



NHS South West London
Integrated Care Board

Meeting Pack

South West London Integrated Care Board

20 March 2024
10:00 – 13:00

Silver Room, AFC Wimbledon, Cherry
Red Records Stadium, Plough Lane,
London SW17 0NR

Board Meeting

Wednesday 20 March 2024

10.00 – 13.00

Location: Silver Room, AFC Wimbledon, Cherry Red Records Stadium,
Plough Lane, London SW17 0NR

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		Minutes, Action Log and Matters arising Minutes and actions arising from the SWL ICB Part 1 meeting held on the 17 January 2024	Chair	02
04	10.05	Decisions Made in Other Meetings	CEO	03
05	10.10	Chair's Report	Chair	04
IN FOCUS				
06	10.15	Data Strategic Plan	John Byrne	05

	Time	Agenda Item	Sponsor	Enc
07	10.45	South West London NHS Green Plan: delivery update	Helen Jameson	06
	11.15	COMFORT BREAK		
ITEMS FOR DECISION				
08	11.25	Publication of 2024/25 Capital Plan	Helen Jameson	07
09	11.35	Joint Forward Plan: Our plan for 2024-2029	Karen Broughton	08
10	11.45	Terms of Reference <ul style="list-style-type: none"> • Finance & Planning Committee • Quality & Performance Oversight Committee 	Dick Sorabji Mercy Jeyasingham	09 10
ITEMS FOR INFORMATION				
11	11.55	Board Assurance Framework	Ben Luscombe	11
12	12.05	South West London Integrated Care Partnership Update	Cllr Ruth Dombey	12
13	12.10	Board Committee Updates and Reports <ul style="list-style-type: none"> • Finance & Planning Committee Update <ul style="list-style-type: none"> ○ Month 10 Finance Report • Quality & Oversight Committee Update <ul style="list-style-type: none"> ○ Quality Report ○ Performance Report • Audit & Risk Committee Update 	Dick Sorabji Helen Jameson Mercy Jeyasingham Elaine Clancy Jonathan Bates Martin Spencer	13 14 15 16 17 18
14	12.30	Chief Executive Officer's Report	CEO	19
15	12.40	Any Other Business	All	
16	12.45	Meeting close	Chair	

	Time	Agenda Item	Sponsor	Enc
17	12.46	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 15 May 2024, Chaucer Centre, Canterbury Road, Morden, SM4 6PX

Declaration of Interests - as of 11.3.24

Employee	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		16/01/2024	
		Declarations of Interest – Other	Financial	Member of Kingston General Practice Chambers Ltd	Kingston General Practice Chambers Ltd	01/04/2021		16/01/2024	
		Declarations of Interest – Other	Financial	Board Member of NMWP PCN	NMWP PCN	01/04/2021		16/01/2024	
		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	Executive Dir of Communications & Engagement SWL	Nil Declaration						01/11/2021	
		Nil Declaration						30/05/2022	
		Nil Declaration							05/09/2023
		Nil Declaration							01/07/2022
Dick Sorabji	Non-Executive Member	Nil Declaration						06/09/2023	
		Nil Declaration							
Elaine Clancy	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			
		Declarations of Interest – Other	Indirect	Son is an employee of Croydon Health services	Croydon Health Services	01/07/2023			
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	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	Dep Chief Exe Officer/Dir of People & Transfo'n (Designate)	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
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	
Matthew Kershaw	CE & Place Based Leader for Health	Declarations of Interest – Other	Financial	Chair of Education Skills and Funding Agency	Education Skills and Funding Agency	22/08/2022		26/12/2023	
		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	

Declaration of Interests - as of 11.3.24

		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	
		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	SWL ICB Chief Executive Officer	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		
Shannon Katiyo	Director of Public Health, Richmond and Wandsworth Councils	Nil Declaration				21/11/2023		
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

Declaration of Interests - as of 11.3.24

		Declarations of Interest – Other	Non-Financial Professional	Mental Health Representative on the ICB	SWL ICB	03/04/2023		17/07/2023
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MINUTES
SWL ICB Board Meeting
Wednesday 17 January 2024
10.00 – 13.00

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

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) – arrived during agenda item 6	Chief Finance Officer, SWL ICB
Partner Members	
Jo Farrar (JF)	Partner Member, Community Services (Chief Executive Kingston Hospital NHS Foundation Trust & Hounslow and Richmond Community Healthcare NHS Trust; Executive NHS Lead for Kingston and Richmond)
Ruth Dombey (RD)	Partner Member, Local Authorities (London Borough of Sutton).
Dr Nicola Jones (NJ)	Partner Member, Primary Medical Services (Wandsworth GP)
Jacqueline Totterdell (JT)	Partner Member, Acute Services (Group Chief Executive Officer St George's, Epsom and St Helier University Hospitals and Health Group)
Place Members	
Dr Annette Pautz (AP)	Place Member, Kingston (Kingston GP)
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	
Charlotte Gawne (CG)	Executive Director of Stakeholder & Partnership Engagement and Communications, SWL ICB
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)	Director of Corporate Affairs
Maureen Glover (MG)	Corporate Services Manager (ICS)
Lorissa Page (LP) for agenda item 6	Programme Director, Workforce, OD and HR
Melissa Berry (MBe) for agenda item 6	Programme Director, Diversity, Equality and Inclusion
Una Dalton (UD) for agenda item 6	Programme Director, Workforce and Immunisations
Apologies	
Dame Cally Palmer (CP)	Partner Member, Specialised Services (Chief Executive Officer, The Royal Marsden NHS Foundation Trust)
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 22 November 2023.</p> <p>Action Log The action log was reviewed and it was noted that two actions remained open where updates were scheduled in 2024.</p>	
4	Decisions Made in Other Meetings	
	<p>Sarah Blow (SB) presented the report.</p> <p>The Board noted the decisions made in the SWL ICB Part 2 meeting on 22 November 2023.</p>	
5	Chair's Report	
	<p>Mike Bell (MB) presented the report and highlighted the events held as part of the South London Listens programme and also thanked Jacqueline Totterdell (JT) and her team for inviting him to visit St Georges Hospital.</p> <p>The Board noted the report.</p>	
6	Workforce	
	Karen Broughton (KB) presented the report, supported by Lorissa Page (LP), Melissa Berry (MB) and Una Dalton (UD).	

	<p>The Board had a further in-depth discussion on the paper that had been presented and the large amount of work that was taking place across the system. For example, Jacqueline Totterdell updated the board on the work she was leading in London on workforce, including developing new roles; reviewing the way training was delivered; and the work the SWL recruitment hub was undertaking to recruit in new and innovative ways. The Board also discussed the challenges facing Primary Care and Social Care workforces, as well as the shared experience and learning that might be possible with the voluntary sector workforce.</p> <p>SB noted that the national funding for workforce was not delegated to ICBs but was currently supporting areas such as training of doctors and nurses. There may be opportunities in the future for national funding, however in the meantime the local NHS is funding some joint work through the innovations fund.</p> <p>The Board noted:</p> <ul style="list-style-type: none"> • The overview of the NHS Workforce in SWL and the workforce transformation programme that is in place to meet the challenges faced. • The recommendation that the Board receives 6-monthly reports from the SWL ICB People Board to show progress on the workforce programmes as well as an SWL Workforce Report. 	
7	Community Engagement	
	<p>Charlotte Gawne (CG) presented the report.</p> <p>The meeting discussed the presentation and, in particular, the proposal to create a SWL 'Bank of Insight'. The meeting particularly noted that the Bank of Insight would need to be kept contemporaneous and consideration should be given to how data could be coded. It was also noted that there may need to be different levels of access to certain data sets. Finally, the meeting noted the opportunities presented by sharing these insights across the NHS, Local Authorities, Health Watch and the Voluntary Sector.</p> <p>The Board noted the presentation on community engagement structures and activity across SWL.</p>	
8	South West London Integrated Care Partnership Update	
	<p>Cllr Ruth Dombey (RD) presented the report.</p> <p>The Board noted the contents of the report.</p>	
9	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 meetings in November and December 2023.</p> <p>Month 8 Finance Report</p> <p>HJ presented the report and the following points were noted:</p> <ul style="list-style-type: none"> • In response to a question about whether late bookings and rostering were having an impact on agency costs it was noted that controls had been put in place and work was being undertaken to bring levels down. 	

	<ul style="list-style-type: none"> • The meeting discussed the reported underspend in CHC, the reasons for this (for example, the lifting of the national statutory guidance on eligibility criteria (applicable to all ICBs) during COVID and its re-introduction since then) and also the work Elaine Clancy, as the ICBs Chief Nurse and Executive lead for CHC, in convening a system wide CHC transformation group to ensure patients were getting the right care. • The Local Authority view was that the CHC eligibility criteria was driving an overspend in LAs and there were also cost pressures in relation to the initiatives in complex care in the mental health sphere, these costs were not recognised and covered appropriately in the LA funding allocations. LA CEs would like to commission an independent piece of work, jointly with health partners, to get a shared understanding of the position. It was recognised that all parts of the system had financial problems and there was a need to work together and find proposals that would enable everyone to work in an integrated way for the benefit of the whole system. <p>Quality & Oversight Committee Update</p> <p>Mercy Jeyasingham (MJ) presented the report and noted that the Committee had met on 13 December. The remit of the Committee was discussed particularly in view of the Quality and Governance framework.</p> <p>Quality Report</p> <p>EC presented the report and noted that work was progressing on the Quality and Governance structure and proposals were due to be taken to the next Quality Committee meeting. Areas highlighted were the urgent and emergency pathway, infection prevention control rates, never events and medicines safety.</p> <p>Performance Report</p> <p>Jonathan Bates (JBa) presented the report and highlighted the progress on long ambulance waits, the good work on Urgent Community Response referrals, the highest 2-hour response performance in London and progress on virtual wards. A&E pressures were noted in relation to some people waiting 12 hours from arrival in A&E to arriving on the ward.</p> <p>Remuneration Committee Update</p> <p>Ruth Bailey (RB) presented the report and noted the key areas that had been discussed at the last meeting.</p> <p>The Board noted the Committee updates and reports.</p>	
10	Chief Executive Officer's Report	
	<p>SB presented the report and highlighted the recent industrial action and the new Provider Selection Regime.</p> <p>SB also provided a verbal update in relation to the potential change of control at AT Medics Limited and advised that there was a statement on the ICB's website regarding this and a Webinar would be held on 22 January 2024 to inform the public of the process.</p> <p>The Board noted the report.</p>	

11	Any Other Business	
	There was no other business and the meeting was closed.	
12	Public Questions	
	<p>No written questions had been received from members of the public.</p> <p>Wendy Micklewright (WM) made a statement about the use of coercive practices in mental health settings and asked for its end.</p> <p>John Byrne noted that NHS England had been investing a significant amount of time and effort in a quality improvement programme based around least restrictive practices in mental health care settings and this has seen significant improvement over the past two years, but it was recognised there was more work to do. Although it was recognised there was a need to support more people to live safely in the community there was sometimes a role for treatment in the inpatient setting. JBy recognised that electro convulsive treatment (ECT) was a contentious issue and clinical intervention was only used in extremis where other forms of treatment had failed.</p> <p>In response to WM's comment that mental health hospitals were not therapeutic places, MB noted the new inpatient facilities at the Springfield Hospital which provided a much better environment.</p>	

Next meeting in public: Wednesday 20 March: Silver Room, AFC Wimbledon Cherry Red Records Stadium, Plough Lane, London SW17 0NR

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	The Data Strategic Plan is on the agenda.	Closed
19.7.23	ICB-06	South West London Integrated Care Partnership Update	EC to provide an "in focus" item on Children and Young People's Services at a future Board	Elaine Clancy	01/05/2024	Women and Children & Young People are on the agenda for the ICB Board Seminar in April	Open

NHS South West London Integrated Care Board

Name of Meeting	ICB Board		
Date	Wednesday, 20 March 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 17 January 2024 the following items were brought to the Board:			
<ul style="list-style-type: none"> • Approval of Single Tender Waivers to enable South West London (SWL) ICB to extend current contracts for the Mental Health Support Team (MHST) and the online mental health support tool for 12 months. • The Future of New Addington Group & Thornton Road / Valley Park APMS Contracts. 			
The Board discussed and approved the above items.			
Recommendation			
The Board is asked to:			
<ul style="list-style-type: none"> • Note the decisions made at the Part 2 meeting of the Board on 17 January 2024. 			
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, 20 March 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

LGBT History Month

LGBT+ History Month took place in February and was an opportunity to celebrate LGBTQ+ people's contribution to the medicine and healthcare and the amazing work of LGBTQ+ healthcare professionals. There was also a focus on LGBTQ+ health inequalities with the NHS Staff Survey reporting that one in five LGBTQ+ staff has experienced violence from patients or relatives. This is compared to one in seven of their colleagues, with bisexual and transgender staff experiencing particularly high rates of violence.

The NHS Confederation hosted a celebratory event on Thursday 15 February in London providing an opportunity for LGBTQ+ network members to connect across NHS organisations. NHS South West London showcased the NHS equality, diversity and inclusion improvement plan and previous engagement with local LGBTQ+ communities within the monthly Team Talk to all staff members.

Visits to South West London Services

A big thank you to colleagues who hosted me and colleagues over the past month with visits to their facilities. I was fortunate enough to be invited to visit the forensic mental health wards

including the specialist unit for people with intellectual disabilities at Springfield Hospital; in-patient facilities at Royal Trinity Hospice in Clapham; Holmwood Corner Surgery for a demonstration of their Proactive and Anticipatory Care model of care; and Croydon University Hospital's intensive care unit. As always, I was impressed with the dedication and passion of our healthcare professionals, innovation in delivering quality and safe care, and the impact of recent investment in South West London's estates.

Anchor Leadership Events

There is a push to help make London the healthiest global city through leveraging the NHS's role as an anchor institution, which are large organisations whose long-term sustainability is tied to the wellbeing of the populations they serve – they are effectively 'anchored' in their surrounding community. A second Anchor Leadership Event explored how the NHS London anchor programme can accelerate steps towards our goals of financial sustainability, environmental sustainability and tackling health inequalities, and how the NHS might better harness its position within the capital – a global hub for investment - to that end.

I also chaired the first Anchor and Sustainability Chair and Non-Executive Director (NED) Network for 2024. Chairs and NEDs are a critical enabler for the NHS's role as an anchor institution in recognition of their role, reach, and range. The network was established to lead, coordinate, and maximise the impact of NHS non-executives in London. The network meets three times a year, consisting of a broad range of individuals from across London who previously expressed an interest in coming together to understand how they could use their leverage their external skills, experience, and relationships to help their own Board's focus on local issues that could improve population health.

London Chairs

Together with the NHS Regional Director of London, we have continued the series of meetings which bring together the Chairs of NHS Trusts and Integrated Care Boards. In these meetings, we discussed the role of provider collaboratives in London, received an update on the London Regional Anchor Programme, heard the findings of the Citizens Experience Research, learnt about the work of Citizens UK with the South London Listens programme, and met the aspiring CEOs in the London Talent Programme.

NHS App

The NHS App provides a simple and secure way for people in England to access a range of NHS services on their smartphone or tablet. Everyone aged 16 or over and registered with an NHS GP practice can download and use the app.

In South West London, over 800,000 local people have registered on the NHS app, which represents over half of the 1.5 million people registered at our GP practices across the six boroughs.

Some of the features of the app include:

- Patients can order repeat prescriptions through the app.
- 92% of GP practices allow patients to book GP appointments via the app.
- Other features include managing appointments, accessing health records and results, and urgent care plans.

- In secondary care, patients can view hospital appointments/letters and average waiting times.
- Efforts are underway to allow access to radiology appointments via the NHS app.

To encourage more local people to use the NHS app, a communications campaign has been launched across primary care.

Awareness of the app has been raised through the winter engagement fund at over 90 outreach events and Digital care coordinators assist local people in making the best use of the NHS app and other digital health products.

The NHS App plays a crucial role in empowering patients and improving access to healthcare services.

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
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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, 20 March 2024		
Title	Data Strategic Plan		
Lead Director (Name and Role)	John Byrne, Executive Medical Director		
Author(s) (Name and Role)	Martin Ellis, Chief Digital Information Officer		
Agenda Item No.	06	Attachment No.	05
Purpose	Approve <input checked="" type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input type="checkbox"/>

Purpose

The Data Strategic Plan sets out how we will change the use of data to promote a stronger culture for a data led system and describes how NHS and Local Authority Partners across South West London (SWL) will use data and work together over the next five years to support delivery of joined up, person-centred care across our health and care system.

Executive Summary

The attached paper explains:

- **Ambition for data**
 - The ambition outlined in our plan was developed through engagement with 70+ stakeholders across the ICS, shaping how use of data can support the priorities of SWL as described in the Joint Forward Plan 2023 and Integrated Care Partnership Strategy 2023.
- **The plan to realise the ambition**
 - The roadmap in this plan describes how we will set our foundations correctly in the first year, driven by the ICB Analytics & Business Intelligence Team. This includes optimising and developing the people and functions that underpin its delivery, whilst addressing the required change in culture around the use of data. National, regional and local objectives that will be enabled by the roadmap have all been brought together in a 5-year delivery plan.

This Data Strategic Plan has been endorsed by the ICB Digital Board and the ICB Senior Management Team.

Key Issues for the Board to be aware of

Significant national investment has been made in data infrastructure that will support this data strategic plan going forward. These include:

- The procurement of the national Federated Data Platform (FDP) which will allow the collation of diverse data at an organisational level (i.e. Trust), at an ICS wide level and at a national level,
- The investment in a Sub National Secure Data Environment (SN SDE) at a London region level that brings diverse data together from across the 5 ICSs in London for the purpose of using such data for direct care, planning and research.

This strategic plan set outs a course for the ICS to navigate over the next 5 years that will enable SWL to:

- Be a leader in data innovation.
- Build a community of data specialists.
- Become a highly functioning data led system.
- Be a front-runner re: artificial intelligence.

Recommendation

The Board is asked to:

- Ratify the SWL ICB Data Strategic Plan 2023-2028.
- Endorse the ambition for data in SWL over the next 5 years.
- Endorse the plan outlined to realise this ambition, with a commitment from system partners to participate in its delivery.

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:

The commitment and participation of system partners to work with the Analytics & Business Intelligence Team in the first year, with subsequent years 2-5 relying on an ICS-wide approach.

Mitigations

Actions taken to reduce any risks identified:

System-wide co-production, engagement and endorsement through governance. This paper seeks to clarify the commitment of partners at the ICB Board.

Financial/Resource Implications

Without a system-wide approach, it is not possible to optimise skillsets, understand gaps and will have potential financial implications if external resources are required, where this could have been available/ developed in-house.

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
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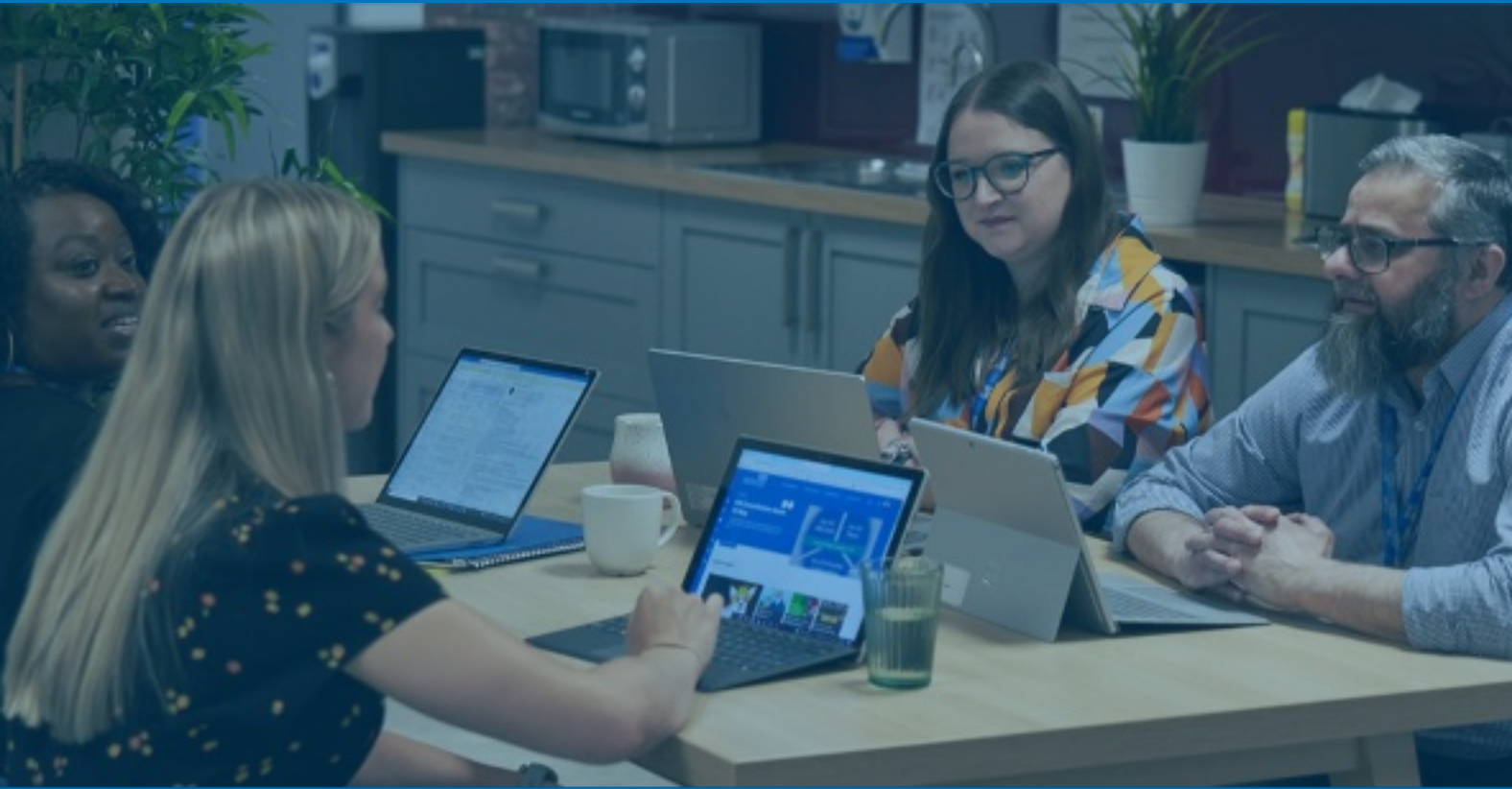
Patient and Public Engagement and Communication	This paper takes into consideration citizen views presented within the SWL Joint Forward Plan 2023 around Digital and Data and from the One London Citizens' Summit.
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Previous Committees/Groups Enter any Committees/Groups at which this document has been previously considered	Committee/Group Name	Date Discussed	Outcome
	System Intelligence Group	22/02/2024	Initial draft plan presented with request for feedback
	ICS-wide Stakeholder Engagement	22/02/2024 – 01/03/2024	No significant changes requested, minor changes applied.
	ICB Digital Board	04/03/2024	Recommended to proceed to SMT for ratification.
	Senior Management Team Meeting	15/02/2024	Draft supported for taking to ICB following comments

Supporting Documents	Data Strategic Plan v1.0 .pdf
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South West London



SWL ICB Data Strategic Plan 2023-2028

Sharing our vision for better health
and care

Our Vision

Use connected data in new ways to enable and inspire teams to better fulfil their roles, improving health and care outcomes for all of our residents



Contents

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Journey to get there Page 17	Next steps Page 23	5 Year Plan Page 27	Citations Page 29

Executive Summary

Our Data Strategic Plan describes how NHS and Local Authority Partners across South West London will use data and work together over the next five years to support delivery of joined up, person-centred care across our health and care system. The ambitions outlined in our plan are built from our understanding of how data can support the priorities of SWL as described in the Joint Forward Plan '23 and Integrated Care Partnership Strategy '23.

Data can provide valuable insights into the health needs of our communities, the effectiveness of our services and the outcomes we achieve for patients. By using data more effectively, we can identify areas where improvements can be made, target resources more effectively and ensure that every person receives the care they need, when and where they need it. This Data Strategic Plan is about what we can do as a system to develop the way in which we use data, recognising the current state and priorities for the system, that have been encapsulated into the 7 vision statements below.

In order to realise the data vision, we need to start small, build on what we have got and fix the basics. The roadmap outlined in this plan describes how we will set our foundations correctly in the first year, driven by the ICB Analytics & Business Intelligence Team. This includes optimising and developing the people (e.g. data analysts, data scientists) and functions (e.g. data warehousing) that underpin its delivery. This process will enable us to better understand what resources will be required to achieve the data vision beyond the first year, appreciating that commitment of any resources by partners will need to be agreed through a business case.

- 1. IMPROVE CARE
- 2. CULTIVATE FOUNDATIONS THAT ENABLE CHANGE
- 3. IMPROVE EFFICIENCY & EFFECTIVENESS
- 4. DRIVE TRANSFORMATION VIA BIG DATA
- 5. INCREASE VISIBILITY OF PERFORMANCE
- 6. IMPROVE OVERALL HEALTH & WELLBEING
- 7. ENHANCE RESEARCH & INNOVATION
- SEVEN VISION STATEMENTS

We recognise that there are many challenges to be overcome in implementing this plan, including the need to ensure that our data is secure, that it is used ethically and that it is accessible to those who need it. However, we are confident that by working together, we can create a data-driven healthcare system that delivers better outcomes for our patients and supports the ongoing transformation of our health and care services.

Sarah Blow
Chief Executive Officer
NHS South West London
Integrated Care Board

Martin Ellis
Chief Digital Information Officer
NHS South West London
Integrated Care Board



Introduction

This document outlines the Data Strategic Plan for SWL ICB over the next five years. It has been formed with a vision, foresight and understanding that to deliver the best possible health and care for people, there needs to be a greater use of information, data and intelligence. This document provides a framework and roadmap for implementation, utilising real-time use cases to example and evidence the benefit, value and positive impact it will bring to the provision of health and care for people in South West London.

Why was this plan developed?

The Data Strategic Plan seeks to build on the successes of our respective providers' data strategies with a focus on where, collectively, the ICB can accelerate transformation around data. This document represents our collective ambition and underpins our ICS's Integrated Care Plan '23 and our Joint Forward Plan '23.

The Plan aims to provide clarity on the ICB's role, the direction of travel for data and will demonstrate how we can work collaboratively with all system partners to create meaningful improvements in health and care, through maximising capabilities in data. They should support the core aims of the Integrated Care Partnership 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.

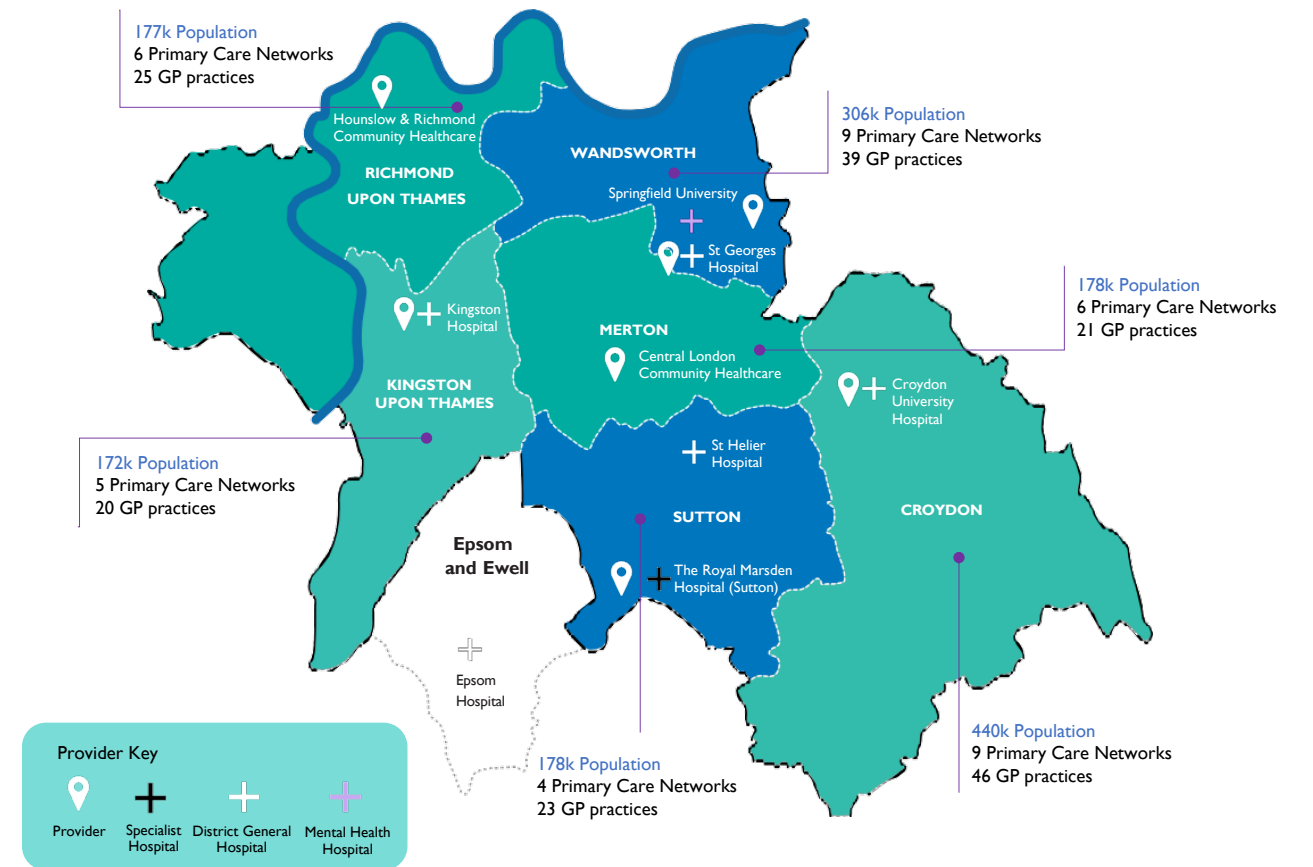
How was this plan developed?

