accessible public information about vision and plans
- Use community development approaches that empower people
- Use co-production insight and engagement
- Tackle system priorities in partnership with people and communities
- Learn from what works and build on the assets of all ICS partners

SWL People & Communities strategy

[South West London people and communities engagement strategy - NHS South West London Integrated Care Board \(icb.nhs.uk\)](https://www.icb.nhs.uk)

3.3 The structure: how we deliver



Purple boxes – decision-making groups that will have either HW & VCSE reps or arrangements to assure patient / community voice is heard and acted on – in line with NHSE guidance

3.4 Engagement in our six places

3.4 Day-to-day what we do in engagement at Place...

Demand management and pressures

Getting people to the right place at the right time

- **Behaviour change** – communicating to support demand management
- **Reassurance and Confidence** – outlining the robust health and care system response to winter pressures



Infrastructure and relationships

Building trusted relationships with our people, partners and local communities.

- **Representation** at decision making forums e.g. Healthwatch, VCSE and patient or public partners (someone with lived experience).
- **Working with Healthwatch & VCSE** organisations to reach into communities
- **Supporting our teams** to work with people and communities in the design and delivery of local services.



Health inequalities and community outreach

Building trust and identifying health gaps sooner

- **Understanding our communities and potential barriers** – to access, we need a meaningful, ongoing conversation with communities we serve, in an appropriate way and in places familiar to them.
- **Building relationships, improve trust and increase health literacy** – to reduce the gaps we see amongst our population. We also collate insights, identify emerging themes to influence the way we provide services and ultimately reduce health inequalities.
- **Community led approaches** – by having a more regular presence in our communities e.g. led by our community champions/sectors/champions.



Supporting primary care and PCNs

Being receptive to local needs

- **Primary care networks** – supporting primary care networks to hear from their patients and the wider communities they serve.



Prevention and early intervention

For longer, happier lives

- **Living longer and happier** – the NHS long term plan set out our responsibilities to not only treat people, but also prevent them from getting ill in the first place. This activity supports residents to live longer happier lives and allows us to treat avoidable illness early on.



Horizon scanning, issues and crisis management

Preparing, connecting and responding

- **Current issues** – staying aware of current issues to advise on and plan for media or stakeholder interest and management
- **Crisis** – working with senior leaders to manage the comms and engagement elements during issues and crisis management and link between SWL and place during incidents as part of ICB EPRR role
- **ICP Strategy**– Plan to collate and analyse insight from across South West London to influence the development and delivery of the ICS Strategy and its priorities
- **Joint Forward Plan** - forward planning engagement activities.



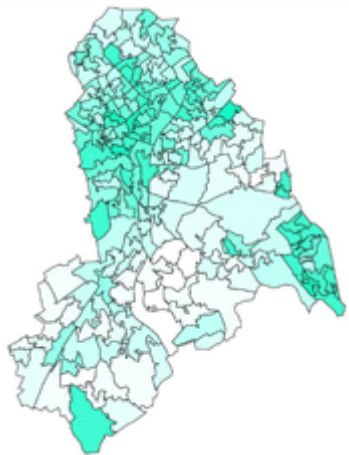
Service improvement and change

Meeting legal responsibilities

- **Legal duty to involve** – people where services or access to services change from the earliest stages
- **Understanding changes** – making sure that residents, external stakeholders and staff understand what the changes might involve, why we are making them and any potential implications



Croydon



Follow the links to the data sources

[Croydon Observatory Borough Profile, June 2023](#)



Population 390,800 (2021)



Local people

Croydon has the highest population in London. It is expected to reach 500,000 in 2050. One in four are aged under 17, which is high compared to other parts of London, and it has the highest number of looked-after children in London. Its population is diverse, including White (48.4%), Black African (10.3%), Black Caribbean (9.2%), Other Black heritage (3.1%), Asian (17.5%) and Mixed or Multiple ethnicities (7.9%). People in Croydon come from a mix of backgrounds and heritages, with significant numbers of Black African people (10.3%), Black Caribbean (9.2%), Indian (7.6%), Pakistani (3.9%), Chinese (1%), Bangladeshi (0.9%) and people who identify as Other Asian (4.1%). There are also Tamil, Polish and Afghan heritage communities living in Croydon.

2,000 residents live in temporary accommodation and two thirds of the homeless households in Croydon are from non-White communities.



Languages spoken

★ Top 5 after English: Tamil, Polish, Gujarati, Urdu, French – next are Portuguese, Turkish



Core20 areas

Croydon North, New Addington, Fairfield – parts of Coulsdon



South West London



Health needs

The health deprivation and disability score is based on the risk of premature death and impairment of quality of life due to poor mental or physical health. The most recent data from 2017 shows that Croydon ranks 13th of London's 33 boroughs. The most deprived areas for health deprivation and disability are around the wards of Waddon, West Thornton, Selhurst, Thornton Health, Addiscombe West and New Addington South. Childhood immunisation rates remain a concern in Croydon with significantly lower rates than the London and England averages. Croydon has the fifth highest rate of domestic abuse offences in London.



Case study

Diabetic Retinal Screening

26,000 people in Croydon have a diabetes diagnosis and are entitled to an annual retinal screening to prevent sight loss.

Evidence shows that diabetes rates are higher in Black, Asian and Minority Ethnic communities and that people from these backgrounds are likely to be diagnosed later which can lead to further long term conditions.

Engagement was undertaken on a proposed move of the service from Croydon University Hospital to a community setting in Broad Green in summer 2023. NHS England (commissioner); NHS Croydon Health Services; NEC Care (provider); NHS South West London ICB; Croydon Voluntary Action; Croydon BME Forum; Asian Resource Centre of Croydon; Croydon Neighbourhood Care Association worked

together to understand views about the proposed move to inform an equalities impact assessment.

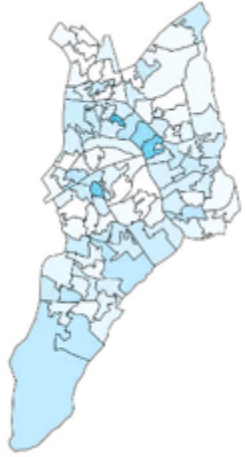
873 people responded to the survey and found that a number of people either would not attend (37%) or were not sure if they would attend (36%) if the proposed move took place and that disproportionately impacted people with disabilities, carers, pregnant women and those from Black, Asian and Minority Ethnic communities.

The Senior Executive Group in Croydon agreed that the move risked disproportionately

impacting those with protected characteristics and either entrench or worsen existing inequalities. The risks identified could not be fully mitigated and it was therefore agreed to pause until a more suitable venue could be identified.



Kingston



Population 168,085 (2021)



Local people

Kingston has become more ethnically diverse in the last decade (6.2%) exceeding London's (4%) and the UK's (6%) rate of change. White residents are now 68.3% which is higher than London (53.8%) in 2021. It has the third smallest population in London, and people aged 65+ account for 13.1%.

The Black heritage community is 2.7%, significantly smaller than London's 13.5%. The Asian community is 18.9%. There are new arrivals from Ukraine, Hong Kong, Afghanistan and Syria, amongst others. (ONS, 2021).

Deprivation is relatively low, There are deprived areas in Kingston and North Kingston, New and Old Malden, and Surbiton, with the south of the borough the most deprived overall.



Languages spoken

★ **Top 5 after English: Tamil, Korean, Arabic, Polish and Bulgarian.**



Core20 areas

Norbiton, Beverley and Berrylands



South West London



Health needs

The most common conditions are high blood pressure (hypertension), depression, obesity, diabetes and asthma (in 2019-20). 1 in 5 adults drink above 14 units of alcohol per week - healthier compared to other Londoners.

Kingston has the highest rate of hospital admissions for self-harm for 15-19 year olds in London(2019-20). Screening for breast, cervical and bowel cancers is lower than for England.

Those living in the most deprived areas have 6-years' shorter average life expectancy at birth (2017-19). This is greater than the London average for women.

Follow the links to the data sources

[JSNA Summary 2023](#)

[Refreshed Health and Care Plan 2022-2024](#)



Case study

New connections with men in our African and Caribbean communities

An event delivering health talks and checks for 16 men from Kingston's Black African and Caribbean heritage communities held in June 2023 and resulted in finding that some attendees were pre-diabetic, and some were suffering with undiagnosed hypertension.

Community connector Pastor Jacklord Jacobs, who runs RCCG Church 'Rivers of Water' in Berrylands, identified that men from his community are reluctant of medical screening and that some are not to take up the opportunity registered with a GP.

Kingston Voluntary Action (KVA) as part of the Core20 programme supported Pastor Jacobs to run an event with a GP, health care assistant, pharmacists and a MacMillan Nurse delivering health talks and checks for men from Kingston's Black African and Caribbean communities. A Ugandan doctor currently doing his PhD at Kingston Hospital gave one of the presentations which covered men's

general health, cancer awareness (prostate, testicular and bowel), cardiovascular disease and mental health.

Pharmacists carried out health checks on the day, checking attendees' weight and blood pressure and referred six men to primary care for further treatment or advice.



Merton



Population 215,187 (2021)



South West London



Health needs

Around 1 in 12 children in Reception and 1 in 5 children in Year 6 were obese in 2019/20. There are greater levels of childhood overweight and obesity in East Merton compared to West Merton. Over half (53.2%) of Merton's population were estimated to be obese or overweight. More people who are obese live in the most deprived areas (26.5%), compared with 12.3% in the least deprived. 1 in 4 people say they are physically inactive. Depression or anxiety affects 25,258 (1 in 6). Mild, moderate or severe frailty is more common in Morden (12.75%), East Merton (11.4%) and South West (10.2%) Primary Care Networks. In 2019, there were estimated to be over 16,000 unpaid carers.



Languages spoken

★ **Top after English: Tamil, Polish, Portuguese, Urdu and Spanish.**

4.69% speak a European language



Core20 areas

Pollards Hill, Figges Marsh, Lavender Fields, Cricket Green, Ravensbury - of the Core20 population 29,000 people are located in East Merton.



Local people

Merton has a relatively higher population of White British and Other White ethnic groups and a relatively lower population of Black and Other ethnic groups compared to London. Around 40% of people are from Black, Asian and Minority Ethnic groups.

A larger proportion of Black and Asian Minority Ethnicity groups live in East Merton, while a larger proportion of White ethnic groups live in West Merton. There are persistent significant social and health inequalities between the East and West of the borough and the gap in life expectancy between the 10% most deprived and the 10% least deprived in Merton, is 7.7 years for males and 5 years for females.



Follow the links to the data sources

[The Merton Story 2021](#)

[Merton Story 22/23 – at a glance](#)



Case study

Actively Merton Community Grants

A partnership between the Merton and Wandsworth Engagement Team and Merton Council which awarded 13 organisations up to £1,000 each.

A grants programme to bring about positive change by building capacity in the local community and voluntary sector in three key areas: 'promote and encourage uptake of existing offer of physical and social activity in the borough', 'introduce new evidenced based initiatives' and 'support and create connections of networks.' Successful organisations include the Ethnic Minority Centre for a new 6-week project called 'Talk and Coffee morning followed by Indoor Bowling focusing on social interaction, physical activity and breaking down barriers of isolation that impacted older people during and beyond the pandemic. Five A Side theatre delivered a cultural dance workshop, representing a diverse range of backgrounds within the African and Caribbean population.

The age of participants ranged from 55 to 85 years, many expressed improved physical health, increased mobility, and enhanced mental well-being. Some highlighted the significance of cultural aspects in the program, which made them feel more connected to their heritage. The grants enabled local community organisations to continue to build Merton as a healthy place, raising greater awareness and access of existing assets, such as green spaces, voluntary and community sector services and resources. Rich quantitative and qualitative insight has supported the increased understanding of the barriers and facilitators to social and physical activity, which will be published.

The insights will influence Merton Council's ambition to become London Borough of Sport. This programme will invest in more low-cost sporting opportunities across the borough increasing opportunities physical and social activity for our diverse local communities.



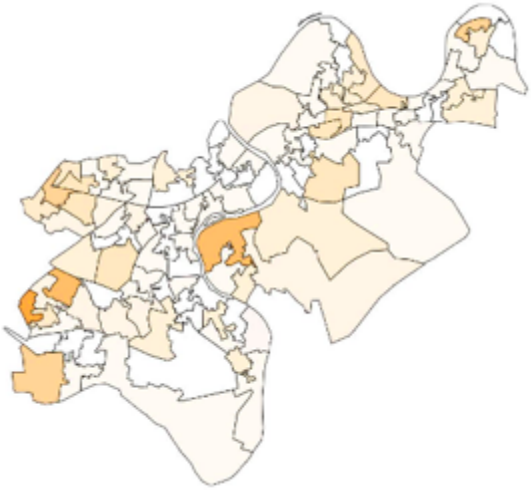
Richmond



Population 195,300 (2021)



South West London



Local people

Richmond has the fourth smallest population in London. One in six people are aged 65+ and there is a high proportion of White residents (80.5%) compared to London (54%). There is a lower proportion of Black, Asian and Ethnic minority (19.5%) residents compared to London (46.2%) – most are under 40 years of age.

The Asian population is largest around Heathfield and Whitton. People of Black heritage live mostly around Heathfield and Hampton North. Over half of residents from mixed or multiple ethnic groups (56%) are under 20 years of age, 22% are between 30 and 49 years. Richmond is among London's least deprived boroughs. Almost 30% are single-person households. Heathfield, Hampton North and Whitton have deprived areas. Almost 30% of households are people living alone, and in the more deprived wards, 9% are lone parents with dependent children.



Languages spoken

★ **Top 5 after English: Spanish, Polish, Turkish, Italian and Portuguese. (Census, 2021)**



Core20 areas

Ham, Petersham and Richmond Riverside



Health needs

Nearly 1 in 3 people has one or more long-term condition, 10% have three or more. A further 7,500 people may be undiagnosed. Almost a quarter of carers are aged 65+ (22%).

13% of the population are living with depression or anxiety. Over 15% of those who have a heart condition have three or more long-term conditions, 20% also have depression or anxiety.

Richmond is the highest in London for 15-year-olds drunk in the previous month (25%), tried smoking tobacco (36%) and cannabis (19%) and multiple risky behaviours (22%). It has the 2nd highest rate of hospital admissions for self-harm in 10 to 24-year-olds in London.

➔ Follow the links to the data sources

[Census Data 2021 Richmond upon Thames](#)

[Refreshed Health and Care Plan 2022-2024.](#)



Case study

Enhanced primary care access

Around 17,000 Richmond residents were able to have their say about how GP appointments were available in the borough.

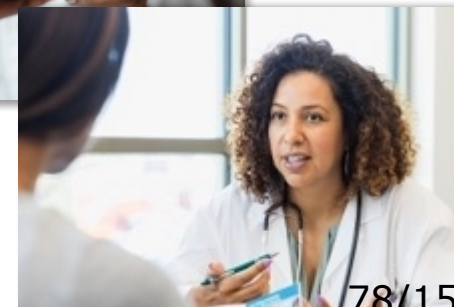
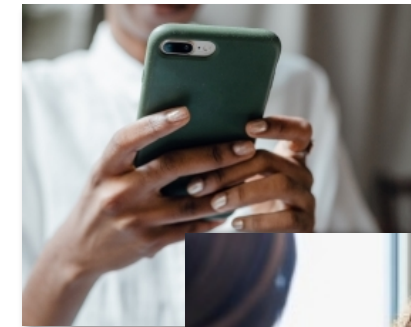
In summer 2022 Richmond General Practice Alliance (RGPA) ran a survey to inform proposals for enhanced access to GP services. It was distributed by text message to all patients aged 18 years and over registered with a Richmond GP.

Patients were asked how far they were willing to travel, what time they would prefer to see, whether weekend appointments would be well received and the services they would want to access.

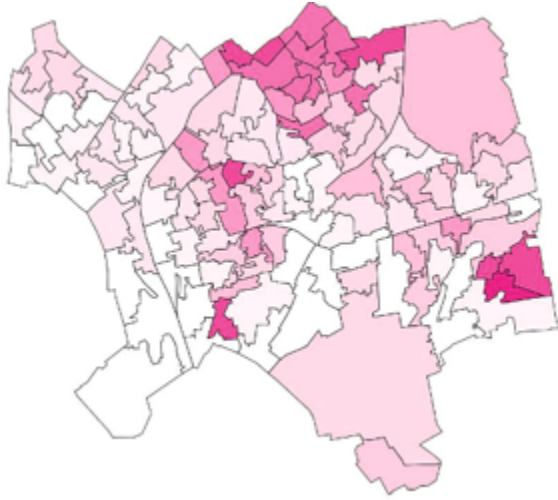
Results showed older residents appreciated early morning appointments, full-time workers preferred evenings and same day appointments could help steer people away from A&E.

Many people who are retired do not want to travel for an appointments and prefer to get one during the day and close to home.

This insight informed the initial enhanced access service in Richmond. A further survey in 2023 followed to evaluate the service since changes have been made.



Sutton



Population 209,517 (2021)



Local people

Sutton has become more ethnically diverse in the last decade. In 2021, 43% of the population were from Asian, Black, Mixed/ Multiple and White non-British ethnic backgrounds (with 32% from Asian, Black, Mixed/ Multiple and 'Other ethnic groups').

The remaining 57% of the population in Sutton is White British, compared to 71% at the 2011 Census. 129 residents reported their ethnicity as Gypsy or Irish Traveller, and 332 as Roma, making up 0.2% of Sutton's population (ONS, 2021).



Languages spoken

★ **Top 5 after English: Tamil, Polish, Urdu, Bulgarian and Romanian.**

Over 80 languages are spoken as a first language in Sutton, with 17% of households having members who do not speak English as their first language.



Core20 areas

Roundshaw (Beddington), St Helier & Wandle Valley, Sutton Central – with a focus in Belmont (Shanklin).



South West London



Health needs

1 in 3 patients registered with a GP in Sutton have a long-term condition (71,194 people) have been diagnosed with at least one health condition including hypertension, depression, asthma, diabetes or cancer.

There are approximately 15,999 unpaid carers living in Sutton (ONS, 2021). People living in the most deprived parts of the borough make higher use of accident and emergency services, than those living elsewhere in the borough.



Follow this link to the data source:

[Sutton Strategic Needs Assessment Borough Profile, London Borough of Sutton](#)



Case study

Making connections on the Shanklin Village Estate in Sutton

We have been learning what matters to people who live and work on the Shanklin Village Estate in Sutton, an area of high deprivation and poorer outcomes, when it comes to their health and wellbeing.

A series of listening events on the estate told us that people were feeling socially isolated and experiencing poor mental health. As a result, we partnered with Cheam and South Sutton Primary Care Network and voluntary sector organisations to run outreach events. The sessions were well attended, drawing positive feedback and building trust. For one resident, who hadn't left the house since the pandemic, the events brought reconnection with the community. The resident now goes out regularly with, significant improvements to their mental health.

We have an ongoing resident engagement programme to gain feedback and offer support as needs change. For example, in February 2023 we showcased the NHS app while raising awareness of how it can be used alongside programmes to reach people who are digitally excluded and reduce isolation. Residents were keen to develop a set of values for the estate. Responding to this feedback, we created a poster to display their values which are engaging, supportive, fun, non-judgmental, community spirit and care for one another.



Wandsworth



Population 327,506 (2021)



South West London



Health needs

In 2020, the proportion of secondary school pupils with substantial emotional, social and mental health needs was the second highest in London.

In 2018/19 Wandsworth's rate of hospital admissions for self-harm in children and young people aged 10 to 24 was the seventh highest in London.

The proportion of overweight children in Wandsworth is increasing more rapidly than elsewhere in London and in 2019/20 Wandsworth's overweight proportion in Year 6 was the highest London (16.2%). Wandsworth has the highest proportion compared to statistical neighbours of pupils with hearing impairments, visual impairments and multi-sensory impairments compared.



Languages spoken

★ **Top 5 after English: Spanish, Italian, Urdu, Portuguese and Polish.**

In 2011, Polish was the most spoken language and is now in fifth place. The proportion of residents who cannot speak English is lower in Wandsworth than it is in Inner London.



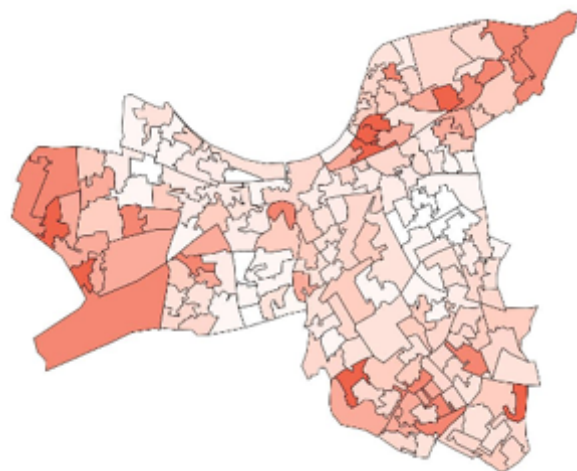
Core20 areas

Tooting, West Hill North, Furzedown, Roehampton, Falconbrook, Shaftesbury, Queenstwon and Battersea Park



Local people

Wandsworth has the second largest population in Inner London and among the youngest populations in the country (33.7 years). Two thirds are White communities; almost 50% are aged 18 to 39. The Black, Asian and Ethnic Minority population has grown since 2011. In Tooting, West Hill North, Furzedown and Roehampton almost 60% of residents are Asian and under 40. The Black heritage population is higher around Falconbrook, Shaftesbury and Queenstown, Battersea Park and Furzedown.



Follow this link to the data sources: [Census data 2021 Wandsworth](#) and [Wandsworth Joint Strategic Needs Assessment](#)



Case study

Roehampton health champions

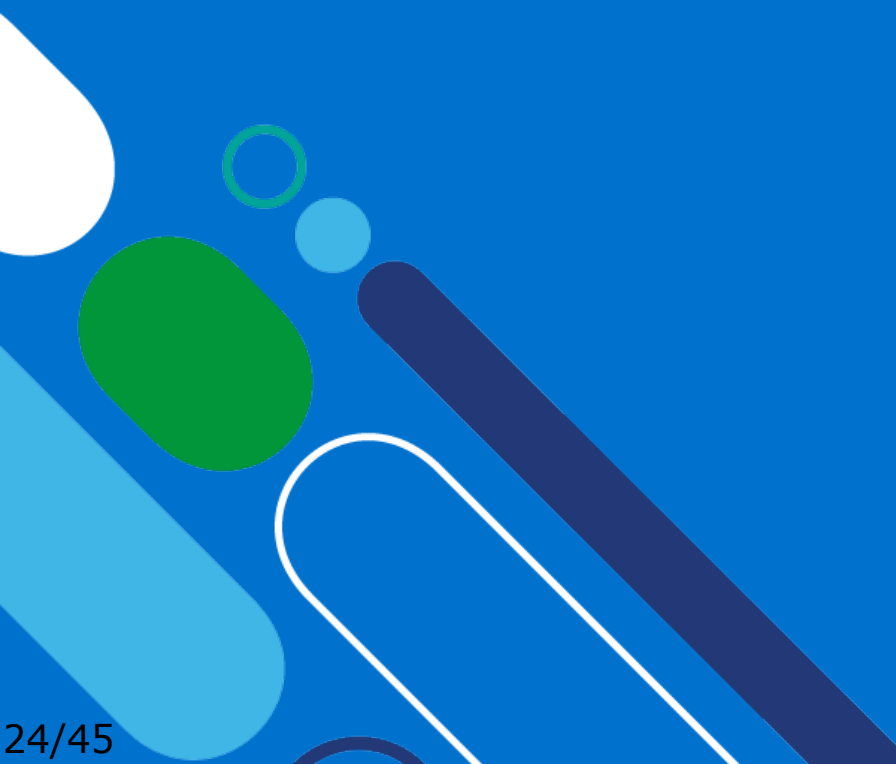
Around 13,000 people live on the Alton Estate in Roehampton, an area with high health inequalities, which means they are more likely to have conditions like high blood pressure, diabetes and heart disease than people in other neighbourhoods nearby.

The Roehampton Health Champions were established in September 2022, led by Estate Arts – a local not-for-profit organisation. The project is supported by NHS South West London and Wandsworth Council with a £40,000 government grant. It aims to reduce health inequalities on the estate by helping residents get information that could improve their health. This includes talking to families and friends to identify health needs in the area; taking part in blood pressure and diabetes checks; helping to arrange fitness classes and exhibitions motivating and supporting residents to get involved in health promoting activities.

People in the community who had not seen a GP or had any health advice have received valuable information and support to support them to improve their health through the project. Estate Arts have formed trusted relationships with the community which has led to local people feeling more confident and empowered to access local healthcare services and the support available on the estate. Champions have also supported with collecting insights for a range of other programmes and initiatives.



3.5 Engagement at SW London level



3.5 Informing NHS SW London plans & action



South West London

People and communities tell us

We understand from engagement with our children and young people, and their parents and carers, that there are gaps in the support available and services provided. They told us that:



Children and young people felt a lot of their life experiences happen online with social media making their mental health needs worse.



There are increasing levels of mental health issues in children and young people, with long waiting times for treatments.



There are sometimes long waits for diagnosis and children and young people would like more support whilst waiting.



There are sometimes long waits and delays to access support, especially around targeted children and adolescent mental health (CAMHS) services.



It is sometimes difficult to access therapies, particularly speech and language therapy and occupational therapy.



There are some differences in the willingness of parents to vaccinate their children against flu, Covid-19, MMR and polio. For example, whilst some parents had concerns about the Covid-19 vaccination for children, most parents understood the severity of polio and were willing to vaccinate their children against it.



It is sometimes difficult to understand what services and support are available to children and young people.



It is felt that there is a lack of appropriate support for children and young people with complex and long-term needs, especially autism spectrum disorder (ASD) and learning disabilities (LD).

Our ambition

We want our children and young people to have the best start in life, a good education, enabling them to live well, flourish and achieve their full potential.

We want to support parent and carers, at local early years settings and schools, tackling inequalities and raising education attainment. We want children to be safe, their needs and aspirations recognised and achieved, with support where required to develop independence and preparation for adulthood.

Our focus and actions

Reducing rates of childhood obesity

To do this we will:

- Work closely with public health and community leads through our existing workstreams and projects to ensure our interventions are based on the needs of the population (by 2025/26).
- Use population health management data to support children and their families to make informed choices about their diet and physical activity levels (by 2025/26).

Improving oral health for children

To do this we will:

- Address the wider determinants of health through supporting parents and children to adopt healthy lifestyles and diet which will support a good level of oral health (by 2025/26).
- Develop a consistent approach to early identification and intervention for oral health related to diabetes and co-morbidities (by 2025/26).

Enhancing the quality and consistency of care for children with asthma

To do this we will:

- Agree a standard asthma care plan and digital platform for children and young people across South West London (by 2024/25).
- Continue to examine asthma data for South West London population and use the data to improve the management of asthma, reduce the need for secondary care and target resource to vulnerable populations (by 2024/25).
- Monitor the use of asthma bags as a proxy indicator to emergency department avoided attendance on an ongoing basis.
- Pilot an air quality/air pollution project that is co-produced with primary school children (by 2024/25).

Supporting children and young people with special educational needs and disability (SEND) to be more independent

To do this, we will:

- Ensure co-production, including designing education health and care plans with parents, carers and/or young people, is embedded within all SEND (by 2025/26).
- Develop an Integrated Care System data dashboard on SEND to support an accurate, shared understanding of the needs of children and young people in our boroughs. This will support us to develop services to meet the needs and aspirations of children and young people (by 2025/26).

- Work collaboratively to improve transition pathways between children and adult health services for those for whom we maintain a statutory responsibility.
- Support designated clinical and medical officers at place to develop consistency of practice across South West London for children and young people with SEND and improve access to therapies for children and young people with SEND (by 2025/26).

Improving our screening and immunisation rates

To do this we will:

- Develop targeted education and communication programmes starting from pre-conception and throughout the maternity journey (by 2023/24).
- Enhance joined up working between primary care, midwifery, and health visiting teams, particularly for parts of our population with low immunisation rates to increase immunisation uptake.
- Work with primary care to ensure that families can access immunisations at times that are convenient to them (by 2023/24).
- Monitor the uptake of the MMR vaccination on an ongoing basis. This data will be used to develop a best practice that makes every contact count.
- Develop an all-age immunisation strategy to increase vaccination up take (by 2023/2024).

Improving school readiness

To do this we will:

- Work with our early years partners to ensure that as many children as possible take up a free targeted (two-year-old) or universal (three and four) early education place (by 2023/24).
- Work with our early years partners to ensure that parents and children engage with the health visiting two and a half-year-olds developmental check to help check progress against milestones at an early stage (2023/24).
- Work across the system to enrich language and communication support for all children (by 2023/24).
- Ensure follow up support for those children requiring additional assessment two and a half-year-olds, for example, speech and language therapy, neurodiversity parenting support so that child is fully assessed and support readiness for 2023/24).
- Use foundation stage FSP, as an indicator of readiness and to provide predictive analysis of that are more successful so that the interventions take place.

Reducing health inequalities for children and young people

- To do this we will take difference in health outcomes, recognising minority groups face inequality. We will use targeted programmes and programmes of support to support the core children, ensuring targeted community facing services inclusive from the p

Developing our NHS Joint Forward Plan



You can read the [Joint Forward Plan](#) on our website [Joint Forward Plan - NHS South West London Integrated Care Board \(icb.nhs.uk\)](#)

3.5 Informing SW London integrated care partnership plans & action



3.5 Supporting the NHS front-line with operational pressures: SWL strategy delivered locally at Place

Face-to-face community outreach

Focus on working with communities disproportionately impacted by health inequalities and disparities

Digital pathways for getting the right care

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

NHS app – primary care

For prescriptions and online booking – in line with national messaging



Mental health

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



Vaccinations

Eligibility and how to book appointments (addressing key concerns)



Pharmacy first

Highlighting support available – in line with national messaging



3.5 Supporting the NHS front-line with operational pressures

Case study - SW London planning and materials: delivered locally

Winter Engagement Fund

Through our Winter Engagement Fund we are working with 94 local community and voluntary groups across our six places. This is a key element of our SW London winter campaign to support NHS operational pressures. We are reaching-out to communities disproportionately impacted by health inequalities to make sure local people:

- know how to access urgent care, like pharmacies and 111 when it isn't an emergency, and during periods of industrial action
- have good conversations about vaccinations and childhood immunisations in areas of low-uptake
- know how to access mental health early intervention services to prevent crisis
- understand the benefits, and can download and use, the NHS app to access key services more easily.

Small grants have been awarded to 94 voluntary sector partners to design events they know local people will be interested in to maximise engagement and attendance. There are up to 15 events taking place every week until the end of February.

Battersea mosque brought women together for workshops, health checks, information about support - and a nice cup of tea with biscuits.



St Helier St Peter's and Bishop Andrewes' Church hosted a free drop in Café for local residents.



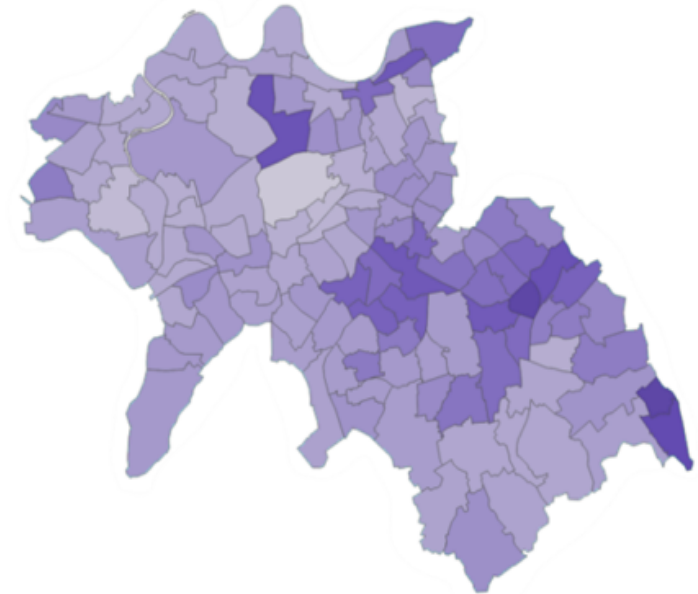
3.5 Engaging using translations in digital

- **Communicating with residents in their main language**
17% of our population’s main language is not English.
- **Videos and voice-notes** in different languages in, including translated subtitles and text in images is translated.
- **Digital content in our top five non-English languages** shared via WhatsApp, YouTube and other social media channels. We are able to target communities we know are interested, based on who watches what, and where.
- **High engagement rates for translated materials** - seen over 3,000 times per day over a 4-week period, for longer than average, and often for the full duration.
- **Community feedback** - community organisations tell us this work is highly valued and makes communities feel "seen“, and builds trust. Online comments are positive about the information being provided in different languages.

Vaccination materials in Urdu – engaged with 15,000 times in Roehampton, Battersea and Wimbledon.

Mental health materials in Arabic, Tamil, Urdu – engaged with 143,042 times – proving popular in New Malden, Carshalton, Selhurst Park and Mitcham

Pharmacy materials in Gujarati and Tamil – engaged with 2,246 times over a 4-week period in Croydon



Top 5 non-English languages in South West London:
Tamil, Urdu, Gujarati, Polish and French

People and communities: views and concerns

High level analysis and themes from nearly 180 engagement reports.

HEALTH IMPACT OF COST OF LIVING CRISIS



- Increasing concern from our local residents
- Worries about paying bills, heating their homes and feeding their families, having an impact on people's mental health
- People are less able to make choices or heat their homes due to existing health conditions
- Lack of awareness about sources of available support



REDUCING HEALTH INEQUALITIES

- Need to address disparities in health outcomes for different groups, for example mental health outcomes

3.5 SWL bank of insight and research about community views

LOCAL EMPLOYMENT

- People would like the NHS and Local Authorities to support for local economies, including local businesses and town centres
- Increase in Living Wage accreditation to prevent low income and insecure jobs creating stress and anxiety
- More employment support and targeted communications needed for young people, and for carers and people with a learning disability who want to work



BETTER SUPPORT FOR PEOPLE WITH DEMENTIA



- Variability of support services across SWL including respite care and day care
- Access to face-to-face support if needed for people with dementia
- Better information about service provision, with help to navigate services and non-digital access options

GREEN AND ENVIRONMENTAL CONCERNS

- Access to clean, green space important for health and wellbeing
- A reduction in traffic viewed as the main way to improve air quality
- Encouraging walking and cycling to support people to live healthy lifestyles



VOLUNTARY AND COMMUNITY SECTOR CAPACITY



- Voluntary and community sector are feeling under pressure due to increased demand
- Important to hear from small & large organisations
- Broader representation is needed

GPs AND DENTISTRY

- Availability of appointments, waiting times, desire for face-to-face as well as virtual consultations
- Variation in access across and within boroughs
- Variability in the availability of interpreter services for non-English speakers
- Some GP appointment systems make it harder for some people to book, for example QR codes increase digital exclusion, telephone booking harder people with hearing difficulties
- Appreciation for pharmacists with most people seeing them as a trustworthy source of information



NHS SERVICES AND REFERRALS

- Concern and frustration about longer waiting times for most NHS services e.g. primary care, mental health, urgent and emergency care services.
- Improved communication about waiting times and status of referrals
- More consistent and timely feedback of diagnostic results, which are often sent via GPs
- Many new parents felt there is a lack of aftercare/



COMMUNICATION, NAVIGATION AND SIGNPOSTING

- Patients have a range of communication needs, it would help if they were asked for their preferred communication method and this shared across their care
- Information materials need to be in accessible formats, including for people with a learning disability, non-English readers and people with sight loss



TRUST IN PUBLIC SERVICES

- Lack of trust in public sector organisations and professionals amongst some communities
- Trust issues higher in areas of inequalities and those from Black, Asian and Minority Ethnic backgrounds
- Based on experiences of discrimination people have had previously



DIGITAL SERVICES - OPPORTUNITIES AND CHALLENGES

- Shift to digital services has left some population groups facing digital exclusion
- Need multiple points of access and to retain options for face to face contact
- Data sharing creates opportunity for greater coordination between services on the care pathway
- Self-help opportunities through single point of access information hubs and condition-specific apps
- There are a lot of different NHS apps with some people hoping this can be rationalised
- Digital exclusion impacting older people, people with physical, sensory or learning disabilities and carers



SOCIAL ISOLATION

- Social isolation impacting on mental and physical health, particularly for older people, people with a learning disability and carers
- Exacerbated by a shift to digital services and the cost-of-living crisis



PREVENTION AND SELF-CARE

- Immunisation and vaccination - motivators and barriers vary between communities, the offer needs to be tailored
- Some people would like more support to help them manage their long term condition
- Time and cost viewed as barriers to healthier living by many
- Need for improved and accessible information available to help people manage their own conditions
- Peer group and community support highly valued



MENTAL HEALTH SERVICES

- Long waiting times suggest the need for more interim support and virtual rooms required to fill gaps while waiting for treatment
- Desire for more peer group and community-based support services
- Culturally competent services or community-based services needed to improve outcomes and reduce stigma
- Older people's mental health problems not being well enough identified and addressed

People and communities

4. The different ways we engage communities

4.1 What we've learned



During the pandemic and the Covid-19 vaccination programme, we worked with our community partners, local authorities and voluntary sector far more closely than ever before.

People and communities

Be Creative Use local champions

Use creative methods to extend reach particularly to communities experiencing health inequalities and poorer health outcomes e.g. work with community champions, influencers and faith leaders, use films, media and social media



Be Connected

Find community leaders

Work with trusted leaders to speak with local people and communities



Be Bold

Go beyond traditional boundaries

Work across borough boundaries to engage with particular communities



Be Proactive

Make the first move

Go to local communities - rather than expecting them to come to you - provide translations and interpreters



Be Informed

Gather data and insight

Use population health data and insight to inform, adapt and shape our approach



Be Open

Listen and understand

Develop ongoing conversations and sustainable relationships and build on those established relationships



Be Equitable

Inclusive and innovative ways of reaching and listening to our diverse people and communities - and ways for them to get involved



We have learned from, and built on, these experiences and changed the way we work with local people, communities and our excluded groups, especially those affected by inequalities. We reviewed and discussed our approach with our partners and communities and describe our updated and responsive approach in this diagram.

Be Resourceful

Use partners' networks

Continue close partnership working with LA and NHS - share resources and contacts - coordinate not duplicate to maximise each



Be Inclusive

Create maximum impact

Co-design messages/adapt and iterate with local people to have maximum impact



Be Collaborative

Work with VCSEs

Work closely with and invest in the VCSE sector to strengthen their capacity and extend our reach



Be Representative

Reflect the population

Co-deliver engagement sessions with clinicians that reflect local populations



Be Proud

Reflect and share

Celebrate success and feedback - show the impact of everyone's contributions



Be Purposeful

Join forces

Build collaborative and resilient network of communications and engagement professionals to delivery common goals



Be Responsive

Community First

Be led by the community and their needs - ask and respond to how they would like to be engaged



4.1 What we've learned

How it started....	How it's going ...
Move away from 'nice conversations' with no impact.	Impact of engagement measured at SWL and at Place. SWL 'People and Communities Engagement Group' – to share learning and best practice, with spotlights on topics from partners.
Not assume people want to speak to us at our convenience – “come to us.”	Being led by communities and their leaders, understanding what encourages participation – i.e. making it enjoyable and being rooted in people's culture (e.g. SLL, grants). Established infrastructure to support the delivery of integrated comms and engagement.
Diversify who we engage with - need to hear from a diverse range of voices, not always the usual suspects or the one community or public/patient rep.	Working closely with VCSE sector, creating an SWL Alliance and funding a SWL VCSE role. Providing resource to support the sector to be a strategic partner at SWL level.
Understanding that if we don't pay for people's time when they give us significant chunks of their day to share feedback, views and experiences, we will not have the benefit of hearing from diverse audiences that reflect all our communities.	Innovative and modern engagement techniques, with trusted partners. SWL policy on remuneration.
Move away from 'Patient reps' on intimidating big Boards, is all we need to do	Equipping and supporting NHS colleagues to engage communities and supporting reps to contribute in a meaningful way
Understanding the statutory role of our six Healthwatches as independent bodies with powers to ensure decision-makers listen to people's feedback and improve standards of care – not a proxy for engaging with our local people and communities.	Working collaboratively with Healthwatch – SWL NHS funding a SWL role, and harnessing Healthwatches skill at engagement and evidence reporting, to ensure an impact on NHS services.
We've moved beyond posting 'a tweet' linking to a survey and expecting people to engage with it!	Innovative digital targeting means we can reach people in our most deprived communities, with a focus on health inequalities.
	Working with community groups to share our messages via a range of digital channels and languages (WhatsApp, next-door, newsletters & more) increases our reach and increases credibility of the message.

4.1 It's all about trust...


Croydon BME Forum @CroydonBMEForum · Jun 30, 2021
Check out our CEO, **Andrew Brown**, getting his **vaccine** and setting an example for us all! 🥳🎉👍

NHS Croydon @nhscroydon_ · Jun 30, 2021
★🌟 Congratulations 🎉🌟👍
to @Mrandrewkbrown, CEO of the @CroydonBMEForum on getting his vaccine at Selhurst Park @CPFC

'After months of deliberating....I'm glad I came today'



1:40
After months of deliberating, I'm



croydonbmeforum · Follow
Original audio

croydonbmeforum Our CEO, Andrew Brown, getting his vaccine and setting a great example for the community!! Thank you Andrew 🥳

Follow us for more!

#vaccine #VACCINESSAVELIVES #covid_19 #covidvaccine #covid #corona #coronavirus #pandemic #epidemic #coronaviruspandemic #safe #protect #pfizer #moderna #astrazeneca #oxford #work #health #healthy #sick #needle #nhs #london #croydon

127w

mrandrewkbrown So happy I made this decision 🥳

127w 4 likes Reply

29 likes
July 9, 2021

Log in to like or comment.