The development of this Plan has considered regional and national context including: Department of Health and Social Care policy paper: Data Saves Lives; NHS Long Term Plan; White Paper on Integration and Innovation; What Good Looks Like (WGLL) Framework; Goldacre review; Fuller Report; and relevant One London papers and reports.

Further to this, we have conducted extensive research and direct engagement across key sectors of SWL ICS. This involved over 70 stakeholders including a range of organisations, groups, communities, service providers, staff and patient/public representation. Findings initially outlined in SWL ICB Data Strategy Interim Report '23 - '28 (July 2023) have been consolidated and subsequently this plan has been formed.

South West London Integrated Care System

South West London Integrated Care System (ICS) is a complex landscape in terms of the provision of health and care.



1,455,000 Population	4 Acute Trusts NHS Hospital	1 Community NHS Trust Hospital	1 Mental Health NHS Trust Hospital	1 Specialist Centre
6 Local Authorities	174 GP practices	39 Primary Care Networks	345+ Care homes	6 Healthwatch organisations

It involves the organisations illustrated above, alongside care homes, pharmacists, optometrists, dentists, third sector organisations and other support services in the community. Our health and care services and care pathways cross boundaries between Places in the ICS and colleagues in other areas, such as within other ICS's in London and Surrey. Richer data and the insights we can learn from it are dependent on the ability to link data across different settings, and access this information in a timely way. Proactively understanding insights, trends and their relevant impact also requires the ability to integrate and interrogate this data to develop evidence-based interventions and support ongoing improvement to data quality and consistency system-wide.

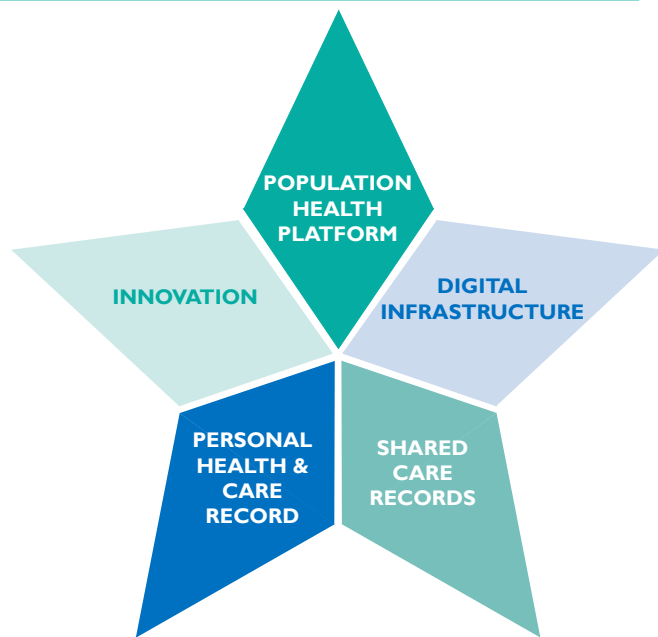
Integrated Care Partnership Priorities

 <p>Tackling our system-wide workforce challenges</p>	 <p>Reducing Health Inequalities</p>
 <p>Supporting the health and care needs of children and young people</p>	 <p>Preventing ill-health</p>
 <p>Positive focus on mental well-being</p>	 <p>Community-based support for older and frail people</p>

South West London Integrated Care Partnership Strategy (2023-2028) was developed through conversations with health and care partners and communities across South West London. It explains the journey that has been undertaken to understand each other's challenges, review the data, the evidence and health needs, as well as considering the views and concerns of local people across our six borough places. Each priority area within the strategy has considerations around data and an emphasis that sharing of data creates opportunity for greater coordination between services on the care pathway.

 <p>START WELL</p>	 <p>LIVE WELL</p>	 <p>AGE WELL</p>
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Subsequently, the **SWL Joint Forward Plan (2023-2028)** was created and describes how NHS partners across South West London will work together over the next five years to meet the needs of local people, in order to start well, live well and age well. To do this there is a need to be clear about where to focus our collective action.



To do this we need an informed system, using population health data and insight to inform, adapt and shape our approach, guided by the 'Digital North Star' outlined within the **SWL Digital Strategy '21**.

People and communities in SWL tell us



Feedback showed that digital engagement has increased following the pandemic and lockdowns. NHS and council websites were trusted sources for information. Internet use was high among many residents, with smartphones the most popular way to get online.



Engagement also highlighted the potential of improved IT to provide better continuity of care and co-ordination between services, examples of feedback are from frailty services, the London Ambulance Service, urology pathway.



Across the engagement reports, digital apps, websites, online community meetings and appointments have helped to deliver health and care services. Some people were supportive of specific self-help digital apps, such pregnancy related apps to help people through their maternity journey, 'Car Find' to help people living with dementia to locate their parked cars, 'Brain in Hand' and 'AutonoMe' apps for people with learning disabilities, a pelvic health app and an emotional wellbeing app for teenage and young adult cancer patients.

Learnings from the One London Citizens Summit tell us



"I think that first and foremost safety should be at the forefront. Even though there may be less trust, I think more people having access to your information comes down to safety."



"GPs, A&E, the whole service. If I go to A&E and I'm unconscious, I'd hope they'd know I was allergic."



"If they haven't got your records, there might be some medication you take that isn't good with another medication. They could give you this medication, and it could have devastation. You have people where English isn't their first language, or people with dementia, or very forgetful like me."

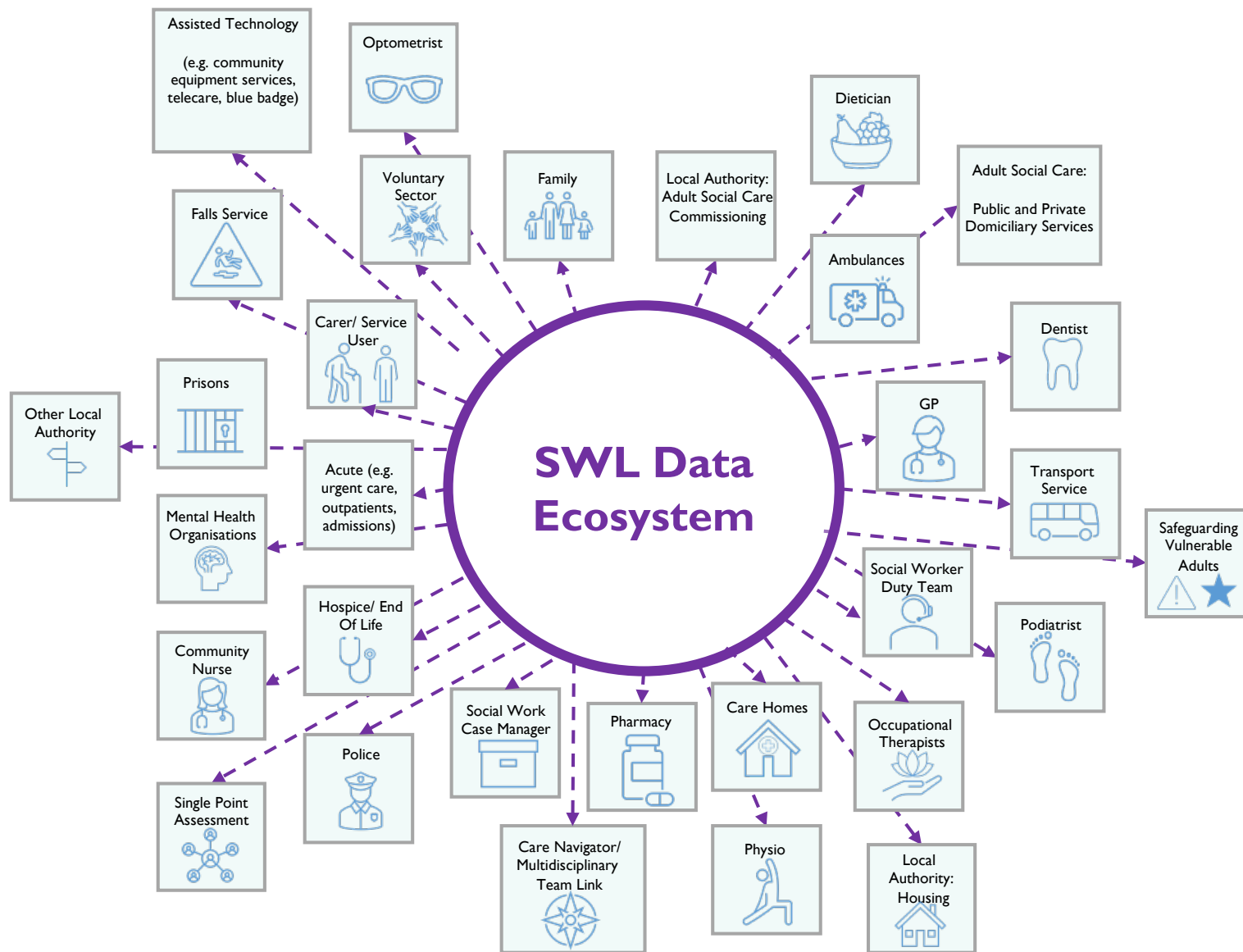


"I would assume also that the information that they have at the GP, the hospital can see it too. I'm not sure, because sometimes when you go to the hospital, they ask so many questions, but you think, how can you not know? Don't you have all my information? It is exhausting because you're in so much pain and still need to explain it."

Where are we now?

Data ecosystem

We wanted to understand all of the settings that we would need to link data across, which are held on systems including: Electronic Patient Records (EPRs), staff and financial records. Stakeholders across SWL were interviewed to build a current picture of the 'data ecosystem' depicted below. This formed a baseline, which demonstrated that the ecosystem is complex, and through understanding it we can decipher what needs to be addressed to deliver the vision for the system.



“Having good and accessible data and using it differently to how we do today is critical to achieving our ICB and wider ICS goals and managing a sustainable system.”

“We cannot see the full picture of what we are delivering, what activity is making a difference, what is needed to improve efficiency, how well are we using resources and if we are providing value for money .”

Capability Gap Assessment

As an ICB we recognise that data and its environment have a vital role in helping system partners in health and social care to work together to deliver high quality care. A data environment can be systems and associated infrastructure devices, facilities and people that support the collation, storage, sharing and use of data.

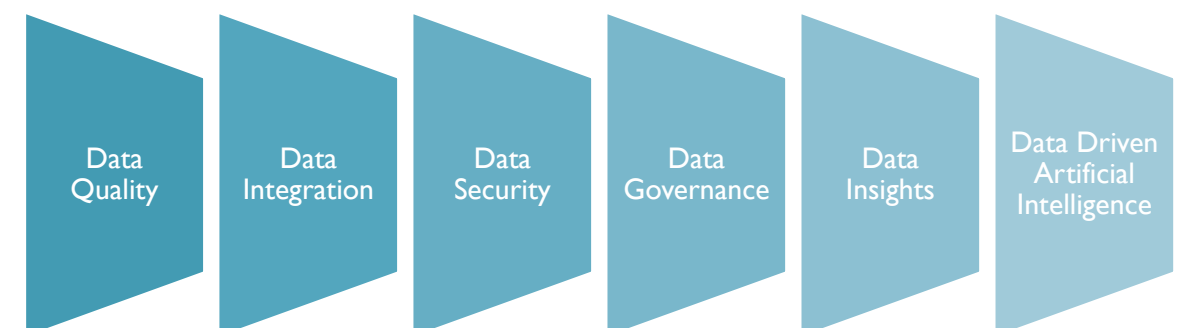
Within SWL ICB, the Analytics & Business Intelligence Team have the most significant role in supporting the system with data. Therefore, we first reviewed the current functionality of the team as our first 'setting' looking for strengths and opportunities, also known as a capability gap assessment. A summary of the top three themes have been outlined below.

Strengths	Opportunities
Good progress in the development of dashboards and support for evolution of population health capabilities	Value in having a single map of what data we have and a set of standard terms for what we call it
A drive to make the most of national tools and resources to deliver change	Creating a self-serve offer to improve access to data across the system
Dynamic approach to prioritisation in line with business needs	Networking teams across the ICS to make best use of knowledge/ expertise

We recognised the need to systematise an approach to review other 'settings' across the ICS. For this we required a common set of principles and guardrails to reflect on, to set the direction of travel, that should:

- Recognise the salient features of data management and guide the data practice.
- Provide a reference point so that everyone in the organisation can understand how data should and should not be used.
- Provide accountability in using data well in an organisation.

By following a set of principles, organisations can balance operational and strategic data needs, setting the tone of how data is used. A workshop was held across SWL ICS to create 6 data principles and guardrails:



These will now guide a review of different settings across the system, with the outcomes setting the direction of travel for where we can improve.

Our ambition

The Data Strategic Plan has been co-produced by many different partners coming together, and it will succeed in delivery through our continued collaboration. Our ambition is simple:

Working collaboratively with all system partners for all the people of South-West London to create meaningful improvements in health and care, wellbeing and equity of access to health and care services.

This commitment will apply equally regardless of whether it is an NHS organisation, social care organisation, academic body or research company looking to use health and social care data, as data is used across the system in many ways. Examples include:

To look at data such as patient history to make decisions about care

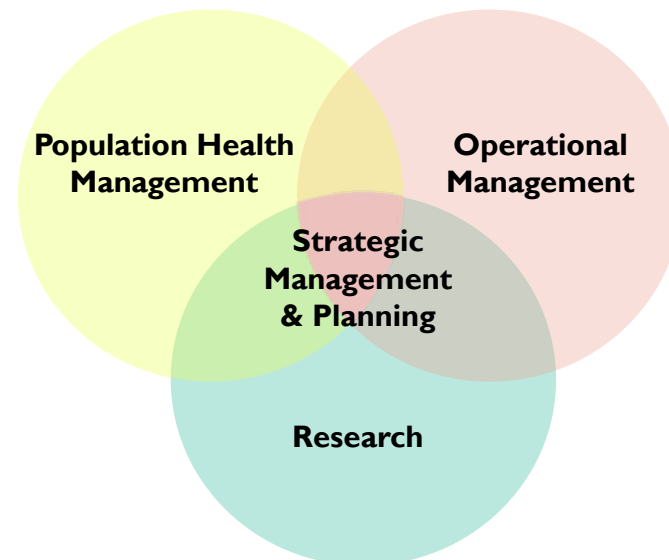
To use data such as blood pressure to monitor patient progress when unwell

Review data trends to understand the impact of interventions we put in place.

There is lots of data in the data ecosystem, however joining it together is where we can turn information into insights and intelligence that can be used to better support the improvement of population health in SWL. This Data Strategic Plan is about what we can do as a system to develop the way in which we use data, recognising the current state and priorities for the system. Through robust engagement with our stakeholders, we were able to identify and develop **seven vision statements** for the system that will deliver our ambition for data, along with **7 uses for data** to ensure we have measurable goals. These 7 uses are each supported by a use case, demonstrating how better use of information supports the SWL population or colleagues within the system, in order to deliver better care for citizens.

Each of the 7 uses are also supported by deliverables over the next five years, where delivery of system strategic objectives are prioritised (further detail can be found within the Data Strategy Interim Report).

Achieving our ICS goals is dependent upon every one of us capturing and using data differently and delivery of the Data Strategic Plan will address these challenges. To do this we need to start small, build on what we have got and fix the basics, not just focus on building new or more advanced platforms.



1. IMPROVE CARE



Using data to inform, plan, deliver, manage and ultimately improve the direct care provided to individuals and population groups.

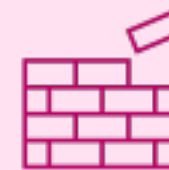
DATA USE: DIRECT CARE

- Single 360-view of the patient / resident enabling integrated, personalised care
- Data in real time powering up proactive response across the system, enabling prevention
- Measuring impact of interventions on patient outcomes

USE CASE: Risk stratification & care coordination

For managing complex, older people with frailty and dementia – to create the ability to see in one place who to speak to and arrangements in place across professionals (therapist, social worker, equipment team) enabling multiple interactions to take place more easily and to be able to expedite timely discharge.

2. CULTIVATE FOUNDATIONS THAT ENABLE CHANGE



Working with system partners to develop and oversee a consistent and coordinated approach to managing, reporting and advising on **quality and standards** of care using data, that leads to improved outcomes for the population

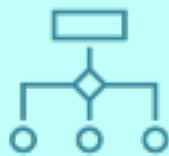
DATA USE: QUALITY MANAGEMENT

- Improved data triangulation
- Process for translating outputs into action – continuous improvement methodology
- Overlay quality data with a PHM lens

USE CASE: Quality risk planning & management

Flagging residents with risk factors that pre-dispose them to falls, including those on medicines known to lead to falls and carrying out earlier intervention to support residents to avoid hospital admission.

3. IMPROVE EFFICIENCY & EFFECTIVENESS



Proactively forecasting, planning and managing demand and using resources and assets in the right way, at the right time and in the right place to optimise our ability to meet demand.

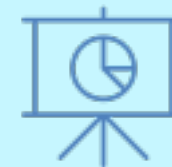
DATA USE: DEMAND & CAPACITY MANAGEMENT

- Bringing live data on capacity (workforce, theatres, etc.) together with demand data (waiting lists / outpatient appointments) to optimise performance
- Improving flow (discharge) via live 'back door' data (social care, care homes, etc.)
- Bringing financial information within productivity lens

USE CASE: Analysing patient pathways

Identifying where patients are having to attend multiple face to face appointments. Redesigning pathways to reduce the need for multiple appointments e.g., via 'one and done' interventions, use of remote monitoring technology, increase in interactions via smartphones and increased self-help.

5. INCREASE VISIBILITY OF PERFORMANCE



Establishing a systemic and rigorous system of data collection matched with insight and intelligence to measure the performance of services at ICS level. Proactively engaging the right stakeholders to improve and optimise services identified as needing improvement

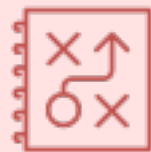
DATA USE: PERFORMANCE OVERSIGHT

- System performance overview
- Increased automation of oversight
- Better interpretation of data and ability to convert data to information that is actionable
- Empowering self-serve performance analytic tools

USE CASE: Reflecting on performance data

Push data on performance issues or failures and on workforce trends to operational leads to provide intelligence and enable more timely response to issues.

4. DRIVE TRANSFORMATION VIA BIG DATA



Using data to identify and answer the 'big questions' and to make decisions that inform the overall direction, goals, priorities and strategies of the ICB and the wider system. Using data to lead, manage and track the system towards greater success and sustainability.

DATA USE: STRATEGIC MANAGEMENT AND PLANNING

- Using data to identify and answer the 'big questions' that inform the strategies of the ICB that lead to success and sustainability
- E.g., cost /productivity evaluation, analysis of value for money, potential for investment shift

USE CASE: Workforce & resource planning

Define how many people we need to recruit and train to have what we need in place in 10 years (including new career paths that mean people will stay). Conduct workforce analysis to rethink the workforce e.g., increasing non-qualified roles enabling qualified roles to work at the top of their licence and improve overall capacity and return on investment.

6. IMPROVE OVERALL HEALTH & WELLBEING



A way of working to help frontline teams and system planners prioritise population segments, tackle inequalities and predict what local people will need now, and in the future.

DATA USE: POPULATION HEALTH MANAGEMENT

- Tracking, detection, intervention and surveillance (health intelligence) including wider determinants of health.
- Identify and effectively tackle health inequalities and inequity and prevent disease.
- Health improvement, prevention and self-care management.

USE CASE: Proactive mental health support

Identify cohorts and people early on at risk of developing mental health problems through analysis of factors such as deprivation, physical health, substance use, housing, employment and financial status. Develop resilience programs to help prevent problems escalating.

7. ENHANCE RESEARCH & INNOVATION



The use of existing knowledge and/or the creation of new knowledge to better understand, prevent and treat illness, improve the health and care of the population and innovate health and care services.

DATA USE: RESEARCH

- Self-serve access to 360-degree patient view for researchers
- Mechanism to influence direct care
- Collaborative space to share across
- AI machine learning to test hypotheses
- Scale up patient trials
- Clearer research governance

USE CASE: Using AI to conduct research

Use Artificial Intelligence (AI) to conduct research into prediction of circulatory mortality and stroke

Artificial Intelligence

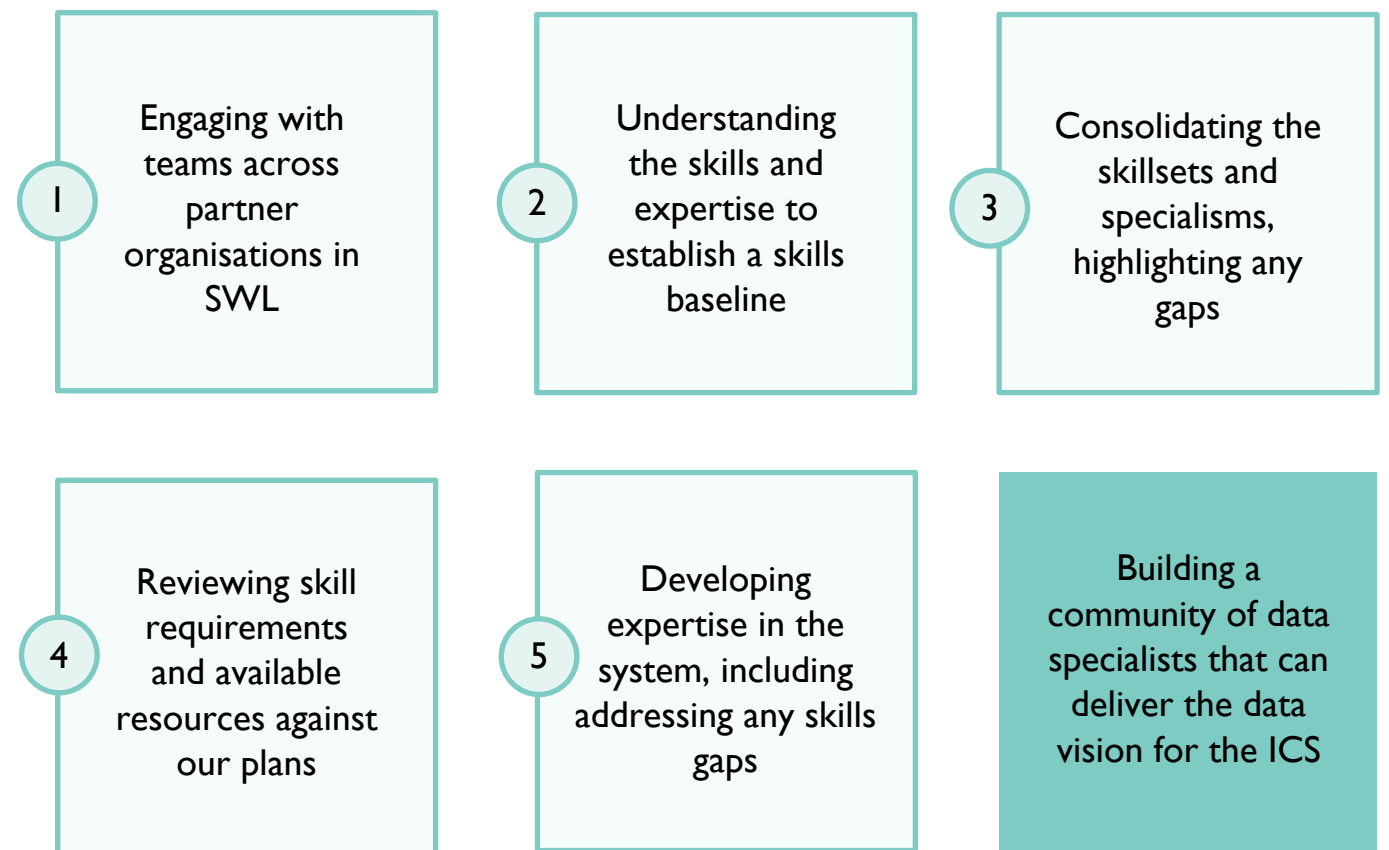


Artificial Intelligence (AI) has the potential to make a significant difference in health and care settings through its ability to analyse large quantities of complex information. This can include analysis x-ray images, for example mammograms, to support radiologists in making assessments or remote monitoring technology (apps and medical devices) that can assess patients' health and care at home. In SWL we are keen to ensure we have the right framework set up to enable use of AI in a safe manner.

Collaborating across the ICS to achieve our collective vision

Delivery of the 7 priorities are dependent on having an appropriate data infrastructure and architecture to: collate, store, share and use data. It is also dependent on having the necessary skills, expertise and capacity for delivery to be tangible. This will require the ICS system partners to work together, combining efforts and resources to realise the vision for data.

We will do this by:



Journey to get there

How we use data

In order to optimise the balance between data being entered and the output of data for real-time use, we need to make decisions earlier on as to whether there is value in the data being:

Real-time data

Real time processing involves streams of data that are captured in real-time and processed with minimal latency to generate real-time reports or automated responses. Access to real-time data not only has a profound impact on improving patient care, but it can also save lives through early detection and providing patients the care they need quickly.



USE CASE: Real-time data and patient flow

With increasing prevalence following Covid-19 and known Winter Pressures, the use of real-time data at System Control Centre level to support patient flow in and out of a hospital is paramount to maintain optimum capacity efficiency in response to demand.

Periodic data

Periodic data repeats the same pattern of information over time. As the system builds using data at its heart of decision making to manage demand and capacity, it can take periodic data for seasonal trends and integrate it with data relating to weather, for example from the Met Office and forecast the likelihood of demand. This is not just for hospitals, but also GPs.



USE CASE: Periodic data to support seasonal health needs

It is recognised through discussions with clinicians and health professionals, that people suffering from seasonal based symptoms or those symptoms that can begin from seasonal change, e.g., Bronchitis or Asthma, will contact a GP first for help. Thereafter, people are likely to visit a hospital two weeks later for further/continued health and care. Reviewing periodic health data with real-time weather data can enable system-wide planning to manage population health proactively

Infrequent data



USE CASE: Infrequent data with AI for earlier detection

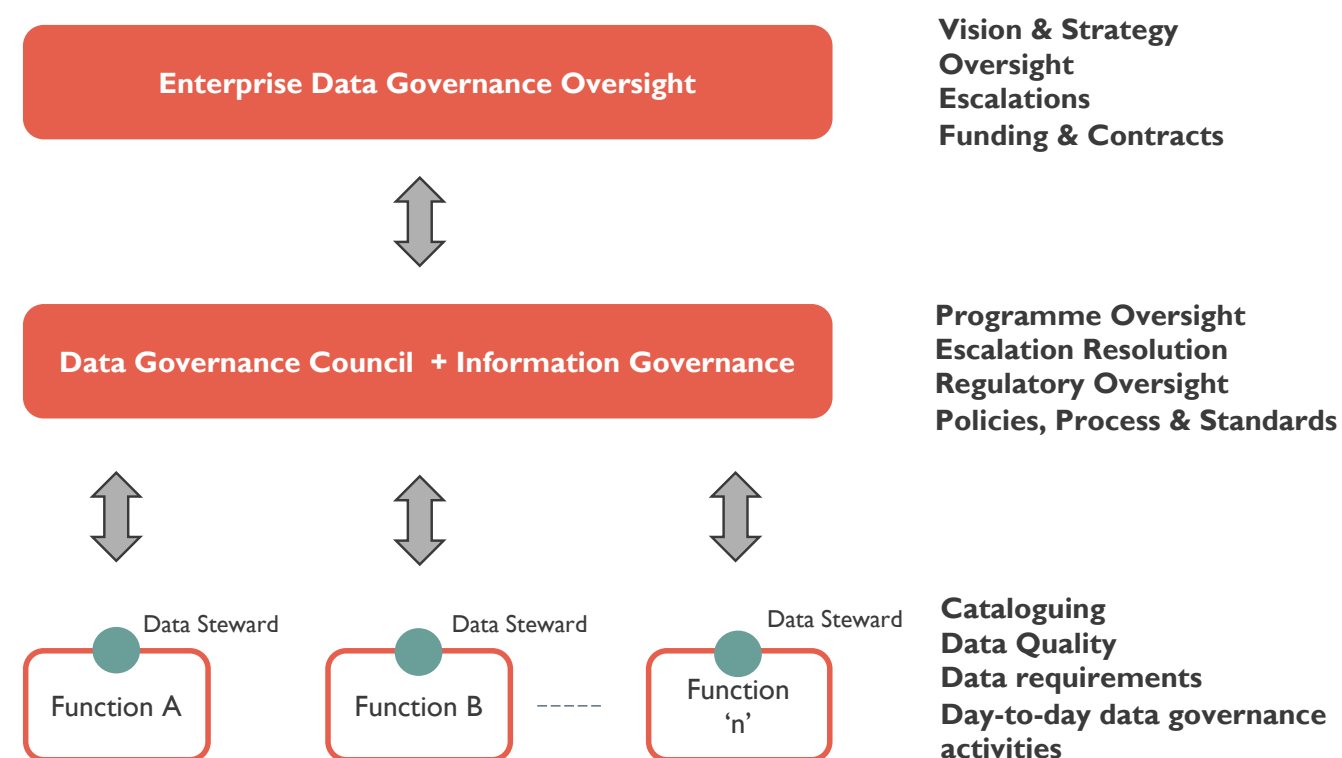
If you catch Sepsis early enough ahead of a certain level of patient deterioration, you can change the outcome. Infrequent data and AI can help track the patient status and lower the time to diagnosis of both Sepsis and other critical related healthcare issues. An external report, showed an AI algorithm's potential to increase the early detection of Sepsis by up to 32%.