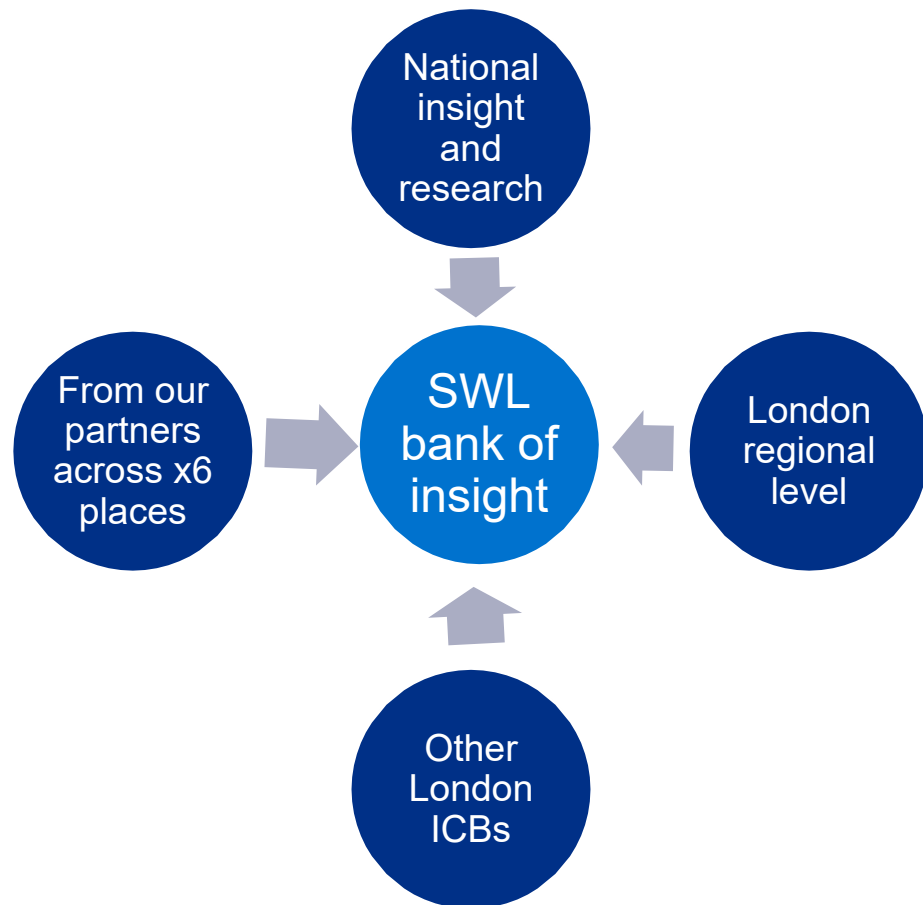
4.2 The different ways we engage

Community led approaches	Working collaboratively with people and communities	Focus groups, interviews and events	Digital and online engagement	Using existing insight to support our engagement
<ul style="list-style-type: none"> Grant funding programmes with organisations/ groups & activities Funding local community and voluntary sector organisations to support engagement into diverse communities Peer researchers Community champions Core20 Connectors 	<ul style="list-style-type: none"> SWL Healthwatch partnership Working with our SWL Voluntary, Community Social Enterprise Alliance Working with primary care e.g. Patient Participation Groups, Primary Care Networks and integrated Neighbourhood Teams 	<ul style="list-style-type: none"> Setting up focus groups or 121 events to understand people's experience of a particular service Engagement activities delivered by ICB engagement leads to support strategy development/health and care plans 	<ul style="list-style-type: none"> Behaviour change and social media campaigns e.g. Pharmacy SWL People's Panel made up of 3200 people living across South West London. Using digital approaches such as Facebook groups or Next Door to reach local people. 	<ul style="list-style-type: none"> Drawing on existing insight from partners, including local authorities, academic partners (HIN, CRN), VCSE, Healthwatch. Insight from our provider collaboratives, e.g. Mental Health, Acute, Cancer Building on insight from regional or national

5. What we plan for the future

- Bank of insight and research – working smarter with less resource
- Support & toolkits to help make engagement everyone's business
- Our model for the future

5.1 SW London bank of insight & research



The benefits

- **With less resource we need to work smarter**
- One place where we share all our insights from communities
- We are led by what matters to our communities
- Saves all partners' time
- Saves our communities time – less repetition of conversations
- Ensures everyone has the latest and up-to-date insight
- We are working to share a platform with NHSE London, other London ICBs – to collect national and regional research and insight, and make it searchable

The challenge

- Partners willingness to share their insight reports
- Helping people understand the benefits

Closer work with Trust patient experience teams via CNOs

5.2 How we support teams to engage?

Making engagement everyone's business – advice and support on:

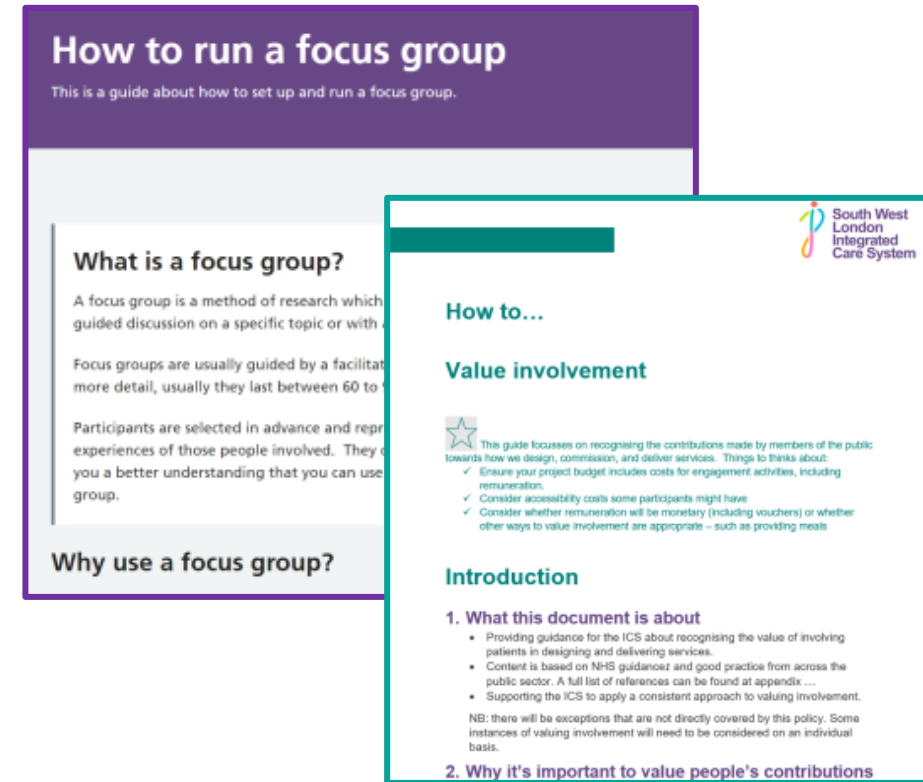
- engagement approaches as part of any planning process - at the beginning
- feedback loops – “you said, we did”
- budgeting and making time for engagement activities
- evidencing our engagement - demonstrating commitment to transparency,

The toolkits include for example:

- how to value involvement – setting out the benefits of remunerating local people's voices and why it's important
- how to design a survey
- how to run a focus group
- how to fund the community and voluntary sector to engage particular communities - specifically small grants programmes.

We are working with SWL Healthwatch

- to ensure the quality and effectiveness of our toolkits.



Examples of teams doing their own engagement with advice or support

The Biggest Issue – understanding barriers and facilitators to weight management services

- Two Merton GPs and Kingston's Director of Public Health to delivered an engagement programme about obesity. This was to improve lifestyle and uptake of weight management services specifically in areas of high deprivation – as we know people living in the most deprived areas are less likely to take them up.
- With advice, they created and delivered a survey which received over 900 responses, ran focus groups in partnership with a local Baptist Church in East Merton and undertook outreach at local community events. The insight report was fed back to those who participated and supported our understanding of our local services.

Urology and supporting our clinical networks

- Clinical Network Leads (GP and Consultant Lead) for Urology delivered three focus groups and held one-to-one conversations to understand people's experience of urology services – frequent UTIs, prostate and long term catheter use.
- Promoted across social media, and codesigned with LGBTQIA+ community groups to make sure our comms were inclusive.
- This resulted in streamlined pathway for urology services – in particular referrals from primary to secondary care.

5.3 Our model for the future



6. Your advice and views

6. Your advice and views

1. Reflections and comments on what you have heard...
2. Are there insight reports you could share, are there any blockers?
3. What support does your organisation need, if any, to make community engagement everyone's business?
4. What opportunities are there going forward to listen and adapt what we do by acting on community voice?

Appendices

Appendix 1 - The NHS legal duty to involve

Involvement of the public

In line with section 14Z45(2) of the 2022 Health and Care Act, ICBs must ensure that service users, their carers and representatives are involved in:

- a) the planning of the ICB's commissioning arrangements
- b) the development and consideration of proposals by the ICB for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals (at the point when the service is received by them), or the range of health services available to them
- c) decisions of the ICB affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

This can be by consulting, providing information or in other ways.

We consider:

- **Legal requirements** – does it need to be discussed with local Overview and Scrutiny Committees ahead of a decision
- **Equalities and Quality Impact Assessments** – might a change have an adverse impact on our local population
- **Informing the public** – including promoting engagement activities for people to get involved
- **Transparency and building trust** – need for a communications and engagement plan, informing and involving key stakeholders for example Healthwatch
- **Collate insight and feedback** – feedback loop to people involved in engagement so they can see how their involvement has influenced decision making and service improvement

Appendix 2 - Effective working with communities is essential to deliver the new 'triple aim' legal duty

Working with people and communities will help to meet the triple aim duty by:

Health inequalities

Improve understanding of the experiences, perspectives and needs of people and **communities that experience the worst health inequalities**, including inclusion health groups, and working together, beyond clinical boundaries, to develop solutions.

Data and insight

Accessing **data and insight**, including qualitative data from communities and the VCSE sector, to build knowledge of the communities we serve, and the impact of wider determinants of health.



Assets

Understanding the **assets** in our communities that will help to improve population health and wellbeing and to strengthen understanding of community needs and perspectives.

Designing services

Designing services in **partnership** with people so they meet their needs and preferences and reflect experience.



Approaches and solutions

Jointly develop **improvement approaches and solutions** to concerns about quality, including patient safety and experience.

Prioritising resources

Prioritising resources to where they have the greatest impact, based on the needs, knowledge and experience of communities.



Understanding barriers

Understanding the barriers to access which impact on the efficiency and sustainability of services and working together on solutions to address them.

Appendix 3 - Engagement responsibilities of other parts of our system

Integrated care partnership (ICP) engagement responsibilities

- Develop integrated care strategies with people and communities
- Include community leaders and independent representatives of local people
- Local authority role in making connections to communities and democratic representatives

Place-based partnership responsibilities

- Fully engage those affected by decisions
- Build on existing approaches to involve people in decision-making
- Support PCNs and neighbourhood teams to work with people and communities to strengthen health promotion and treatment

Provider collaborative responsibilities

- Share and build on the good practice that exists in member organisations, such as co-production approaches and links to local communities
- Use insight and feedback from patient surveys, complaints data and partners like Healthwatch
- Trusts must meet their legal duties to involve people when planning and developing proposals for changes through the collaborative

NHS South West London Integrated Care Board

Name of Meeting	ICB Board		
Date	Wednesday, 17 January 2024		
Title	South West London Integrated Care Partnership Update		
Lead Director Lead (Name and Role)	Cllr Ruth Dombey, Co-Chair, Integrated Care Partnership Board		
Author(s) (Name and Role)	Rachel Flagg, Director, Integrated Care Partnership Development		
Agenda Item No.	08	Attachment No.	07
Purpose	Approve <input type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input checked="" type="checkbox"/>

Purpose

The purpose of the report is to update the Board on the activities of the South West London Integrated Care Partnership.

Executive Summary

The South West London Integrated Care Partnership (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 South West London Integrated Care Partnership Strategy for 2023-2028 was publicly launched in October 2023. 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.

The ICP Board last met formally on 4 October 2023. An update was given on that meeting to the ICB Board on 22 November 2023.

Key issues for the Board to be aware of

On 29 November 2023, the ICP Board held a virtual seminar style session to plan ICP Board agendas for the period up to March 2025. The breadth of the partnership was well represented and there was a productive discussion about the principles for agenda planning and where the Board focuses its time and attention. It was agreed that the main focus should be around delivery of the strategy and the four core purposes of the Integrated Care System, with recognition that there will sometimes be more topical issues that we want to discuss as a partnership.

The ICP Board next meets on 24 January, where the agenda will include:

- An update on the delivery of the ICP Strategy, covering:
 - Delivery plans for the six strategic priority workstreams up to March 2025.
 - Draft Terms of Reference for the ICP Board sub-groups overseeing delivery of the ICP workstreams.
 - A high-level summary of the funding agreed via the ICP Priorities Fund in December, with a full update on the ICP Investment Fund to come in April 2024.
- An in-focus look at the ICP workstreams for health inequalities and prevention.
- The approach to developing an anti-racism framework for South West London.
- CQC assessments of Integrated Care System, considering the way our system works together as a partnership.

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 and is comprised of two parts:

The ICP Priorities Fund for 2023-25 has a budget of £5 million and is targeted to support delivery of the Integrated Care Partnership Strategy, with 80% of the funding allocated to the ICP Workforce priority and the remainder made available for the remaining ICP priorities and cross cutting themes.

The Health Inequalities Fund is targeted on reducing Health Inequalities (Core20+5) across South West London. The Health Inequalities fund for 2023-25 will be focused 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. During this period, there was a well-attended information session, with over 250 stakeholders joining from across South West London. We also held a number of collaboration sessions for specific cross cutting themes and strategic priorities within the ICP Priorities Fund to foster new relationships and encourage collaboration on innovative ideas.

ICP Priorities Fund received 174 applications from a wide range of partners. Senior responsible Officers and subject matter experts came together to assess the applications during November 2023, with final funding panels held in December. 21 schemes have been confirmed as successful with a further 2 under final consideration.

Thank you to all the individuals and organisations who took the time to come together, contribute their ideas and submit applications for funding. More detailed information on the funded schemes and the learning from the process this year will be shared in the coming months.

<p>Recommendation</p> <p>The Board is asked to:</p> <ul style="list-style-type: none"> Note the contents of this report.

<p>Conflicts of Interest</p> <p>None identified.</p>

<p>Corporate Objectives This document will impact on the following Board Objectives</p>	<p>The update report identified the activities of the SWL ICP in line with the core objectives of the Board.</p>
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<p>Risks This document links to the following Board risks:</p>	<p>None identified</p>
<p>Mitigations Actions taken to reduce any risks identified:</p>	<p>None identified</p>

<p>Financial/Resource Implications</p>	<p>None identified</p>
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<p>Is an Equality Impact Assessment (EIA) necessary and has it been completed?</p>	<p>Not required for this paper</p>
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<p>What are the implications of the EIA and what, if any are the mitigations</p>	<p>n/a</p>
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<p>Patient and Public Engagement and Communication</p>	<p>The ICP strategy is grounded in the views and concerns of local people and was publicly launched in October 2023.</p>
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Previous Committees/Groups Enter any Committees/Groups at which this document has been previously considered	Committee/Group Name	Date Discussed	Outcome

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

Name of Meeting	ICB Board		
Date	Wednesday, 17 January 2024		
Title	Finance & Planning Committee Update		
Non-Executive Member Chair	Dick Sorabji		
Lead Director (Name and Role)	Helen Jameson, Chief Finance Office		
Author(s) (Name and Role)	Kath Cawley, Director of System Planning		
Agenda Item No.	09	Attachment No.	08
Purpose	Approve <input type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input checked="" type="checkbox"/>

Purpose

To provide the Board with an overview from the Non-Executive Member Chair of the Committee regarding the key issues discussed at the Finance and Planning Committee.

Finance and Planning Committee Chair's Report

The Finance and Planning Committee (FPC) has met twice since the last update to the ICB Board, on 28 November and 19 December 2023. The meetings were both quorate and discussed the following key items:

Strategic Items

Update on the development of the SWL ICB infrastructure strategy

- The Committee was updated on the approach being taken and the system engagement that is underway. The Committee discussed how the infrastructure strategy is an enabler for the delivery of SWL's Joint Forward Plan, how it aligns with the ICB priorities for inequalities, prevention and the community as well as the impact of the digital agenda.

Capital plan update

- The paper was presented to update the FPC on the approach to capital planning for 2024/25 in particular expanding from a rolling 5-year plan to a rolling 10-year plan. The Committee discussed the work taking place with organisations across the system to bring the £58m overspend back within the capital envelope as well as discussing how having a single plan will enable funding to be directed at pace to areas where it is needed most.

Update from RM Partners Cancer Alliance

- Overview provided on the work, ambition and strategic priorities for SWL's cancer alliance, RM Partners.
- Assurance provided on the progress against national priorities and the financial position and spend of in-year funding.

ICS business

System finance update

- The Committee received the month 7 and 8 finance reports.
- The Committee noted the SWL system financial position at month 8 which was £2.8m adverse to plan year to date (YTD) and on plan to deliver the Forecast Outturn (FOT). The adverse position is due to the direct costs of industrial action incurred YTD.
- The efficiency savings plan is £10.3m adverse to plan YTD. This position is achieved through reliance on more non-recurrent schemes than planned, which will put greater pressure on future years.
- SWL capital departmental expenditure limit (CDEL) position shows a YTD overspend of £11.6m, though this is due to the timing of South West London & St Georges (SWLStG) asset sale (CDEL) credits (in plan, but not in YTD). The £35.7m asset sale credit is currently expected to transact in December 2023. If there are further delays, Tolworth expenditure will be reprofiled accordingly. Without the impact of the asset sale, the SWL CDEL is underspent by £24m YTD. Trusts need to accelerate activities in the latter part of the year to compensate for phasing differences to plan.

Update against Plan – System Delivery

- The Committee received a report on the M7 activity and performance of the system. This noted that:
 - Following adjustments to the target, and planning for the second half of 2023/24, the Elective Recovery Plan (ERF) target is now being achieved. Local data indicates increased activity at M7 which should improve the position.
 - Outpatients, diagnostics, and cancer performance remains strong at month 7 and year end trajectories are expected to be achieved. Risks remain on delivery of the 65 week wait elective target with particular pressures in gynaecology and community paediatrics. Action plans are in place with providers to return to plan in-year.
 - The impact of further industrial action remains a risk to our plan position.

Financial Recovery Plan

- The Committee received an update on the Financial Recovery Plan and the recent meetings of the Financial Recovery and Sustainability Board.
- Assurance was provided on the workforce programmes (including the Clinical Workforce review), digital, estates and elective recovery programmes.

Update on the Provider Selection Regime

- The Committee received a report on the new healthcare procurement rules, the Provider Selection Regime (PSR), which is scheduled to come into effect on 1 January 2024. The report included an outline of the PSR, timeline for implementation and risks.

ICB business

ICB finance update

- The Committee noted the ICB finance report for months 7 and 8.
- At month 8 the ICB remains on track to deliver a £2.5m surplus. The forecast outturn for prescribing is adverse to plan and this is mitigated through non-recurrent contingencies for 2023/24.

ICB Budget Setting process 2024/25

- The Committee noted a paper to update the Committee on the budget setting process and timetable for approval in 2024/25.

New ICB finance system

- The Committee was updated on the Integrated Single Financial Environment 2 Project. The national implementation of this project will deliver a new finance system for NHSE and all ICBs. Although planned to go live it is now likely to be implemented during 2024/25. (timing being discussed with national team).

Business cases and contract awards

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

Other business

- The Committee discussed the approach to reviewing the committee's effectiveness, Terms of Reference and Forward Plan.

Recommendation

The Board is asked to:

- Note the Committee report.

Conflicts of Interest

N/A

<p>Corporate Objectives This document will impact on the following Board Objectives</p>	<p>Delivering financial plan Delivering ICS operational plan for 2023/24</p>
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<p>Risks This document links to the following Board risks:</p>	<p>N/A</p>
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<p>Mitigations Actions taken to reduce any risks identified:</p>	<p>N/A</p>
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<p>Financial/Resource Implications</p>	<p>N/A</p>
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<p>Is an Equality Impact Assessment (EIA) necessary and has it been completed?</p>	<p>N/A</p>
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<p>What are the implications of the EIA and what, if any are the mitigations</p>	<p>N/A</p>
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<p>Patient and Public Engagement and Communication</p>	<p>N/A</p>
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<p>Previous Committees/Groups Enter any Committees/Groups at which this document has been previously considered</p>	<p>Committee/Group Name</p>	<p>Date Discussed</p>	<p>Outcome</p>

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

Name of Meeting	ICB Board		
Date	Wednesday, 17 January 2024		
Title	South West London ICB Finance Report Month 8		
Lead Director (Name and Role)	Helen Jameson, Chief Finance Officer		
Author(s) (Name and Role)	Neil McDowell/Joanna Watson, Director of Finance		
Agenda Item No.	09	Attachment No.	09
Purpose	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 8 on the ICB financial position against its internal budget.
2. Provide an update as at month 8 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 in line with plan year to date and on plan to deliver the £2.5m surplus for the year.

The SWL system position is £2.8m adverse to plan year to date due to performance at St Georges Hospital (SGH) and forecasting to deliver the plan by the end of the financial year, but there are significant risks to this. The year-to-date position has been improved by release of National industrial action funding in M8. The key risk to the plan remains delivery of the efficiency programme. Efficiency delivery is adverse to plan year to date by £8.9m 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 £11.6m, 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, which is now expected in M9. Year to date position otherwise includes underspends of £24.0m across other Trusts, with accelerated activities needed in the latter part of the year to compensate for phasing differences to 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 continuing over winter.
- Delivering revised ERF activity trajectories.

- Reduction in workforce costs in line with the agency cap and workforce plan.
- Completion of SWLSG asset sales.

Key Issues for the Board to be aware of:

- The year-to-date ICS position is adverse to plan due to performance at SGH. The position has improved following release of industrial action funding.
- The ICS is spending more than planned on agency costs and is forecasting to breach the nationally set agency costs cap for the year, with costs trending up in the last two months.
- Efficiency delivery is £8.9m adverse to plan year to date and delivery has relied on more non-recurrent scheme than planned.

Recommendation:

The Board is asked to:

- Note the month 8 position for:
 1. The internal ICB
 2. ICS revenue
 3. ICS Capital

Conflicts of Interest

N/A.

Corporate Objectives

This document will impact on the following Board Objectives

Achieving Financial Sustainability.

Risks

This document links to the following Board risks:

Achieving Financial Plan for 2023/24.

Mitigations

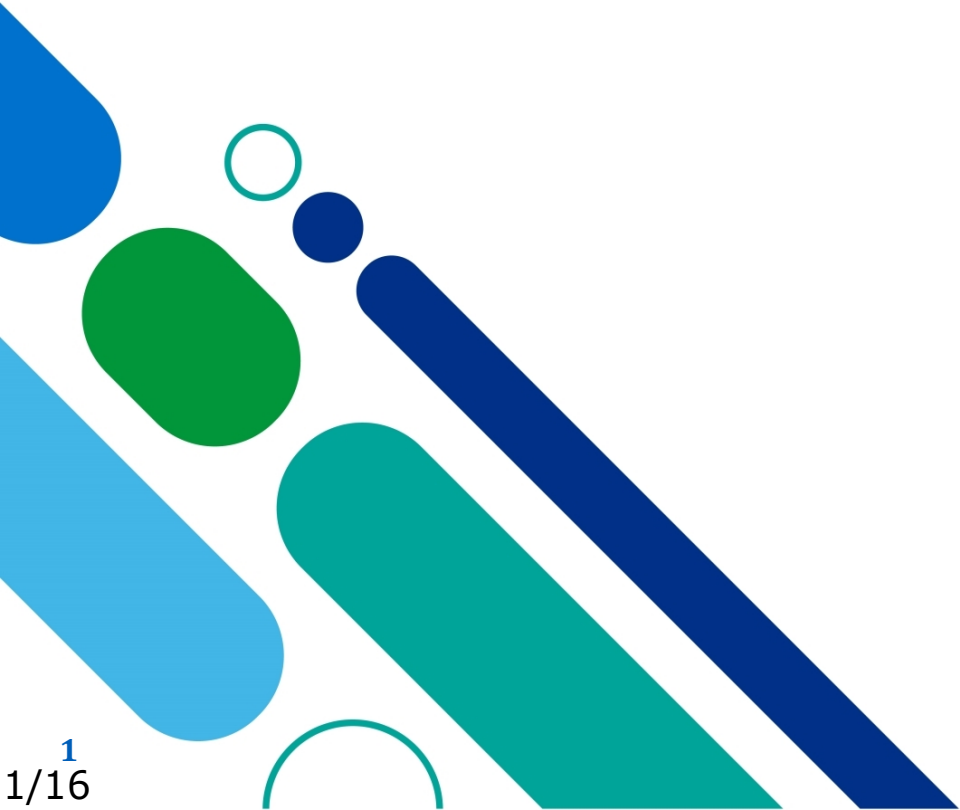
Actions taken to reduce any risks identified:

- Enhanced grip and control actions have been implemented across SWL NHS organisations.
- Recovery and Sustainability Board management and oversight of financial position.
- Financial Recovery Plan developed.
- Finance and Planning Committee will scrutinise the ICB's financial performance.
- Each SWL NHSE organisation financial governance processes.
- NHS Trust and ICB Chief Executive scrutiny and leadership is focused on financial delivery.
- Measures taken by individual organisations and collectively to identify additional efficiency programmes.

Financial/Resource Implications	Within the report.		
Is an Equality Impact Assessment (EIA) necessary and has it been completed?	N/A		
What are the implications of the EIA and what, if any are the mitigations	N/A		
Patient and Public Engagement and Communication	N/A		
Previous Committees/Groups Enter any Committees/Groups at which this document has been previously considered	Committee/Group Name	Date Discussed	Outcome
	SWL Senior Management Team (SMT)	21/12/2023	
Supporting Documents	SWL Finance Report Month 8 2023/24		

SWL NHS Finance Report M8

January 2024



Contents

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

The ICB internal position at month 8

Key Messages:

- Year to date the financial position is in line with the £0.2m surplus plan. We remain on track to deliver the £2.5m surplus at year end although there is still risk around the acute contracting and prescribing costs.
- The efficiency position is on plan both year to date and outturn whilst noting that the plan is profiled with higher savings required in Q4.
- Prescribing FOT is unchanged from month 7 and reported at £14.8m overspend which is mitigated by releasing non-recurrent contingencies.
- Continuing healthcare expenditure has continued to be in line with the plan or better and the efficiency programme is delivering in line with the plan.
- Mental health placements costs are in excess of plan although this will in part be mitigated by the transfer to South London Partnership. Final detail is still being worked through and overall impact will be reported in Q4.

Targets:

- Spend is on plan year to date and year end
- ERF for the system is on plan
- 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

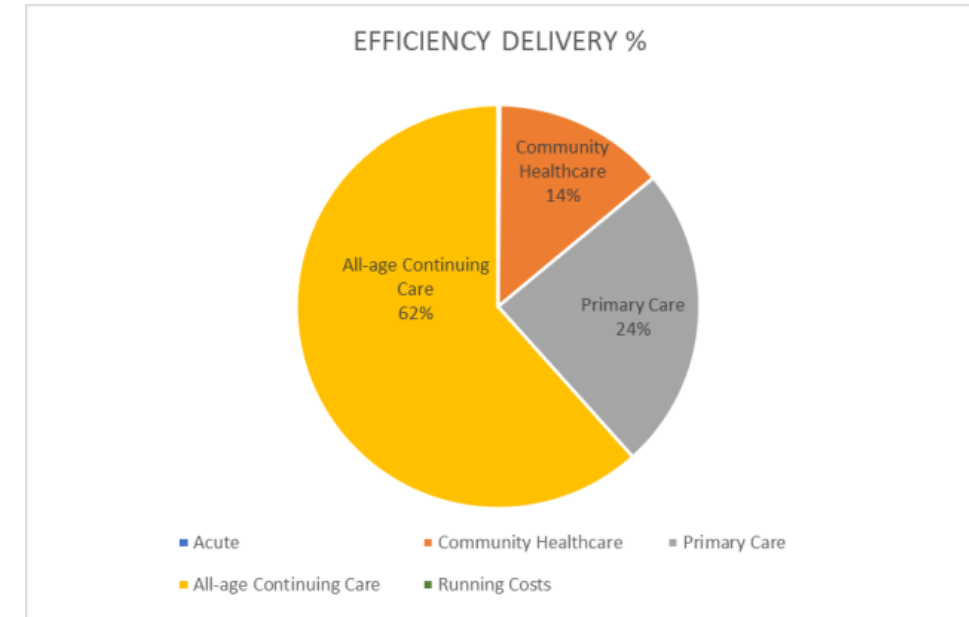
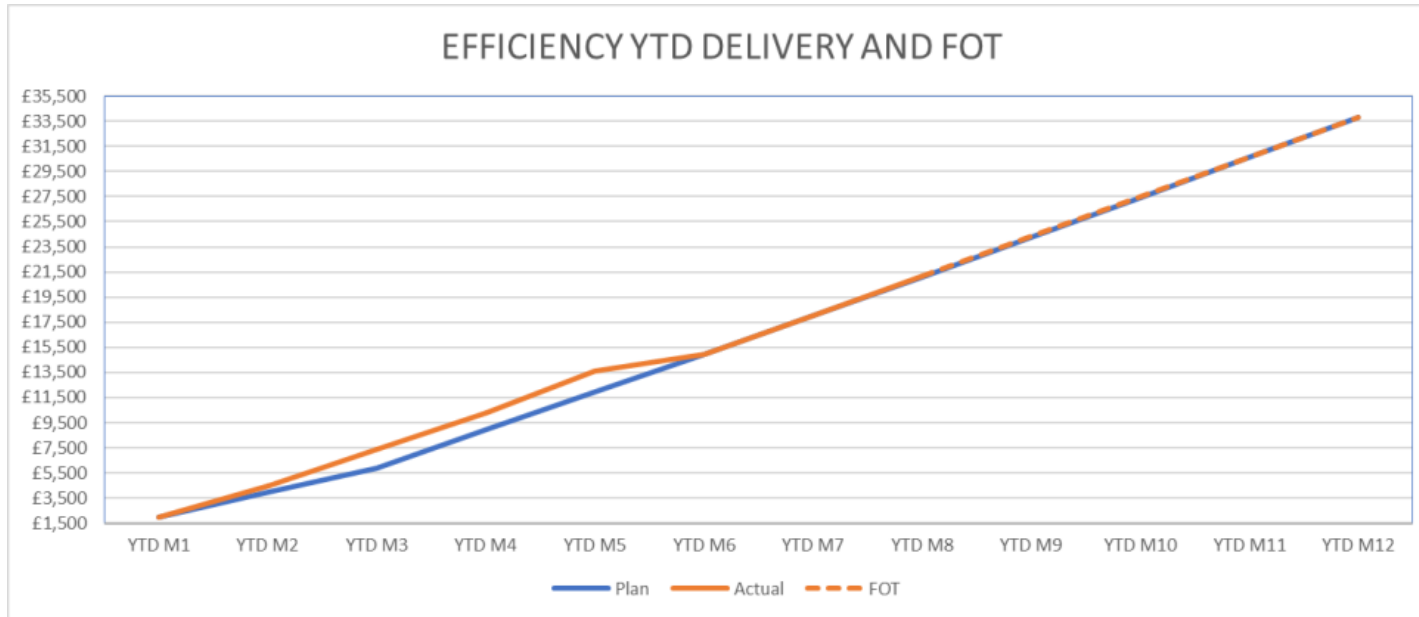
ICB high level budget reporting month 8

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
Total Allocation (Income)	£2,331,176			£3,648,229		
Expenditure:						
Acute Services (NHS & non NHS)	£1,126,813	£1,126,813	£1	£1,733,640	£1,733,849	-£209
Community Health Services	£180,792	£181,266	-£474	£273,520	£274,234	-£714
Continuing Healthcare	£117,416	£115,750	£1,666	£175,729	£172,278	£3,451
Corporate Services (Running Costs)	£20,904	£20,904	-£0	£31,358	£31,358	£0
Mental Health	£236,951	£236,934	£17	£355,443	£356,128	-£686
Other Programme Services	£34,021	£26,138	£7,882	£113,668	£100,656	£13,012
Primary Care (Incl Prescribing & Delegated)	£448,638	£457,730	-£9,092	£664,649	£679,504	-£14,855
Specialised Commissioning (Pathfinder Project)	£165,401	£165,401	£0	£297,722	£297,722	£0
Total Expenditure:	£2,330,936	£2,330,936	£0	£3,645,729	£3,645,729	£0
Surplus/(Deficit)	£240			£2,500		

SWL Overview: (favourable/-adverse variance)

- Acute contract's Elective recovery fund (ERF) is reported to plan this month as ICB is achieving its target for M8. FOT overspend is due to excess activity on some of the cost and volume non-NHS contracts.
- Community over performance is related to increase in expenditure of termination of pregnancy contract and placements waiting for transfer to CHC (DIOC)
- Continuing healthcare is now underspent mainly due to delivery of efficiency schemes, although it should be noted some Boroughs are seeing pressures coming through.
- Mental health over performance linked to jointly funded placements with some mitigation for this to come through once the risk share arrangement is agreed.
- Primary care overspends are related to prescribing with mitigation against other programme services due to the release of non-recurrent contingencies.

Overview of SWL ICB's efficiency plan



Narrative –

- The efficiency plan is in line with plan with an increase in savings required in the latter half of the year
- Circa 9% of the savings target (£3.1m) are non-recurrent increasing the level of savings required in 2024/25
- Continuing healthcare efficiencies are higher than plan.

The SWL NHS system revenue position at month 8

SWL NHS system revenue position



South West London

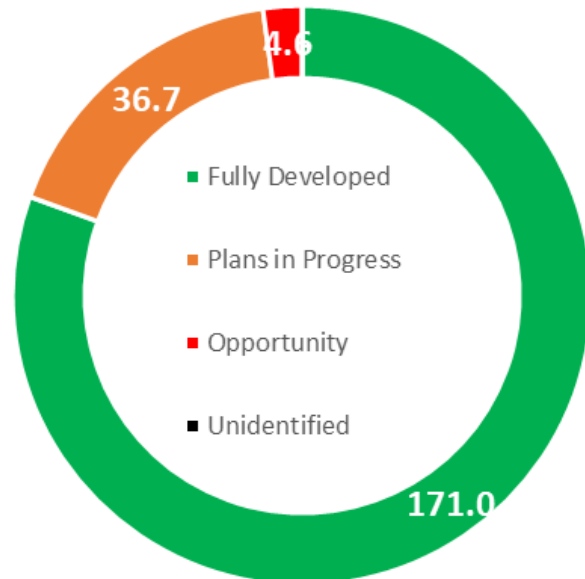
- NHSE guidance required that forecast outturn positions reported at month 8 remain in line with the original plan, rather than changed to reflect the updated forecast submitted in November. Therefore, at M8 the ICS is reporting on plan to meet the £81.6m deficit.
- For SWL overall, the updated forecast (expected to be reported at month 9) remains the £81.6m deficit as per plan, but there will be some changes to FOTs for individual organisations.
- The year to date adverse variance of £2.8m is driven by efficiency under delivery at SGH, partly offset by performance at RMH.
- The system allocation received for industrial action is now included within the year to date position, as per NHSE guidance.

Financial performance (£m)	M8 YTD			M8 FOT		
	Plan	Actual	Variance	Plan	Actual	Variance
CHS	-13.1	-13.1	0.0	-16.4	-16.4	0.0
ESHT	-28.3	-28.3	0.0	-37.9	-37.9	0.0
KHT	-18.3	-18.3	0.0	-16.8	-16.8	0.0
SGH	-15.1	-23.8	-8.7	-15.7	-15.7	0.0
HRCH	0.2	0.4	0.2	0.5	0.5	0.0
SWL StG	-0.2	-0.2	0.0	0.3	0.3	0.0
RMH	-4.0	1.7	5.7	2.0	2.0	0.0
Trust total	-78.7	-81.5	-2.8	-84.1	-84.1	0.0
ICB	0.2	0.2	0.0	2.5	2.5	0.0
SWL System	-78.5	-81.3	-2.8	-81.6	-81.6	0.0

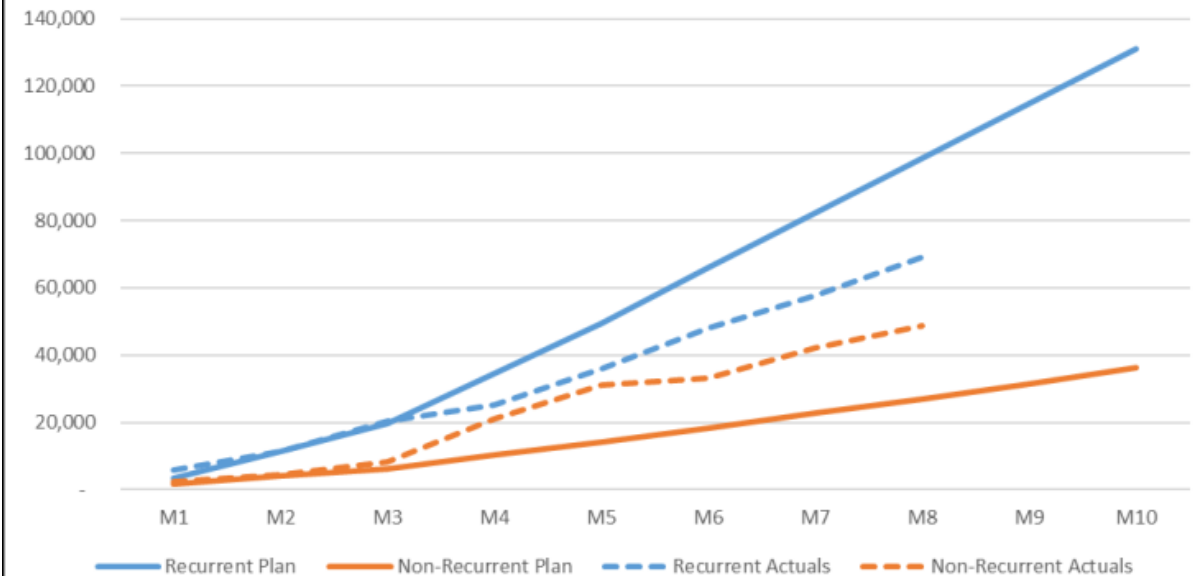
SWL NHS system efficiency

- 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;
 - £4.6m (2%) is at the opportunity stage;
 - £36.7 (17%) have plan is progress;
 - £171.0m (81%) is fully developed (up 3% on M7).
- 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 £8.9m 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 (£k)

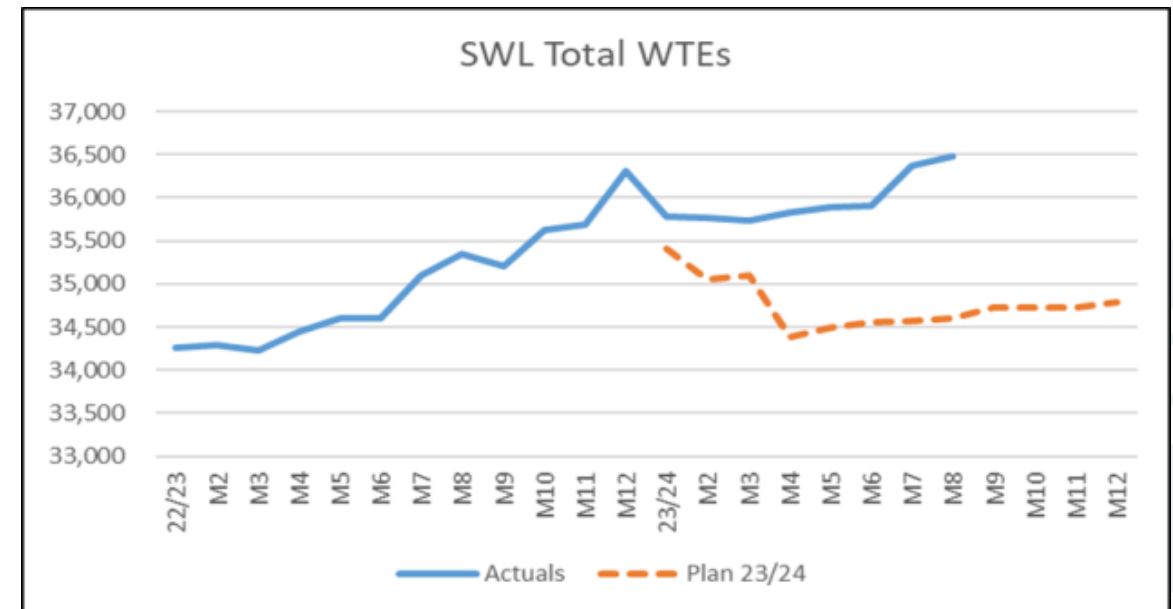
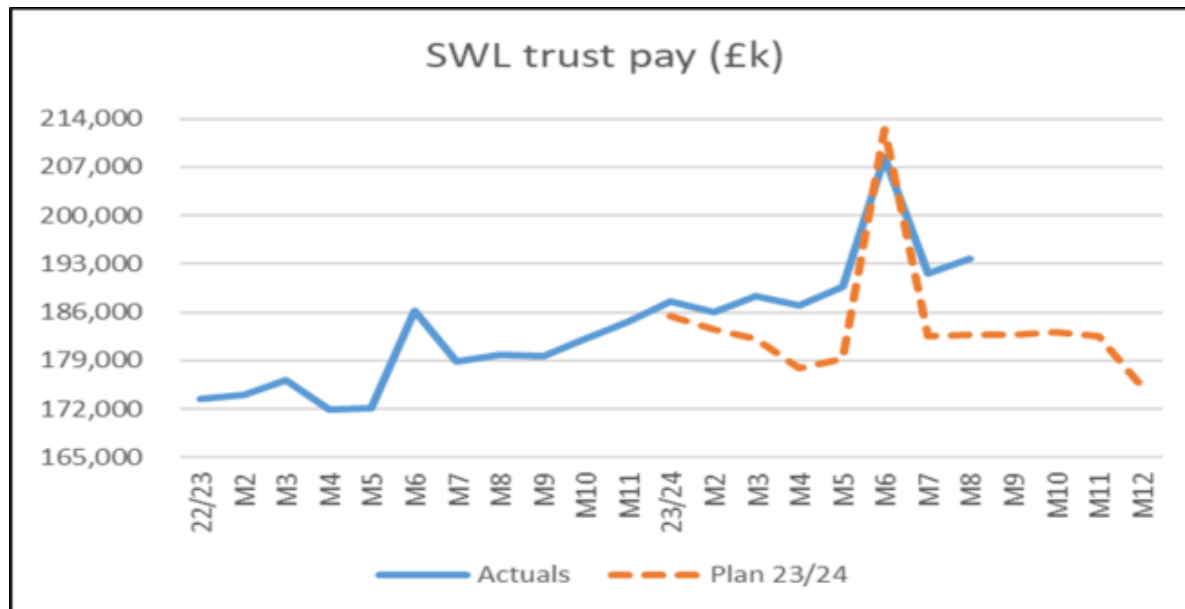


SWL NHS system workforce



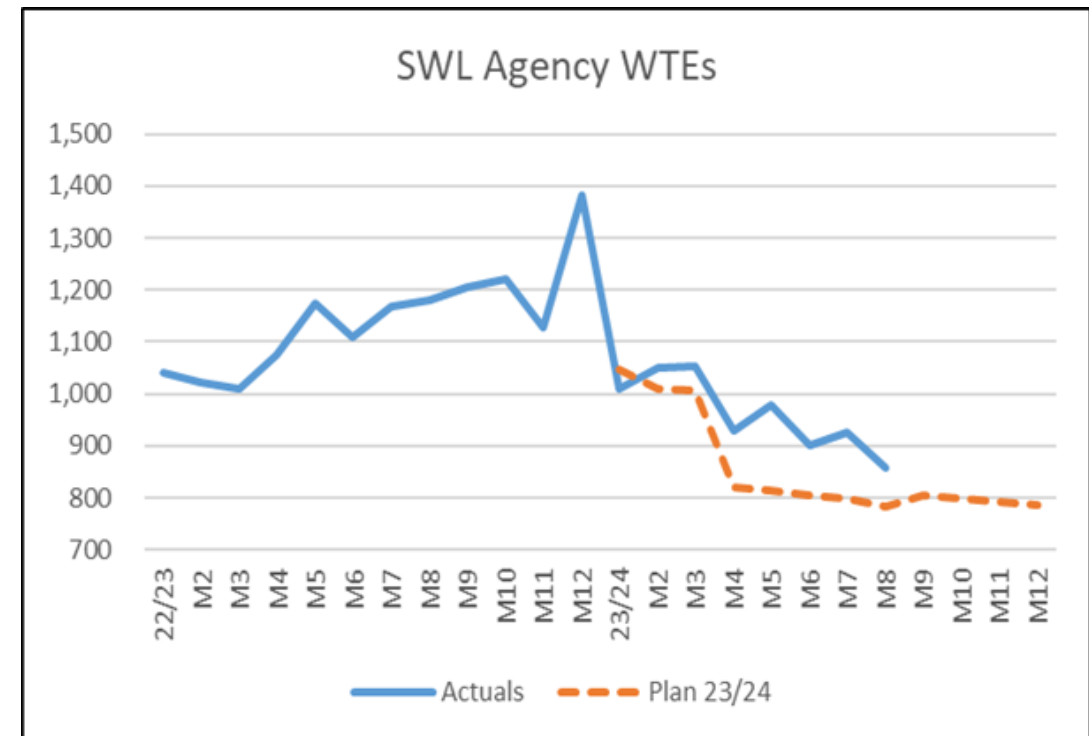
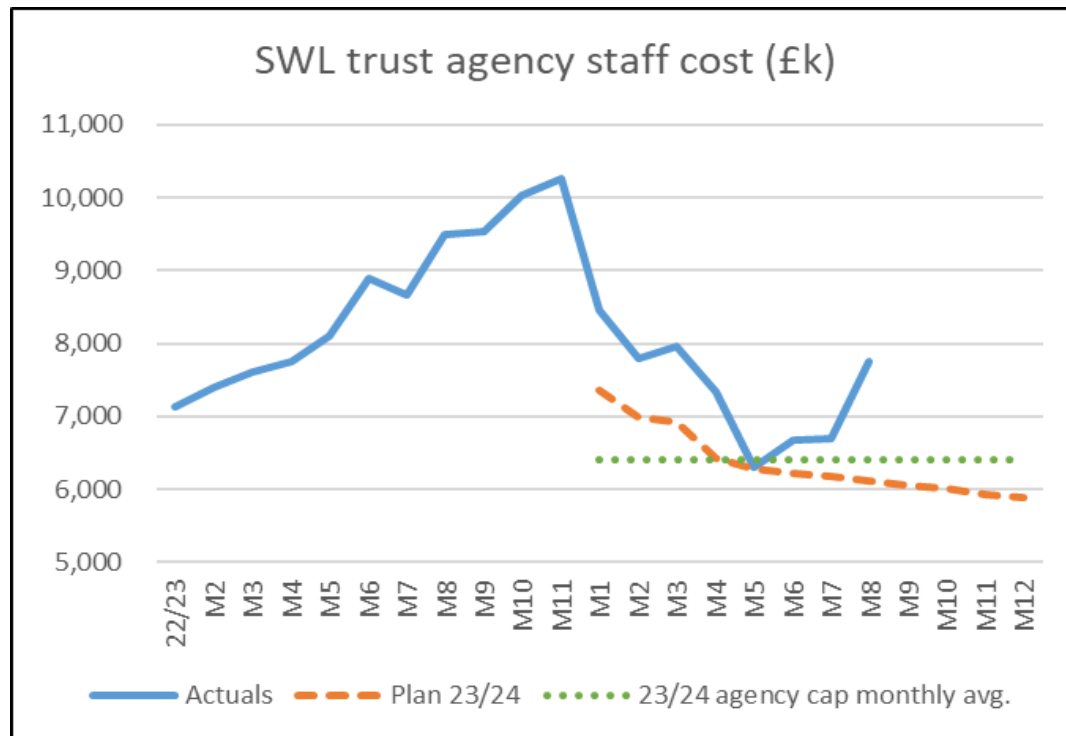
South West London

- The charts shows cost and WTE actual trajectories against plan for total trust staff (substantive, bank and agency).
- Overall system pay costs are £44.9m adverse to plan for the year to date, of which £14.5m is industrial action.
 - Substantive £20.9m adverse;
 - Bank £18.6m adverse;
 - Agency £6.5m adverse;
 - Other pay costs £1.1m favourable.
- The increase is driven largely by funded pay award not in original plan and cost of industrial action.
- Total WTEs are currently 1,884 above plan and the trajectory has increased month on month. The plan set is at a level significantly below the WTE run rate at the end of 22/23.