Enablers to deliver the data priorities

Data Governance Framework, Data Quality Approach are key requirements of equal parity to deliver appropriate Data Infrastructure and Data Architecture for the system, ensuring there is consistency and uniformity in how we collate, store, share and use data.

Data governance framework

Having a robust data governance framework will support SWL ICB to reduce data related risks and improve data products. Moreover, it will enable ICB functions to effectively support Information Governance – which is a framework for handling information in a secure and confidential manner that allows organisations and individuals to manage patient, personal and sensitive information legally, securely, efficiently and effectively in order to deliver the best possible healthcare and services.



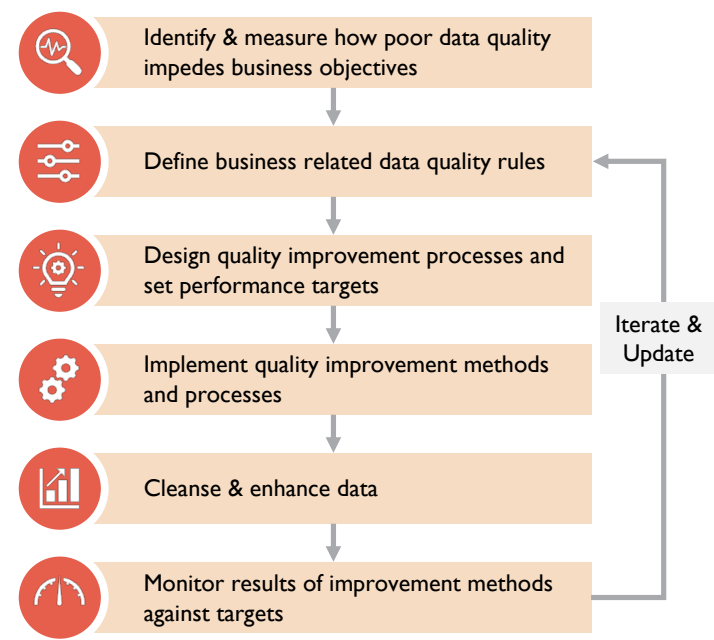
Data Stewards help support data governance in organisations. Data Stewardship is used to describe accountability and responsibility for the data and processes that ensure effective control and use of data assets. They typically perform the following activities:

- ✓ Document rules and standards
- ✓ Manage data quality issues
- ✓ Execute operational data governance activities
- ✓ Create and manage core Metadata

Data quality approach

By introducing formal data quality management, which controls data throughout the lifecycle ensuring it is created, transformed, and measured against set threshold standards, enables improved outcomes and decisions for better health and care. The approach looks to design relevant rules, standards, measures and control definitions alongside the implementation of data quality dashboards to outline where poor data quality has been identified and remediation / fix is required.

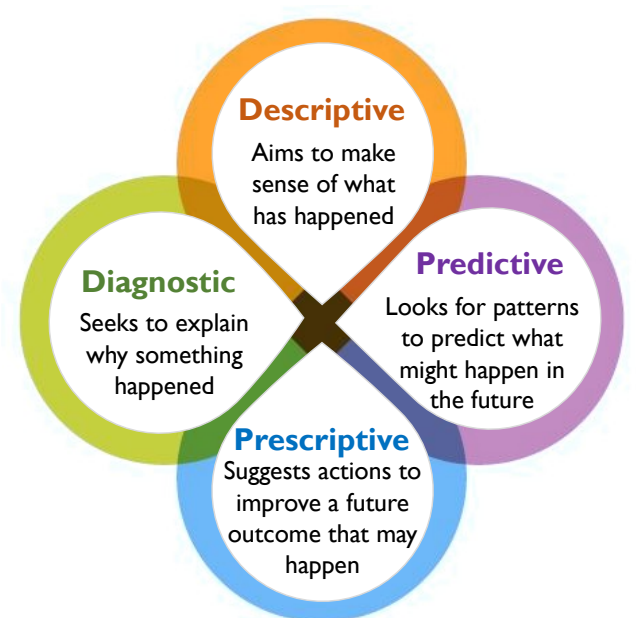
Dimension	Description
Completeness	The proportion of data stored against the potential for 100%
Uniqueness	No instance will be recorded more than once based upon how things are identified
Timeliness	The degree to which data represents reality from the required point in time
Validity	Data is valid if it conforms to the syntax (format, type, range) of its definition
Accuracy	The degree to which data correctly describes the 'real world' object or event being described
Consistency	The absence of difference, when comparing two or more representations of a thing against a definition



Culture change and new ways of working

Creation of the Data Strategy Interim Report (July 2023) showed us that although we can identify people working across the system on data (242), delivery of common goals and collaboration is minimal. Delivery of this ICS wide plan, facilitated by joined up data, provides us with an opportunity to work more effectively and efficiently. Implementing a plan to deliver the data strategy will require systemic support through organisational structure and governance.

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. This required SWL ICB to review its structures and functions, including its role in supporting SWL ICS to function effectively. The consultation process enabled a critical review of the Digital directorate purpose, critical functions and consideration of relevant design principles to support a rationale for change in line with the SWL ICS ambitions around data and its uses.



For the Digital directorate changes reflected both the national and local focus on Digital & Data together as a critical enabler for transformational change in delivery of better health and care to meet current and future population needs, with the intention is to bring the ICB-level Digital and intelligence functions together. This approach supports the system in gaining the most leverage from Digital & Data (from Business Intelligence to Data Intelligence) within the context of the ICS, which is made up of many partners with their own Digital capabilities, and development of a cohesive approach.

These new ways of working will increase the need to work flexibly and in a matrix model in many teams. This process will recognise existing talent and expertise that lies within the system and ensure opportunities are maximised in-house in line with the Digital Workforce Strategic Plan (2023).

Delivery of data environments

Data environments are data storage and access platforms, which uphold the highest standards of privacy and security of NHS health and social care data, and support improving trust in the health and care system's use of data so that there is:

- Confidence that data is being handled in a way that is safe and secure;
- Positive understanding of how data is being used, both for individual care and for improving population health, planning, innovation and research;
- Greater access to an individual's own health and care data, and the power to choose how it is used.

Data environments can be nationally, regionally and locally delivered. Within SWL ICB there is a local focus on:

- Assessing and defining local requirements and workflows,
- Planning appropriate fit for purpose environments,
- Map current versus required resources to ensure we have the skills required.

Local: Localised Data for SWL

Once we have completed mapping of our data environment ICS-wide we need to connect this with Regional and National data sets to create a dynamic omni-channel data environment. Through this we will be enabling all teams and personnel, clinical and non-clinical, scope to access and understand data for delivering local improvements in a speedier manner across SWL for better health and care of residents.

We will create an ICS wide network for maximising data insights, skills, resources and opportunities. This will include: greater self-serve, best practice exemplar, big data framework informing risk stratification and use of real-time data to improve patient journeys.

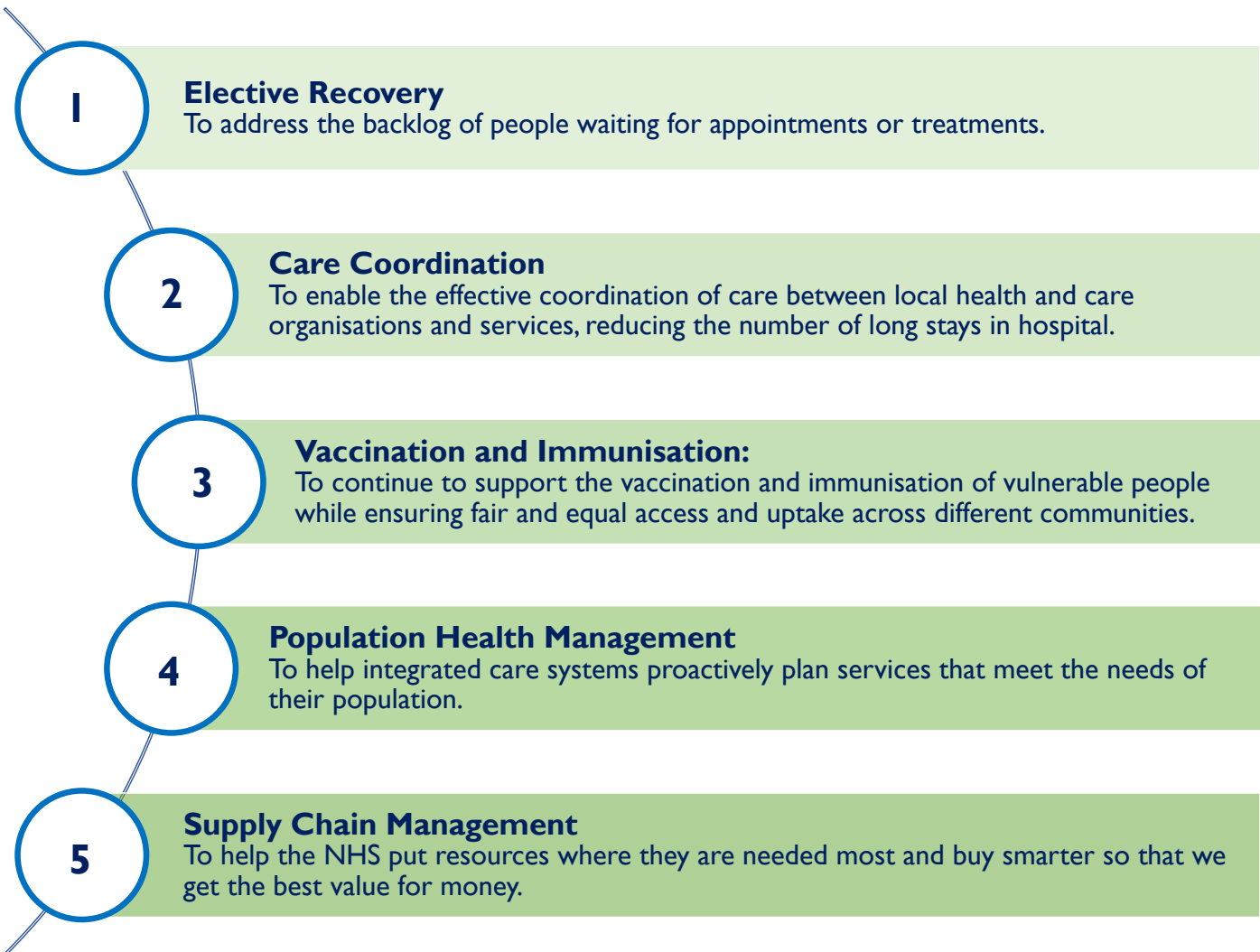
National: NHS England Federated Data Platform

The NHS is made up of multiple organisations that use data every day to manage patient care and plan services. Historically, data has been held in different systems and in response to this, NHS England has procured the provision of a new Federated Data Platform (FDP), which will link NHS trusts and regional systems, giving a consistent technical means of interoperability.

Every hospital and integrated care board will have their own version of the platform, which can connect and collaborate with other data platforms as a ‘federation’. This allows them to connect data they already hold, such as health records, waiting lists and theatre and staff rosters, in a safe and secure environment, to better manage patient health and care.

“Better use of data is essential for the NHS to tackle waiting times, join up patient care and make the health service sustainable for the future.” NHS National Director for transformation, Dr Vin Diwakar.

The FDP will initially be focussed on five key NHS priorities:



USE CASE: Croydon University Hospital

At Croydon Hospital, the Model Hospital data has been used to track the average number of cases per theatre sessions. It has shown that over the last 9.5 months since the tools launch, there has been a 14% sustained uplift, which equates to more than 900 additional patients having theatre treatment.

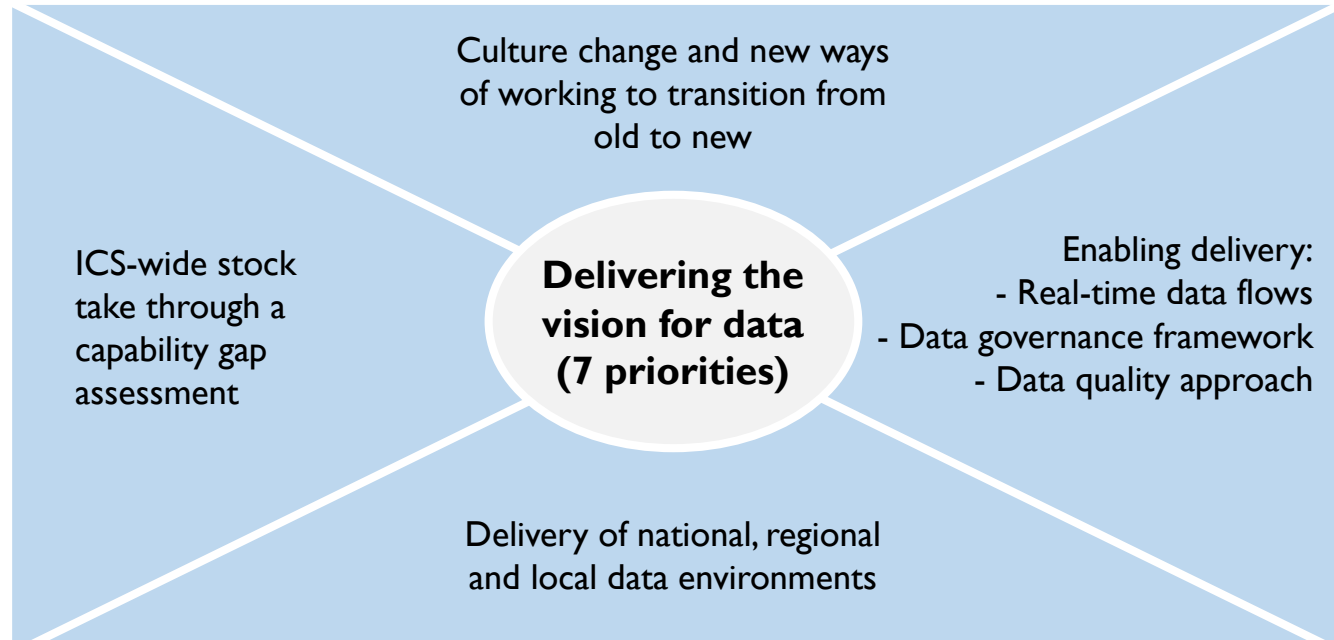
Regional: One London Data Health Strategy

The ambition is for London to be the healthiest global city and the best in which to receive health and care services, transforming the way we work. Joining up data across London is absolutely key to this through improved direct care and population health management, better system planning or enhanced research and development capabilities, to deliver systems like the London Care Record, the Universal Care Plan, the Discovery Data Service, and DiscoverNow.

There is now a unique opportunity to develop a world leading resource for health and care improvement. Together these provide London’s five Integrated Care Systems (ICSs) and NHS London with the foundational designs and investment needed to establish a new London Data Service (LDS) and Secure Data Environment (SDE) to deliver proactive care, system planning, and research. Realising this opportunity is about working together in a more intelligent way and making the best use of combined resources, rather than continuing to develop systems or capabilities in isolation.

Journey in a nutshell

Whilst the 7 priorities gives us a vision to aim towards, each is underpinned by a series of tasks that are interdependent and based on having the correct foundation in place, whilst developing the data infrastructure in which to deliver them.



Next steps

Where do we focus now?

Our short-term objectives need to focus on starting small and getting the basics right, providing us with the correct foundation to deliver the vision for data. We have outlined 7 steps we can take in the next year to support us on this journey.



Optimise our Analytics & Business Intelligence Team

The formation of 7 system priorities will mean a complete reshape of how the Analytics & Business Intelligence Team currently functions, and a transitional phase towards delivery.



Build a community of data specialists in SWL

To deliver our Plan successfully, we will need to change our ways of working to realise the benefits of being unified as a system. This will include exploiting and building upon collaboration opportunities already existent within the ICS.



Change the culture of how we use data in SWL

Data underpins delivery of system-wide programmes, however understanding of how, when and why to access data is still not clear. We want to move towards an environment in which colleagues across different teams can access and interact with data, using the BI team for expertise where required.



Make sure we have good quality data in SWL

Setting data quality rules, and putting in place quality improvement processes across the system will take us one step further to ensuring that we have the best possible data to inform our decision making for the population of SWL.



Have a robust governance framework for data

Through development of a data blueprint across the system, we will be able to identify data stewards to ensure all data adheres to the principles and guardrails set, so that we can create one single version of the truth in data for SWL.



Delivery of data environments

Maximising opportunities presented through delivery of local, regionally and national data environments. We have a local focus on assessing and defining requirements and workflows, whilst planning fit for purpose environments.



Creating the foundations for the 7 data priorities

Developing best practice around how we use data, aligned to the 7 priorities areas. These will then act as a foundation for how all partners system-wide collaboratively use data in delivery of the 7 priorities.

Roadmap

What can we do in the first year to set our foundations correctly?

Foundation for success	Activities	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Ambition	
1. Optimised Analytics & Business Intelligence Team	<ul style="list-style-type: none"> A) Define the function of the team, and how individual roles support delivery B) Develop the correct leadership structure to drive forward the vision C) Distinguish where automation can support ways of working 	█	█			Developing the SWL data capability, maximising in-house expertise and supporting workforce development	
2. Building a community of data specialists in SWL	<ul style="list-style-type: none"> A) Engage with teams across partner organisations in SWL to develop a skills baseline B) Consolidate the skillsets and specialisms to showcase capability across the system C) Develop expertise in the system, including addressing any skills gaps 		█	█	█		
3. Changing the culture of how we use data in SWL	<ul style="list-style-type: none"> A) Create communication material to describe products and tools that can help add value to teams and partners (highlighting the strengths and challenges of each) B) Engage with teams across the system, so that they are clear on what to access, when and who to contact for further expertise C) Move towards a self-serve first approach to data, using the Analytics & BI team for advice/ expertise where needed. 		█	█	█		Ensuring timely access to data and the appropriate tools to interrogate it.
4. Making sure we have good quality data in SWL	<ul style="list-style-type: none"> A) Deliver a workshop to identify and measure how poor data quality impedes system objectives B) Define and develop system related data quality rules. C) Design quality improvement processes and set performance targets 		█	█	█		Creating a single version of truth for data across all system partners
5. Having robust governance for data, which underpins how we work	<ul style="list-style-type: none"> A) Create a blueprint for data flow across SWL B) Identify the data functions, and their data stewards responsible for adherence to data principals and guardrails C) Create and implement the correct forums, with membership to facilitate and expedite decision making 		█	█	█		
6. Delivery of data environments	<ul style="list-style-type: none"> A) Map local use of FDP and scope ICB tenancy B) Establish data use on SN-SDE and scope SWL involvement. C) Review SWL DE in alignment with London Data Services 	█	█	█	█		
7. Creating the foundations to deliver 7 priorities for data	<ul style="list-style-type: none"> A) Stocktake of historical data currently held and how it is used B) Create exemplars around how data is used for priority areas C) Create a framework as an ICS-wide guide for how to use data 		█	█	█		Creates a foundation for how to use data system-wide for all partners to build from collaboratively

5-year plan

Included for information, full table available on request – detailing the key programmes, their respective workstreams and the plan to deliver these over the next 5 years.

Programme of work		Workstream	0-9 MONTHS	9-24 MONTHS	24-48+ MONTHS	Ambition
Capability gap assessment	People Skills & Resource		<ol style="list-style-type: none"> 1. Map current resources & touchpoints 2. Stakeholder engagement and communication 3. Commence gap analysis 	<ol style="list-style-type: none"> 1. Form map of Professional & Literacy skills/resource 2. Early identification of gaps 3. Develop & implement plan for capability improvement 	<ol style="list-style-type: none"> 1. Completed capability gap assessment 2. Fully developed & implemented improvement plan 3. Success stories/use cases produced 	<p>Improved people skills, knowledge and professional development; Increased collaborative working between data specialists; Improved level of data maturity/capability system wide</p>
	Repositories & Storage (infrastructure)		<ol style="list-style-type: none"> 1. Map current resources. 2. Assess capability level v demand requirements. 	<ol style="list-style-type: none"> 1. Produce plan for improvements. 2. Implement improvement plan 3. Develop Use Cases for funding 	<ol style="list-style-type: none"> 1. Develop & implement monitoring and sustainability plan for minimum level of capability. 2. Example successes via Use Cases 	<p>Fit for purpose infrastructure will enable optimum capability data use for informing most effective health and care provision</p>
	Interoperability & Connectivity (architecture)		<ol style="list-style-type: none"> 1. Map connectivity & interoperability maturity levels. 2. Form system-wide Steering Group 	<ol style="list-style-type: none"> 1. Develop & implement improvement plan. 	<ol style="list-style-type: none"> 1. Assess and communicate positive impact through Use Cases 2. Develop & implement monitoring and sustainability plan for minimum level of capability 	<p>Increased transportation of data between people, teams, organisations, care sectors. More effective care planning, prevention and ICS-wide ecosystem</p>
	Quality		<ol style="list-style-type: none"> 1. Review what quality checks and counter-balances are in place (accuracy, completeness, consistency, reliability and timeliness). 	<ol style="list-style-type: none"> 1. Map data input points and journey(s) to output. 2. Assess mechanics for quality checks of input v output 3. Develop & implement quality check process pilots 	<ol style="list-style-type: none"> 1. Develop & implement quality check process in full. 2. Validation success reports, with evidence of impact. 3. Communications of positive impact. ICS wide 	<p>Greater focus and higher standard at all data touchpoints by people in delivery of health & care across ICS, creating a more thorough and true validation of information.</p>
	Governance, Processes, Access, Security		<ol style="list-style-type: none"> 1. Review present standards, processes and procedures. 2. Scope opportunity of formalised standards. 3. Identify known strong, medium and weak links. 	<ol style="list-style-type: none"> 1. Analyse ISO/IEC standards and requirements. 2. Confirm Standards/ISO/IEC for implementation 3. Develop & Implement Data Board. 	<ol style="list-style-type: none"> 1. Set out new GPAS Framework. 2. Implement system-wide. 	<p>New high standard of data management across the whole aligning all areas and stakeholders, creating consistency and visibility.</p>
Delivering 7 priorities for data	Direct Care		<ol style="list-style-type: none"> 1. Assess current open/closed pathways of data sharing 2. Identify success stories of data sharing with Direct Care 3. Engage London Region data strategy 	<ol style="list-style-type: none"> 1. Form Direct Care Programme Board to lead delivery; 2. Scope requirements of pan-London Direct Care data alignment. 3. Devise Direct Care tactical delivery plan. 	<ol style="list-style-type: none"> 1. Implement Direct Care tactical delivery plan. 2. Review London Region Direct Care data strategic and operational alignment. 3. Early adopter Direct Care data inter-operability 	<p>Increased opening of pathways for sharing patient data between professionals and organisations in real-time and for immediate care, for SWL and then pan-London.</p>
	Quality Management		<ol style="list-style-type: none"> 1. Review & provide recommendations for data management. 2. Assess Quality Capability Gap Assessment 	<ol style="list-style-type: none"> 1. Co-produce 'Effective Data Quality Management' Exemplar Practice: Collate, Store, Share & Use. 2. Implement exemplar practice ICS wide 	<ol style="list-style-type: none"> 1. Monitor, Review and Report on exemplar practice impact. 	<p>Integrated ICS-wide working More self-serve, interrogation and understanding of data. Improved data input and output.</p>
	Demand & Capacity Management		<ol style="list-style-type: none"> 1. Map the connections of: service demand v capacity v planning. Share with key stakeholders. 2. Create 'Demand, Capacity & Data' doc, explaining/detailing the value (improved patient flow) of these 3 in planning. 3. Investigate value and proposition of Artificial Intelligence. 	<ol style="list-style-type: none"> 1. Scope dataflows that support value in use of 'real-time' data. 2. Confirm how data can be used to map capacity of all areas across the ICS (primary, secondary & community). 3. Determine how data can be used to identify demand levels in the present and future state. 	<ol style="list-style-type: none"> 1. Identify and deliver use cases to example 'what can be achieved' through data driven service redesign. 2. Create demand and capacity data dashboard/reporting for system wide use. 	<p>System-wide demand & capacity knowledge base Reduction in any bottlenecks of patient flow, Resources managed more effectively</p>
	Strategic Management & Planning		<ol style="list-style-type: none"> 1. Create 'Big Data' framework. 2. Identify data trends 	<ol style="list-style-type: none"> 1. Align trends to ICB Joint Forward Plan. 2. Interop trends with ICB, London & National opportunities. 3. Create pathway of informing system trends for strategic management and planning. 	<ol style="list-style-type: none"> 1. Implement means to review and monitor service design and delivery against ICB strategic direction using data. 	<p>Evidence based decision making Better and more informed decision making at all levels and system wide.</p>
	Performance Oversight		<ol style="list-style-type: none"> 1. Understand performance framework and where data can inform. 2. Propose effective means of data use within framework: BI v DI 	<ol style="list-style-type: none"> 1. Design ICS data-informed framework. 2. Inform and integrate system-wide use of new framework. 3. Serve data into multi-variate formats 	<ol style="list-style-type: none"> 1. Share impact reports on service improvements 	<p>Greater use of data in day to day operations, to inform performance and improvements. Joined up system-wide service review: local, regional and national.</p>
	Population Health Management		<ol style="list-style-type: none"> 1. Review and stocktake current PHM data infrastructure, use and alignment to strategic & operational requirements. 	<ol style="list-style-type: none"> 1. Set plan for PHM aligned to ICB strategic direction. 2. Evaluate and improve people resource and capability for use of PHM data. 3. Implement ICS plan for improved effective use of data to meet prioritised requirements, driven by global exemplar benchmarks. 	<ol style="list-style-type: none"> 1. Create scalable PHM system. 2. Interop with wider community healthcare infrastructure. 3. Collaboration with non-health agencies. 	<p>Increased level of targeted patient care. Greater autonomy across and within the ICS. Better prevention models for intervention.</p>
	Research		<ol style="list-style-type: none"> 1. Stocktake of historical data currently held and gathered. 2. Implement plan for collating, storing, sharing and using necessary data for present and future research purposes. 3. Plan for alignment with local, regional & national opportunities. 	<ol style="list-style-type: none"> 1. Establish opportunities of collaboration with non-NHS agencies. 2. Produce studies / reports using new & emerging technologies and capabilities. 3. Create research, planning and delivery collaborative steering group. 	<ol style="list-style-type: none"> 1. Produce futuristic research model for creating data intelligence. 2. Local, regional and national innovation partnerships. 	<p>Inform new innovative model and provision of care; prescriptive and non-prescriptive. Subject matter expertise collaboration for research hub.</p>
Delivering data environments	FDP		<ol style="list-style-type: none"> 1. Scope capabilities with NHSE collaboration. 2. Assess interoperability and impact of changes for FDP. 3. Map local use and SML opportunities. 	<ol style="list-style-type: none"> 1. Identify new ways of working / integration of systems with FDP (L, R & N). 2. Cyber-security assessment. 3. Plan & implement delivery of new ways. 	<ol style="list-style-type: none"> 1. Monitor, Review and Identify new opportunities. 2. Report on impact of new ways. 	<p>Better connected infrastructure for data sharing. Improved response to real-time care needs. Enabling data insights for PHM</p>
	SDE		<ol style="list-style-type: none"> 1. Identify and understand clear perimeters of SN-SDE. 2. Establish data use on SN-SDE and scope SWL involvement. 3. Inform & influence S, M & L term SN-SDE plans. 	<ol style="list-style-type: none"> 1. Define SWL Data Management. 2. Map to SWL priorities. 3. Interop with Research Vision Pillar. 	<ol style="list-style-type: none"> 1. Identify pan-London opportunities for SME initiatives. 2. Establish SWL SME of Research via SDE. 3. Lead research innovation on SME. 	<p>Creates subject matter expertise of SWL. New funding/ innovation opportunities. Skill, knowledge and healthcare advancement</p>
	London		<ol style="list-style-type: none"> 1. Establish evolved London Data Services offering to ICBs 2. Assess against SWL requirements. 3. Agree revised SLA & MoU for LDS/ISL to meet SWL needs. 	<ol style="list-style-type: none"> 1. Scope ICS partnership collaborations on projects and initiatives. 2. Identify pan-London ICB initiatives. 3. Scope non-health environments for interop. 	<ol style="list-style-type: none"> 1. Review, scope and recommend data environment/sharing beyond Research purposes. 2. Implement 'beyond research' pan-London environment for collaborative working. 	<p>More structured and efficient data environment. Cost-efficiencies through tighter controls. Health care improvement through shared data infrastructure.</p>
	ICS		<ol style="list-style-type: none"> 1. Assess & define local requirements/workflows. 2. Plan appropriate fit for purpose environment. 3. Map current v required resource. 	<ol style="list-style-type: none"> 1. Implement appropriate infrastructure & architecture. 2. Cyber and general security assessment/implementation. 3. Conduct and communicate new innovative projects. 	<ol style="list-style-type: none"> 1. Assess and review, recommend improvements to maintain against present and future capabilities. 2. Scope ICS-wide stakeholder engagement for increasing data environment capability of indirect healthcare (e.g., MDT). 	<p>Tailored data environment to meet SWL requirements Response to innovative opportunities/greater autonomy. Appropriate resource to match requirements/needs.</p>
Culture change and new ways of working	Team purpose and function		<ol style="list-style-type: none"> 1. Team engagement on the Data Strategy/ visions 2. Understand professional skills and personal attributes to create team development plan: 3. Align individuals and create ICB cross function teams to deliver data strategy and operational requirements. 	<ol style="list-style-type: none"> 1. Strengths based approach to developing capabilities in line with strategic/operational direction to '28. 2. Produce 'Exemplar Standard' for all data related thinking, planning and operations: with monitor, measure and review of performance assessment. 3. Innovation & hackathon. 	<ol style="list-style-type: none"> 1. Review & evaluate functions v '28 deliverables plan. 2. Align team with evolved deliverables and ways of working. 3. Assess secondment & collaborative internal/external partnerships 	<p>Clear understanding, more efficient uptake and transition Improved standard and effectiveness of team outputs. Higher level of data quality. Greater innovation, opportunities for improving services.</p>
	Pan SWL working culture		<ol style="list-style-type: none"> 1. New Directorate Team Engagement; Digital Strategy & Joint Forward Plan. 2. Map all SWL ICS 'data/bi' personnel & data touchpoint action 3. Create 'ways to collaborate' outlining processes 	<ol style="list-style-type: none"> 1. Create ICS-wide datateam network. 2. Annual Data event (Ted-X, Innovation, Problem solving, Hackathon, External specialists). 3. Involvement at ICS-wide team events/meetings. 	<ol style="list-style-type: none"> 1. Roll-out 'Exemplar Standard' to ICS data network 2. Implement checkpoints to monitor, assess and communicate 'Exemplar Standard'. 3. Review interdependencies & inter-operability of ICS-wide Data Ops, Management and Infrastructure. 	<p>Data best practice ICS-wide. Stronger integration through collaboration, interdependencies & interoperability. More powerful & effective data environment.</p>
	Product outline (what will BI produce)		<ol style="list-style-type: none"> 1. Root & branch stocktake of current operations, deliverables and situ (inc., health insights review). 2. Confirm immediate priorities and align team function. 3. Create short-term '24 - 25 deliverables plan; 	<ol style="list-style-type: none"> 1. Innovations and Opportunities; future planning & proofing (service design), inc., AI impact assessment and integration plan. 2. Create medium-longer term '28 deliverables plan. 3. Form external partnerships & collaborations. 	<ol style="list-style-type: none"> 1. Regional & National data SME lead. 2. Dynamic omnichannel data environment. 3. Reduce focus on external products, increase internal products (e.g., SCC). 	<p>Fit for purpose data platform and information for users. Cost-efficiencies through integrated working. Local, regional and national priority alignment. Focussed plan of deliverables to meet service demands.</p>
	Education and training		<ol style="list-style-type: none"> 1. Understand current & prospective actions (collate, store, share, use) of data across ICS (ongoing action). 2. Assess appropriate tools & systems for learning. 3. Knowledge programme of Best Practice 'How To...' (collate, store, share, use) & implement engagement plan. 	<ol style="list-style-type: none"> 1. Full learning and development programme ICS wide 2. Pilot initiatives & case studies. 3. Map L&D with external ICS workforce partnerships. 	<ol style="list-style-type: none"> 1. ICS-wide integration with new approach. 2. Feedback, learning and improvement process. 3. Identify new areas of & opportunities for self-serve. 	<p>Empowered staff to make faster and effective decisions. Standardised highest level of best practice; uniformity. ICS-wide shared learning and improvements. Improved level of data quality.</p>