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 £6.5m (12%) and forecast to be £8.6m (11%) adverse for the year.
- The plan has been set to achieve the system agency cap. Although costs are currently above the required run rate and increased month on month, they have still 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 around £8m a month. Pressure on the run rate likely to continue as we move through winter and further work required to mitigate this trend.
- Agency WTEs decreased month on month but remain above plan.



Risk	Description	Mitigation
Non-delivery of recurrent savings plans	<ul style="list-style-type: none"> Savings delivery overall year to date is adverse to plan and has relied on more non-recurrent schemes than planned. Agency costs are forecast to breach the agency cap due to the increase in elective activity, although run rate is reducing. 	<ul style="list-style-type: none"> The November H2 re-forecasting exercise has mitigated a large amount of the savings risk identified in month 6. However, focus on savings delivery is still necessary to achieve the plan using the following mitigations: System wide Financial Recovery Plan (FRP) has been finalised and is now being rolled out via a series of delivery boards. System Recovery Board meets monthly to review progress and challenge slippage. Grip and control actions implemented, including 'triple lock' approval of non-pay spend and agency costs, which are submitted to NHSE London weekly. Control environment assessment was conducted over the summer, and this will be repeated via peer review after the H2 re-forecasting exercise is complete. External review of acute workforce currently being undertaken
Delivery of the new ERF trajectories resulting from workforce pressures	<ul style="list-style-type: none"> The new ERF trajectories are stretching and require all organisations to carry out more activity than they have been to date. The trajectories may not be achievable due to workforce constraints 	<ul style="list-style-type: none"> All organisations have revised their ERF trajectories at month 7, with detailed plans in place to meet the new trajectories. CHS have the most stretching target and are currently convening ERF update meetings with key individuals each day to ensure the organisation can stay on track. Actions taken at provider level to ensure accurate coding and reporting of activity.
Contracting risks: <ul style="list-style-type: none"> NHSE contracting baseline risks Payments for variable element of API contract 	<ul style="list-style-type: none"> The financial position assumes baseline income from NHSE that has yet to finalised. Variable element of the API contract not covered by ERF may become a cost pressure for the ICB. 	<ul style="list-style-type: none"> Working closely with NHSE to resolve the baseline contracting risk. Working with both the national and regional team to resolve the issue. Close analysis of variable elements of API contract, including diagnostics / drugs. Delivery of the ERF target to ensure additional payments are possible
Industrial action (IA) pressures if IA continues	<ul style="list-style-type: none"> If IA continues, based on modelling of 3 further days of double doctors strike the risk forecast to be £20m 	<ul style="list-style-type: none"> Regular communication with national team to ensure we have the most time possible to plan for any further IA days.

The SWL system capital position at month 8

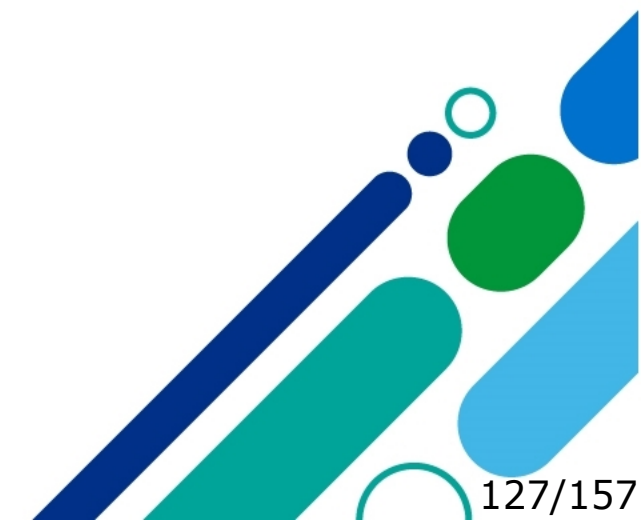
SWL NHS System Capital Position

- SWL CDEL position shows a YTD overspend of £11.6m, though this is due to the timing of SWLStG asset sale CDEL credits (in plan, but not in YTD). The £35.7m asset sale credit is currently expected to transact in December. If there are further delays, Tolworth expenditure will be reprofiled accordingly.
- Without the impact of the asset sale, the SWL CDEL is underspent by £24m YTD. Trusts need to accelerate activities in the latter part of the year to compensate for phasing differences to plan.
- Plan included a 5% overcommitment (£5.7m), the exclusion of which is now in the FOT.
- Total CDEL FOT includes £68.2m relating to IFRS16 technical adjustments, YTD underspend is partly related uncertainty of IFRS16 funding to date. However, an CDEL uplift to envelopes of £40m has now been confirmed (for IFRS16 but un-ringfenced). The system will be able to live within this allocation, but is re-planning for M9.
- Nationally funded schemes are currently forecast as on track, bar the BYFH programme due to ongoing discussions with the New Hospitals Programme.

SWL CDEL (£m)	M8 YTD			M8 FOT		
	Plan	Actual	Variance	Plan	Actual	Variance
CHS	9.9	7.4	-2.5	14.1	14.1	0.0
ESHT	19.9	12.2	-7.7	27.4	27.7	0.3
KHT	6.6	5.6	-1.0	16.8	16.8	0.0
SGH	13.4	10.9	-2.5	32.7	32.7	0.0
HRCH	1.2	0.7	-0.5	2.0	2.0	0.0
SWL StG	-18.8	12.1	30.9	-16.9	18.8	35.7
RMH	10.1	4.8	-5.3	15.7	15.7	0.0
Trust total	42.3	53.8	11.6	91.8	127.8	36.0
ICB	0.0	0.0	0.0	0.0	0.0	0.0
SWL System	42.3	53.8	11.6	91.8	127.8	36.0

Total CDEL (£m)	M8 YTD			M8 FOT		
	Plan	Actual	Variance	Plan	Actual	Variance
CHS	16.2	11.6	-4.6	37.4	39.2	1.7
ESHT	34.6	15.8	-18.8	56.9	52.9	-4.0
KHT	7.9	6.4	-1.5	21.1	21.1	0.0
SGH	59.9	29.2	-30.6	83.2	83.1	-0.0
HRCH	1.2	0.7	-0.5	2.0	2.0	0.0
SWL StG	-11.6	14.3	26.0	2.6	38.0	35.4
RMH	13.0	4.8	-8.2	19.9	19.9	0.0
Trust total	121.1	82.9	-38.3	223.1	256.2	33.1
ICB	0.0	0.0	0.0	0.0	0.0	0.0
SWL System	121.1	82.9	-38.3	223.1	256.2	33.1

Summary



- The Board is asked to:
 - Note the ICB month 8 position and that forecast outturn remains on plan.
 - Note the ICS revenue month 8 position.
 - Note the ICS capital month 8 position.
 - Note the significant risks to delivery including:
 - efficiency achievement;
 - costs and impact of industrial action on delivery of planned care, if it continues;
 - reduction in workforce costs in line with the agency cap and workforce plan;
 - Delivery of new ERF activity trajectories.

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

NHS South West London Integrated Care Board

Name of Meeting	ICB Board		
Date	Wednesday, 17 January 2024		
Title	Quality and Oversight Committee Update Report		
Non Executive Member	Mercy Jeyasingham		
Lead Director (Name and Role)	Elaine Clancy, Chief Nursing Officer		
Author(s) (Name and Role)	Ruby Mangal, Head of Quality		
Agenda Item No.	09	Attachment No.	10
Purpose	Approve <input type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input checked="" type="checkbox"/>

Purpose

To provide the Board with an overview from the Non-Executive Member Chair of the Committee regarding the key quality concerns discussed at the SWL ICB Quality and Oversight Committee meeting on 13 December 2023.

The Quality and Oversight Committee has met once since the last update to the ICB Board, on 13 December 2023. With the Chair and the Chief Nursing Officer (CNO) present the meeting was quorate. The updates below are following consideration and discussion of key items at the meeting.

Terms of Reference (ToR)

- The updated Quality & Oversight Committee ToR, with feedback from members, was presented. The ToR are being aligned with the new Quality Governance Framework and will be represented to the Committee in February 2024, with a view to the ToR being approved by the ICB Board in March 2024.

Declarations of Interest

- The Chief Nursing Officer (CNO) declared an interest in relation to Item 10 (CHS Paediatric Audiology) as the former Chief Nurse at Croydon Healthcare Services. The Chair acknowledged the interest and mitigation and agreed that the CNO could remain in the meeting when this item is discussed.

ICB Performance Oversight framework

- An overview of the operating model was presented to the Committee. The model is based on four focus group meetings with the three collaboratives and one Place meeting. This allows for two-way dialogue with providers to seek assurance and collaborative resolution of issues, risks and seasonal challenges supported by a programme of deep dive reviews.
- The next step is to bring this together to build on the framework with finance, performance, and quality teams to have more informed discussions with Providers going forward.

Proposed New Framework for ICS CQC Inspections

- An update was provided on the new framework for ICS Care (CQC) inspections and oversight of the potential risks for the ICB and system.
- The Committee noted the potential challenges and acknowledged publication of the final draft report of the pilot test sites due in January 2024 which will provide further insights and learning for the ICB.

Safeguarding Annual Reports 2022/23

- A summary of the SWL Safeguarding Children, Children Looked After (CLA) and adult reports were presented to the committee for approval. These are the first annual SWL Safeguarding Reports since the establishment of the ICB in July 2022 providing oversight and assurance to the Committee and the ICB Board of how the ICB is fulfilling its statutory safeguarding requirements.

Safeguarding Adults, Children & Children Looked After (CLA) Q2 Report

- A summary of the report was provided to the Committee with an overview of all Safeguarding and Looked After Children activity in the reporting period including quality assurance processes, identification of risk, learning and safeguarding partnership work.
- An overview of the initial feedback on the impact of Right Care Right Person that was presented to the London Health Board was shared noting a reduction in the number of calls made to the Metropolitan Police Service (MPS). A performance dashboard is being developed and once set up will be reported to the Quality and Oversight Committee.

MBRRACE Maternal Death Summary Report 2019-2021 and recommendations summary overview October 2023

- A summary of the Maternity & Babies Reducing Risk through audits and Confidential Enquiries (MBRACCE) report covering the period 2019-2021 was provided with oversight of the findings and recommendations, alongside the work undertaken by the Local Maternity and Neonatal System (LMNS) in response to the recommendations.
- Assurance was provided that a deep dive review of maternal deaths is due to be commenced to identify themes and learning. The findings will be reported back to the Committee.

National Paediatric Audiology Hearing Services

- A summary report was presented to provide the Committee with oversight of the progress against the ten national recommendations set by NHS England and the Chief Scientific Officer (CSO) for implementation by local paediatric audiology services.
- The Committee was assured that all providers of SWL paediatric audiology services have submitted their final templates to the ICB. An action plan has been drafted and the Quality team will work with Providers to implement the actions.

Transfer of Priority (Due to Complex Need) Paediatric Audiology Patients Currently Under the Care of Croydon Health Service Paediatric Audiology Service to an Alternative NHS Provider

- A paper was presented to the Committee setting out the plan, to deliver the Croydon Health Services paediatric audiology service, whilst the future model for the management of paediatric audiology is developed.
- A separate options report for SWL and Croydon will be re-presented to the Committee.

Never Events Briefing

- Assurance was provided on the ongoing work at a Provider and System level in response to the management of Never Events.

SWL ICB Performance Report

- A summary of the report was presented to the Committee highlighting areas of improved performance, key challenges primarily due to industrial action and business continuity at Epsom & St Helier and Croydon Health Services with mitigating actions detailed in the report.

SWL ICB Quality Report:

- The Chief Nursing Officer (CNO) presented key headlines as detailed within the report. An update was provided on the response to the Medicines and Healthcare products Regulatory Agency (MHRA) Safety Alert on Valproate which will be reported back to the Committee in February .

Performance and Quality Risk Register

- An update was provided on the Quality and Performance Risks since the last meeting. The committee was asked to note details of the new risk added since the last meeting.
- RSK-097 - System Quality Oversight Maternity and Neonatal -

Recommendation

The Board is asked to:

- Note the Quality and Oversight Committee report.

Conflicts of Interest

One conflict of interest was declared by the ICB Chief Nursing Officer (CNO) in relation to Item 10 (CHS Paediatric Audiology) as the Former Chief Nurse at Croydon Healthcare Services. The Chair acknowledged the interest, mitigation in place and agreed that the CNO could remain in the meeting when this item is discussed.

Corporate Objectives

This document will impact on the following Board Objectives

Quality underpins the delivery of our corporate objectives.

Risks

This document links to the following Board risks:

No new risks identified outside listed risks on the corporate risk register.

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
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What are the implications of the EIA and what, if any are the mitigations	NA/
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Patient and Public Engagement and Communication	N/A
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Previous Committees/Groups Enter any Committees/Groups at which this document has been previously considered	Committee/Group Name	Date Discussed	Outcome
	SMT	23/11/2023	Noted
	SWL ICB Quality Oversight Committee	13/12/2023	Noted

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

Name of Meeting	ICB Board		
Date	Wednesday, 17 January 2024		
Title	Quality Report		
Lead Director (Name and Role)	Elaine Clancy, Chief Nursing Officer		
Author(s) (Name and Role)	Ruby Mangal, Head of Quality Oversight June Okochi, Deputy Director, Quality Improvement		
Agenda Item No.	09	Attachment No.	11
Purpose	Approve <input type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input checked="" type="checkbox"/>

Purpose

To provide:

- A summary of the system quality position across South West London (SWL), highlighting key areas of oversight at the Quality and Oversight Committee in December 2023.
- To provide the Board with assurance that mitigations are in place to manage quality issues.
- A summary of where quality of care has improved.

Executive Summary

The attached quality report is being presented to ICB Board with an overview of the key areas discussed at the Quality and Oversight Committee on 13 December 2023.

Key Issues for the Board to be aware of:

- **SWL System operational pressures** - Trusts continue to be challenged across our Urgent and Emergency Care pathways, bed availability and discharge pathways.
- **Industrial Action** - Planned strikes potentially impacting on patient safety and quality of care. Escalation routes are in place across the system and through the Chief Nursing Officers (CNOs) network.
- **SWL Infection Prevention and Control** – Rates are increasing across acute, community providers and care homes. Work is ongoing to increase awareness, provide training and support care homes. Trusts are following national and local guidelines to manage rates.
- **Increase in never events** - An assurance paper has been presented to the Quality and Oversight Committee highlighting the actions providers and the ICB are taking to address the increase.
- **Medicines safety:** The Medicines and Healthcare products Regulatory Agency (MHRA) safety alerts and shortages of medicines are jointly managed with the Chief Medical Officer's Medicine Optimisation team, supported by the CNO's directorate.

Recommendation

The Board is asked to:

- Be assured that quality oversight and governance is effective and escalation processes are clear for partners to raise concerns where appropriate.
- Be assured that the ICB is promoting a learning and improvement culture across the system where there is best practice.
- Be assured that the system is working collaboratively to address quality challenges that could impact patient safety.

Conflicts of Interest

N/A

Corporate Objectives

This document will impact on the following Board Objectives

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

Risks

This document links to the following Board risks:

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

Mitigations

Actions taken to reduce any risks identified:

As detailed in the quality risk register.

Financial/Resource Implications

N/A

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

An EIA has been considered and is not needed.

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

Ongoing implementation of identified impact within patient safety and quality work programmes and as part of CORE20PLUS5.

Patient and Public Engagement and Communication

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

Previous Committees/Groups Enter any Committees/Groups at which this document has been previously considered	Committee/Group Name	Date Discussed	Outcome
	SWL ICB Senior Management team	23/11/2023	The report was reviewed and recommended for approval
	SWL ICB Quality Oversight Committee	13/12/2023	The report was reviewed and recommended for approval

Supporting Documents	South West London System Quality Report
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South West London Integrated Care Board ICB Quality Report

Introduction

This exception report provides an overview of quality and safety within SWL Integrated Care System. The report highlights a summary of key quality challenges presented at the Quality and Oversight Committee in December 2023 and an outline of where improvements have been made. The reporting period is between September to November 2023 (unless otherwise stated).

Key quality challenges

- The system operational pressures across SWL Trusts continue to be challenged across our Urgent and Emergency Care pathways, bed availability and discharge pathways.
- The impact of industrial action on patient safety remains a challenge. Escalation routes are in place across the system and through the Chief Nursing Officer's (CNO) network.
- Infections rates are increasing across SWL acute, community providers and care homes. Work is ongoing to raise awareness, provide training and provide support to care home colleagues. Trusts are following national and local guidelines to manage outbreaks.
- Increase in never events from some of our Trusts. An assurance paper has been presented to the Quality and Oversight Committee (QOC) with actions providers and the ICB are taking to address the increase.
- Medicines safety: Medicines and Healthcare Products Regulatory Agency (MHRA) safety alerts and shortages of medicines are jointly managed with the Chief Medical Officer's Medicine Optimisation team, supported by the CNO's directorate.

Regulatory Updates

Care Quality Commission (CQC): New Single Assessment Framework for Integrated Care Systems:

The CQC has introduced the new assessment framework for Integrated Care Systems (ICS) following the completion of the pilot baseline assessments in other parts of the country. The framework will apply to Providers, Local Authorities, and the ICSs (via the ICBs). The framework will simplify the assessment process focusing on Quality, Safety, Leadership, and Integration with an emphasis on person-centred care and safety cultures that can learn and improve over time. Work is ongoing across the ICB, ICP and ICS to raise awareness and next steps for preparedness.

CQC organisation updates and Place-based Ofsted Inspections:

Central London Community Healthcare NHS Trust: Sexual Health Services:

- The CQC conducted an unannounced inspection of the community Sexual Health Services in Merton, Wandsworth, and Richmond on 31st October 2023. The draft report and outcome are expected on 18th January 2024.

Kingston - Community Health services for Children and Young People

- On 4th December 2023, Community health services for children and young people in Kingston were rated 'Good' by the CQC. The report praised staff for treating children, young people and families with compassion and kindness, considering their individual needs, and respecting their privacy and dignity.

St George's Hospital Maternity Services:

- The St George's maternity diagnostic review was completed in November 2023. Initial feedback was provided highlighting key challenges and areas of best practice.

South London & The Maudsley Hospital (SLAM)

- The CQC conducted a focused inspection at South London & The Maudsley Hospital (SLAM) hospital sites in November 2023. The inspection focused on learning from serious incidents on the acute wards for adults of working age and a psychiatric intensive care unit. The Trust is awaiting feedback on the outcome of the inspection

Ofsted/ SEND inspections:**Ofsted Announcement - Children's Services:**

- Ofsted inspectors conducted an onsite inspection of Wandsworth Local Authority social work practice with children and families at their Front Door on 23rd and 24th November 2023. The inspection includes arrangements for (16 & 7) year old young people at risk of Homelessness. The findings of the inspection will be published in the new year.

Richmond Special Educational Need and/or Disabilities (SEND)

- The recently published outcome report highlights that local area partnership's special educational needs and/or disability (SEND) arrangements typically lead to positive experiences and outcomes for children and young people with SEND. The local area partnership will take action where improvements are necessary.

Patient Safety**Never Events:**

SWL declared six Never Events between September and November 2023.

St George's Hospital and Epsom and St Helier (GESH) have carried out a joint thematic analysis and developed an action plan which is implementation stages to reduce the occurrence of events across both Trusts. The ICB is meeting with GESH in January 2024 to offer support and monitor the impact of Trust's actions.

Medicines and Healthcare Products Regulatory Agency (MHRA) Safety Alert:

MHRA issued a National Patient Safety Alert on 28th November 2023. The alert requires ICBs to prepare for new regulatory measures for the oversight of prescribing sodium valproate, valproic acid and valproate semi sodium (valproate) to new patients and existing female patients. A Task and Finish Group has been established to implement the safety actions by the 31st January 2024. A verbal update was provided to QOC and a paper will be presented on the requirements of the alert, plan, and progress to QOC in February 2024.

Medicines Optimisation:

A national shortage of medicines continues to disrupt supplies to SWL patients. Shortages include supplies of vital antibiotics, hormone replacement therapy (HRT) and attention deficit hyperactivity disorder (ADHD) drugs.

The ICB has an integrated joint formulary enabling clear prescribing arrangements across the system and working through the following actions. Safety risks and mitigations are raised through the ICB's quality governance structure.