Citations

Data Strategy Interim Report (July 2023)

Data Strategy Evolution: Roadmap (October 2023)

SWL ICB Digital Strategy '21 – 25

SWL Integrated Care Partnership Strategy '23 - '28

<https://www.southwestlondonics.org.uk/publications/south-west-london-integrated-care-partnership-strategy/>

Department of Health and Social Care policy paper: Data Saves Lives

<https://www.gov.uk/government/publications/data-saves-lives-reshaping-health-and-social-care-with-data/data-saves-lives-reshaping-health-and-social-care-with-data>

NHS Long Term Plan (2019)

<https://www.longtermplan.nhs.uk/>

White Paper on Integration and Innovation

<https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version>

What Good Looks Like (WGLL) Framework

<https://transform.england.nhs.uk/digitise-connect-transform/what-good-looks-like/>

Goldacre Review (2022)

<https://www.gov.uk/government/publications/better-broader-safer-using-health-data-for-research-and-analysis>

NHS South West London Integrated Care Board

Name of Meeting	ICB Board		
Date	Wednesday, 20 March 2024		
Title	South West London NHS Green Plan: delivery update		
Lead Director Lead (Name and Role)	Helen Jameson, Chief Finance Officer		
Author(s) (Name and Role)	Piya Patel, Acting Director of SWL ICS Capital - Finance		
Agenda Item No.	07	Attachment No.	06
Purpose	Approve <input type="checkbox"/>	Discuss <input checked="" type="checkbox"/>	Note <input checked="" type="checkbox"/>

Purpose

To provide a delivery update to the Board of key successes against the South West London (SWL) NHS Green Plan's ten areas of focus in 2023/24, and of next steps for the remainder of the ICB's two-year Green Plan.

Executive Summary

At the end of May 2023, the ICB Board signed off the 2023-25 SWL NHS Green Plan, in support of the Greener NHS national programme and its vision to deliver 'The world's first Net Zero National Health Service' and to achieve the national target of net zero emissions by 2040. Recognising that climate change is a health emergency that is already impacting our healthcare provision and our communities across SWL, and that the NHS is a contributor to the problem, the SWL health system made a commitment to reduce our carbon emissions through this plan.

It was agreed that six monthly updates would be presented to the ICB Board, aligned to reporting required by NHSE. The key highlights set out in the attached paper will be reported to NHSE.

We recognised in the plan that working with primary care and local authorities is critical to the work we are doing in this space and this year, we have made a step change in our collaboration and partnership working to build on the foundations laid in 2022/23, in particular:

- Linking in with the Mayor of London's Climate Resilience Review.
- Building relationships with primary care and supporting the work of the Greener Practice South London group.
- Connecting with councils on air quality and education, adaptation and energy planning, including taking part in wider partnership discussions on air quality alongside Transport for London (TfL) and the Greater London Authority (GLA), following on from Wandsworth's Air Quality Citizens' assembly.
- Bringing our Trusts together to share best practice and learnings across a range of topics.

Key Issues for the Board to be aware of:

The range of the system's activities has significantly extended, in particular we draw the Board's attention to:

- The collaboration between councils and primary care on air quality issues, including the delivery of training to GPs to support them in having conversations with patients about air quality and behavioural insights work to develop public health materials for patients and the public.
- The expansion of awareness of the Green agenda through learning sessions, establishing staff groups of green champions and promoting sustainability days and awareness campaigns.
- Efforts by Trusts to understand the potential heat decarbonisation actions on their sites, to adopt reduced carbon footprint menus, to introduce SMART (self-monitoring, analysis, and reporting technology) technology and to champion green travel and transport.
- Digital investment and advertisement of the functionality in the NHS app to support patients in ordering repeat prescriptions, saving travel times and paper usage.

We have made good progress in the last year, though recognise there is more to do to achieve the ambitions in the SWL Green Plan 2023-2025.

We have identified specific areas of focus for the health system in consultation with SWL sustainability leads across health and care. These include implementation of the Green Surgery checklist, further reduction in the use of nitrous oxide gases and carbon-intensive inhalers in primary and secondary care, a focus on food waste, identifying target reductions in carbon emissions from buildings, and finding methodologies to measure and track our impact on the carbon footprint.

Much of our focus will also be on increased communications and training to reach a wider audience and to win hearts and minds of staff and patients to support the agenda and to better equip one another to have discussions and provide leadership relating to sustainability. We will develop our reporting to capture investment in green activities and the outcomes generated in terms of carbon footprint as we go forward.

We will continue to work with partners on enhancing the work done to date and building sustainability into everything we do to reduce health inequalities and have a positive impact in our local communities

Recommendation

The Board is asked to:

- Note and discuss the progress made to date and the step change in activities in the past year to support the SWL NHS Green Plan 2023-25, the Joint Forward Plan and the ICP strategy.

Conflicts of Interest

N/A

<p>Corporate Objectives This document will impact on the following Board Objectives</p>	<p>Tackling the Green agenda in line with the NHS's commitment to continue to reduce carbon emissions:</p> <ul style="list-style-type: none"> ▪ by 2040 for the emissions it controls directly (e.g. use of fossil fuels) with an ambition of 80% reduction by 2028-32 ▪ by 2045 for those it can influence (e.g. within supply chains) with an ambition of 80% reduction by 2036-39.
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<p>Risks This document links to the following Board risks:</p>	<p>Lack of engagement and ownership by partners across the organisations Loss of momentum to drive forward change.</p>
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<p>Mitigations Actions taken to reduce any risks identified:</p>	<p>Positioning the SWL Green Plan as an umbrella strategy to capture and support the excellent work happening within organisations as well as providing a framework for shared practice and learning.</p> <p>Establishment of mechanisms and increased resource within the ICB to facilitate networking and sharing of best practice between our partners and reach out to a wider network of enthusiastic staff.</p> <p>Build sustainability considerations into normal systems and processes.</p>
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<p>Financial/Resource Implications</p>	<p>In the context of limited capital and revenue resources, we should be pursuing supplementary sources of funding where available (e.g. Public Sector Decarbonisation Grants). A small fund was created within the SWL 2023/24 capital envelope to support innovative change.</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>Local engagement reports were analysed and key feedback was incorporated into the 2023-25 Green Plan</p>
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<p>Previous Committees/Groups Enter any Committees/Groups at which this document has</p>	<p>Committee/Group Name</p>	<p>Date Discussed</p>	<p>Outcome</p>
	<p>Green Plan Delivery Group</p>	<p>07/02/2024</p>	<p>Priorities for 2024/25 supported by SWL NHS and local authority leads.</p>



been previously considered	SWL Finance and Planning Committee	27/02/2024	Annual progress update supported.
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Supporting Documents	Green Plan 2023-24
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South West London NHS Green Plan: Annual report 2023/24

ICB Board
March 2024

Summary



South West London

- At the end of May 2023, the ICB Board signed off the 2023-25 SWL NHS Green Plan, in support of the Greener NHS national programme and its vision to deliver ‘the world’s first Net Zero National Health Service’ and to achieve the national target of net zero emissions by 2040. Recognising that climate change is a health emergency that is already impacting our healthcare provision and our communities across South West London, and that the NHS is a contributor to the problem, the South West London health system made a commitment to reduce our carbon emissions through this plan.
- This report provides the ICB Board with the key highlights of our 2023/24 Green Plan activities, building on the Board’s interim report in September, and focus areas for the remainder of our two year plan.
- This year, we have made a step change in our collaboration and partnership working to build on the foundations laid in 2022/23, in particular:
 - linking in with the Mayor of London’s Climate Resilience Review
 - building relationships with primary care and supporting the work of the Greener Practice South London group
 - connecting with councils on air quality and education, adaptation and energy planning, including taking part in wider partnership discussions on air quality alongside TfL and the GLA, following on from Wandsworth’s Air Quality Citizens’ assembly
 - bringing our trusts together to share best practice and learnings across a range of topics.
- We also have a closer working relationship with national and regional teams which is supporting our health system with guidance and education, and we are exploring accessing support from external partners such as Natural England.
- In the coming year, we intend to focus on increased communications and training to reach a wider audience and to win hearts and minds of staff and patients to support the agenda, to better equip one another to have discussions and provide leadership relating to sustainability, and to continue to embed sustainability into everything we do. We will develop our reporting to capture investment in green activities and the outcomes generated in terms of carbon footprint as we go forward.
- **The Board is asked to note the delivery update against the 2023-25 plan.**

What we have we achieved in 2023/24



South West London

We have made strong progress in the first year of our two year plan. The list below summarises the breadth of our key achievements this year.



All trusts have produced **Heat Decarbonisation plans** that support the net zero strategy



Good progress against **national targets for nitrous oxide in our trusts and for inhalers in primary care**



Active **Green Champions Groups** set up at SGH, ESHT the ICB and **sustainability days and awareness campaigns** championed



Learning sessions organised for sustainability leads and with council colleagues



Electric vehicles introduced in KHFT and SWLStG and **electric bike scheme** at HRCH



Adoption of **Reduced Carbon patient menus**, with 18-28% carbon footprint reduction at ESHT



Heat Decarbonisation projects across trusts including solar panels, insulation and heat pumps



PN0620 & PN0621 compliant across SWL trusts and ICB (10% social value weighting in tenders; carbon reduction plan requirements)



Design work completed to refresh energy centre at KHFT for future move to more sustainable energy sources



Joint procurement for SWL patient transport service in progress, to also target **increased electric fleet** across trusts



Bio-digestion of food waste commenced at Teddington Memorial Hospital community site



Work started on the **Green Surgical Checklist**



Continued creation of **green spaces** and increased plant biodiversity across SWL



£27k funding provided for a new **SWL Bike Recycling Scheme** via the SWL Investment Fund to upcycle donated bikes and provide free bikes to staff



Increased use of the NHS app, success recorded for repeat prescriptions (40% increase in ordering), saving travel times for primary care patients



SMART Theatres introduced at SGH to monitor energy consumption and other factors (pilot and roll-out funded by SWL)



New roles recruited to across SWL, including ICB Head of Sustainability to drive forward delivery of SWL Green Plan



Reusable theatre hats introduced at CHS



Carbon footprint calculated for the ICB and Primary Care



Funding secured to develop decarbonisation plans and business cases



Air Quality behavioural insights work and training in collaboration with councils and primary care

2024/25 focus areas



- Taking the opportunity to take stock with our partners to reflect on the past year, the feedback has been positive with regards to the increased joint working. SWL sustainability leads have also expressed a desire for:
 - Increased prioritisation of sustainability within their organisations
 - Continued support in accessing funding, which remains a challenge
 - Enhanced sharing of learning and networking to minimise duplication of efforts
 - Measuring the impact of our program
 - Increased collaboration with non-healthcare partners such as local authorities
- In collaboration with sustainability leads across health and care, **we have identified our focus areas for 2024/25 in line with the 2023-25 plan objectives.**
- Work will also continue across our other workstreams to identify opportunities to contribute to the reduction in carbon emissions, including identifying sustainable clinical practices (e.g. green social prescribing, single use items), assessing longer term climate change risks and adaptation plans across the health estate, and implementing net zero procurement standards.

Workstream	Focus for 2024/25	Targets
Workforce and Leadership	Strengthen leadership and engagement by via increased communication and awareness campaigns and access to training	<ul style="list-style-type: none"> • Deliver at least two training, education, practical learning events per organisation • Deliver at least three SWL-wide communications campaigns • Establish an active Green Champions forum in each organisation
Sustainable Models of Care	Refocus on the Green Surgery Checklist 2023/24 target	<ul style="list-style-type: none"> • Implement 'Green Surgery Checklist' principles across our clinical activities in all relevant organisations
Travel and Transport	Increased focus on air quality and meeting regional targets, incentivising where we can modality shift via encouraging Active Travel and Green Modes of Transport	<ul style="list-style-type: none"> • Go electric for patient, inter-site and courier transport by 2027, supported by: <ul style="list-style-type: none"> • Completion of Travel Surveys by end of Q1 • Travel Strategies finalised by end of March 2025 • No. of modality shift initiatives implemented per organisation (minimum 3 per organisation) • Delivery of common patient transport specification supported by participating trusts with specific KPIs for the electrification of the fleet; successful procurement
Medicines	Focusing on work relating to MDI inhalers and Nitrous Oxide and refresh workstream leads and governance structure	<ul style="list-style-type: none"> • Reduce Nitrous Oxide waste and emissions from MDI inhalers <ul style="list-style-type: none"> • 23% reduction in C20te from Nitrous Oxide from both manifold, cylinders and mixed sources (against a 2019/20 baseline) • 35% Reduction in in C20te from Inhalers (against a 2019/20 baseline)
Food and Nutrition	Expand ambition, with a focus on reducing the carbon impact of our food waste	<ul style="list-style-type: none"> • Delivery of food waste by each organisation with measurable outputs • Increase number of other initiatives across reusables and reduced carbon footprint menus
Estates and Facilities	Review decarbonisation plans for reductions in the carbon footprint of our estate	<ul style="list-style-type: none"> • Target reductions in carbon emissions from decarbonisation and other plans are identified and begin to deliver for 2024/25 and beyond. • Identify waste management plans
Data	Increased focus how we measure and track our carbon footprint and the impact of our efforts	<ul style="list-style-type: none"> • Identified SWL common methodologies for measuring scope 1,2, and 3 emissions • Identified KPIs for workstreams and embedded reporting into the Green Plan Delivery Group

Looking to the future

- We are fortunate to have such wonderfully innovative and passionate staff that care about this agenda in SWL and want to make a difference. We want to continue to build the support in to enable them to deliver for the NHS, patients and the public.
- We are committed to continuing to expand our network to do so and that we can consult in shaping our thinking on how we take this agenda forward beyond 2024/25.
- Demonstrating our commitment and leadership is key, and we thank the Board members for continuing to actively champion this agenda in their organisations as their leadership and involvement significantly motivates and engages our staff.



SWL NHS Green Plan: Case Studies

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Air Quality and Health: Behavioural Insights & Staff training

Dr. Usman Khan , Consultant in Public Health
Dr. Eleanor Whitaker (GP Trainee)

Richmond and Wandsworth Councils

Public Health



Air pollution and its impact on health



air pollution in London costs our health care system as much as **£3.7 billion** a year

#DemystifyingAirPollution LONDON COUNCILS

It is estimated that toxic air contributed to the premature deaths of around 4,000 Londoners in 2019 according to the GLA

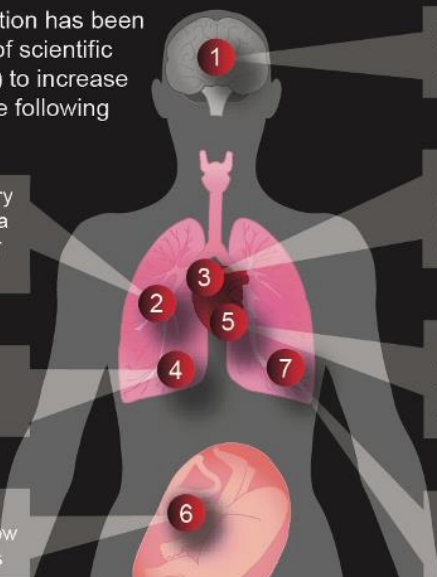
How can air pollution affect our health?

Particulate matter air pollution has been shown (through a branch of scientific study called epidemiology) to increase our risk of experiencing the following health problems:

Chronic obstructive pulmonary disease, or COPD, meaning a reduction in the amount of air going in and out of the lungs

Lower respiratory infections, including pneumonia, some types of flu, and bronchitis

Problems during pregnancy, including pre-term delivery, low birth weight, and other issues



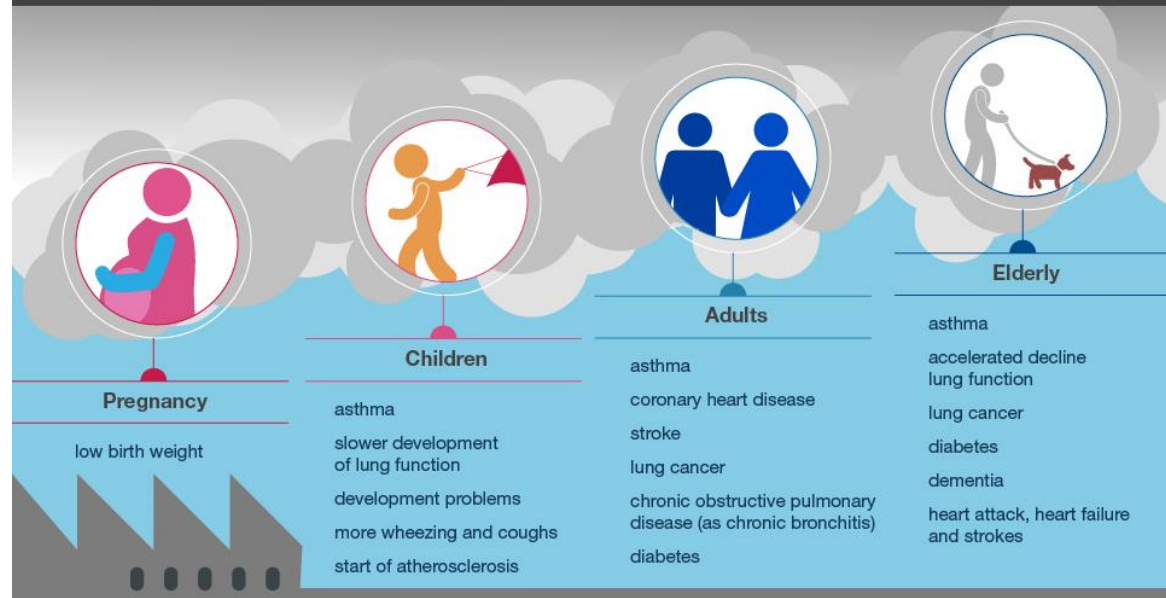
1 Stroke, a reduction in blood flow to the brain, which can be fatal if not treated right away

2 Heart disease, meaning a reduction in blood flow to the heart, which increases the risk of heart attack and stroke

3 Heart attack, a very dangerous condition where part or all of the heart muscle is deprived of oxygen

4 Lung cancer, one of the most common and deadly forms of cancer

Air pollution affects people throughout their lifetime



Pregnancy

low birth weight

Children

- asthma
- slower development of lung function
- development problems
- more wheezing and coughs
- start of atherosclerosis

Adults

- asthma
- coronary heart disease
- stroke
- lung cancer
- chronic obstructive pulmonary disease (as chronic bronchitis)
- diabetes

Elderly

- asthma
- accelerated decline lung function
- lung cancer
- diabetes
- dementia
- heart attack, heart failure and strokes

Vulnerable Groups

Vulnerable groups are impacted disproportionately by climate change and air pollution, including:

- Babies and young children (under 5).
- Pregnant women.
- Older adults.
- People with disabilities.
- People with pre-existing or chronic medical conditions.
- People with low income and/or in deprived communities.
- People in vulnerable outdoor occupations (such as construction workers, street sellers).
- People living in certain locations which are vulnerable to climate change e.g., flood zone area



Focus on Air Quality in the councils

Wandsworth Council

Air Quality Action Plan 2023 > 2028

Raising **Awareness**, Enabling **Protection**

Assembly members were surprised to learn the impact air pollution has on our health in Wandsworth, and recommended action to improve everyone's understanding of the health effects of air pollution and the links to climate. This reflects the need for a cultural change by councils, businesses and

- *Action plan was informed by Citizen's Assembly work*
- *The council is leading by example , working with partners like TfL for zero-emission buses*
- *Cleaning up our own vehicle fleet*
- *Improving the energy efficiency of buildings*
- *Ensuring our providers use clean fleets*
- *Raising awareness about the adverse health impacts and protecting our vulnerable populations*

LONDON BOROUGH OF RICHMOND UPON THAMES

Air Quality Action Plan | 2020-2025



Summary of Actions (Changing Behaviour)

A new communications strategy developed in partnership with the community : campaigns. Our new Air Quality Action Plan will actively seek community involvement on initiatives that are being delivered.

- *Investing more in sustainable and active modes of transport-cycling, walking and cleaner public transport*
- *A new communication strategy to help engage with our communities to raise awareness, participating in campaigns - clean air day, car free day, Walk-it and idling action and protecting our children ,*
- *Surveillance and auditing schools in areas of poor air quality and providing financial support for measures that tackle and reduce exposure for children in the borough.*

Making Every Contact Count (MECC) Modules

Purpose: A general **lack of awareness** amongst staff, especially around the link between climate change, air quality and health. **No suitable training** available, especially for Air Quality.

Developed two Royal Society of Public Health-accredited training modules (**Air Quality and Climate Change**) to support **frontline staff** to have conversations with residents, patients, clients and the public regarding air pollution and climate change and the impact they have on health.

Modules were developed via desktop research, review of local action plans and via interviews with frontline and senior managers in the councils, and consultation with clinicians and leads in SWLICB and St George's Hospital NHS Trust.



Wandsworth LONDON BOROUGH OF RICHMOND UPON THAMES

Climate Change and Health

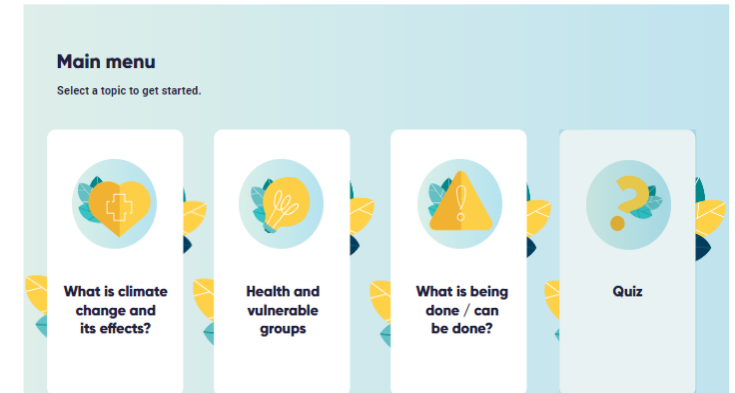
The effects of climate change are already being felt around the globe, Richmond and Wandsworth are no exception. Understanding the health impacts and causes of climate change can help us to recognise what can be done to reduce and mitigate the impact of climate change on our lives.

After completing this module, you'll be able to:

- Understand and explain what climate change means
- Articulate the impact of climate change on health
- Identify groups who are more vulnerable to the effects of climate change
- Recognise what can be done to minimise the health impacts of climate change and reduce an individual's contribution to climate change

Ready to learn more?


[Start](#) [How it works](#)

Main menu

Select a topic to get started.

- What is climate change and its effects?
- Health and vulnerable groups
- What is being done / can be done?
- Quiz



Wandsworth LONDON BOROUGH OF RICHMOND UPON THAMES

MECC and Air Quality

Air quality affects everyone and we all have it within our gift to protect ourselves and others from the negative health impacts of air pollution by limiting our exposure and contributing less to it. After taking this module you'll have a better understanding of:

1. Air pollution and its impact on health
2. What individuals can do to minimise their exposure
3. How to undertake conversation on the subject with the wider public.

Ready to learn more?

[Start](#) [How it works](#)




Main menu

Select a topic to get started.