Mixed Sex Accommodation Ward Breaches (MSAB)

A recent article reported that England NHS providers have recorded more than 120,000 breaches of its mixed-sex hospital accommodation guidance in the past six years. Guidance states that hospital patients will not share sleeping accommodation with members of the opposite sex "except where appropriate" and patients should not share toilet or bathroom facilities with members of the opposite sex and should not "have to walk through an area occupied by patients of the opposite sex to reach toilets or bathrooms. Some of our Trusts have seen an increase in breaches. These breaches are increasing as a result of significant

pressures on beds across Trusts specifically around Intensive Therapy Unit (ITU) step downs. The ICB will continue to monitor the impact of breaches on patient safety and experience.

Mutual Aid requests Maternity Services:

There have been five requests from Kingston Hospital for a system call for mutual aid since 20th October 2023. All requests have resulted in support being offered from within London boundaries, however only one request could be adequately supported within SWL.

Four out of the five requests were due to staffing, and one was a combination of capacity and staffing. Two requests have resulted in formal escalation to NHSE for a cross boundary call. Frequently occurring issues arising from mutual aid requests for maternity services is fed back via the ICB Maternity leads and the Trust's Director and Head of Midwifery.

National Paediatric Audiology Improvement Programme:

In addition to the request from the Chief Scientific Office and NHSE for ICBs to work with their providers to implement the ten national recommendations by October 2023, NHSE has subsequently requested ICBs to engage with their providers to support a regional peer review process on Auditory Brainstem Response (ABR) services to gain assurance that providers are working safely and to the required standards. The ICB submitted a system response on 4th December 2023. NHSE will provide feedback on 15th December 2023. This will be followed by ICB focus sessions the week beginning 9th January 2024 when NHSE, the ICB and provider paediatric audiology clinical leads can meet to discuss the feedback.

Safeguarding Reports:

The following Safeguarding reports were presented at the Quality Oversight Committee on 13th December 2023 for approval.

- Safeguarding Children Annual Report 2022-23
- Children Looked After (CLA) annual reports (2022-23)
- Safeguarding Adults, Children and Children Looked After Q2 report.
- Safeguarding Adults Annual Report 2022/23

Reports outlined the statutory responsibilities of South West London ICB (SWL ICB) in respect of Safeguarding and the actions taken to meet these responsibilities during Q2 2023/24. Key issues, areas of achievement and progress were highlighted for Safeguarding Adults, Children and Children Looked After (CLA), across SWL.

Assurance was provided on the core priority areas for 2023/24, with a focus on shared learning, continued engagement, working in partnership with children (including children looked after) adults and partners across the sector to ensure safeguarding is firmly embedded within the core duties and statutory responsibilities of all organisations across the health system.

Recommendations:

The Board is asked to note key challenges and areas of improvement within the report and be assured that work continues across the system to ensure quality challenges are mitigated through the providers and systems' governance processes.

The Board is asked to be assured that the Quality and Oversight Committee continues to provide oversight of quality risks as outlined in the corporate risk register and Board Assurance Framework and that the ICB is working closely with providers to ensure safe services are delivered across SWL.

NHS South West London Integrated Care Board

Name of Meeting	ICB Board		
Date	Wednesday, 17 January 2024		
Title	ICB Performance Report		
Lead Director (Name and Role)	Jonathan Bates, Chief Operating Officer		
Author(s) (Name and Role)	Suzanne Bates, Director of Performance Oversight		
Agenda Item No.	09	Attachment No.	12
Purpose	Approve <input type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input checked="" type="checkbox"/>

Purpose

The purpose of this report is to provide the Board with oversight and assurance in relation to the overall performance and quality 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

Key areas where SWL has seen improvements in performance:

- The number of 60-minute and 45-minute ambulance handover breaches has improved steadily since last winter and further since the roll out of the London Ambulance Service 45-minute handover pilot, though we have not seen a corresponding improvement in category 2 ambulance response times.
- SWL continues to have the highest percentage of Urgent Community Response referrals from Care Homes in London as well as the highest 2-hour response performance in London at 86%, against the national standard of 70%.
- Virtual Ward utilisation across SWL has improved since August with 55% occupancy in October. Unpublished data shows this has improved to 65% in November. New initiatives around the pull model and development of admission avoidance pathways have supported this recent improvement.

Key Issues for the Board to be aware of:

- The increase in attendances in October plus the implementation of the 45-minute ambulance handover protocol impacted on performance against the A&E 4-hour target, which decreased to 71% against the October target of 77%. The system has invested in a range of initiatives in A&E to reduce pressure, including frailty at the front-door and additional therapy services.

- For patients waiting 12 hours from ‘decision to admit’ to admission in A&E, SWL was the worst performing ICS in London and the sixth worst performing nationally in October. Further refinement to winter plans to reflect available evidence, such as investment in primary care surge capacity and intensive support to care homes has been put in place during the festive period. There is a SWL Mental Health Improvement Plan in place for patients in A&E, which includes improving the management of patients presenting in mental health crisis at A&E as well as flow improvement work.
- In August, the number of out of area placements in SWL increased to the highest in 12 months at 770. SWL & St George’s and Local Authorities continue to work on admission prevention, length of stay, timely discharge and the ten key interventions set out in the ‘Discharge Challenge’ guidance. Additionally monthly multi-agency meetings are in place to address delayed transfers.
- SWL has the smallest cohort of long waiters (18+ weeks) relative to other London ICSs however, 52-week waiters have grown by over a half since January this year; the majority of this growth is at Epsom & St Helier and Croydon. As part of the planning round for the latter half of this financial year, the system has developed action plans in the most challenged pathways (which include Community Paediatrics and Gynaecology) to clear this cohort by March 2024. Further Industrial Action may impact this goal.

Recommendation

The Board is asked to:

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

Conflicts of Interest

None known

Corporate Objectives

This document will impact on the following Board Objectives

Meeting performance and recovery objectives across the SWL ICS.

Risks

This document links to the following Board risks:

Poor performance against constitutional standards is a risk to the delivery of timely patient care, especially in the current climate of recovery following the COVID pandemic.

Mitigations

Actions taken to reduce any risks identified:

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

Financial/Resource Implications

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

Is an Equality Impact Assessment (EIA) necessary and has it been completed?	N/A
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What are the implications of the EIA and what, if any are the mitigations	Work has begun to identify the inequality issues associated with elective waiting lists.
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Patient and Public Engagement and Communication	N/A
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Previous Committees/Groups Enter any Committees/Groups at which this document has been previously considered	Committee/Group Name	Date Discussed	Outcome
	Quality & Oversight Committee	13/12/2023	Discussed prior to Board.

Supporting Documents	ICB Performance Report
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South West London Integrated Board Report

November 2023 (Month 07 Data)

DATE REFRESHED : 13-11-2023

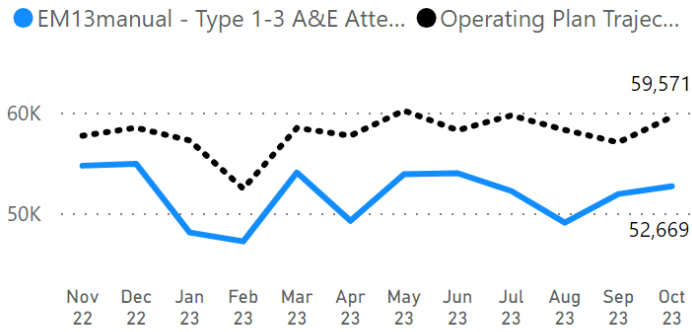
SRO: Jonathan Bates



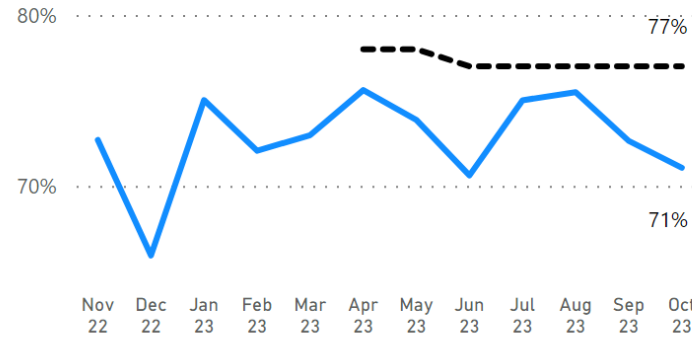
- The South West London (South West London) Integrated Board report presents the latest published and unpublished data assessing delivery against the NHS Constitutional standards and locally agreed on metrics. These metrics relate to acute, mental health, community and primary care services and other significant borough/Place level indicators.
- Data is sourced through official national publications via NHS England, NHS Digital and local providers. Some data is validated data published one month or more in arrears. However, much of the data is unvalidated (and more timely) but may be incomplete or subject to change post-validation. Therefore, the data presented in this report may differ from data in other reports for the same indicator (dependent on when the data was collected).
- The report contains current operating plan trajectories.
- This is the current iteration of the Integrated Care Board Performance Report and the number of indicators will continue to be reviewed and refined as work progresses to develop reporting within the Integrated Care Board (ICB).
- Data Quality Issues: There are some data quality issues in South West London, mostly affecting Royal Marsden reporting due to the new Patient Administration System implementation..
- Data on 45-minute handovers is from London Ambulance Service and has not been validated by South West London Trusts.

- Urgent and Emergency Care:** A&E 4-hour performance decreased to 71% and is below the trajectory of 77% for October. Kingston Hospital achieved 58.6%, while the other Trusts ranged between 71.1% and 75.5%. 2,023 patients waited over 12 hours from 'decision to admit' to admission in October. South West London had the highest number of 12-hour breaches in London this month and was the sixth highest nationally.
- The performance described above has been impacted by an increase in A&E attendances in September and October, along with the implementation of the 45-minute ambulance handover protocol.** St George's Hospital started the pilot in September and the wider system followed in October. London Ambulance Service data shows improvement in handover and Category 1 and 2 response times over September and October, though South West London data has not yet shown a sustained improvement.
- There are a number of programmes in place to address these pressures.** To maintain performance for ambulance handovers, ambulance response time and A&E access, the system is heightening its focus on Continuous Flow programmes and the utilisation of virtual wards. The system has invested in a range of initiatives to reduce front end pressures, including frailty at the front-door, additional therapy and pharmacy services. The latest Urgent Community Response 2-hour performance is 86% against the national standard of 70% which is currently the highest in London. Although the volume of 111 calls increased, the percentage of abandoned 111 calls improved from 10.9% in September to 6.6% in October due to a range of actions by Practice Plus Group, the service provider.
- Mental Health 12 Hour A&E Breaches:** Unvalidated figures show that in October there were 105 x 12-hour breaches in October, up from 97 in September. This correlates with an increase in patients who did not meet the criteria to reside remaining in acute beds. Actions to support improvement include additional hostel beds, bed prioritisation scoring, additional private sector beds and focussed flow improvement work.
- Cancer:** Against the 62-day standard of 85%, South West London performance was 67.5% in September, the second highest in London. On the 28-Day faster diagnostic standard, performance was 74.0%, the second time this year that South West London reported a non-compliant position. However, all providers with the exception of Croydon and St George's reported a compliant position. Croydon has seen a significant improvement in cancer performance in recent months and is no longer receiving support from NHSE. 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 South West London has increased by 21.8% in the last year, higher than the London increase of 16.9%. The more recent growth in patients waiting was driven by the seasonal summer surge in Dermatology referrals; seasonally, Dermatology referrals increase in the summer and decrease in winter.
- 52 Week Waits:** There were 2,234 patients waiting over 52 weeks for treatment at South West London providers in September, an increase of 271 since August. Out of these patients, 282 have waited over 65 weeks. The biggest increases were at Epsom & St Helier and Croydon Hospitals. Mitigations include a Community Paediatrics Quality Improvement Plan led by Epsom & St Helier and St George's, extra Gynaecology capacity at Croydon and mutual aid from St George's to Epsom & St Helier.
- Severe Mental Illness Health checks:** In Quarter 2, in South West London 55% of Severe Mental Illness patients received all six annual health checks. Additional Healthcare Assistant resource has been made available to support primary care to reach patients not attending for their health checks.
- Childhood Immunisations:** Uptake in Quarter 1 for South West London 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 Measles, Mumps & Rubella 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)



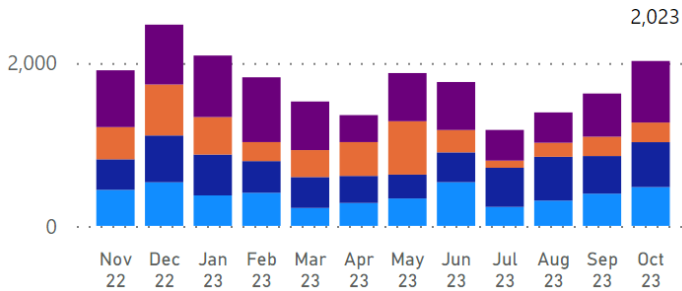
A&E (All Types) 4 Hour Standard



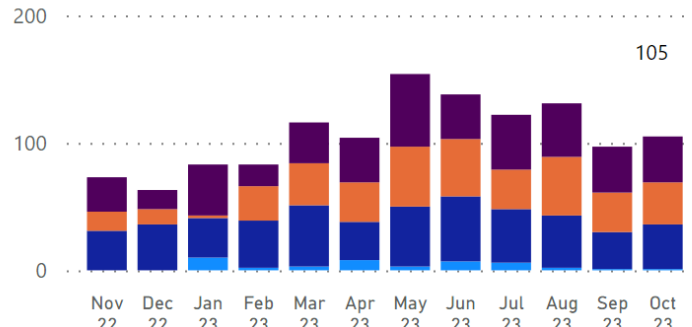
A&E Attendances and performance

A&E attendances remain below plan. However, the increase in attendances in October plus the implementation of the 45-minute ambulance handover protocol impacted on performance against the 4-hour target, which decreased to 71% against the October target of 77%. There are programmes in place for admission avoidance, improving inpatient flow and expediting discharge, all of which are monitored by the Urgent and Emergency Care Board. The system has invested in a range of initiatives in the A&Es to reduce pressure, including frailty at the front-door, additional therapy and pharmacy services.

12 Hour A&E Breaches



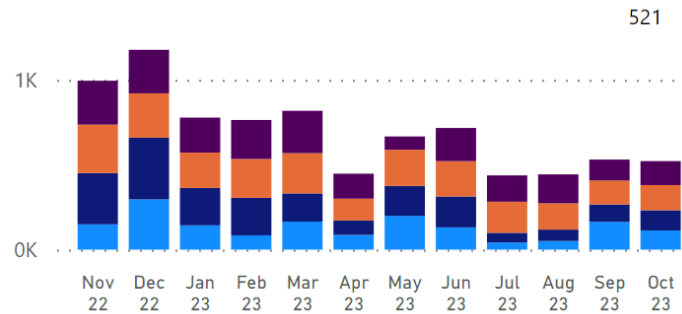
12 Hour Mental Health A&E Breaches (Unvalidated)



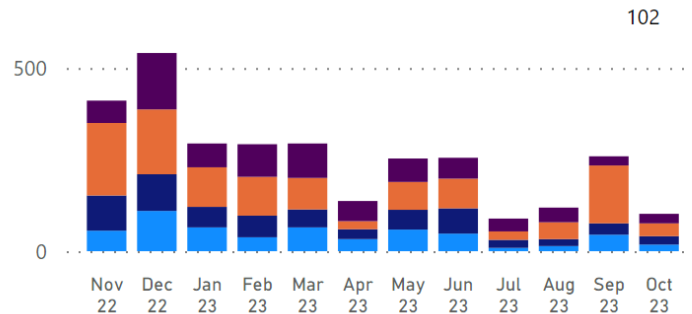
12 Hour breaches

There was an increase in the total number of 12-hour breaches in October both in mental and physical health breaches. There is a South West London Mental Health Improvement Plan in place for patients in A&E, which includes improving the management of patients presenting in mental health crisis at A&E as well as flow improvement work. A proportion of Urgent and Emergency Care funds is also being used to provide schemes such as step-down hostel capacity. Workshops were held in October and November with all acute hospitals to review opportunities to improve mental health A&E pathways and there is ongoing work to address delayed transfers of care.

45 minute Ambulance Breaches



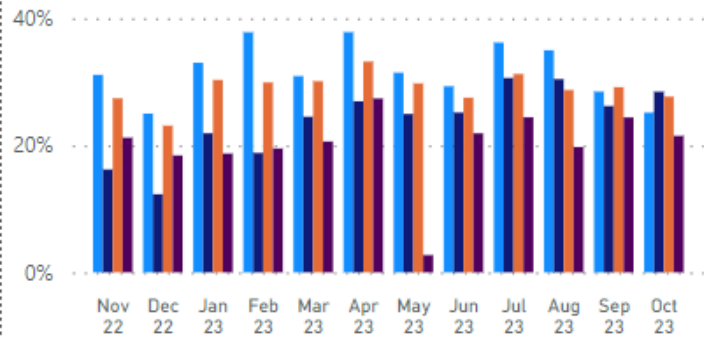
60 minute Ambulance Breaches



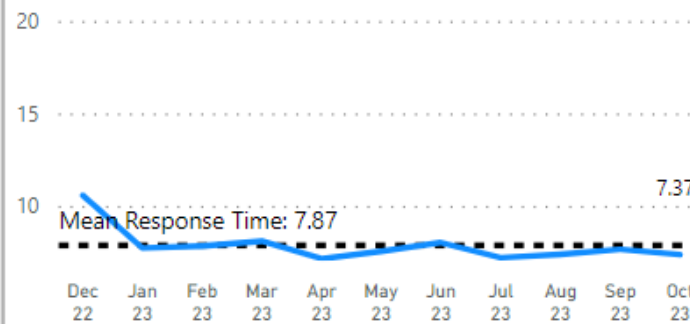
Ambulance handovers

The number of 60-minute delays in ambulance handover decreased in October. St George's went live with 45-minute handover pilot in September with the other three acute Trusts following in mid-October. There has been close working with London Ambulance Service to plan, develop and implement the protocol. The impact of the pilot is being closely monitored by the South West London Urgent and Emergency Care Board. Hospital Ambulance Liaison Officers, resourced through the Winter Urgent and Emergency Care funds, have been recognised as key in facilitating day-to-day management of flow and supporting improvement work.

% Ambulance Handover within 15 minute



Ambulance Category 1 Emergency Response Times (minutes)



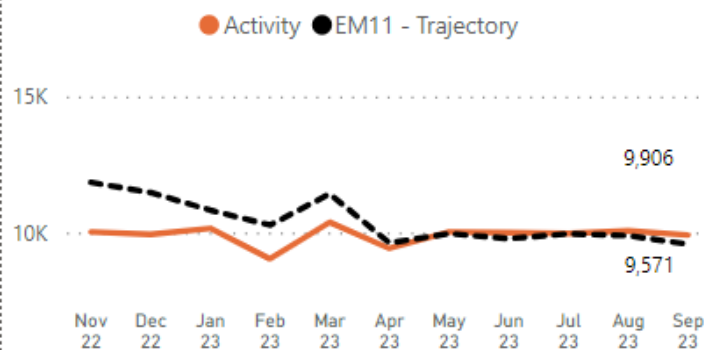
Ambulance Response Times

Response times for both Category 1 and 2 conveyances improved in October, since the implementation of the 45-minute ambulance handover protocol.

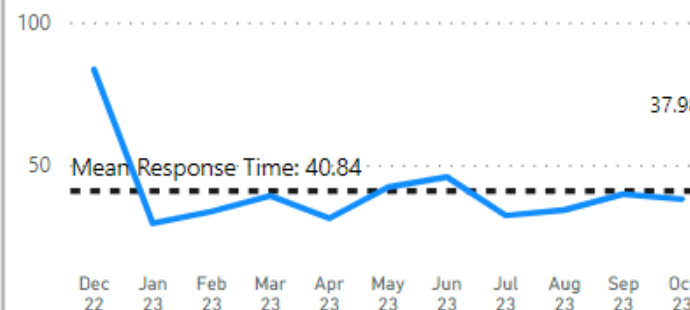
The mean Category 1 response time was 7.37 minutes in October; the mean over the past 12 months is 7.87 minutes.

The mean Category 2 response time continues to track better than the London average but at 37.98 minutes, is still above the standard of 18 minutes.

Total Non-elective Spells



Ambulance Category 2 Emergency Response Times (minutes)



Non-elective spells

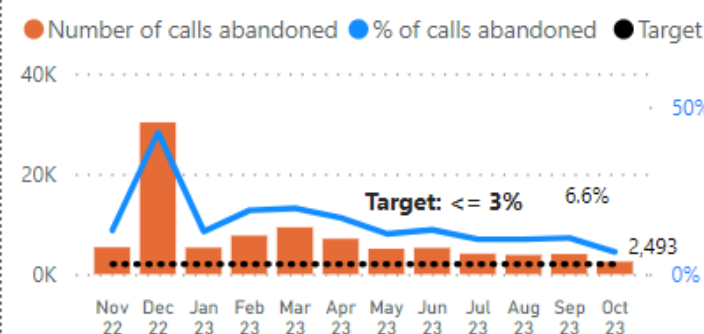
The number of non-elective spells is just above the planned trajectory but following the expected seasonal trend.

111 Calls

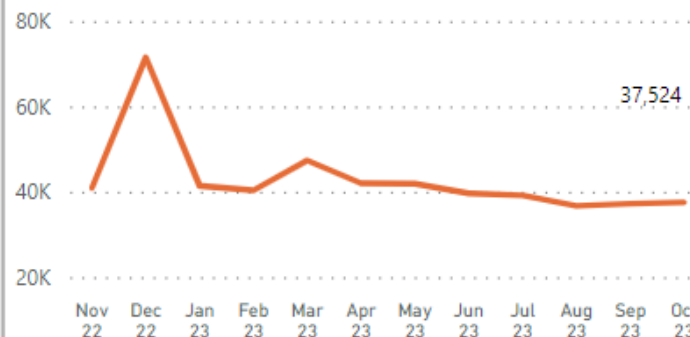
Despite the October increase in calls, the rate of abandonment has improved and for 6 days in the month the <3% target was met. The percentage of calls abandoned decreased from 10.9% to 6.6% in October.

This upturn in performance is due to a positive workforce position for Practice Plus Group (the 111 provider) after 9 whole time equivalents were recruited in month. Average speed of answer was 159 seconds but further action is still required to meet the 20-second target.