- What is air pollution?
- The health effects of air pollution
- Minimising health impacts
- Quiz



This MECC Module has been produced by

Public Health LONDON BOROUGH OF RICHMOND UPON THAMES Wandsworth

and is accredited by the RSPH

APPROVED BY
RSPH
ROYAL SOCIETY FOR PUBLIC HEALTH

Behavioural Insights

Behavioural insights encourage people to make better choices for themselves and society

Purpose: As part of our desire to support the air quality action plans and wider health and care system, this work was initiated to ensure communications and engagement are appropriate in relation to public health advice - and relayed to the **right people**, in the **right settings** and at the **right times**

Project aims

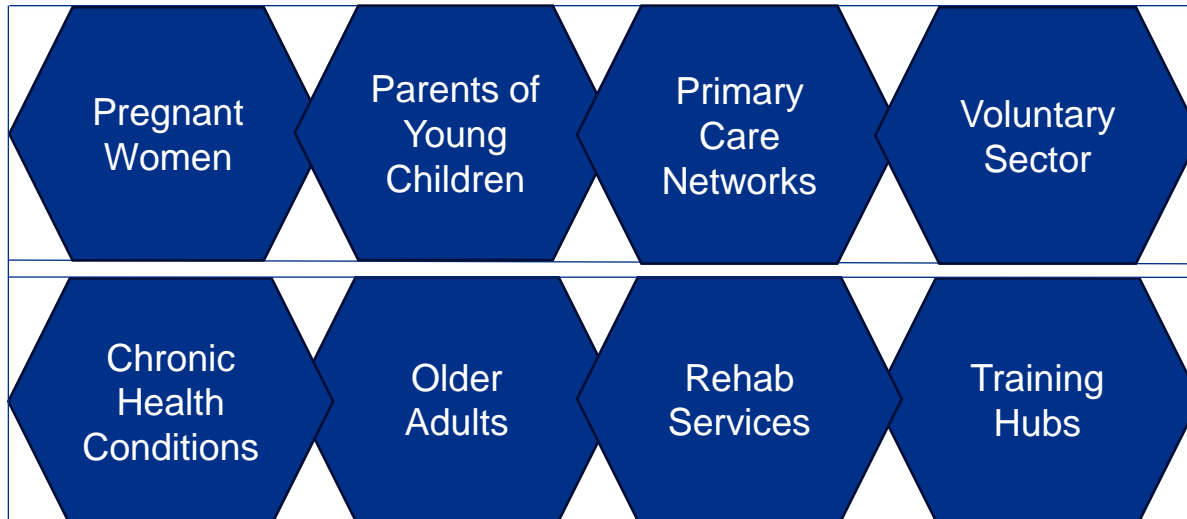
- To gain **behavioural insights** from those vulnerable to air pollution , testing **understanding** of air pollution and impacts on health, **acceptability** of communications and **appetite** for further information
- To design **evidence-based communications** around air pollution and health.
- To **engage with wider stakeholders** to develop a strategy for the delivery of communication materials.
- To **raise awareness** amongst frontline staff of the impact of air pollution on health .
- To promote the Royal Society of Public Health-accredited **Making Every Contact Count (MECC) training modules** on climate change and air quality.

Behavioural Insights

- Desktop Search for Evidence and Materials
- In Person Interviews:
 - Awareness of Air Pollution and Impact on Health
 - Knowledge of strategies to reduce Personal Contribution and Exposure
 - Current Provision of Health Information & Preferred Methods of Dissemination
 - Acceptability of Draft Communications

Participant Interview Structure: Air Pollution Comms and Engagement

Collaborative Approach: Public Health, NHS Colleagues, Council Officers, Voluntary Sector Organisations



Air Pollution and My Health

Where Does Air Pollution Come From?
Air pollution comes from tiny particles and gases that we breathe in every day. It can affect us both outside, and inside our own homes.

Outdoor Air Pollutants

- Industry
- Road Traffic
- Energy Generation
- Landfills
- Construction

Indoor Air Pollutants

- Cooking
- Paints
- Cleaning Products
- Smoking
- Perfumes
- Gas Appliances
- Stoves and Boilers

How does Air Pollution Affect my Health?
Breathing in air pollution can affect you both immediately, and over your lifetime.

Short Term

- Coughing
- Sore throat
- Itchy eyes
- Shortness of breath
- Exacerbation of Asthma and COPD
- Chest infections

Long Term

- Increased risk of dementia
- Stroke
- Worsening COPD and Asthma
- Heart Disease
- Lung Cancer
- Diabetes

How can I protect myself and others?

Check

Find out how much pollution you are breathing:

- Check Air Quality on your phone, computer or **AirTEXT**
- Know the pollution hotspots in your area
- Check the chemicals and cleaning products you are using at home

Reduce

Reduce the amount of pollution you are making:

- Leave the car at home! Walk, Cycle or take public transport where possible
- Switch cleaning sprays to soap and warm water
- Only use a wood burner if it is the only option, and always use approved fuel
- Ditch the hair spray, air freshener and scented plug ins

Protect

Protect yourself from pollution:

- Open windows when cooking or cleaning
- Always have your inhaler with you if you use one
- Travel on cleaner routes – use quieter streets not the main roads, travel through parks, and if you have to travel on a main road, use the inside of the pavement
- Close windows facing a busy road at peak traffic times

Where can I get more information?

- "Clean Air Hub" – www.cleanairhub.org.uk ; Air Text www.airtext.info
- The British Heart Foundation (www.bhf.org.uk) – Air Pollution and your Health
- Air Quality Action Plans: Wandsworth and Richmond Council Websites

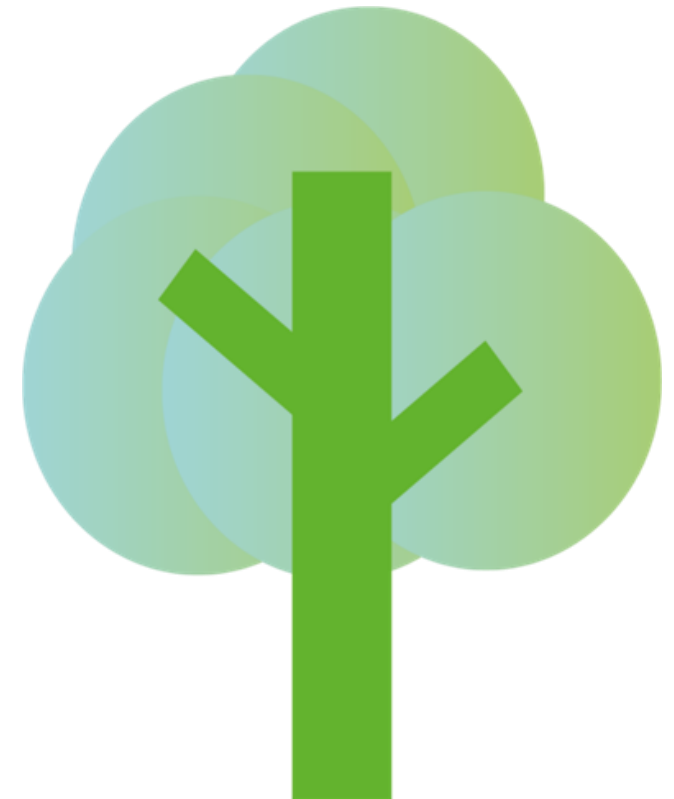
Next Steps

- Behavioural Insights work to inform our communications strategy/approach
- Partnership work across SWL ICS to
 - Roll-out MECC/other relevant training to staff
 - Develop a collaborative communications strategy to include Health promotion and Health protection messages on climate change, air pollution to raise awareness and to protect those vulnerable
 - Planning joint campaigns with ICS partners

Travel and Transport GESH ambition:

- To reduce the carbon emissions and local air pollution from staff, patient, visitor and supplier transport.
- Increasing levels of active travel, investing in zero-emission vehicles and maximising transport efficiencies.

Sam Hall / Emma Norris – Green Plan programme team
Jenni Doman, Deputy Group Chief Officer Estates and
Facilities
March 2024





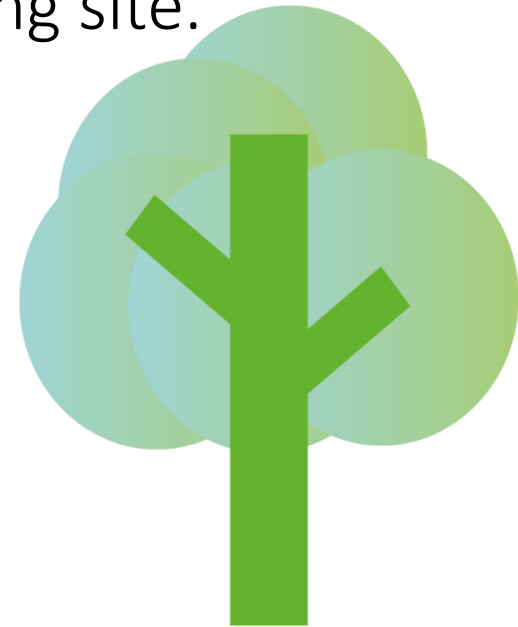
- Group event held in June 2023 for Active Travel Day
- Staff bike ride between St Helier Hospital and St George's Hospital
- Cycle 2 Work and Dr Bike stands held on both hospital sites
- Support from the Mayor of Wandsworth
- Promotion and trials of E-bikes
- Olympic gold medallist cyclist Joanna Rowsell
- London's Walking and Cycling Commissioner Will Norman
- Wandsworth Council's 'Dr Bike', with an upcycled bike giveaway
- Police bike security marking
- Wheels for wellbeing DESH e-bikes
- Tooting Healthy Streets Wandsworth living streets
- Mums for lungs Static bike challenge





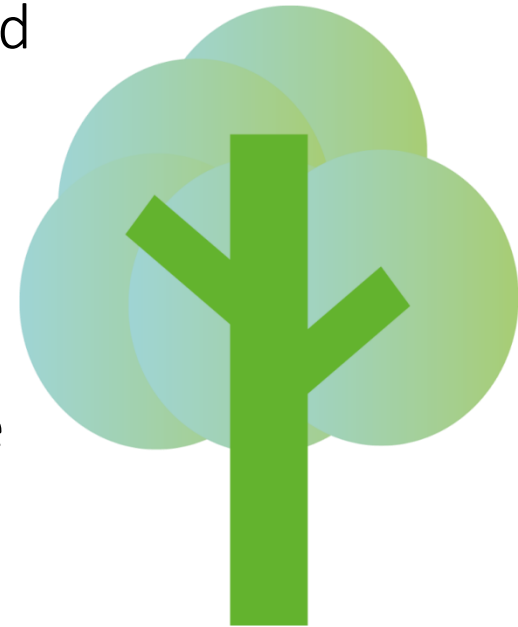
Travel Surveys

- Both sites have carried out Travel Surveys with over 2500 staff responding
- Average of 50% of staff live within 5 miles radius of their working site.
- Factors which could encourage active travel:
 - Safer cycle routes (10%)
 - Shower and changing facilities at work (9%)
 - Secure cycle parking (8%)
 - Drying rooms and lockers at work (6%)
 - On site bike repair equipment (5%)



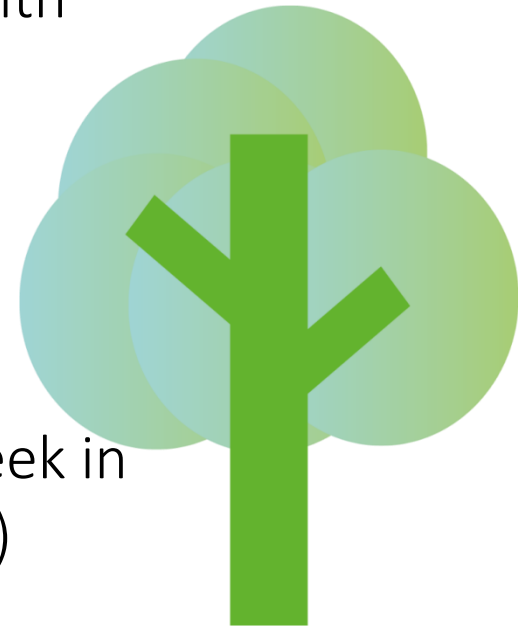
Epsom and St Helier Updates

- Travel plan produced and awaiting Board approval
- Octopass is a digital parking system which will be implemented in April 2024
- This will prevent the equivalent of 350 trees per year of paper being used with the current permit/scratch card system
- Octopass can also provide data on the emissions of staff vehicles
- Only LEV and ZEV cars can be purchased through the Trust car purchase scheme since April 2023.
- Staff shuttle bus route amended following staff poll to encourage uptake
- Working with Trust charity to fundraise for additional bike facilities following comments on active travel in the Travel Survey



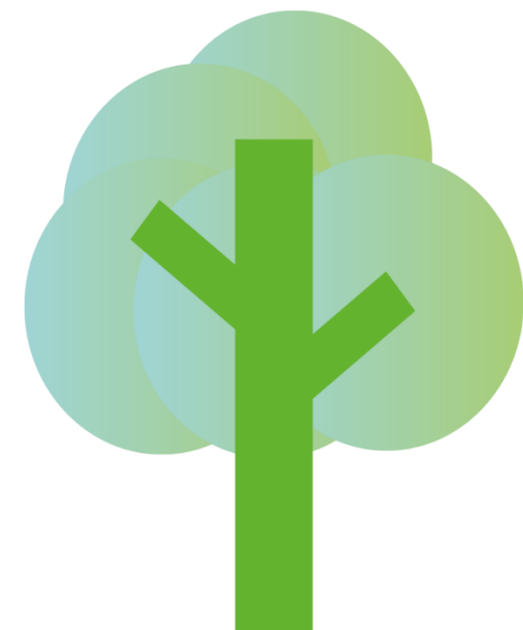
St George's Updates

- We're focusing on supporting Active Travel through events and awareness raising and support for staff – we have a very active Bicycle User Group (BUG)
- We're working with Wandsworth Council on reducing air pollution from transport – anti-idling campaign in March 24.
- We're developing a low carbon approach for patient travel and working with the ICB on a SWL Patient Transport future delivery project across SWL.
- Planned review of Travel Plan in 2024 – 2025
- Bike facilities and Shower Facilities in place – additional facilities to be considered
- Dr Bike regularly visits site to service staff bikes for free
- We offer the DASH e-bike rental service, ran an event as part of Green Week in October 2023 (e-bike rental is half the monthly cost of commuting by bus)
- Only LEV and ZEV cars can be purchased through the Trust car purchase scheme since April 2023. We run the Cycle to Work Scheme for all staff





Thank you



NHS South West London Integrated Care Board

Name of Meeting	ICB Board		
Date	Wednesday, 20 March 2024		
Title	Publication of 2024/25 Capital Plan		
Lead Director Lead (Name and Role)	Helen Jameson, Chief Finance Officer		
Author(s) (Name and Role)	Piya Patel, Acting Director of SWL ICS Capital - Finance		
Agenda Item No.	08	Attachment No.	07
Purpose	Approve <input checked="" type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input type="checkbox"/>

Purpose

As recommended by the ICB Finance and Planning Committee, the Board is asked to:

- **Approve the 2024/25 10 year rolling plan** (on the basis that it will be closely monitored in-year and reviewed and updated on a rolling basis each year).
- **Approve the draft publication setting out the annual NHS capital plan for 2024/25**, which sets out the first year of the 10-year plan, and publication on the ICB's website by 31 March 2024.

Executive Summary

The ICB is required to publish an annual NHS joint capital resource use plan before the start of each financial year, setting out the use of its NHS capital allocations for the coming year, and to share it with NHSE, ICP partners and Health and Wellbeing Boards (HWBs). The scope of the publication includes use of the system capital envelope, the nationally held primary care allocation and known or planned national Capital Departmental Expenditure Limit (CDEL) funds (including coverage for International Financial Reporting Standard 16 (IFRS16) accounting).

The SWL NHS Capital Investment Group has led the planning process for the 2024/25 NHS capital plan and has evolved it to move from 5-year planning to 10-year planning. It reviewed and agreed the approach and planning principles upfront in Q3 2023/24 before working through the detail of the NHS capital plan and forming a recommendation for the ICB Finance and Planning Committee (ICB F&P) and this Board's consideration.

The recommended 2024/25 plan for NHS trusts is £121.1m (the equivalent to a budget of £115m as guidance permits the inclusion of 5% overprogramming to be managed ahead of Month 6). The overall plan also includes an assumed £75m from nationally funded programmes, an expected primary care allocation from NHSE of £2.6m and an estimated budget requirement to address the impact of applying the IFRS16 lease accounting standard (£52m).

The Board should note that the scope of this plan is the SWL system's NHS capital plan in respect to its NHS capital budget allocations. Additional external capital budgets include

charitable sources, capital grants from outside the Department of Health Care Services (DHSC) (for example, Salix grant funding for decarbonisation projects from the Department for Energy Security and Net Zero) and local authorities (section 106 funding and community infrastructure levy support). These sit outside this process and are scheme specific. We are very grateful for this further support to enable the NHS to improve its facilities and support its local populations.

ICB F&P supported the Capital Investment Group's recommendations. Since the ICB F&P has reviewed the plan, Trusts have refined the treatment and phasing of their planned leases, which has resulted in a £9m reduction in the estimated budget requirement from NHSE to cover the impact of applying the IFRS16 lease accounting standard.

Key Issues for the Board to be aware of:

- The plan will be kept under close review via the Capital Investment Group as we move forward and Trusts progress conversations with national teams about external funding and national business cases approvals. We will continue to report the capital position to ICB F&P and the Board throughout 2024/25.
- Primary care capital planning is on a journey which is complicated by the mixed ownership model in primary care estate, regionally managed processes and lower levels of national funding. We will continue to evolve this in 2024/25 supported by the developing SWL estates and infrastructure strategy and are feeding into NHSE regarding future funding requirements.
- As with last year, the guidance requires the ICB to publish the 2024/25 plan by organisation and by funding source. This may highlight that the allocations to Trusts are not equitable, but we have sought to explain our priorities on top of allocations for backlog maintenance and replacement and how national programmes fund specific projects.
- We anticipate Place leads engaging with HWB members on the upcoming publication and will provide support as needed.

Recommendation

The Board is asked to:

- Approve the 2024/25 10 year rolling plan, recognising that it will be kept under close review in-year and updated on a rolling basis as part of the annual capital planning process.
- Approve the draft publication setting out the annual NHS capital plan for 2024/25 (the first year of the 10-year plan) and its publication on the ICB website by 31 March 2024.
- Delegate finalisation of the 2024/25 document to the Chief Finance Officer.

Conflicts of Interest

N/A

<p>Corporate Objectives This document will impact on the following Board Objectives</p>	<p>Achieving financial balance and delivering on the duty to not spend beyond NHS capital budget allocated to the ICB</p>
<p>Risks This document links to the following Board risks:</p>	<p>Risks associated with the capital plan itself are articulated in the papers and above.</p>
<p>Mitigations Actions taken to reduce any risks identified:</p>	<p>The ICB will continue to be transparent on how the capital plan progresses throughout the year, working closely with Trusts, primary care leads and NHSE.</p>
<p>Financial/Resource Implications</p>	<p>The ICB will continue to work closely with NHSE and DHSC colleagues, alongside the relevant trusts, in order to manage and mitigate risks associated with the capital plan.</p>
<p>Is an Equality Impact Assessment (EIA) necessary and has it been completed?</p>	<p>n/a</p>
<p>What are the implications of the EIA and what, if any are the mitigations</p>	<p>n/a</p>
<p>Patient and Public Engagement and Communication</p>	<p>Given the timeframes, it has not been possible to seek patient and stakeholder engagement group but this will be considered in future years.</p>

<p>Previous Committees/Groups Enter any Committees/Groups at which this document has been previously considered</p>	<p>Committee/Group Name</p>	<p>Date Discussed</p>	<p>Outcome</p>
	<p>Capital Investment Group</p>	<p>06/02/2024</p>	<p>Capital plan agreed subject to CEOs risk appetite. CIG delegated to CFO and Acting Director of SWL ICS to draft publications.</p>
	<p>SWL CEOs Group</p>	<p>13/02/2024</p>	<p>Recommended plan reviewed in line with steer to protect backlog maintenance budgets</p>
	<p>SWL ICB SMT</p>	<p>15/02/2024</p>	<p>Recommended plan reviewed in line with steer to protect backlog maintenance budgets</p>
	<p>SWL ICB Finance and Planning Committee</p>	<p>27/02/2024</p>	<p>Agreed recommendation to Board re: approval of the 10-year plan and 2024/25 publication</p>



Supporting Documents	SWL capital planning 2024/25 2024/25 SWL NHS Capital Resource Use Plan
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A decorative graphic in the bottom-left corner featuring several overlapping rounded shapes in shades of blue, green, and teal, along with a few small circles and a thin teal line.

SWL provider capital planning ICB Board

Piya Patel, Acting Director of ICS Capital - Finance

20 March 2024

- The ICB is required to publish an annual NHS joint capital resource use plan before the start of each financial year, setting out the use of its NHS capital allocations for the coming year, and to share it with NHSE, ICP partners and Health and Wellbeing Boards (HWBs). The scope of the publication includes use of the system capital envelope, the nationally-held primary care allocation and known or planned national capital funds (including coverage for IFRS16 lease accounting).
- For the past 3 years, the ICB has managed a capital planning process through the SWL Capital Investment Group (CIG) to prepare a five year rolling plan and prioritise schemes within capital allocations, which is then actively managed throughout the year to ensure that the envelope is not breached and capital budgets are reallocated as necessary.
- The primary care allocation is held and managed centrally by NHSE, and the system and its partners are subject to regional and national processes to access funds for estates maintenance eligible under the Act and replacement IT for general practices.
- The NHS capital budget for trusts is managed at a system-level. The approach relating to the NHS capital budget for trusts provides for a level of 'business as usual' expenditure for providers' discretion within which they need to manage backlog maintenance, equipment replacement and other operational pressures. The remaining budget is earmarked for SWL strategic major investments (or contributions to major schemes that have mixed funding sources), which due to size are often subject to national approval processes prior to proceeding.
- These larger schemes span multiple years and therefore it is important that in publishing an annual plan, we internally review a longer term plan so that we do not breach the system CDEL envelope in the future by over-committing to projects in the upcoming year. **This paper therefore sets out a proposed 10 year NHS capital plan with a focus on the 2024/25 plan and the challenges/risks within it.**

It is recommended that the Board:

- **Approves the 10 year NHS capital plan** (on the basis that it will be closely monitored in-year and reviewed and updated on a rolling basis each year)
- **Approves the draft publication of the 2024/25 NHS capital plan, which sets out the first year of the 10 year plan** (attached separately), and publication on the ICB's website by 31 March 2024.

SWL NHS capital planning approach



South West London

- System partners work collaboratively across SWL under an established risk-based capital planning approach to agree a multi-year NHS capital plan, which is updated and refreshed on a rolling basis. The planning process is conducted ahead of each financial year, starting with a review and update of the capital approach itself before the detail of the plan is considered.
- The system-wide Capital Investment Group, reporting into the ICB Finance and Planning Committee, has responsibility for this process and for actively managing spend throughout the year to ensure that the envelope is not breached and capital budgets are reallocated as necessary.
- In line with this established process, the approach to 2024/25 SWL NHS capital planning was reviewed and agreed in Q3 2023/24 (including extending the 5 year planning approach to a 10 year plan), and the detailed work was subsequently undertaken via the Capital Investment Group, with oversight from the ICB Finance and Planning Committee.
- As it forms the majority of the SWL overall NHS capital budget, the focus of the 2024/25 planning process was agreed to be on the NHS capital budget for trusts. Other elements are subject to national and regional NHSE processes (e.g. the national primary care allocation) that have not yet commenced. It was agreed that the plan would include provision for these elements, and that proposals and business cases will be brought into the Capital Investment Group and the ICB Senior Management Team during the year at the appropriate time to ensure that we make best use of the available resources for our populations.
- The overall plan has been reviewed through the Capital Investment Group, SWL CEOs, ICB Senior Management Team and ICB Finance and Planning Committee. **The ICB Finance and Planning Committee recommends to the Board that it approves the 10 year plan and the 2024/25 publication, as summarised on the following slides** (full publication separately attached).
- Assumptions have also been made with regards to additional external funding and tested with the NHSE regional office, which will help support discussions with national NHSE and DHSC teams going into 2024/25.
- The plan will be kept under close review as we move into 2024/25 given the risks within it and as trusts progress conversations about external funding and national business cases approvals.

Recommended 2024/25 NHS capital plan



South West London

This table summarises the 2024/25 10 year NHS capital plan recommended by the Capital Investment Group and supported by the SWL ICB Finance and Planning Committee. Further details on key schemes is set out overleaf.

Organisation type	Plan component	2024/25										2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34
		ICB	Croydon Health Services	Epsom and St Helier Hospitals	Kingston Hospital	St George's Hospital	Hounslow and Richmond Community	SWL & St George's Mental Health	The Royal Marsden	TOTAL 2024/25 Plan										
		£000	£000	£000	£000	£000	£000	£000	£000	£000										
Provider	Capital budget for NHS trusts		14,049	14,643	15,110	33,016	1,725	27,091	15,432	121,065	151,097	143,847	119,197	119,197	119,197	119,197	119,197	119,197	119,198	119,199
ICB	Capital budget for primary care maintenance and IT	2,583	-	-	-	-	-	-	-	2,583	2,583	2,583	2,583	2,583	2,583	2,583	2,583	2,583	2,583	2,583
Subtotal		2,583	14,049	14,643	15,110	33,016	1,725	27,091	15,432	123,648	153,680	146,430	121,780	121,780	121,780	121,780	121,780	121,780	121,781	121,782
Provider	National programme funding: upgrades and New Hospitals Programme	-	-	17,400	-	17,551	-	10,023	-	44,974	20,425	105,324	179,500	179,500	179,500	56,500	25,000	-	-	
Provider	National programme funding: diagnostics, electronic patient records, elective recovery	-	11,919	3,550	9,557	4,997	-	68	-	30,091	18,043	14,074	-	-	-	-	-	-	-	
Total system capital plan before technical accounting items		2,583	25,968	35,593	24,667	55,564	1,725	37,181	15,432	198,712	192,148	265,828	301,280	301,280	301,280	178,280	146,780	121,781	121,782	
Provider	Technical accounting change to lease accounting under IFRS16		1,393	5,037	1,887	27,309	2,391	10,910	3,100	52,027	9,791	1,075	3,000	2,228	-	-	-	-	-	
ICB	Technical accounting change to lease accounting under IFRS16	6,790								6,790	-	-	-	-	-	-	-	-	-	
Total system capital plan after technical		9,373	27,361	40,630	26,554	82,873	4,116	48,091	18,532	257,529	201,939	266,903	304,280	303,508	301,280	178,280	146,780	121,781	121,782	

The 2024/25 plan for NHS trusts is £121.1m, with the main source of NHS capital being the system's NHS capital budget for trusts (£119m based on a national allocation, to be managed to £115m). In future years, this is supplemented by local asset sales. Backlog maintenance and critical infrastructure investment in trusts is a significant proportion of the recommended capital plan given the national allocation is largely based on the depreciation of existing NHS trust assets. The plan also supports strategic investment in multi-year programmes which address maintenance and replacement of assets but on a larger, more strategic scale.

The overall plan also includes £75m of nationally funded schemes (New Hospitals Programme, Targeted Investment Fund, Community Diagnostics Centres and Electronic Patient Record funding), a primary care allocation from NHSE of £2.6m and an estimated budget requirement from NHSE to cover the impact of applying the IFRS16 lease accounting standard (£52m).

2024/25 SWL NHS capital plan components (1/2)



South West London

Capital budget for NHS Trusts

- 70% of the plan relates to day-to-day backlog maintenance and critical infrastructure investment
- Strategic investment in multi-year programmes includes completing works associated with the first phase of SWL and St George's programme to modernise the mental health estates in SWL and continued investment in new intensive care bed capacity at St George's Hospital. It also includes the delivery of (subject to NHSE and government approvals):
 - Commencement of the proposed redevelopment of the Tolworth Hospital site (the second phase of the modernisation of mental health estate in SWL)
 - Enabling works for proposals to rebuild bed capacity of the Intensive Treatment Unit at Kingston Hospital and rebuild our bed base in a new Renal Unit at St George's Hospital in Tooting for SWL and Surrey patients
 - A decarbonisation project at Croydon University Hospital to install air source heat pumps and solar panels and to improve energy efficiency

Capital budget for primary care maintenance and IT

- This budget is set by NHSE and is for the investment in primary care for replacement IT and maintenance of GP practices. We will work with our primary care partners to ensure that we target invest in the appropriate areas. Recognising the complex ownership model in primary care, and that the capital budget allocated to primary care nationally is comparatively small and our ability to meet the requirements of commercial developers is currently limited, we are giving focus to what our priorities are and how we can target transformational investment as part of our system-wide estates and infrastructure strategy development.

National programme funding: Upgrades and New Hospitals Programme

- Next steps relating to a new Specialist Emergency Care Hospital (SECH) in Sutton, and redevelopment of the Epsom and St Helier sites, as part of the New Hospitals Programme
- Redevelopment of the Barnes Hospital site to provide community mental health services for Richmond from modern premises

2024/25 SWL NHS capital plan components (2/2)



South West London

National programme funding: Other national priorities

- National programme funding has been awarded to SWL to:
 - Complete builds in our Kingston and Croydon communities to deliver diagnostics services outside the acute hospital setting to tackle waiting lists for tests and scans.
 - Continue to implement a new electronic patient record system at Epsom and St Helier Hospitals (part-funded by the SWL system capital budget in prior years but also supported by additional national digital funds).
- Schemes that are seeking approval from NHSE
 - The St George's bid to co-locate a children's cancer principal treatment centre on its site.
 - Completion of additional theatre capacity at Croydon University Hospital to support the delivery of more elective activity and address waiting lists for treatment

Technical adjustments

- The plan also included provision for technical adjustments for the way that assets are accounted for in the Annual Accounts of our organisations since 2022/23. These technical issues will continue to be covered by additional national capital budgets in 2024/25 as they have been in prior years.
- Since the ICB Finance and Planning Committee has reviewed the plan, trusts have refined the treatment and timing of their planned leases which has resulted in a £9m reduction in the estimated budget requirement from NHSE to cover the impact of applying the IFRS16 lease accounting standard.

To note:

- *The ICB and its partner NHS trusts can seek access to external capital budgets via charitable sources, capital grants from outside the DHSC, e.g. Salix grant funding for decarbonisation projects from the Department for Energy Security and Net Zero, and local authorities (section 106 funding and community infrastructure levy support). These are not in scope for the NHS capital plan, and we are very grateful for this further support to enable the NHS to improve its facilities and support its local populations.*

SWL NHS capital planning risks



South West London

Challenges/Risks

We think that the key risks to monitor and manage throughout 2023/24 include:

- Not being able to deliver to the timelines built into the plan, for instance, due to underestimating the timelines required for business case approval processes. If these processes take longer than we anticipate, this can impact the phasing of expenditure and estimated prices and we may need to reprioritise the schemes in the plan.
- If asset sales are held up and the assumed funding level for 2024/25 is lower than planned there is a risk that the Tolworth redevelopment would need to be delayed until the capital receipts are confirmed.
- Continued low levels of primary care funding to sufficiently support our ambitions to increase levels of care in the community away from an acute setting through integrated neighbourhood teams and to grow the maturity and capacity of primary care networks and improve access for patients.
- Rising inflation is a significant risk that could materially change estimated costs in the plan and that the system will no longer be able to afford all of the schemes planned. Contingencies are included in plans to offset this but inflation may exceed these in the current financial climate.
- The system infrastructure includes estate which is managed by PFI providers, there are risks that changes to the buildings or in the PFI contract arrangements are not affordable for the health system.

The SWL NHS system will continue to carefully monitor these risks throughout the year and regular reports will be taken to the ICB Finance and Planning Committee and Board as well as to Trust Boards. We have close working relationships with NHSE and DHSC colleagues and will continue to keep an open dialogue with colleagues as we progress through 2024/25 to gain support and approval for our planned schemes.

2024/25 SWL NHS Capital Resource Use Plan

DRAFT



Introduction

Capital expenditure generally relates to long-term investments in building and maintaining NHS land and facilities, IT and medical equipment such as MRI or CT scanners. The funding arrangements for such capital expenditure in the NHS are primarily through system capital budgets that are allocated to integrated care boards (ICBs), system primary care capital allocations that are held by NHS England (NHSE) and national capital funds for specific priorities.

Under the Act, ICBs and their partner NHS trusts are required to produce and publish annual NHS joint capital resource use plans on direction from the Secretary of State. The plans are intended to ensure there is transparency for local residents, patients, NHS health workers and other NHS stakeholders on how NHS capital funding provided to ICBs is being prioritised and spent to achieve the ICB's strategic aims.

This document sets out NHS South West London and its partner NHS trusts' NHS capital plan for 2024/25 in line with our commitment to provide our stakeholders with this transparency. Progress will be reported throughout the year at the ICB Finance and Planning Committee and ICB Board, ensuring our partners at the Board and the wider public have continued visibility of the plan, including any key revisions that are made during the year due to timing of funding, approvals and any new national initiatives. The ICB will also publish a full year view in its Annual Report at the end of the financial year. Our partner trusts are responsible for reporting on their share of NHS capital budgets in the same manner.

Context and scope: NHS capital funding sources and alternative sources

HM Treasury (HMT) sets the Department of Health and Social Care (DHSC) a limit for how much capital investment it can make. The department and the NHS are legally obliged not to spend above this limit. This obligation is passed down to ICBs who, along with partner trusts, have a financial duty to ensure that the system's allocated NHS capital budgets are not overspent.

There are four key routes for ICBs and trusts to access NHS capital, which are covered in this publication:

1. **The system's overall NHS capital budget for trusts.** The use of this allocation can be determined by the ICB and its trusts. The budget is calculated by NHSE using a standard

formula and NHS trust data, which is largely based on the depreciation of NHS trust assets. As a result, the use of the capital budget largely focuses on the replacement and maintenance of NHS trust assets with some flexibility to target additional investment.

2. **An annual budget ringfenced for the ICB by NHSE for primary care.** This budget is held and managed centrally by NHSE, and the system and its partners submit applications to access these funds which, if successful, can only be used for these specific projects. The budget may be spent on estates maintenance which is eligible under the Act and replacement IT for general practices.
3. **Further capital allocations from centrally held programme budgets by NHSE.** Sometimes, opportunities arise for SWL to access further capital funding for our trusts and for primary care within the financial year (in addition to the allocated NHS trust and primary care budgets), which allows it to spend more on its infrastructure and equipment. Such budgets are held centrally by NHSE for national priorities. This funding may not be known when we form our NHS capital plans at the beginning of the year, but we will ensure that in-year revisions to our plan are transparent.
4. **Capital receipts generated by NHS trusts through asset disposals.** Our NHS trusts can generate cash income but also additional NHS capital budget for the system via asset sales, for example selling disused land for residential development. These capital receipts can be reinvested in improving healthcare facilities for the population in the year that they arise or a future year with NHSE's agreement.

Some property developments relating to community and primary care facilities are outside of this plan as the capital is made and owned by other parts of the NHS (e.g. NHS Property Services) or because third party developers provide the upfront investment and then are reimbursed through rent charged over the subsequent lease term.

The ICB and its partner NHS trusts can also seek access to external capital funding via charitable sources, capital grants from outside the DHSC, for example Salix grant funding for decarbonisation projects from the Department for Energy Security and Net Zero, and local authorities (section 106 funding and community infrastructure levy support). We are very grateful for this additional support to enable the NHS to improve its facilities and support its local populations.

2024/25 Capital Plan

The table below sets out the 2024/25 capital plan that has been reached in collaboration and jointly with our NHS partners.

Organisation type	Plan component	ICB	Croydon Health Services	Epsom and St Helier Hospitals	Kingston Hospital	St George's Hospital	Hounslow and Richmond Community	SWL & St George's Mental Health	The Royal Marsden	TOTAL 2024/25 Plan
		£000	£000	£000	£000	£000	£000	£000	£000	£000
Provider	Capital budget for NHS trusts		14,049	14,643	15,110	33,016	1,725	27,091	15,432	121,065
ICB	Capital budget for primary care maintenance and IT	2,583	-	-	-	-	-	-	-	2,583
Subtotal		2,583	14,049	14,643	15,110	33,016	1,725	27,091	15,432	123,648
Provider	National programme funding: upgrades and New Hospitals Programme	-	-	17,400	-	17,551	-	10,023	-	44,974
Provider	National programme funding: diagnostics, electronic patient records, elective recovery	-	11,919	3,550	9,557	4,997	-	68	-	30,091
Total system capital plan before technical accounting items		2,583	25,968	35,593	24,667	55,564	1,725	37,181	15,432	198,712
Provider	Technical accounting change to lease accounting under IFRS16		1,393	5,037	1,887	27,309	2,391	10,910	3,100	52,027
ICB	Technical accounting change to lease accounting under IFRS16	6,790								6,790
Total system capital plan after technical		9,373	27,361	40,630	26,554	82,873	4,116	48,091	18,532	257,529

Our plan is aligned to ICB priorities in that it includes capital investment programmes and projects that support:

- day-to-day operations to continue and for trusts to invest in the backlog maintenance of their buildings and to ensure patients are kept safe as well as in the replacement of ageing equipment
- the modernisation of the mental health estate to ensure mental health services are delivered from within fit-for-purpose facilities
- IT infrastructure and cyber security as well as the continued digitisation of the NHS via new electronic patient records and other SWL-wide digital transformational initiatives
- our continued focus on elective recovery via investment in day case theatre capacity in Croydon, in Intensive Treatment Unit provision across our acute sites and in community diagnostics capacity across SWL
- financial recovery of the system
- replacement IT and maintenance of GP practices
- our drive to focus on sustainability and net zero targets.

We explain the components of the plan in the sections below.

Capital budget for NHS trusts

The 2024/25 plan for NHS trusts is indicatively £121.1m. The national guidance allows the system to produce a plan that spends 5% (£5.7m) more than the funds they have been allocated, to support planning if slippage in project delivery arises, as it can sometimes do so for major capital projects. We will manage to a budget of £115.4m for the year, in line with the ICB's financial duty to ensure that the NHS capital budget is not overspent.

Capital receipts from asset sales of £23.5m to reinvest in the modernisation of the mental health scheme were expected in 2023/24, but are now expected in 2024/25. The timing of these receipts is earlier than the planned expenditure in the new build so in line with NHS guidance we are transferring the budget to a later financial year to ensure it is available to fund the build. This transfer enables us to afford the modernisation project whilst supporting continued investment in backlog maintenance across the system.

Our trusts, like all trusts, have backlog maintenance to tackle alongside operational pressures to ensure our buildings and services remain safe. Therefore, the majority of the capital budget for NHS trusts (70%) relates to backlog maintenance and other critical investment in estates, IT and medical equipment and supports the operational delivery within our trusts. The remaining 30% largely relates to strategic investment in the multi-year programmes which also address maintenance and replacement of assets but on a larger, more strategic scale. These are set out below.

Schemes already in progress:

- Final works associated with the redevelopment of the Springfield Hospital site, the first phase of the modernisation of the mental health estate in SWL.
- Expansion of bed capacity of the Intensive Treatment Unit at St George's Hospital.

Schemes that are subject to NHSE and government approval in-year due to their size:

- Commencement of the proposed redevelopment of the Tolworth Hospital site, which is the second phase of the modernisation of the mental health estate in SWL and is a multi-year programme that is currently expected to complete by 2027/28.

- Enabling work for proposals to rebuild bed capacity of the Intensive Care Unit at Kingston Hospital and to rebuild our existing bed base in a new Renal Unit at St George's Hospital in Tooting for SWL and Surrey patients.
- A decarbonisation project at the Croydon University Hospital site to install air source heat pumps and solar panels and to improve energy efficiency through air handling units, double glazing and improvements to insulation (subject to significant grant funding from the Department for Energy Security and Net Zero; awaiting approval).

Capital budget for primary care maintenance and IT

This budget is set by NHSE and is for the investment in primary care for replacement IT and maintenance of GP practices. The 2024/25 capital budget for primary care provided by NHSE is £2.6m.

We will work with our primary care partners to ensure that we target investment in the appropriate areas. The NHS Premises Costs Directions 2013 under the Act provide for a range of eligible circumstances where a general practice contractor may seek non-recurrent financial assistance for maintenance works. We will work closely with NHSE to complete its review processes for such maintenance costs during Quarter 1 2024/25. NHSE has also opened the application process for ICBs to submit their general practice IT proposals (on behalf of primary care) to use 2024/25 allocation to replace IT equipment and network infrastructure.

The buildings and the structures that support primary care health services for our local communities need to be safe, modern and fit for the purpose of caring for patients. Recognising the complex ownership model in primary care, and that the capital budget allocated to primary care nationally is comparatively small and our ability to meet the requirements of commercial developers is currently limited, we are giving focus to what our priorities are and how we can target transformational investment as part of our system-wide estates and infrastructure strategy development.

National programme funding: Upgrades and New Hospitals Programme

This element of the plan includes expenditure towards a brand new Specialist Emergency Care Hospital (SECH) in Sutton and redevelopment of the existing hospitals on the Epsom and St Helier sites under the New Hospitals Programme (supported by the Secretary of State in 2020). Some

enabling works have been conducted in prior years, and we are working with the New Hospitals Programme on next steps and confirmation of funding for the project.

The redevelopment of the Barnes Hospital site which will provide community mental health services for Richmond from modern premises is in progress and due to complete in Spring 2025. The scheme is intrinsically linked to the development of a new Special Education Needs school and the sale of land for a residential housing development, and an excellent example of different public sector bodies coming together to get better value for money from a site.

National programme funding: Other national priorities

This element of the plan includes schemes that have been approved in prior years and schemes for which funding has not yet been approved by NHSE. Additional funds may emerge in-year for other national trust and community priorities not identified below.

Approved schemes in progress

National programme funding has been awarded to SWL to:

- Complete builds in our Kingston and Croydon communities to deliver diagnostics services outside the acute hospital setting to tackle waiting lists for tests and scans.
- Continue to implement a new electronic patient record system at Epsom and St Helier Hospitals (part-funded by the SWL system capital budget in prior years but also supported by additional national digital funds).

Schemes that are seeking approval from NHSE and DHSC

- The St George's bid to co-locate a children's cancer principal treatment centre on its site.
- Completion of additional theatre capacity at Croydon University Hospital to support the delivery of more elective activity and address waiting lists for treatment.

Technical accounting adjustments

The plan also included provision for technical adjustments for the way that leases have been accounted for in the Annual Accounts of our organisations since 2022/23. These technical issues will continue to be covered by additional national capital budgets in 2024/25 as they have been in prior years.

Risks

We have followed a risk-based approach to prioritise expenditure within the capital budget for NHS trusts. We have a limited budget in which we need to ensure that our services and environments are safe and fit-for-purpose for patients, staff and the public, so we have to consider where the need for investment is. This might include balancing investment, for instance, between backlog maintenance, replacing old and ageing medical scanners, investment in cyber security and major estates developments.

We think that the key risks to monitor and manage throughout 2024/25 include:

- Not being able to deliver to the timelines built into the plan, for instance, due to underestimating the timelines required for business case approval processes. If these processes take longer than we anticipate, this can impact the phasing of expenditure and estimated prices and we may need to reprioritise the schemes in the plan.
- If asset sales are held up and the assumed funding level for 2024/25 is lower than planned there is a risk that the Tolworth redevelopment would need to be delayed until the capital receipts are confirmed.
- Continued low levels of primary care funding to sufficiently support our ambitions to increase levels of care in the community away from an acute setting through integrated neighbourhood teams and to grow the maturity and capacity of primary care networks and improve access for patients.
- Rising inflation is a significant risk that could materially change estimated costs in the plan and that the system will no longer be able to afford all of the schemes planned. Contingencies are included in plans to offset this but inflation may exceed these in the current financial climate.
- The system infrastructure includes estate which is managed by PFI providers, there are risks that changes to the buildings or in the PFI contract arrangements are not affordable for the health system.

The SWL NHS system will continue to carefully monitor these risks throughout the year and regular reports will be taken to the ICB Finance and Planning Committee and Board as well as to

2024/25 Joint Capital Resource Use Plan

Trust Boards. We have close working relationships with NHSE and DHSC colleagues and will continue to keep an open dialogue with colleagues as we progress through 2024/25 to gain support and approval for our planned schemes.

NHS South West London Integrated Care Board

Name of Meeting	ICB Board		
Date	Wednesday, 20 March 2024		
Title	Joint Forward Plan: Our plan for 2024-2029		
Lead Director (Name and Role)	Karen Broughton, Deputy Chief Executive and Executive Director of Transformation and People		
Author(s) (Name and Role)	Angela Flaherty, Director of Transformation Chloë Hardcastle Deputy Director of Strategy and Transformation		
Agenda Item No.	09	Attachment No.	08
Purpose	Approve <input checked="" type="checkbox"/>	Discuss <input checked="" type="checkbox"/>	Note <input type="checkbox"/>

Purpose

The Integrated Care Board (ICB) published its first Five-year strategy for the NHS in South West London, our Joint Forward Plan, in 2023. Our strategy described how NHS partners across South West London would work together over the next five years to meet the needs of local people. The ambitions outlined in our plan were built from our understanding of the health needs of people in South West London, the health inequalities that exist and importantly the views, experiences and concerns of our people and communities.

We agreed that we would review our plan at the beginning of each financial year. This document provides our first review and:

- Updates our strategic priorities.
- Provides a snapshot of key successes from our 2023/24 delivery plan.
- Outlines actions for 2024-29 and provides additions or amendments to specific areas arising from new publications, guidance, and policy.
- Takes into account the Integrated Care Partnership’s recently published strategy and delivery actions where the NHS is directly responsible for delivery or is working in partnership across the system to deliver.

Executive Summary

The National Health Service Act 2006 (as amended by the Health and Care Act 2022) requires Integrated Care Boards (ICBs) and their partner Trusts to prepare a plan setting out how they propose to exercise their functions in the next five years.

On 22 December 2023, NHS England released Joint Forward Plan (JFP) guidance for 2024/25. The guidance confirms that an updated plan is required before the start of each financial year. The plan should be based on updated assumptions or priorities, including those set out in the 2024/25 priorities and operational planning guidance, and address the last year of the five-year look ahead. The guidance summarises the specific statutory requirements that plans must meet; these include:

- Having due regard to the relevant integrated care strategy in exercising its functions. The JFP is expected to set out steps for delivering the integrated care strategy.
- Considering joint strategic needs assessments (JSNAs) when exercising any relevant functions. The JFP is expected to describe delivery plans to meet the population health needs of people in the ICB's area.
- Having due regard to joint local health and wellbeing strategies (JLHWSs) in exercising any relevant functions. The steps that the ICB proposes to take to implement any JLHWS must be described in the JFP.

The attached paper is the output of our first review and forms our refreshed JFP for 2024-29. In refreshing our JFP, we have:

- Reviewed significant changes or strategic developments since the publication of the JFP in July 2023.
- Reviewed and summarised our key JFP achievements for 2023/24, including Place achievements from local health and care plans.
- Confirmed whether any significant changes have occurred to joint strategic needs assessments (JSNAs).
- Ensured alignment with the operating plan and capital plan.
- Produced a 2024/25 delivery plan.
- Refreshed actions and delivery plans to create an high level 2025-29 plan.
- Reviewed our key outcomes and outputs.

Our original published JFP (2023 – 2028) can be found at:

<https://www.southwestlondon.icb.nhs.uk/publications/joint-forward-plan/>

Following discussion at the Board, we will send this refreshed JFP to each of our Health and Wellbeing Boards to ensure the plan takes account of local health and wellbeing strategies. We will append a statement of the final opinion of each Health and Wellbeing Board in the published version of the revised JFP.

Key Issues for the Board to be aware of

The Board is asked to note that the Financial Plan is currently being reviewed and will be added to the Joint Forward Plan when finalised. The developing plan has been taken into account when developing the actions in this document.

Recommendation

The Board is asked to:

- Approve the refresh of the South West London Joint Forward Plan 2024 – 2029.

Conflicts of Interest

N/A

<p>Corporate Objectives This document will impact on the following Board Objectives</p>	<p>The Joint Forward Plan encompasses sets the SWL ICB corporate objectives for 2024/25.</p>		
<p>Risks This document links to the following Board risks:</p>	<p>N/A</p>		
<p>Mitigations Actions taken to reduce any risks identified:</p>	<p>N/A</p>		
<p>Financial/Resource Implications</p>	<p>N/A</p>		
<p>Is an Equality Impact Assessment (EIA) necessary and has it been completed?</p>	<p>Equality Impact assessments have been / will be carried out in each programme area.</p>		
<p>What are the implications of the EIA and what, if any are the mitigations</p>	<p>N/A</p>		
<p>Patient and Public Engagement and Communication</p>	<p>Our published Joint Forward Plan was grounded in significant patient and public engagement, this document refreshes the actions for this year onwards, and is still driven by local patient and public need.</p>		
<p>Previous Committees/Groups Enter any Committees/Groups at which this document has been previously considered</p>	<p>Committee/Group Name</p>	<p>Date Discussed</p>	<p>Outcome</p>
	<p>Senior Management Team</p>	<p>07/03/2024</p>	<p>Director sign-off of final plan.</p>
<p>Supporting Documents</p>		<p>Joint Forward Plan refresh 2024 - 2029</p>	

South West London Joint Forward Plan

Our plan for 2024-29

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A photograph of three healthcare professionals standing in a hospital corridor. On the left is a woman with grey hair wearing a purple headscarf and a light blue scrub top. In the center is a woman with dark hair pulled back, wearing a black scrub top. On the right is a woman with short blonde hair wearing a light blue scrub top. They are all smiling at the camera. The background shows a hospital hallway with a large window and some greenery.

Introduction

Our Joint Forward Plan describes how NHS partners across South West London will work together over the next five years to meet the needs of local people. The ambitions outlined in our plan are built from our understanding of the health needs of people in South West London, the health inequalities that exist and importantly the views, experiences and concerns of our people and communities.

We published our first Joint Forward Plan in July 2023, and agreed that we would review our plan at the beginning of each financial year. This document provides our first review.

Our review updates our assumptions and priorities and provides a snapshot of key successes from our 2023/24 delivery plan, outlines actions for 2024-29 and provides additions or amendments to specific areas arising from new publications, guidance, and policy.

Our first JFP (2023 – 2028) can be found [here](#).

The NHS in South West London continues to face a number of challenges and we are grateful to our partners who work together, so that we can make real and tangible improvements to the health of local people. We look forward to achieving much more together.



A photograph of a hospital hallway. In the foreground, a nurse in a blue uniform is assisting an elderly patient in a wheelchair. In the background, a doctor in a white coat and a receptionist are visible. A sign above a doorway reads 'Pathology'. A green 'Fire exit' sign is also visible. The hallway is bright and modern.

Progress in 2023/24

Our successes

Cancer

- Created resilient and sustainable non-specific rapid diagnostic clinics across South West London (SWL) to support patient with 'vague symptoms', seeing 27% more patients.
- Created a new community-based expert assessment service for people who have breast pain, with the first service now live at the Nelson Health Centre and open to local practices.
- Completed a Cancer Alliance-wide review of GP practices with high and low percentages of patients diagnosed via suspected cancer referral. The learnings will form part of the GP education/ primary care network (PCN) engagement work programme next year.

Community

- Increased our utilisation of virtual wards to 92% (compared to the national target of 80%). This demonstrates a significant improvement in utilisation across the system.
- Continued our focus on preventing people being admitted unnecessarily to hospital by delivering our Urgent Care Response model 8am-8pm, 7 days a week. Working with care homes we have achieved the lowest rates of inappropriate conveyances of residents to hospital in London.
- Revised the model of care for delivering community services in partnership with stakeholders across the system including GPs, clinical partners in acute and community care voluntary sector partners, patients and carers to promote independence and wellbeing. The model enables greater flexibility for people to access different elements of care when needed as part of a better managed patient journey.

Children and young people

- Partnered with Central London Community Healthcare in Wandsworth and Richmond to meet all of the standards necessary to achieve the Level 2 UNICEF UK Baby Friendly Initiative to support breastfeeding and healthy weaning, which are key determinants of healthy weight.
- Developed an under 5 years and school age immunisation strategy to increase vaccination take-up.
- Established an inclusive park run for children and young people with special education needs and disabilities in Kingston, with an average 40 children participating each week.

In 2023/24 we have.....

Prevention

- Developed the SWL immunisation strategy to improve uptake of vaccinations across our population.
- Rolled out a smoking cessation offer in all our hospitals, including our maternity services.
- Developed a draft SWL data and digital strategy. We are working to tackle digital exclusion for example, in community pharmacies we are supporting the over 65s to use the NHS App.
- Worked with our communities to help them to adopt healthier lifestyles through our health ambassadors, social prescribers, health coaches and our Core20plus5 connectors and we are extending the 'Brazil model' (community support workers).
- Increased our case finding of hypertension in general practice and community pharmacy.

Health Inequalities

- Developed a new health equity dashboard and are using it to better understand our population and monitor changes in it. We will continue to build on this as we progress implementation of the Integrated Care Partnership's (ICP) strategic priorities for reducing health inequalities.
- Invested £4million through our Health Inequalities Investment Fund, to target action at both borough and SWL level.

Primary Care

- Set up training hubs across SWL, delivering necessary training and support to the leaders and roles within the local neighbourhood teams.
- Made developments in primary care to tackle the 8am rush and to increase automation software to modernise access. This has resulted in increased uptake of the NHS App with 100% of GP practices now offering online consultations, 92% being able to book appointments online and 100% able to order repeat prescriptions.
- SWL ICB remains the second highest across London in terms of the number of practices with records access enabled, and fifth highest nationally.
- Increased the number of practices from 14 to 60 signed up to enable registrations online via the NHS 'Register with a GP Surgery' service.
- Improved our NHS trusts' ability to do onward referrals, provide electronic fit notes and discharge letters, implement call and recall systems, and to have a clear point of contact in primary care, by establishing and collaborating through a working group.

★★★ Quality and safety

- Established the South West London patient experience group with representation from all our patient experience leads. The group's focus is using insights and data to improve patient experience, implement personalised and targeted initiatives, and drive system wide learning and improvement.
- Implemented four initiatives from the national patient safety strategy, these are:
 - Nominated a patient safety specialist
 - Implemented level 1 and 2 training
 - Appointed patient safety partners
 - Enhanced process for managing national patient safety alerts in place.

👤 Maternity

- Successfully implemented the Local Maternity and Neonatal System (LMNS) infant feeding strategy across South West London. The strategy is working to ensure the baby friendly initiative is adopted so that every baby has the best possible start to life.
- Published the LMNS equity and equality plans and target actions to reduce inequalities in women's experiences and outcomes.

👤 Long-term conditions

- Delivered the diabetes decathlon, a pilot structured education programme for up to 800 people at risk of type 2 diabetes, using gamification and incentivisation to affect behaviour change.
- Initiated a pilot for diabetes inequalities in 38 SWL practices to ensure all eligible diabetes patients achieve their three treatment targets, which is shown to improve their quality of life.

🧠 Mental health

- Improved access to talking therapies with first appointments within six weeks now above 96% across the year against a target of 75%.
- Progressed our work with the school-based mental health support teams to provide early access to mental wellbeing support services.
- Developed a new online directory of children and young people's mental health services to help children, families, schools, and other professional stakeholders access resources.
- Published a SWL Mental Health Strategy which sets out how we will improve and support the mental health of local people over the next five years.

In 2023/24 we have.....

🚑 Urgent and emergency care

- Increased the number of call handlers in 111 and we are making use of the single virtual call centre (SVCC) for London which means that calls are answered faster.
- Implemented '111 press 2' for mental health in South London, which means that patients calling in crisis are quickly directed to a mental health professional.
- Increased the number of patients that are seen by specialists directly from ambulance services and 111 without the need for a referral which means they can be seen and treated faster.

🧩 Learning disabilities and autism

- Piloted new post-diagnostic support for autistic adults in Merton which achieved excellent outcomes for individuals and families through one-to-one and group sessions.
- Developed community intensive support team pilots for autistic children, young people, and adults in collaboration with South West London and St George's Mental Health Trust to support prevention of crisis and admission.
- Piloted a Croydon adult community intensive support team (autism and intellectual disability), an inter-agency pilot across South London and Maudsley Mental Health Trust, Croydon Health Services and Croydon adult social care to support prevention of crisis and admission.

⊕ Specialised care

- Implemented new services for people with sickle cell including peer mentoring, digital universal care plans, and improved community services were launched across SWL
- Launched a SWL-wide pilot aiming to detect chronic kidney disease (CKD) earlier and optimise treatment for patients through improved review of CKD alongside other vascular conditions.
- Continued to implement blood borne virus testing in emergency departments: between April and December 2023, SWL sites have performed 131,490 HIV tests and 115,069 hepatitis B/C tests. From these tests:
 - 36 patients have been newly diagnosed with HIV.
 - 235 patients have been newly diagnosed with hepatitis B.
 - 37 patients have been newly diagnosed with hepatitis C.

Acute

- Achieved an ongoing reduction in waiting times for patients, particularly those waiting over 78 weeks and over 65 weeks. We currently have the lowest number of long waiting patients across London.
- Jointly developed an electronic pre-operative triage form for patients to complete to enable risk stratification of patients prior to surgery. We are trialling this in general surgery at Kingston Hospital before roll-out more widely.
- Implemented a robust system oversight framework to drive improvement in theatre performance and productivity becoming one of the top performers nationally.