111 Calls Abandoned



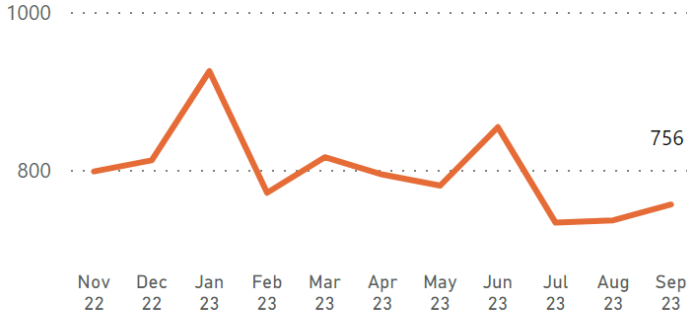
111 Call Volumes



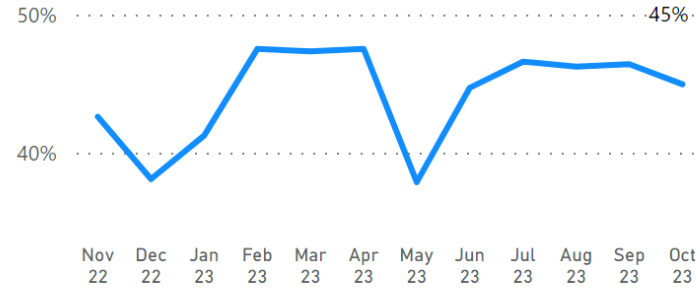
In addition, Practice Plus Group have:

- Reviewed Interactive Voice Response
- Increased the number of service advisers
- Implemented a new weekend shift model
- Established staff experience advocates
- Stepped up Directory of Services training and clinical support for health advisors.

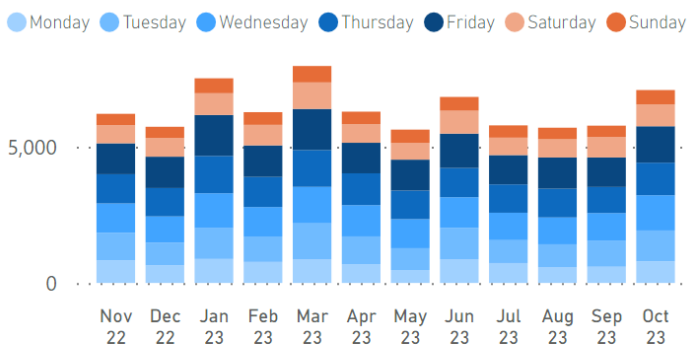
Number of Patients staying 21+ Days (Super Stranded)



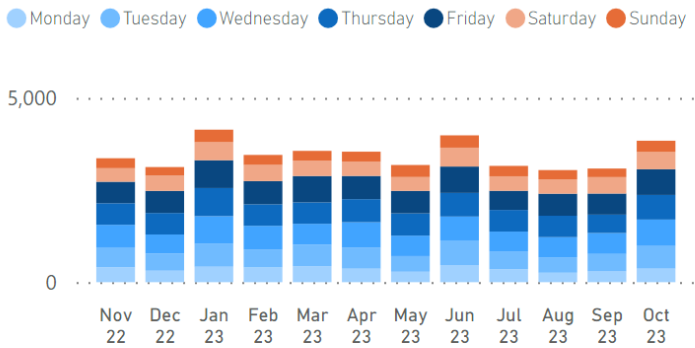
Daily discharges as % of patients who no longer meet the criteria to reside in hospital



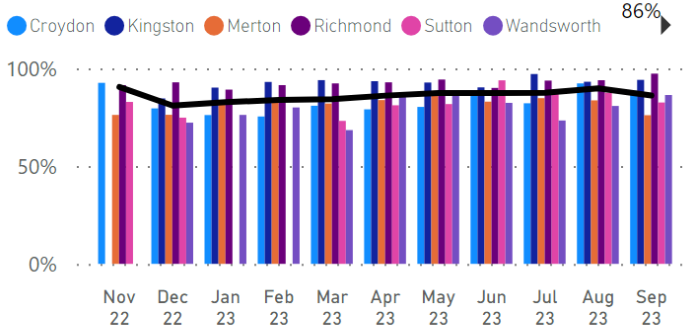
Total Discharges by Weekday



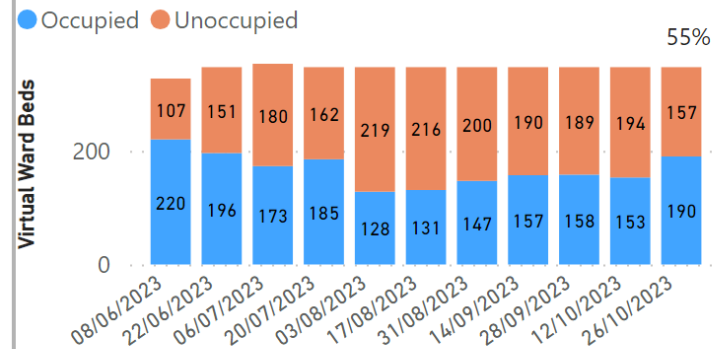
Total Discharges before 5pm by Weekday



Community 2 Hour Urgent Response Performance - Provider



SWL Virtual Ward Capacity and Occupancy



Patients with a length of stay over 21 days

The slight increase in numbers of patients staying 21 days plus is consistent with the seasonal change and also reflective of a higher acuity of patients being admitted into the hospitals.

Total discharges by weekday and before 5.00pm

Daily discharges of patients who no longer meet the criteria to reside remained steady across September and improved into October. There was increased focus from Trusts on ensuring discharges are proactively planned with system partners, active in-reach into wards to ensure patients and barriers to discharges are identified quickly, as well as implementation of local transformation plans.

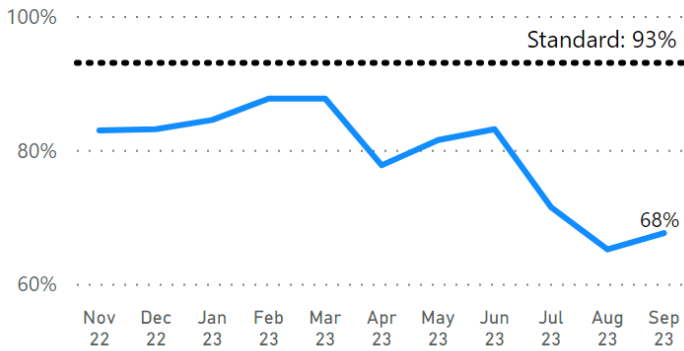
2 Hour Urgent Response

The latest performance is 86% against the national standard of 70% which is currently the highest in London. South West London 2-hour Urgent Community Response services are fully functional in all 6 boroughs, running 8am to 8pm, 7 days a week (one borough is 24hr). These services can accept the nationally set 9 clinical conditions and all have fall pick-up services, including equipment to lift patients from the floor. South West London continues to have the highest percentage of Urgent Community Response referrals from care homes in London.

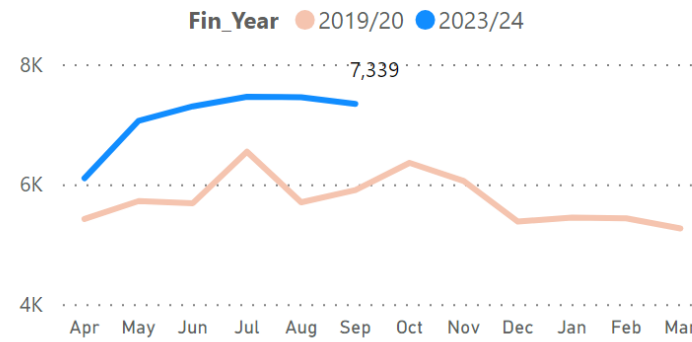
Virtual Ward

Capacity of virtual wards is 347 beds, with an occupancy of 55% in October. Unpublished data shows this has improved to 65% in November. Utilisation has been increasing in recent months due to new initiatives around the pull model and development of admission avoidance pathways. The proactive case finding pilot (searching patient record systems to identify patients eligible for virtual wards after their hospital stay) is ongoing in Croydon, with early findings expected in December. There is an Urgent and Emergency Care and system requirement for further clinician championing of virtual wards for early supported discharge pathways. Work to strengthen admission avoidance pathways is ongoing with the Urgent Community Response teams, Same Day Emergency Care pathways and existing Single Point of Access services. The national ambition of 80% occupancy was not met by any ICS in London.

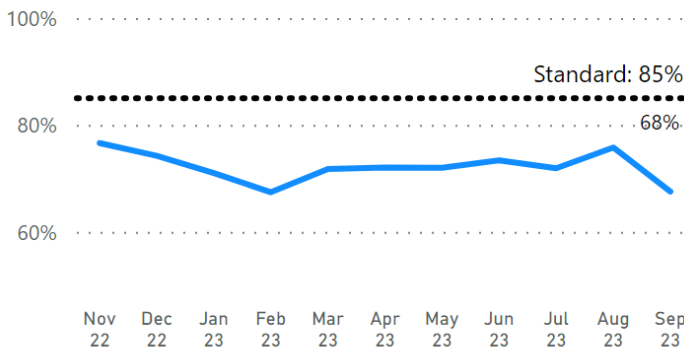
2 Week Waits: Performance against Standard



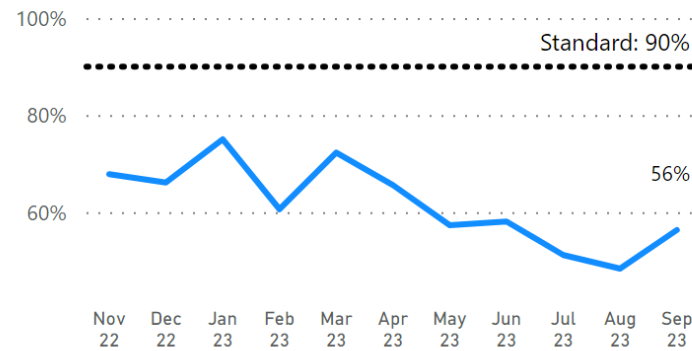
2 Week Waits: Activity



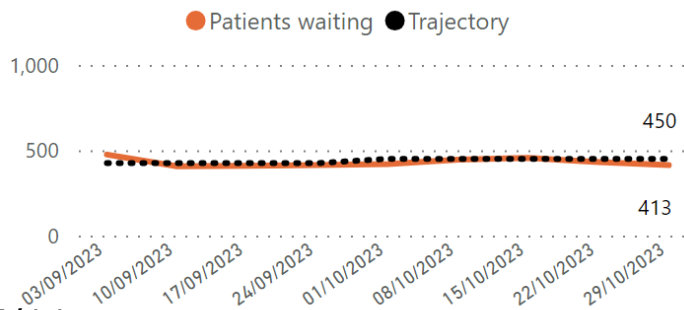
62 Day GP Referrals: Performance against Standard



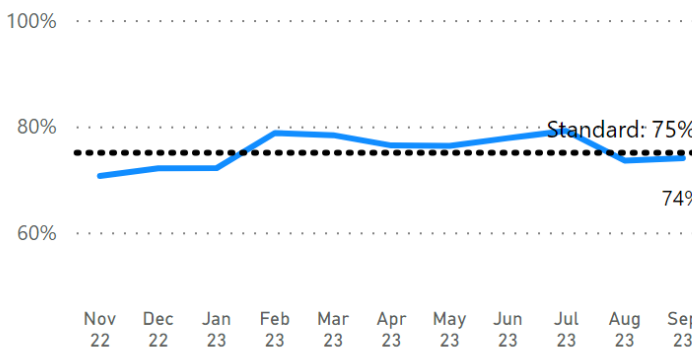
62 Day Screening: Performance against Standard



Total patients waiting over 62 days to begin cancer treatment



Faster Diagnosis Standard: Performance against Standard



Two-Week Wait performance and Activity

Performance improved from 65.1% in August to 67.6% in September, however it remains below the constitutional standard of 93%. Delays in Breast and Skin pathways account for 84% of all two-week wait breaches in South West London. Performance continued to be impacted by high referral levels and limited service capacity. All South West London providers reported non-compliant positions in September. RM Partners continue to support Trusts' 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

South West London providers were the second highest performing in London, reporting 67.5% in September, a decrease from the 75.9% achieved in August. Performance remains below the constitutional standard of 85%. Industrial Action is impacting cancer pathways.

First cancer treatment within 62 days of screening

South West London providers performance improved from 48.4% in August to 56.3% in September; the second highest in London, however this still remains below the 90% standard. Performance continues to be driven by breaches in the Breast service at St George's and Royal Marsden.

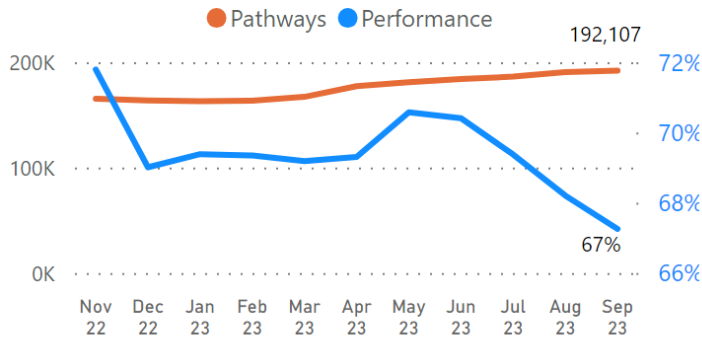
Total patients waiting over 62 days for treatment

There were 413 patients waiting against a trajectory of 450 at the end of the month.

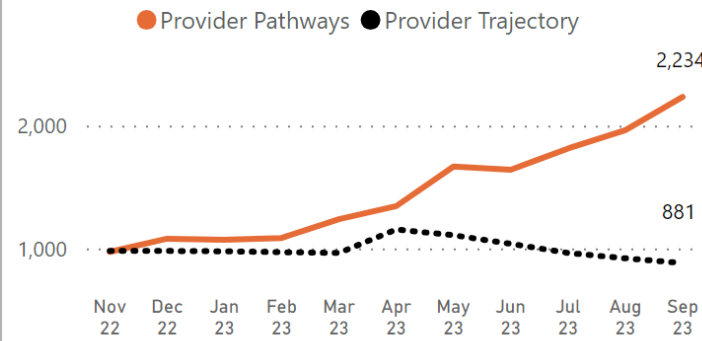
Faster Diagnosis Standard

South West London reported a non-compliant position of 74.0% against the Faster Diagnosis Standard. All South West London providers reported a compliant position, with the exception of Croydon (69.2%), and St George's (62.5%). Croydon's improved performance means they are no longer receiving NHSE support in Tier 2. The ICS will continue to work with RM Partners to support performance improvement in the most challenged pathways.

Incomplete RTT Pathways (ICS)



Incomplete RTT Pathways >=52 Weeks



Incomplete waiting list pathways

At South West London level there were 192,107 patients on an incomplete pathway in September, an increase of 1,480 on August. 67.3% of patients were waiting under 18 weeks. The number of patients waiting in South West London has increased by 21.8% in the last year, higher than the London increase of 16.9%. However, compared with London, South West London has the fewest patients waiting over 18 and 52 weeks.

Long waiters – patients waiting over 52 weeks for treatment

There were 2,234 patients waiting over 52 weeks for treatment at South West London providers in September, an increase of 271 patients when compared to August. The greatest increases in September were reported by Croydon (83) and Kingston (164). Since January this year, 52-week waiters have grown by 111%; most of that growth is at Epsom & St Helier and Croydon. Mitigations include a Community Paediatrics Quality Improvement Plan led by Epsom & St Helier and St George's, extra Gynaecology capacity at Croydon and mutual aid from St George's to Epsom & St Helier. Industrial Action continues to impact progress against plans.

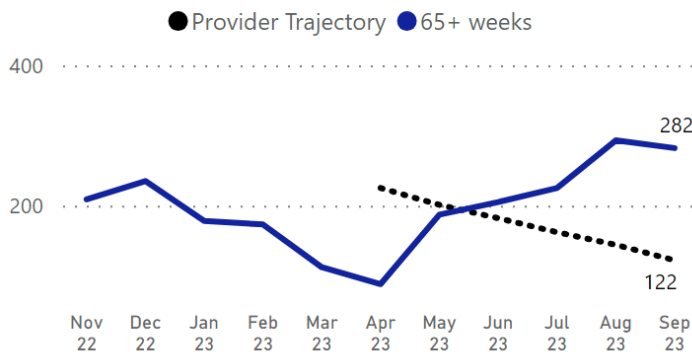
Long waiters – patients waiting over 65 weeks for treatment

The aim is to treat this cohort of patients by March 2024. There were 282 patients waiting over 65 weeks at South West London providers for treatment at the end of September, against a trajectory of 122. Of these patients, 34 were waiting over 78 weeks; 19 of these are Gynae patients at Croydon (14) and Epsom & St Helier (5).

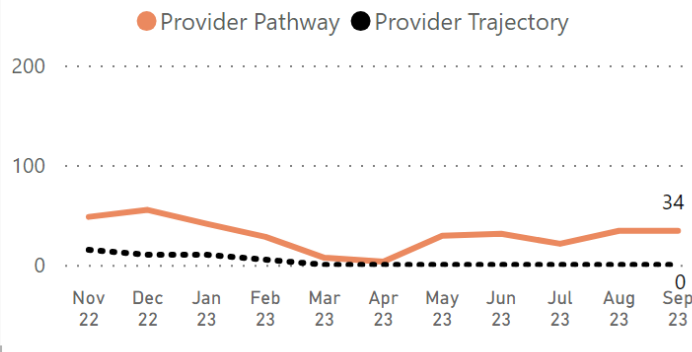
Elective day case spells & Elective ordinary spells

Overall elective activity is under plan. Croydon and Royal Marsden are the only Trusts over their in-month plans. There is an under-performance on Day Case (-5% against in-month plan and -4% against year-to-date plan), while, more positively, there is an over-performance in Ordinary Electives (+11% against in-month plan and +8% against year-to-date plan).

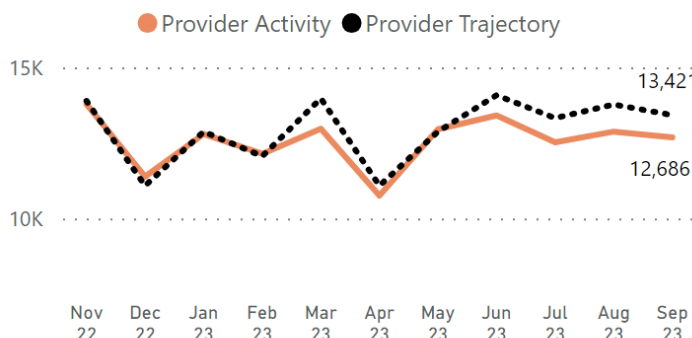
Incomplete RTT Pathways >=65 Weeks



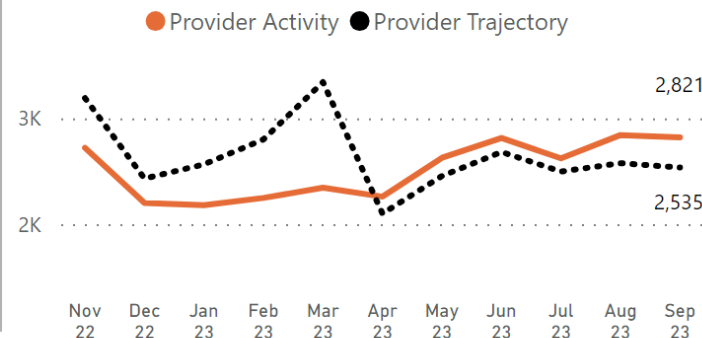
Incomplete RTT Pathways >=78 Weeks



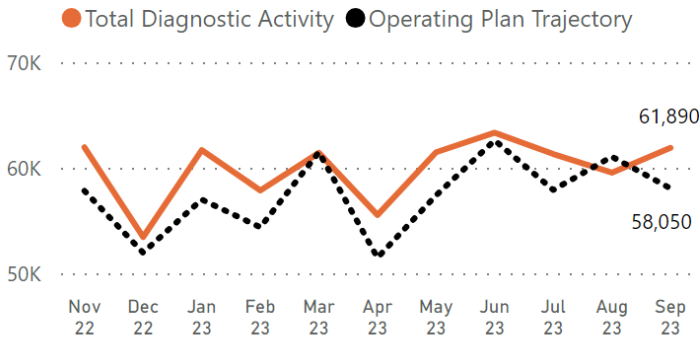
Elective day case spells



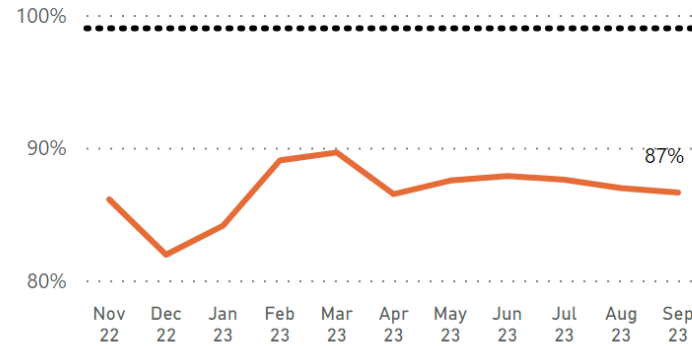
Elective ordinary spells



Diagnostic Tests (Activity)



Diagnostics: % waiting less than 6 Weeks



Diagnostic Activity (7 tests)

Challenges remain in Endoscopy and Echocardiography, although they are improving month on month and recovery plans are in place. Audiology recovery continues to be limited by national workforce shortages and estates issues. Non-obstetric ultrasound capacity at Croydon is a potential challenge, with opportunities of mutual aid being explored within South West London.

% waiting less than 6 weeks (All tests)

Overall performance against the 6-week constitutional standard is at 86.6%. In the first 6 months of the year, the number of 13+ week waiters has increased across the system, endoscopy being the main driver. Croydon compliance has dropped to 79% from 81%, the main driver being non-obstetric ultrasound. The Epsom & St Helier backlog has improved slightly with compliance at 96%, while Kingston continues to improve at 93%.

Consultant-led first outpatient attendances (Specific Acute)

South West London outpatient firsts are above plan both in-month and year-to-date, although Croydon and Epsom & St Helier reported activity levels below their September plans. The data quality issue at Royal Marsden has been partially addressed, and full resolution is being pursued with the Trust.

Consultant-led follow up outpatient attendances (Specific Acute)

Outpatients follow up appointments are above the local plan and not meeting the national target of 75% of 2019/20 baseline. Further work is being carried out with clinical networks to look at reducing follow up ratios and Getting it Right First Time priorities.

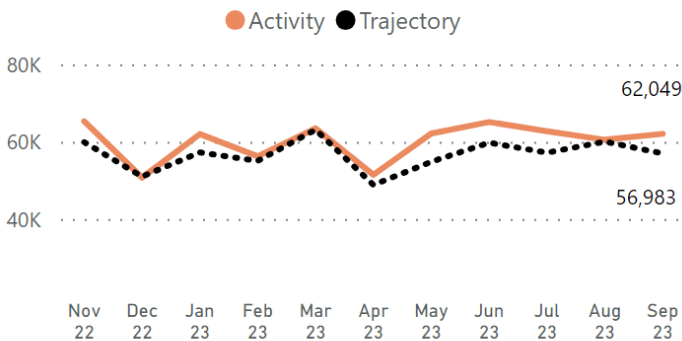
GP Specific referrals for first consultant-led outpatient appointment

Referrals have dropped in September, where seasonal increases are normally expected, and are below the pre-Covid volumes for this time of year.

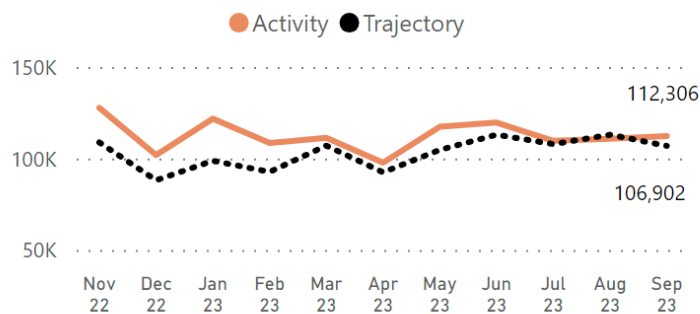
Other Specific referrals for first consultant-led outpatient appointment

Referrals have remained steady and above pre-Covid volumes.

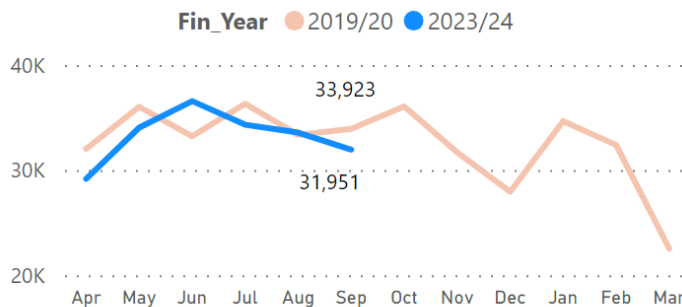
Consultant-led first outpatient attendances (Specific acute)



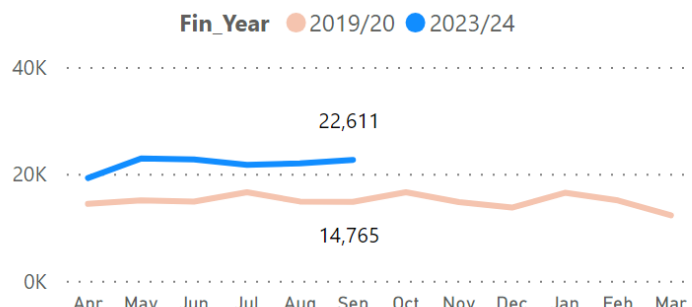
Consultant-led follow-up outpatient attendances (Specific acute)



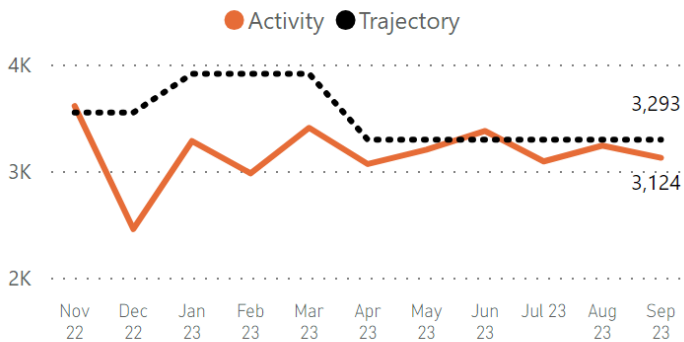
GP Specific Acute Referrals made for a First Consultant-Led Outpatient Appointment (Provider)



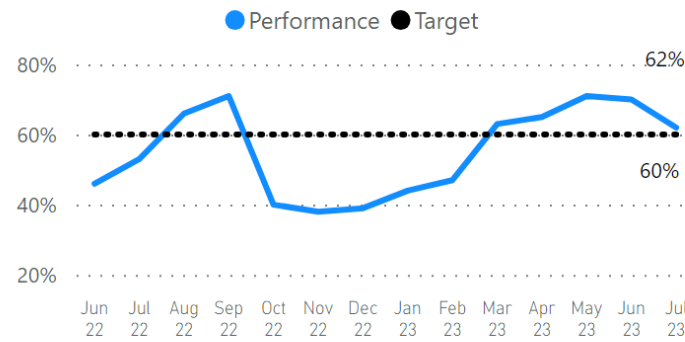
Other Specific Acute Referrals made for a First Consultant-Led Outpatient Appointment (Provider)



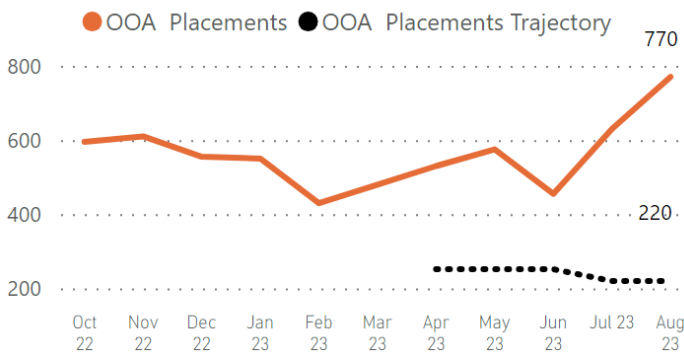
IAPT Access



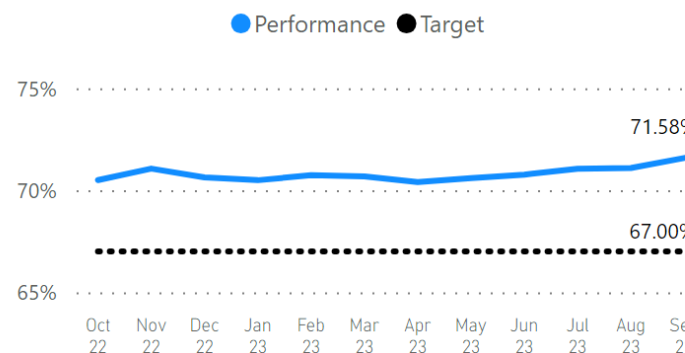
Early Intervention Psychosis (EIP)



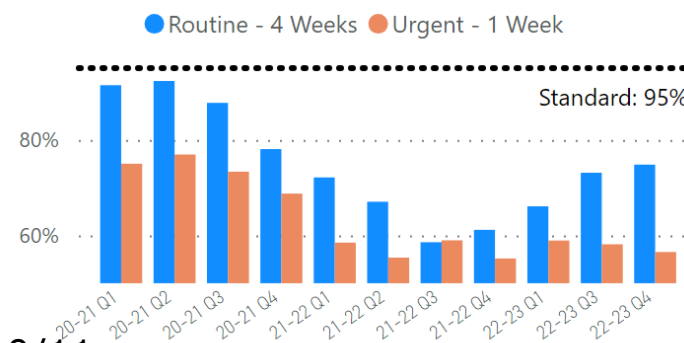
Number of Out of Area Placements



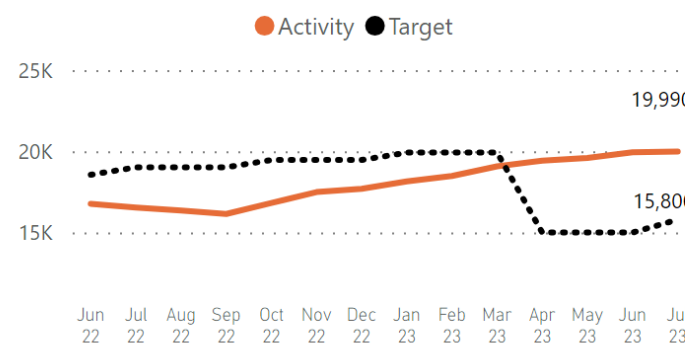
Dementia Diagnosis Rate



CYP Eating Disorders Seen within Target Time



CYP Access Rate - Rolling 12 Months



Improving Access to Psychological Therapies Access

Activity was marginally below plan in September. Marketing plans are being reviewed to help increase both GP and self-referrals.

Early Intervention in Psychosis

Performance continues to exceed the target. Vacancies continue to impact on delivery, along with the speed of referral into the Early Intervention in Psychosis service. South West London & St George's are reviewing their referral process and are exploring digital solutions. For Croydon patients, the service has daily oversight for proactive resolution of any assessment barriers.

Out of Area Placements

Out of area placements increased to 770 in August. South London and Maudsley placements significantly increased during August however, more recent unpublished data shows this has since reduced. South West London and St George's and Local Authorities continue to work on admission prevention, length of stay, timely discharge and the ten key interventions set out in the 'Discharge Challenge' guidance.

Dementia Diagnosis rate

South West London continues to maintain good performance levels (72%) exceeding the national target of 66.7% and the London ambition of 70%.

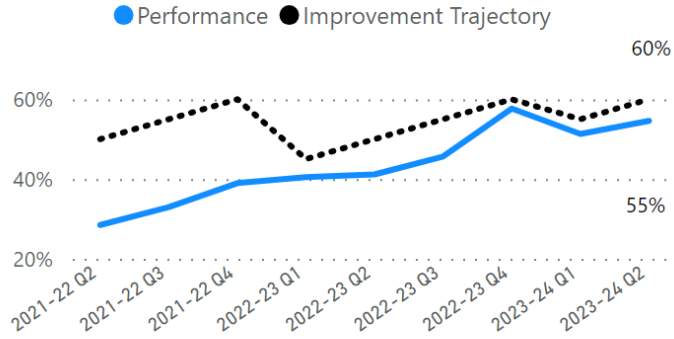
Children and Young People's Eating disorders

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.. Local data for South West London ICB routine cases shows performance of 82% in Quarter 1, which is below the 95% standard, but above the 74.8% reported in Quarter 4.

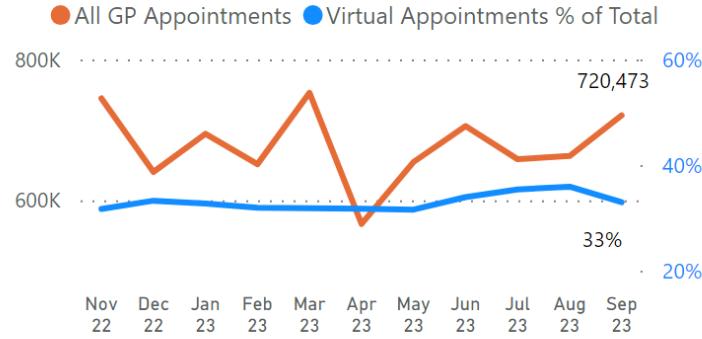
Children and Young People's Access rate

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

SMI Physical Health Checks



Virtual Appointments in General Practice and % of Total



Severe Mental Illness Physical Health Checks

In Quarter 2, 55% of Severe Mental Illness patients received all six physical health checks. Additional Healthcare Assistant resource has been made available to support primary care to reach patients not attending for their health checks.

GP Appointments

720,473 appointments were delivered in September (an increase of 55,000 compared to August). Of these appointments: 64% were face-to-face consultations, 42% were delivered the same day and 84% were delivered within 14 days (inc. same day).

South West London COVID Vaccinations

South West London have administered over 83k Covid and 301k Flu vaccinations. The overall uptake for Covid is 38% and 33% for Flu, both of which are higher than the London average (31% and 28% respectively). Further Covid invitations are going out to 'at risk' patients and children in mid-November. The national communications campaign has started and South West London continues to adopt a hyper-local approach to communication and engagement.

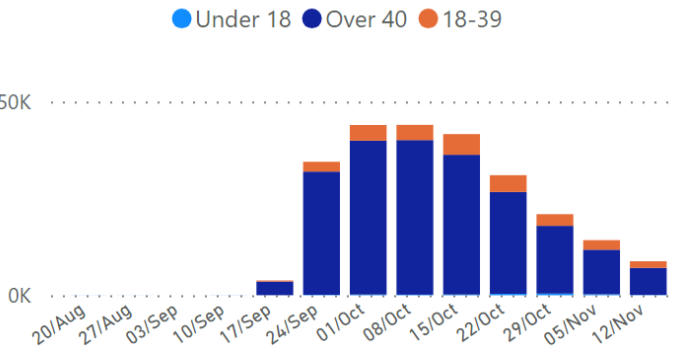
Learning Disability Health Checks

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.

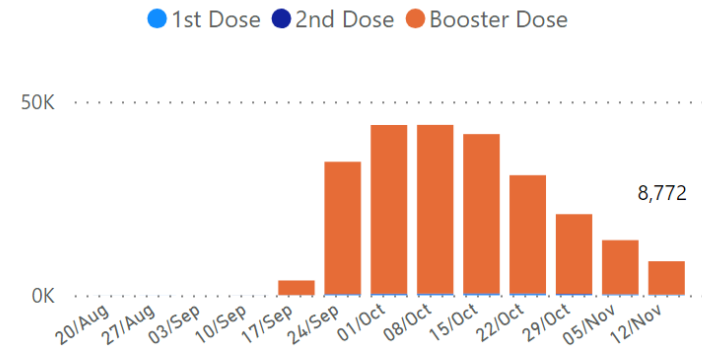
Childhood Immunisations

Vaccination rates for routine immunisations have remained stable since the last reported quarter with a small decrease in Measles, Mumps & Rubella and 4-in-1, particularly in Croydon. A clinical lead has been appointed to work alongside the Immunisation Coordinator and the vaccination team to improve uptake, with a particular focus on Croydon. The Immunisation Coordinator continues to provide data support for practices in South West London.

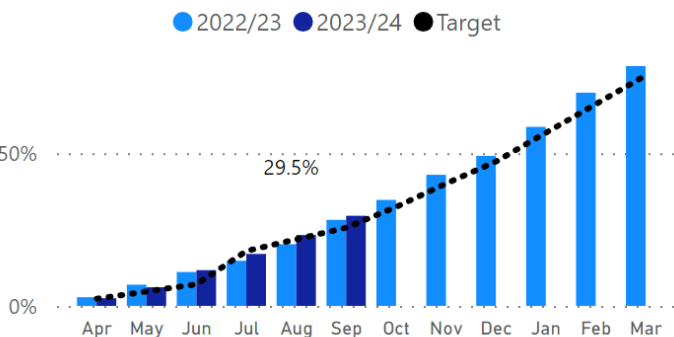
SWL Covid Vaccinations by age group



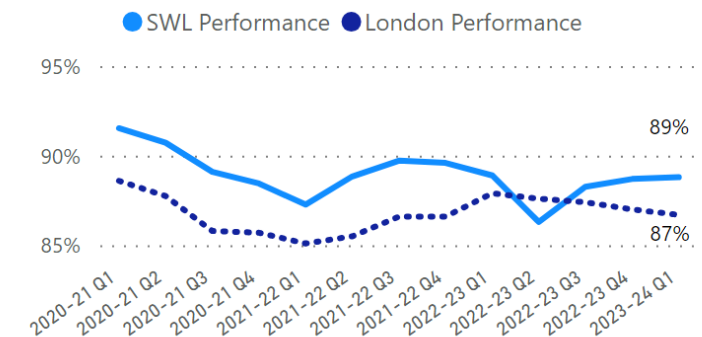
SWL Covid Vaccinations by Dose



Learning Disability Annual Health Checks Cumulative



Childhood Immunisations



NHS South West London Integrated Care Board

Name of Meeting	ICB Board		
Date	Wednesday, 17 January 2024		
Title	Remuneration and Nominations Committee update		
Non-Executive Member Chair	Ruth Bailey		
Lead Director Lead (Name and Role)	Karen Broughton, Deputy Chief Executive Officer / Director of Transformation and People, SWL ICB.		
Author(s) (Name and Role)	Maureen Glover, Corporate Services Manager		
Agenda Item No.	09	Attachment No.	13
Purpose	Approve <input type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input checked="" type="checkbox"/>

Purpose

To provide the Board with updates from the Remuneration and Nominations Committee, as a Committee of the Board.

Key Issues for the Board to be aware of:

The Committee met on 7 December 2023, and the meeting was quorate.

The Committee discussed and approved items in relation to Very Senior Managers pay and the Management Cost Reduction programme.

The Committee also discussed the appointment of Associate Non-Executive Members and the amended process for implementing the new Clinical Leadership model.

Recommendation

The Board is asked to:

- Note the update from the Committee.

Conflicts of Interest

N/A

Corporate Objectives This document will impact on the following Board Objectives	Overall delivery of the ICB's objectives		
Risks This document links to the following Board risks:	N/A		
Mitigations Actions taken to reduce any risks identified:	N/A		
Financial/Resource Implications	N/A		
Is an Equality Impact Assessment (EIA) necessary and has it been completed?	An EIA has been completed for the management cost reduction programme.		
What are the implications of the EIA and what, if any are the mitigations	The EIA for the management cost reduction programme outlines actions to support staff to find suitable alternative employment and reduce redundancies.		
Patient and Public Engagement and Communication	N/A		
Previous Committees/Groups Enter any Committees/Groups at which this document has been previously considered	Committee/Group Name	Date Discussed	Outcome
Supporting Documents	n/a		

NHS South West London Integrated Care Board			
Name of Meeting	ICB Board		
Date	Wednesday, 17 January 2024		
Title	Chief Executive Officer's Report		
Lead Director Lead (Name and Role)	Sarah Blow, Chief Executive Officer, SWL ICB		
Author(s) (Name and Role)	Funke Ojotalayo, ICB Head of Assurance		
Agenda Item No.	10	Attachment No.	14
Purpose	Approve <input type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input checked="" type="checkbox"/>

Purpose

The report is provided for information to 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

In December, the British Medical Association (BMA) announced that further industrial action by junior doctors would take place on the following dates:

- 7am on Wednesday 20 December 2023 until 7am on Friday 23 December 2023.
- 7am on Wednesday 3 January 2024 until 7am on Tuesday 9 January 2024.

The BMA's consultants' committee agreed on an offer that will be put to members in January, with action paused until the outcome of that ballot. However junior doctors are yet to accept the government's most recent pay offer.

NHS local leaders and the South West London System Coordination Centre worked with local hospitals, primary care and social care colleagues to mitigate the impact of the industrial action and I want to say thank you to all of our staff for their continued efforts, particularly at this time of the year.

Winter Engagement Fund

One of the key elements of our South West London (SWL) winter communications campaign is to reach out to communities disproportionately impacted by health inequalities - making sure people know how to access urgent care when it isn't an emergency. An example of how we're doing this is our Winter Engagement Fund, which has awarded 94 small grants this month.

Local community and voluntary groups will be talking to grass roots organisations about using local pharmacies, vaccinations and immunisations, NHS 111, early support for mental health issues and the NHS app. The aim is to support local people to stay healthy and get the care they need, at the same time alleviating pressure on busy services.

Events have been designed by voluntary sector partners based on what they know local people will be interested in and to maximise attendance.

Examples include:

- Babyzone in Croydon working with vulnerable families.
- Share community in Wandsworth supporting disabled adults.

- Carers Support Merton.
- RBKares in Kingston on the Cambridge Estate.
- The Asian sports and cultural club in Sutton.
- Richmond AID working with people with long term conditions.

Provider Selection Regime

The new Health Care Services (Provider Selection Regime) Regulations (PSR) were introduced to Parliament on the 19 October 2023 by the Department of Health and Social Care and came into force on 1 January 2024. The PSR is a set of new rules for procuring health care services in England by relevant authorities i.e. NHS England, Integrated Care Boards, NHS Trusts and Foundation Trusts, and Local and combined authorities. Non-Healthcare services will continue to be governed by the Public Contract Regulations.

The PSR is designed to:

- Introduce a flexible and proportionate process for deciding who should provide health care services.
- Provide a framework that allows collaboration across systems.
- Ensure that all decisions are made in the best interest of patients and service users.

The ICB welcomes the introduction of the PSR and is committed to ensuring that its governance processes around the PSR are robust, and that our decision-making is open and transparent. The PSR will require further changes to governance in SWL to support implementation which will form part of the broader governance updates to the March board meeting.

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 in phase 4 of the programme which means that we are in the process of transitioning to our new structures. As part of this stage, we have concluded suitable alternative employment interviews for Very Senior Managers and Band 9 Directors and have heard all staff appeals. In January we are concentrating on interviewing staff who have ring-fenced status, and in February we will interview staff who have Suitable Alternative Employment status. We recognised this is an unsettling time for our staff and we 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.

<p>Recommendation</p> <p>The Board is asked to:</p> <ul style="list-style-type: none"> Note the contents of the report.
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<p>Conflicts of Interest</p> <p>N/A</p>
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<p>Corporate Objectives</p> <p>This document will impact on the following Board Objectives</p>	<p>Overall delivery of the ICB's objectives.</p>
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<p>Risks</p> <p>This document links to the following Board risks:</p>	<p>N/A</p>
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<p>Mitigations</p> <p>Actions taken to reduce any risks identified:</p>	<p>N/A</p>
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<p>Financial/Resource Implications</p>	<p>N/A</p>
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<p>Is an Equality Impact Assessment (EIA) necessary and has it been completed?</p>	<p>N/A</p>
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<p>What are the implications of the EIA and what, if any are the mitigations</p>	<p>N/A</p>
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<p>Patient and Public Engagement and Communication</p>	<p>N/A</p>
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Previous Committees/Groups Enter any Committees/Groups at which this document has been previously considered.	Committee/Group Name	Date Discussed	Outcome

<p>Supporting Documents</p>	<p>N/A</p>
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