Diagnostics

- Continued to increase diagnostic capacity, with three community diagnostic centres (CDCs) now established across South West London (SWL). Additional equipment and rooms have been established including four CT scanners and four MRI scanners.
- QMH Roehampton CDC established a Hand Hub bringing together clinical staff to deliver diagnostics, treatment, and onward referral where necessary all in one visit. This reduces the number of visits people need to make to receive the care they need, provides earlier treatment and therefore better outcomes, and helps to better use capacity.

Delivered further digital enhancements including:

- Over 133 home reporting workstations to enable at home reporting for radiology
- Clinical support decision tool pilot at Kingston Hospital.
- Securing funding to support piloting an artificial intelligence tool (Annalise) for chest X-ray at Epsom and St Helier Hospital.

Estates and greener SWL

- Completed development of the Croydon Hospital Intensive Care Unit and East Croydon Medical Centre.
- Produced estates heat decarbonisation plans that support the net zero strategy across all of our NHS Trusts.
- Implemented reduced carbon patient menus including an immediate 18% carbon footprint reduction at Epsom and St Helier Hospital (and 28% across its winter menu).
- Piloted 'SMART theatres' at St George's Hospital to monitor energy consumption and other theatre conditions to support reduction in cancelled operations and estates failures.

In 2023/24 we have.....

Data and digital

- Begun to deliver the national initiative to extend the coverage and expand the functionality of our patient engagement portal (PEP) in our acute provider trusts with integration to the NHS App. This includes the ability to manage and validate waiting lists through engaging with patients awaiting elective care, support patient-initiated follow up (PIFU) and the ability for patients to check their appointments for secondary care and see average waiting times.
- Successfully delivered the first digital pioneer fellowship programme that fosters digital innovation by supporting 40 leaders from NHS and social care organisations in SWL to design and implement transformation projects. This programme is delivered as a partnership between SWL ICS, the Health Innovation Network and Digital Health London.

Workforce

- Come together with Epsom and St Helier's, St George's hospital, and Surrey Heartland ICS to develop and deliver a new mobile application called 'Ask Aunty' to support international nurses, doctors, midwives, and therapists to get the best support including pastoral, psychological, and emotional wellbeing support.
- Launched the future system leaders programme in 2023, open to all staff working at band 8C and above who aspire to progress to band 8D and band 9 roles within 12-24 months. 70% of people on the programme are from Black, Asian, and Ethnic Minority backgrounds.
- Launched the disability advice line (DAL) in January 2024 which aims to support and engage existing and potential staff with disabilities and long-term health conditions.
- Undertaken a skills audit of our current workforce to support social mobility and to better understand their current qualifications and aspirations.
- Engaged 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.
- Developed the SWL Apprenticeship Hub programme to better develop and align our apprenticeship needs and maximise our use of the apprenticeship levy.



Examples of engagement work in 2023/24



Engagement with black people to increase 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 RM Partners.



Engaged communities on health checks and the NHS App 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.



1,000 SW Londoners influence our mental health strategy

Insight from 6,000 people from the 'South London Listens' partnership and engagement with 1,000 local people shaped the South West London [Mental Health Strategy](#).

In 2023/24 we have.....



Used insight from people with ADHD to improve services 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.



Engaging local people in Merton and Wandsworth around how we help people home after hospital

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.



Listened to local views on GP hubs opening hours and locations in Richmond

17,000 people engaged around the location and opening hours of 'GP hubs' and plans adapted to match local people's preferences.



Co-designed our ICP strategy for SW London

In May 2023 we held an 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.

Our Places in South West London



We are clear that the key to health and care improvement lies in each of our six borough partnerships who work together to address the health and care needs of local people.

Our local Place-based partnerships bring together the NHS, local authorities, Healthwatch, voluntary and community sector organisations, and local residents to work together to understand and meet local health and wellbeing needs. Our six Places in South West London are the same borough boundaries as our six local authorities.

Our Places are currently in the process of refreshing their local health and care plans to set their joint work programmes for the next five years. Our Places have confirmed that whilst minor changes to joint strategic needs assessments (JSNAs) have occurred, none of these materially impact the plans currently described in the JFP. These changes will be reflected in their revised local plans when they are completed. The timeline for the development of these plans are as follows:

- Merton: July-August 2024
- Wandsworth: July-August 2024
- Kingston: April-June 2024
- Richmond: April-June 2024
- Sutton: Early 2025
- Croydon: September-October 2024

As these are currently in development the delivery plans are not included in this version of the JFP and will be appended in due course.

Richmond

Richmond upon Thames includes Barnes, East Sheen, Mortlake, Twickenham, Teddington and Hampton.

Wandsworth

This inner London borough includes Battersea, Tooting, Putney, Balham, Roehampton, Furzedown and Southfields.

Merton

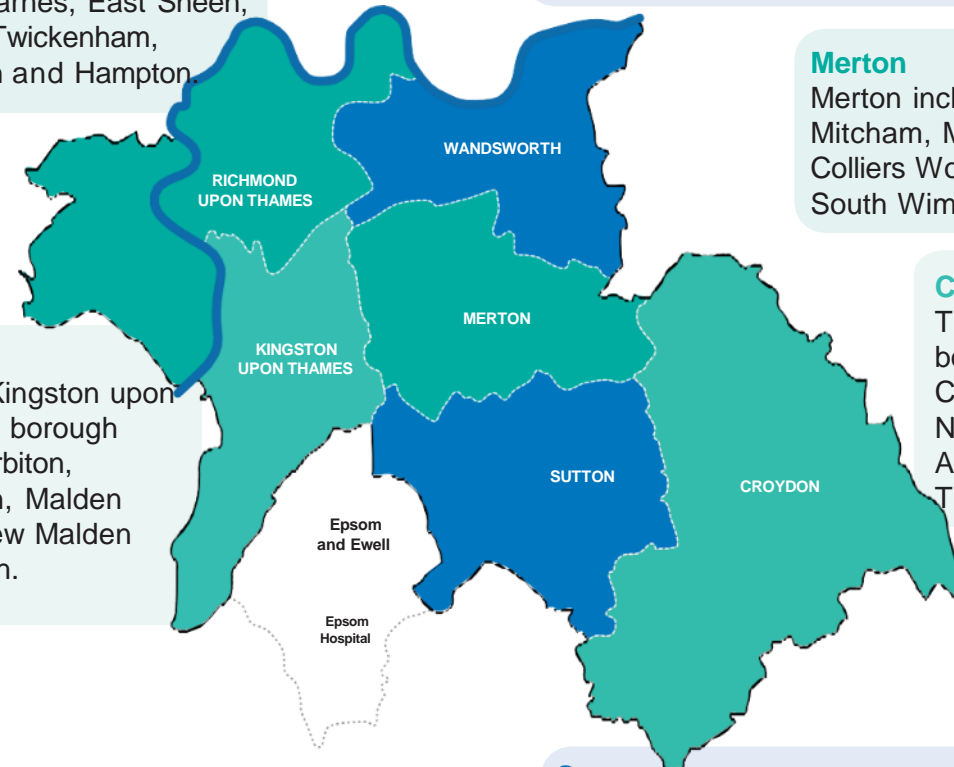
Merton includes Wimbledon, Mitcham, Morden, Raynes Park, Colliers Wood, Wimbledon Park, South Wimbledon and Eastfields.

Kingston

As well as Kingston upon Thames, the borough includes Surbiton, Chessington, Malden Rushett, New Malden and Tolworth.

Croydon

The second biggest London borough, Croydon includes Coulsdon, Purley, South Norwood, Norbury, New Addington and Thornton Heath.



Sutton

Sutton includes Beddington, Belmont, Carshalton, Cheam, Hackbridge, St Helier, Rosehill, Wallington and Worcester Park



Croydon: The transfer of care hub

The transfer of care hub is an integrated team, across hospitals and the community, and is responsible for the provision of safe and timely discharges of Croydon residents into the most effective discharge setting, as well as the holistic assessment of people's intermediate care requirements. The hub consists of two main teams:

- Integrated discharge team: a co-located, hospital-based, single point of discharge containing relevant services (e.g. acute, community, primary, and social care, and housing and voluntary sectors), to coordinate and support for residents during and following discharge.
- Home first team: a community-based team providing 'wraparound' care, holistic assessments, and support for up to seven days following discharge from an acute setting.

The service is currently receiving around 12 discharges per day.

Croydon: Long-term conditions programme

The Croydon Long-term conditions programme has delivered a series of improvements over the last 12 months including:

- Enhanced support for self-management among residents in the community, including Expert Patient Programme (200 places per year) and increased local uptake of the National Diabetes Prevention Programme.
- Establishment of a 'tier 3' weight management service to provide intensive support for those with the most complex needs (203 places per year).
- Increased support for people with pre-existing long-term conditions like diabetes, hypertension, and chronic obstructive pulmonary disease, by working with primary care partners and others to use innovative techniques to promote self-management. In 2023 60% of diabetic patients in Croydon had completed all eight care processes (compared to a national average of 43%).
- Croydon Health Service's rapid response team, the virtual ward uses technology to care for patients with acute and chronic long-term conditions including hypertension, chronic obstructive pulmonary disease, asthma, and long covid. This has enabled residents with complex conditions to get the care they need at home safely and conveniently whilst easing demand for hospital beds.

Kingston: Supporting carers: carers' clinical liaison service

Over one thousand carers have been supported by Kingston Hospital's better together carers' clinical liaison service. The service, which launched in February 2023 with funding from NHS South West London's Innovation Fund, is for unpaid carers when the person they care for is admitted to hospital, through to their discharge.

It also helps them navigate returning home and accessing any support they need in the community. The service fulfils a legal duty to involve carers in discharge planning, but it also goes much further, improving their experience of supporting someone who is receiving hospital care, their discharge, and the transition back home.

Richmond: Tackling Health Inequalities

We have introduced a programme of support in the prevention, early identification and supported self-management of LTCs. Through attending community activities such as food banks and book clubs we have been able to complete mini health checks with people in the community. This has increased the awareness and understanding prevention activities, such as walking groups, exercise classes, smoking cessation and supporting the referrals to services such as the Tier 2 weight management and the NHS Digital Weight Management Services.

The programme is having an immediate impact, with people having hypertension and diabetes diagnosed earlier and practices gaining a better understanding of the wider socio-economic issues their patients may be facing.

Kingston and Richmond: proactive anticipatory care (PAC) model

The proactive anticipatory care (PAC) model was developed to identify and support people with rising health and social care risks and complexity. At the centre of the model is a fortnightly multi-disciplinary team meeting which includes representation from a dedicated core team of professionals from different local organisations.

Following a successful pilot period, the PAC model was implemented across all areas of Kingston and Richmond in Autumn 2023. Approximately 1,300 patients in total have been discussed at the PAC team meetings and have benefited from personalised input from the team.



Merton: Children and young people social prescribing programme

This pilot operates in two primary care networks (PCNs), East Merton and Morden, which are areas with the highest levels of deprivation and Core20 population in the borough. It supports the health improvement, education, and empowerment of young people in Merton, helping them now and in the future to lead happier and healthier lives with a reduced need for clinical services. It does this by referring young people aged 13-18 years, and up to the age of 25 years with additional needs, to seek support and connect with groups and activities in Merton, in order to help them with their mental health and/or living with obesity. The programme offers up to six appointments with a link worker and referrals to non-clinical interventions, such as community and voluntary sector activities and services.

Merton: Supporting frail patients to stay at home

This collaborative neighbourhood approach to person-centred care is focussed on keeping the frailest healthy and supported in their homes over the winter period, with improved proactive care reducing pressures on general practice and acute trusts by reducing crisis points and acute illness. PCNs assign the best placed healthcare professional to visit the patient (including physicians associate, paramedic, or advanced nurse practitioner) and additionally the patient is offered a visit by an Age UK living well worker. This scheme expands on the existing relationship between Morden PCN and the Merton Age UK Living Well service offering referrals in a more proactive and systematic way those with highest frailty risk. The living well service aims to keep people safe and independent in their homes for as long as possible.

Wandsworth: Inequalities in mental health (active wellbeing)

Serious mental illness patients are now able to access to a 10-week personal training programme and an introduction to more mainstream activities after the programme. This links to the Wandsworth Health and Care Plan objective to address inequalities in mental health as the service is targeted at those with the most serious and enduring mental health illness (SMI) being able to access innovative preventative initiatives, tackling health inequalities, and supporting long-term conditions.

Sutton: Wellness health navigators

Community health navigators conduct regular health and wellness checks at Shotfield Medical Practice and Wrythe Green Surgery. These GP surgeries proactively send out text messages to inform their patients about the upcoming visits by the health navigators. The impact of these efforts has been significant, especially for patients who had not visited the surgeries in five to ten years. Typically, 40-50 patients attend each session to receive a health and wellness check. Many of these individuals were identified with high blood pressure. Early detection allows the surgeries to follow up with these patients and conducting regular checks to monitor their health. These follow-ups help prevent strokes and cardiovascular problems, ensuring the long-term well-being of the patients.

Sutton: Tackling loneliness through integrated neighbourhood teams

The Cheam and South Sutton (CASS) integrated neighbourhood team developed a project in response to feedback from residents about the negative impacts of loneliness on people's long-term health outcomes. The project was delivered by two health and wellbeing coordinators who carried out 74 holistic assessments and worked with four GP surgeries, 14 community pharmacies, a social prescriber, and community nurses to help identify people who would benefit from support. Following the assessment, tailored support was offered, including signposting to social activities, referral to other services, and transport advice. Lessons learnt from the project, such as the importance of digital technology and transport, are being shared with other integrated neighbourhood teams.

Wandsworth: Supporting people to stay healthy

Wandsworth Place and the Institute for Voluntary Action Research (IVAR) launched a cervical screening awareness programme. The programme has included insight sessions with local communities to discuss barriers and identify actions to increase take-up of cervical screening in Wandsworth amongst the Asian community. The programme included 18-month facilitation support, enabling cross-sector partnerships addressing health inequalities, improving collaboration, and better health outcomes for communities.



Strategic developments since the last JFP



Strategic developments: ICP strategy development and delivery



South West London



Since the publication of our Joint Forward Plan (JFP) in July 2023, the SWL Integrated Care Partnership (ICP) developed its five-year strategy. This shared five-year strategy for health and care, including the NHS, local authorities, the voluntary and community sector, and Healthwatch partners, was agreed at the ICP Board meeting on 20 July 2023.

Following a series of engagement sessions and events across South West London, the partnership coalesced around six main priorities, including workforce as its first-year focus, and three cross-cutting themes.

The ICP has developed high level delivery plans for 2023-2025 for each strategic priority.

We have included the ICP strategy and delivery plan actions that relate to our ICB and NHS organisations in this refresh of the Joint Forward Plan ensuring a clear and joined up approach to delivery of our shared actions.

The ICP strategy is available [here](#).



ICP cross-cutting themes

Equality, diversity, and inclusion

Elevating patient, carers, and community voices

Championing the green agenda



Strategic developments:

Making South West London a great place to work

Since the publication of the Joint Forward Plan (JFP) in July 2023, a number of significant drivers have led us to reshape our ambitions and the associated delivery plans to make South West London a great place *to work*. These drivers have included:

1. The new NHS long-term workforce plan

The new NHS long-term workforce plan, published in June 2023 by NHS England, 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.

2. NHS equality, diversity, and inclusion improvement plan.

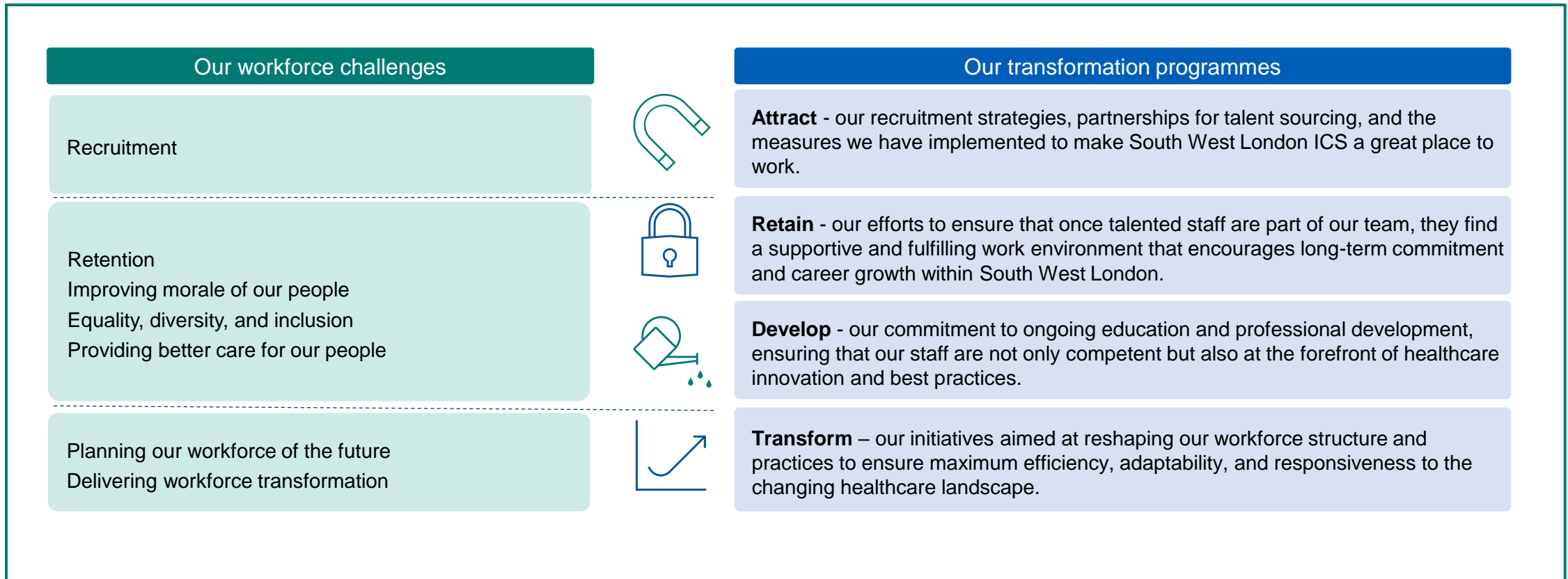
A new equality, diversity, and inclusion (EDI) improvement plan was published by NHS England in August 2023. The plan sets out why equality, diversity, and inclusion is a key foundation for creating a caring, efficient, productive, and safe NHS. It provides a framework for Integrated Care Board (ICBs) and organisations to produce their own local plans using six high impact actions.

3. ICP strategy: workforce priority

Approximately 80,000 people are employed in the health and care sector in South West London, making it the third largest employment sector in South West London. Our population is also supported by a large number of volunteers, voluntary sector organisations, and carers. Given its importance in every priority and organisation, tackling our system wide workforce challenges was agreed as the overarching Integrated Care Partnership priority for collective focus over the next year. The ICP's collective action focusses on four areas:

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

We have reshaped our delivery plans to deliver the both the JFP priorities (which reflect the national priorities) and the ICP strategic priorities. We have brought these together into four workforce transformation programmes:





Our workforce transformation programmes



South West London

Attract: improving our workforce supply

Working with health partners across South West London, the programme aims to ensure a consistent supply of people particularly those from Core20plus5 groups, through innovative attraction initiatives.

This 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.

Retain: health & wellbeing Initiatives

Health and wellbeing initiatives have been developed in response to feedback from our people, intelligence shared by occupational health, mental health hubs, and our health and wellbeing leads.

These South West London-wide initiatives are being developed to provide a holistic approach to employee wellbeing whilst addressing the diverse health needs experienced by our people.

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 South West London system at key events with local and regional partners, including the London-wide HR directors forum, offering insights at NHS England roundtable events and sub-committees of the London People Board.

Transform

Workforce intelligence improvement programme

Transforming workforce data 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 trusts 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 recognise workforce trends, automate analysis, and improve decision-making and workforce planning more easily.

Supporting financial recovery

This programme has been established to support the ICB's 2024/25 financial recovery plan.

There are five elements to this programme:

- Joint agency rate card
- Development of a collaborative bank
- HR Shared Services
- Apprenticeships
- Rostering.

Cross cutting programme: equality, diversity, and inclusion (EDI)

Our vision is to make South West London a great place to work and live, where everybody feels they are included and belong. Our initiatives to deliver our objectives:

- 'Ask Aunty' app to support our international recruits
- Future Systems Leaders programme
- Development of an Anti-Racism Framework
- Resolution Framework
- Disability Advice Line

A woman with short dark hair, wearing glasses on her head, a colorful patterned jacket, and a necklace, is smiling and looking to the left. Her hands are clasped in front of her. The background is a blurred office setting.

Our delivery plans for 2024/25



Working together to prevent ill health

- Continue to increase uptake of childhood immunisation and adult vaccination programmes to better protect our population from outbreaks of vaccine-preventable diseases.
- Continue to better integrate community pharmacies with our work in personalised care (social prescribing).
- Continue to support people in contact with NHS services to quit smoking and reduce alcohol consumption.
- Work across South West London to ensure that anyone who is overweight has access to weight management support using a compassionate approach, including digital options such as the NHS digital weight programme.
- Ensure 'Making Every Contact Count' approach is built into clinical consultations and embed South West London prevention principles into all services and clinical pathways.
- Develop our approach to implementing the Mayor of London's fast track cities strategy to end new cases of HIV by 2030.
- Ensure that physical activity is routinely encouraged and supported throughout healthcare consultations.
- Work with partners to help make South West London greener and help reduce the impact climate change is having on the social and environmental determinants of health.

ICP delivery plan actions related to the JFP: Preventing ill-health, promoting self-care, and supporting people to manage their long-term conditions

- Create solutions for self-care which reflect the needs of different communities through meaningful co-production with those communities.
- Continue to develop digital support to help people navigate what is available to support them when diagnosed with a long-term condition including the utilisation of social engine marketing to divert people to the right advice and care.
- Increase the use of digital care plans by training health and care staff and considering how more people can be encouraged to use them.

Working together to reduce health inequalities

- Implement race and ethnicity analytics initiatives to collate data and information on racial bias and awareness in the workplace, setting a benchmark for annual review.
- Further develop our health intelligence platform including our health equity dashboard and population health management approach so that we can better understand our population's health and better measure the impact we are making on the Core20plus5 populations.
- Review and disseminate case studies of success from the South West London projects that have been funded through the health inequalities investment fund and apply learning across the system.
- Implement the delivery of the 'Brazil' model, a community health and well-being worker model, in each borough.
- Mapping those organisations that have yet to implement the London living wage to understand barriers and ways forward.
- Continue to increase the percentage of patients with hypertension treated to National Institute of Clinical Excellence (NICE) guidance and with a cardiovascular disease risk score greater than 20% on lipid lowering therapies.
- Continue to address health inequalities and deliver on the Core20plus5 approach, for adults and for children and young people.

ICP delivery plan actions related to the JFP: Tackling and reducing health inequalities

- Increase uptake of NHS health checks, and other health checks, in Core20plus5 groups.
- Deliver the 'Making Every Contact Count' initiative across frontline staff, including community pharmacies and general practice, using the Royal Society for Public Health impact pathways for everyday interactions.
- Oversee and evaluate key health inequalities programmes, such as BeWell hubs and Core20plus5 community connectors, using an asset-based community development model and the reach of personalised care.



Acute care and our acute provider collaborative

- Continue to ensure timely access and reduce waiting times so that no patient is waiting over 52 weeks for treatment. We will continue to work together across our hospitals to provide mutual aid where surges in demand or inequity in access has been identified at a specific hospital or across the system.
- Through the Acute Provider Collaborative, maximise the use of surgical capacity, review and realign activity flows to support system needs.
- Seek NHS England and government approval for proposals to rebuild bed capacity of the intensive care unit at Kingston Hospital.
- Continue to maximise surgical capacity in Kingston and Croydon and upgrade intensive care units in St George's Hospital.
- Reduce waiting across the system from patients waiting for an ambulance all the way through to people waiting to go home from hospital.
- Focus on transforming outpatients:
 - Continue to work with primary and community care colleagues to expand work with GPs on advice and guidance and refer models and pathways (where beneficial) to gain swift support for patients without the need for a specialist hospital visit.
 - Reduce unnecessary visits to hospital through patients initiating follow up appointments where it is safe to do so and targeted productivity oversight framework.
 - By investing in digital technology to enable patients to have control over their outpatient journey and ability to access and manage their appointments online.
- Maximise delivery of performance to ensure that we remain at the forefront of productivity, quality, and efficiency especially in areas such as theatres and outpatients.
- Roll out of single referral model for ear, nose, and throat.
- Support ongoing improvement in the experience patients have of our care. Areas of focus include improving:
 - the hospital environment focusing on safety, quality, and experience of care for inpatients including ward accreditation schemes.
 - the amount of time it takes to respond to complaints.
 - experiences of patients and their carers when they are discharged from acute hospitals, providing them with better education and resources to feel supported.

Cancer

- Improve the speed of diagnosis for lung cancer, working towards the national optimum pathway of 49 days from urgent referral to treatment over the next 18 months.
- Improve our ability to identify communities that are not being reached in screening programmes, by tracking demographic characteristics against cancer staging data, and use this information to develop targeted engagement with communities.
- Work with partners to remove inequalities in the uptake of national cancer screening programmes by population group, focussing on bowel cancer screening in men, and on cervical cancer screening with women under 30.
- Proactively engage with those less likely to come forward with cancer symptoms and develop interventions that give people the confidence to speak to their GP about their symptoms so that we can diagnose cancer earlier.



Children and young people

- Develop targeted education and communication programmes starting from pre-conception and throughout the maternity journey.
- 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 years) early education placement.
- Work across the system to enrich language and communication support for all children.
- Ensure follow up support for those children requiring additional assessments following two and a half-year checks, for example, speech and language therapy, and parenting support services, so that each child is fully assessed to support readiness for school.
- Continue to examine asthma data for South West London children and young people population and use the data to improve the management of asthma, reduce the need for secondary care, and target resource to vulnerable populations.
- Pilot an air quality/air pollution project that is co-produced with primary school children.
- 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.

ICP delivery plan actions related to the JFP: Supporting the health and care needs of children and young people

- Deliver plan to improve oral health for under five year olds.
- Tackle common challenges in improving outcomes for children with special education needs and disabilities (SEND), with a focus on the provision of therapies and improving transitions, starting with the most complex young people.
- Improve consistency in Place-based reporting delivery of SEND services for health.
- Develop and deliver a South West London ICS SEND dashboard to strengthen approach to quality improvement.
- Extend inclusive park runs for children and young people with SEND.
- Develop and implement an approach to standardised care plans, starting with asthma.

Community care

- Work collaboratively with partners to develop and deliver an improved hospital discharge model to support earlier discharges and people to stay well and maximise their independence following a hospital stay.
- Work with colleagues in primary care to develop community services around primary care networks or neighbourhoods to improve access, outcomes and address local health inequalities.
- Promote the principle of ‘home first’ across the acute and community setting, shifting the focus to providing patients with support at home or intermediate care, and from treatment in hospital to treatment in the community. Increase the take up of the pro-active care model, particularly for those who are frail.
- Improve access to both general and specialist rehabilitation within the community setting and address the current variation in service availability, waiting times, and access across South West London.
- Increase referrals from patients and health and care professionals to the two-hour urgent community response service to support people at risk of admission to hospital.
- Increase the use of the universal care plan (UCP) for people at the end of life, people in care homes, and those with frailty and dementia.
- Use health and social care data to identify people at risk of a fall and provide information to support self-referral.
- Make tools such as urgent and universal care plans available, and visible to clinicians and professional across the system. The first phase will focus on our agreed priority cohorts enabling multidisciplinary community care, preventing unnecessary admissions, and enabling earlier discharges.
- Work with the end-of-life care network and providers including hospices and voluntary sector providers such as Marie Curie and Macmillan to improve end of life care across South West London.

ICP delivery plan actions related to the JFP: Community based support for older and frail people

- Assess the feasibility of the South West London frailty network to provide oversight to the delivery of the ICP strategy workplan to prevent falls in older people.



Diagnostics

- Establish monitoring to better understand groups that experience challenges in accessing diagnostic services in South West London and develop five-year plans to address inequalities in access.
- Undertake workforce modelling to predict the workforce capacity and requirements to meet growth in demand and the expansion of diagnostic services over the next five years.
- Map current demand and referrals distribution across diagnostic services to enable appropriate use of services.
- Create additional diagnostics capacity in community diagnostic centres to have at least four sites located in communities across South West London.
- Using Core20plus5 and other health inequalities data, ensure that new community diagnostic centres are in locations where they are accessible by population groups with the greatest need including in the areas of the highest deprivation in South West London.
- Design and implement a South West London imaging capital and procurement plan to ensure equipment is replaced as needed and we can reduce the amount spent on outsourcing services.
- Deliver a South West London diagnostics digital roadmap.
- Ensure that our pathways minimise the time to test, allowing patients to choose to travel within South West London should they wish to, as our patient feedback tells us that timely diagnostic testing is sometimes more important than where the test takes place.
- Develop the diagnostics referral pathway and supporting systems to address concerns raised by patients and their representatives to improve coordination, communication, and enhance patient experience.

Maternity

- Work with our trusts and their leadership teams to ensure that our maternity and neonatal services have an open, compassionate, and positive safety culture.
 - Ensure that every woman is offered the choice of where to have her baby, whether at hospital, birth centre, or home, and that this is discussed with her at regular periods throughout her pregnancy.
 - Focus on supporting vulnerable women and families, as well as those from the most deprived areas, and identify and support with domestic abuse or other safeguarding risks.
 - Increase education and awareness so that pregnant women are better able to detect and report when they believe fetal movements have reduced.
 - Detect and manage neonatal hypoglycaemia (low blood sugar) as low blood sugar in neonatal babies can result in poor neurodevelopmental outcomes.
 - Implement the recommendations of the national postnatal framework to standardise the routine postnatal care that women and their babies receive in the first eight weeks after the birth.
 - Expand the use of our 'Baby Buddy' app so that it is used by parents as a source of maternity information.
 - Develop and embed our pelvic health services in line with national recommendations.
 - Review the findings of the national Care Quality Commission (CQC) annual maternity survey and determine South West London actions.
- ICP delivery plan actions related to the JFP:** Supporting the health and care needs of children and young people
- Deliver equity and equality strategy for maternity.
 - Improve consistency of approach to infant feeding.



Mental health

- Continue to implement a needs-based framework for children, young people and families and ensure how we provide services is both joined up and simplified.
- Continue to develop an approach to community level prevention, drawing on work underway at national level and using expertise in our local authority public health teams.
- Establish a comprehensive approach to physical healthcare for people with serious mental illness detailing expectations, support available, and the roles of different professionals. Also ensure that physical health checks for people with serious mental illness are carried out and results are acted upon.
- Revise training curricula for all health and care professionals to include a mandatory set of competencies to understand, recognise, communicate, and signpost to psycho-social support.
- Continue to build upon the success of social prescribing and join up the offer across South West London to provide consistent and effective non-clinical support to develop and maintain mental wellbeing.
- Continue to deliver focused prevention activities for children and young people known to be at higher risk of developing mental health issues.
- Develop and deliver evidence-based mental health promotion programmes.
- Complete an evaluation of the ethnicity in mental health improvement project (EMHIP) to inform future service developments across South West London.
- Develop an inclusive and shared decision-making process so that patients are actively involved in decisions about their mental health treatment and given information to support their decision making.

ICP delivery plan actions related to the JFP: Positive focus on mental well-being

- Review what is effective in preventing mental ill-health for children and young people covering evidence base, service user, carer, and professionals' views and innovation and pilot work.
- Deliver the South London Listens pledges and strengthen the community networks in place with additional resources available.

Learning disability and/or autism

- Continue the development of the South West London key worker service for children and young people and extend the provision up to the age of 25, for those most risk of a mental health inpatient admission.
- Develop a new model of care across South West London to improve specialist community neurodevelopmental service provision for autistic people and people with learning disabilities including enhanced and intensive support.
- Deliver the South West London and St George's Mental Health Trust community intensive support pilots for autistic children, young people, and adults across five boroughs in South West London.
- Deliver the Croydon adult community intensive support team (autism and intellectual disability) pilot, an inter-agency pilot across South London and Maudsley Mental Health Trust, Croydon Health Services and Croydon adult social care.
- Review and evaluate the autism post-diagnostic support pilots to inform future model and service developments for autism support.
- Continue the development of the South West London centralised dynamic support register (DSR), implement DSR digital platform and establish a quarterly oversight panel for cases of concern.
- Continue the development of the South London specialist community forensic intellectual and neurodevelopmental disabilities (FIND) service.
- Develop an autism dashboard to support strategic commissioning through better understanding of specific population needs.
- Develop the supported housing pathway and model for people with a learning disability and autistic people stepping down from adult secure services to live in the community
- Implement the recommendations for the South West London keyworker roles for children and young people at risk of a mental health inpatient admission and extend scope to the age of 25.
- Implement the reasonable adjustment digital flag (RADF) and associated process changes within our services to enable people to obtain reasonable adjustments for those who need it ensure equitable access to care.
- Continue to implement the learning from the lives and deaths of people with a learning disability and autistic people (LeDeR Programme).



Primary care

- Support primary care networks (PCNs) to evolve into integrated neighbourhood teams and ensure they are up and running in neighbourhoods in the most deprived areas.
- Review and support our borough-based training hubs to ensure the necessary training and support is given to the leaders and roles within the local neighbourhood teams.
- Continue progress to end the '8am rush' for appointments by ensuring that our practices have a range of self-referral and self-care pathways, and when patients do need to speak to the practice, they will have a telephony system that is easy to use and helps patients get through promptly.
- Through the additional role reimbursement scheme (ARRS) and improved GP retention we will continue to increase the primary care workforce. This will provide access to a wider range of skilled professionals to care for patients with complex and chronic needs.
- Continue with our commitment to increase the number of GP appointments by 3% in 2024/25.
- Strengthen the pathways between GPs and community pharmacies so that all patients in South West London can book in for a consultation with their local pharmacist for a range of self-limiting conditions e.g. common cold.
- Increase use of automation software so that we reduce the administrative burden enabling primary care teams to concentrate on clinical care.
- Continue with the expansion of the roll out the NHS app so that it is viewed as the digital front door to primary care where patients can access a broad range of services.
- Revise risk stratification tools to include Core20plus5 analysis, to identify and prioritise people who may benefit from a proactive care offer and integrate relevant data and services to ensure a holistic view of the support and care is provided to people.
- Create timely access to routine and urgent care for patients with greater options for accessing care outside of core hours.
- Introduce preventative services to target the prevention of long-term ill health conditions including the development of a directory of South West London prevention services, particularly around smoking, immunisations, and long-term condition self-management (including digital apps).
- Support all practices to ensure patients to register online via the NHS 'register with a GP surgery' service.

Specialised care

- Implement a peer-to-peer mentoring programme for children and young people with sickle cell disease, as part of a pan-London roll out of a pilot programme in North East London.
- Create additional capacity in paediatric intensive care with two new beds at Croydon University Hospital, by working with the South Thames paediatric network.
- Further increase uptake, support sites with a lower uptake of testing, and create a case for change around liver disease to present to the ICB given the large number of new hepatitis B diagnoses and how to work together as a system to manage these patients.
- London region has decided to delay delegation until April 2025. Through 2024/25, ICBs will work in partnership with NHS England specialised commissioning on the joint commissioning of specialised services for the South West London population. A full programme is in place to ensure delegation is achieved in April 2025.
- Regional evaluation of pilots for a community-based sickle cell disease service and renal replacement therapy to be completed by end 2024/25 to inform onward commissioning of services.
- Continue to develop and implement the evaluation framework for the pilot roles to evidence positive impact and support future funding applications.
- Continue to extend reach of pilot roles across South West London and increase referrals/patient numbers.
- Explore opportunities to further fund the pilot roles into the second year of the pilot programme.
- Continue to develop patient engagement strategy and implementation through 'Neuro Voices'.



Supporting people to manage their long-term conditions

- Increase access to and uptake of NHS health checks and increase uptake of local health improvement offers.
- Develop and implement a ‘multimorbidity’ model of care for cardiometabolic conditions, thereby increasing efficiency of appointments and improving patient compliance and outcomes.
- Continue to pilot our cardiovascular disease decathlon and diabetes decathlon, a set of structured education programmes designed to help people avoid being diagnosed with preventable long-term conditions and evaluate the impact.
- Deliver the three treatment targets project for all patients with diabetes across South West London.
- Work in partnership with local authorities and the voluntary sector to develop a strategy for work and health integration to better coordinate the wide range of existing activity to support people with long-term health conditions to succeed in work.
- Implement the Department of Health & Social Care Major Conditions Strategy (published in August 2023) especially increasing early diagnoses and interventions for cancer, chronic respiratory disease, cardiovascular disease, stroke, diabetes, and musculoskeletal disorders.
- Further develop research, data, and digital technology in South West London which are key in empowering individuals to better self-care and improve the quality of care.
- Continue to develop digital support to help people navigate what is available to support them when diagnosed with a long-term condition, including the utilisation of social engine marketing to divert people to the right advice and care.
- Increase the equity of access to self-care by improving visibility of what is on offer both digitally and in person, through a broad range of channels, for example, social media, faith and community groups, and sports organisations.

ICP delivery plan actions related to the JFP: Preventing ill-health, promoting self-care, and supporting people to manage their long-term conditions

- Work across South West London to ensure that anyone who is overweight has access to weight management support using a compassionate approach.
- Undertake a healthy weight health needs assessment (HNA) building on the work already done at Place and review existing self-care programmes to build a shared understanding of what works to inform future developments.
- Develop the ‘Making Every Contact Count’ approach to build weight management advice / signposting into consultations in our acute hospitals, mental health trusts, community, and primary care providers.
- Work to prevent people from developing long-term conditions and early identification of people at risk or people who have developed long term conditions such as type 2 diabetes through health and wellness checks in places of association and social housing estates.

Urgent and emergency care

- Review the GP out of hours service, linking closely with primary care.
- Review our staffing needs for urgent and emergency care and develop a five- year workforce plan to recruit, retain and develop staff in Urgent and Emergency Care.
- Create and embed a clinical network to support our urgent and emergency care clinical leaders across South West London.
- Develop and enhance the community pharmacy offer so that people with minor ailments see their pharmacy as the place to go for advice and support.
- Further embed same-day emergency care services increasing the number of patients who do not need to be admitted to a hospital bed.
- Encourage our communities to use mental health crisis services by sharing information with our communities using a variety of channels including our community and voluntary sector relationships and networks and using social media platforms.
- Work with our acute and community providers to improve discharge processes in our trusts and reduce the numbers of patients who no longer need to be in hospital.
- Make best use of the information we have through patient engagement, Healthwatch reports, and provider patient insight to ensure that we hear and act on what people are saying about our services.
- Produce consistent and timely communications to help people understand how to access and use urgent and emergency care services.



As mentioned in our strategic developments section, we have refined our focus on making South West London a great place to work and coalesced around four programmes and one cross cutting theme.

Attract

- Develop a single point of information for healthcare jobs across South West London and use social media platforms and channels with engagement of high impact influencers to develop culturally competent content to encourage underrepresented communities to consider jobs in healthcare.
- Introduce simplified language and content of adverts, job descriptions and person specifications to ensure readers receive accessible and appropriate information about the job requirements. This will enable applicants across South West London to easily identify and apply their existing and transferable skills gained through lived experience and previous employment.
- Improve succession planning across our organisations, for example in mental health for roles affected by approaching retirement, putting succession plans in place for 50% of posts at band 7 or above.
- Work with further education colleges to support people currently unemployed into supported employability programmes which are aligned to work experience. This will build strong interview skills and job readiness.
- Offer an additional 150 work experience placements across the ICB to provide opportunities to members of the local community to gain insight into a career in the NHS.
- Increase the promotion of the '350 careers in the NHS' to our local community (including those in education)
- Target three difficult to recruit roles and develop plans to tackle these, reducing agency spend in these areas.
- Make it easier to get a job by marketing of jobs and careers in health and care in local communities, create a portal for all health and care jobs in South West London in one place, and target people who have never worked in health and care.
- Develop our apprenticeships and placements by making better use of the apprenticeships levy, develop apprenticeships across the system, and offer good work placements.
- Support local people into employment by further developing our local anchor arrangements including reducing barriers to entry and improving social mobility.

Retain

- Support staff with the cost of living; including expanding our range of non-pay and other benefits action.
- Improve joint working between health & wellbeing hubs and the occupational health programme to improve interfaces and increase referrals to occupational health for health and wellbeing related issues.
- Develop a South West London retention programme to support and enhance retention initiatives in NHS organisations.



Develop

- Invest in our managers through new development programmes, including apprenticeships, NHS England and localised programmes, to support their development so that they have the skills they need to perform at the highest standard and get the very best from their jobs.
- Map current training, development and talent programmes taking place across the system to determine scope and opportunity to bring them together.
- Revise the training curricula for all health and care professionals to include a mandatory set of competencies around understanding/recognising, communicating, and signposting to psycho-social support.
- Support change management in primary care to equip people with the skills to embrace new technologies and innovations, for example online consultations to help guide patients through the system as quickly as possible.
- Work with senior leaders across the system to improve the numbers of appraisals undertaken and improve the quality of appraisal conversations, seeking to understand the aspirations of our staff and linking this to relevant resources.
- Work in partnership with the South West London allied health professionals council and faculty to explore possible approaches to allied health professionals educational practices to ensure that allied health professionals are supported to succeed from the very beginning of their careers.
- Roll out the national mandatory Oliver McGowan training programme for learning disability and autism.

Transform

- Scope the opportunity of developing a cloud-based data warehouse that supports data sharing, collaboration, easy access to data, portability of our workforce and identifies efficiencies in operational and strategic workforce planning.
- Improve our ability to triangulate demand, finance, and workforce data. This will ensure consistent methods for analysis across the ICB and will be achieved via development of a consolidated provider level dashboard.
- Our acute providers will review their existing workforce to determine opportunities for the use of different professional and staff groups and skill mix to support delivery and improve retention.
- In our community services, develop a demand and capacity model across all community areas, to develop three-year forecast/projection for workforce plan to account for recruitment and retention challenges.
- Develop and deliver a plan to address our ambitions for HR shared services.
- Support our trusts to reduce bank and agency spend by designing a new and consistent approach across organisations..
- Develop a secondary agency bank as part of the national vanguard programme.
- Improve and develop rostering practices across South West London.
- Develop our workforce information systems and data to inform system-wide workforce planning.



Cross cutting programme: equality, diversity, and inclusion (EDI)

- Continue to deliver the Future System Leaders Programme, open to all staff working at band 8C and above 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.
- Develop the South West London anti-racism framework, a framework which aspires to ensure that South West London ICB and all its partners are anti-racist organisations. We will collaborate with Flair Impact to focus on the racial impacts and conducting a deep dive into data.
- Work collaboratively across our trusts to address the issues surrounding the high number of Black, Asian, and Ethnic Minority staff going through the disciplinary process, by using '5D Review' and increasing the mediation offering.
- Continue to develop the disability advice line, a helpline that aims to support and engage potential and existing staff 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.

ICP delivery plan actions related to the JFP: Tackling our system-wide workforce challenges

- Work with education partners to create training pathways aligned to job vacancies in the NHS and social care; and ensure engagement with employers to support transition into work from education. Promote the education and training available to local residents to encourage take up.
- Pilot and innovate a new application/recruitment /interview process for a specific cohort. The pilot for 24/25 will be with South West London and St. Georges Mental Health Trust.
- Support staff across the ICS to achieve their career aspirations and to improve social mobility by working with partners to bridge any identified skills gap (report pending) and future workforce needs aligned to the long-term workforce plan.
- Establish a South West London Apprenticeship Hub to bring together existing resources in system to: increase number of new apprenticeships available in health and social care, create clear pathways to these and promote vacancies to South West London residents, and work with higher education and training providers to improve the number of apprenticeships for 16–24 year-olds.
- Develop and deliver a consistent and high-quality work experience programme across the ICS, including a focus on underrepresented groups.
- Support young South West London residents with experience of care to take-up training for nursing apprenticeships by providing support and finance whilst studying and helping their next steps into work..

Quality and safety

- Implement the methodology in the new 'framework for involving patients in patient safety' through the appointment of our ICB's and providers' patient safety partners.
- Work with our providers to ensure that all South West London commissioned organisations meet their statutory safeguarding responsibilities, with clear leadership and lines of accountability, appropriate policies and procedures, and safeguarding training so that children and adults at risk of harm are protected.
- Ensure effective oversight arrangements are in place across South West London to deliver the requirements outlined in the safeguarding accountability and assurance framework (SAAF).
- Meet the requirements set out in the NHS England support offer by delivering phase two and three of the child protection information sharing system supporting priority areas of care such as sexual health services.
- Reduce serious violence within the healthcare setting and beyond, developing an improvement plan with our community safety partnerships.
- Support the identification of domestic abuse with the use of independent domestic violence advisors working with primary care, and local maternity and neonatal systems.
- Work with health providers and local authorities to analyse the pathways for initial health assessments and reviews to ensure that these are undertaken in a timely manner.
- Develop an integrated approach to continuing healthcare (CHC) across the six boroughs of South West London.
- Standardise the use of one resource allocation tool across South West London to reduce variation in commissioned packages of care.
- Reopen the children and young people's any qualified provider (AQP) framework to enable a wider cohort of providers with specialist clinical expertise to tender.

Data, digital and population health management

- Implement our three-year digital transformation investment plan by 2025/26 which includes supporting the financial recovery plan by scoping several projects including the convergence of IT contracts, reduction in IT devices, development of a unified communications solution, and the use of automation capabilities to improve productivity.
- Continue to deliver the national initiative to extend the coverage and expand the functionality of our patient engagement portal (PEP) in our acute provider trusts with integration to the NHS App. This includes the ability to manage and validate waiting lists through engaging with patients awaiting elective care, support patient-initiated follow up (PIFU) and the ability for patients to check their appointments for secondary care will incorporate average waiting times.
- Create a system-wide intelligence hub to join up data and information more effectively, remove duplication and help deliver better patient care.
- In line with the SWL data strategic plan, improve our analytical skills and capability to make better use of all the data available, using the intelligence and insight gained from our communities to improve the outcomes for patients.

Our estates and green plan

- Complete the development of the South West London NHS estates and infrastructure strategy and move to implementation.
- Target reductions identified in estates heat decarbonisation plans from 2024/25 and beyond.
- Strengthen leadership and engagement across the system with respect to supporting the South West London NHS green plan, including increased communication and training in order to reach a wider audience and to win hearts and minds of staff and patients and to better equip one another to have discussions about sustainability.
- Focus on how we can measure our carbon footprint and our efforts to reduce it.
- Increase our focus on air quality and the NHS net zero travel and transport roadmap, encouraging modality shifts and green modes of transport.
- Continue efforts in identifying sustainable models of care, for example through application of the green surgery checklist, through review of single use items and continuing to reduce the use of carbon-intensive gases and inhalers.
- Agree a plan to follow on from the South West London NHS green plan 2023-25.



Engaging with people
and communities





Engagement with people and communities

Each chapter of our Joint Forward Plan begins with a summary of what ‘*people and communities tell us*’ about that particular service area: our plans and actions respond directly to those themes. Analysis of over 180 insight reports from health and care partners, supplemented by engagement where we had gaps, has directly informed our ambitions and actions for the NHS for the next 5 years. You can review this insight and the themes on the next slide and the full report [here on the website](#).

We are currently working on our rolling-plan of engagement to update feedback to programme leads in each service area, to make sure the views and experiences of local people and communities impacts the way we deliver the ambitions in this plan. To help us do this we are developing a bank of shared insight for SW London partners.

We continue to work collaboratively with our six Healthwatches, our voluntary, community, and social enterprise (VCSE) alliance, to make sure we hear from communities that experience health inequalities and poor health outcomes.

We are also working to make sure we join up our engagement on this plan alongside our integrated care partnership priorities and strategy.



To reduce health inequalities, we need a better understanding of local needs.

We can achieve this through inclusive engagement approaches, planning our engagement early and investing in community-led engagement.

We iterated these 10 principles with our partners, stakeholders and communities as part of our work to agree our people and communities’ strategy for the South West London Integrated Care Board.



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



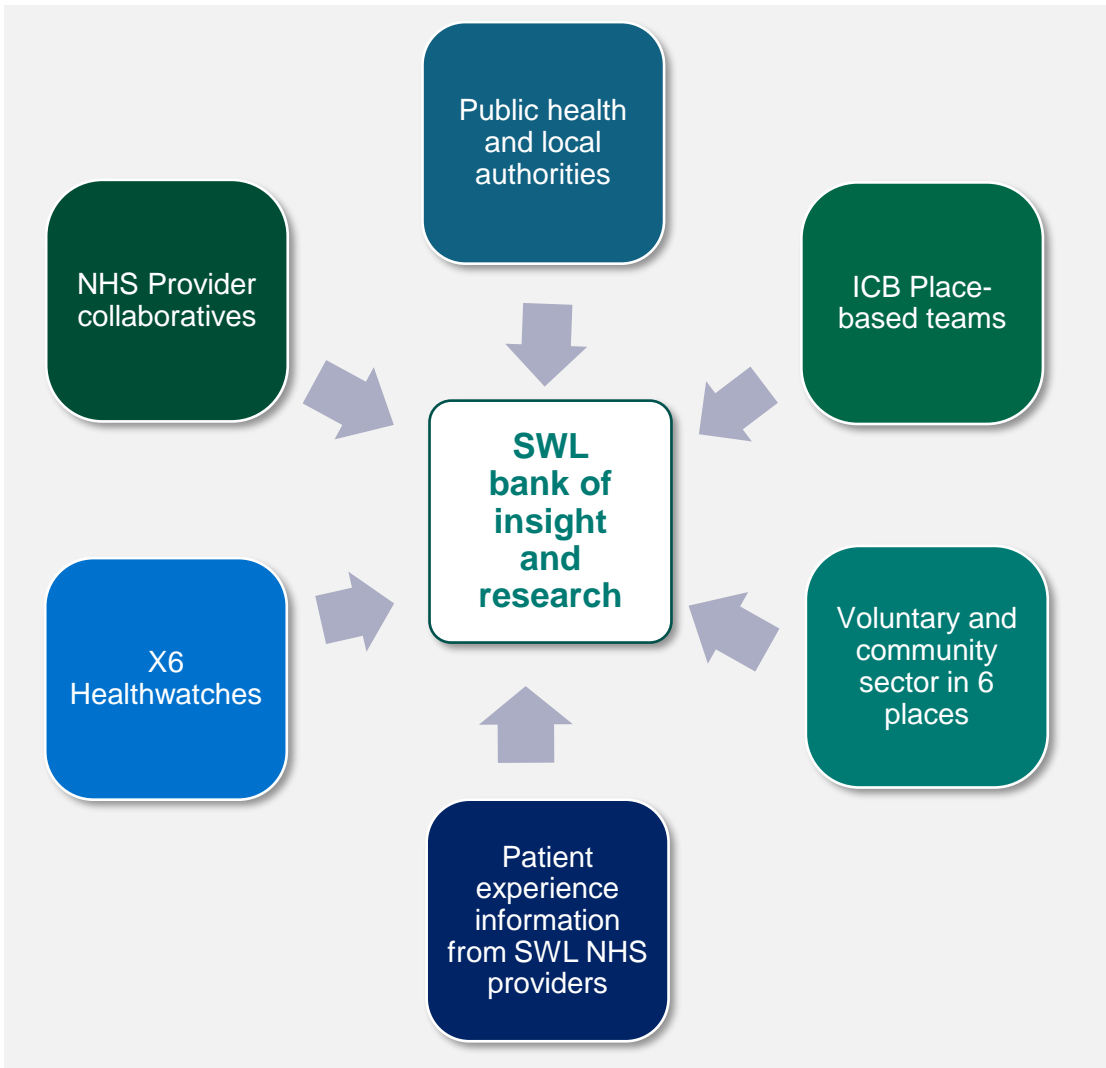
Tackle system priorities in partnership with people and communities



Learn from what works and build on the assets of all ICS partners



Developing a bank of community insight and research to support the delivery of the Joint Forward Plan



To make sure the views and experiences of local people and communities impacts the way we deliver this Joint Forward Plan

- We have worked with partners to gather & share insight across SW London
- In this way we can be led by what matters to our communities.
- It helps us see themes /patterns of feedback across places & communities
- We can share all our partners' insights from communities in one place
- This saves our communities time – less repetition of conversations
- All partners have access to the latest and up-to-date insight
- We can maximise engagement resource across the system
- We work with programme leads to adapt and respond to new insight as we hear it so we can align it with our delivery and transformation work.

A woman with long brown hair and glasses, wearing a white t-shirt that says 'Join dementia research', is smiling and talking to another woman whose back is to the camera. They are in front of a purple and pink banner with text like 'THE BANKING SHARING SKILLS CO-PRODUCING COMMUNITY WELFARE' and 'research to'. There are decorative blue and green shapes in the bottom right corner.

Our refreshed delivery plans for 2025 - 2029



Working together to prevent ill-health	
2025/26	2026 - 2029
<ul style="list-style-type: none"> • Develop a whole-system approach to healthy weight and reducing obesity. This includes ensuring that physical activity is routinely encouraged and supported throughout healthcare consultations. • Make available digital care pathways to support all South West London residents through their personal healthcare journeys. 	<ul style="list-style-type: none"> • Continue to develop personalised self-care for people with long-term conditions including working with communities to better understand how they want to improve their health so that people across South West London have access to clear health information and are supported to manage their long-term conditions. • Act on feedback from people and communities to give them the right information, in the right format to make informed decisions about vaccinations. • Work jointly with Greater London Authority on their plans to have London zero-carbon (by 2030). • Embed secondary prevention, such as helping to reduce impact of an illness through enabling people access early detection support. • Improve access to epidemiological data so we can better understand the risk factors, service utilisation and outcomes of the Integrated Care System population. • Use Core20plus5 data and other sources to identify and eliminate health inequalities in South West London and ensure that everyone has equal access to the same quality of physical and mental healthcare.

Our ICP strategy actions linked to the JFP : Preventing ill-health, promoting self-care, and supporting people to manage their long-term conditions

- Work together to improve access to and acceptability of affordable, healthy food by scaling up successful, local initiatives.
- Build on the work of social prescribing and health coaches to widen access to preventative activities in the voluntary and community sector and support the voluntary and community sector to build their capacity and access funding.
- Review existing self-care programmes in South West London, for example, health and wellbeing coaches, expert patient programme and other types of peer support to build a shared understanding of what works to inform future service development.
- Increase the use of digital care plans by training health and care staff and considering how more people can be encouraged to use them.



Working together to reduce health inequalities

2025/26

- Evaluate the impact of funded projects and programmes. This will include exploring engagement opportunities with research networks where there is alignment particularly around long-term conditions and prevention, through an equity lens.
- Deliver the innovation for healthcare inequalities programme in collaboration with the Health Innovation Network, focusing on respiratory and maternity in Croydon as the borough with the highest Core20 population in South West London.
- Continue to work with voluntary, community, and social enterprise (VCSE) organisations to engage communities impacted by racial health inequities using co-production to support improvement and the delivery of better outcomes.
- Deliver the Core20plus5 community connectors programme working with participating VCSE organisations to improve access, experience, and outcomes for our communities within our Core20 areas.
- Develop a community of practice and a Core20 toolkit as an opportunity for connectors to share and scale best practice.
- Work with the Core20plus5 clinical ambassador to provide clinical leadership in respect of health inequalities and population health improvement

2026 - 2029

- Improve outcomes for those living with learning disabilities and/or autism who have a mental health condition by focusing on early and preventative community-based services, particularly to help reduce inappropriate detentions under the Mental Health Act 1983.
- Use a population health management approach to identify those with the greatest need, and tailor better care and support for them. We will use insights gained from population health management to inform proactive, joined-up and sustainable health and care services.
- Improve digital inclusivity, particularly amongst marginalised communities to help with management of long-term conditions.
- Learn from best practice on approaches that improve data coding of protected characteristics.
- Work with London health and care partners to review the recommendations and actions from the cost-of-living evidence report by the Institute for Health Equity, commissioned by the Greater London Authority, and agree South West London-wide action.
- Improve employment opportunities through the Core20plus5 community connectors programme to help improve health outcomes of the most deprived and marginalised groups in South West London.
- Develop expected outcomes as part of our equity dashboard, co-produced with communities.
- Use and improve the health equity dashboard, population health management, and other public health intelligence to influence and drive improvements across primary care, mental health, secondary care and other health and care settings.
- Continue to work with people, communities and VCSE organisations so that communities affected by health and healthcare inequalities have the skills, resources, and support to enable themselves to create solutions for themselves and their communities. This includes overseeing and evaluating BeWell Hubs, Core20plus5 connectors, Brazil model, social prescribing and health coaches and use of making every contact count (MECC) across frontline staff.

Our ICP strategy actions linked to the JFP : Tackling and reducing health inequalities

- Create an Integrated Care Partnership health inequalities fund and use our Core20plus5 analysis to fund improvements to address health inequalities in each of our six Places.
- Embed the Core20plus5 framework to improve a shared understanding of health inequalities across the partnership and enable action to reduce health inequalities.
- Work together across the system to accelerate the adoption of the London living wage across our organisations.
- Learn and build on examples of best practice of community empowerment, such as the South London Listens campaign, which engages with communities so that they define the issues and are then involved in the design and delivery of the solution.
- Work with people and communities so that they have the skills, resources, and support to enable them to create solutions for themselves and their communities.



Refreshed delivery plans for 2025 - 2029

Developing the NHS in South West London (1/11)



South West London

Acute care and our acute provider collaborative	
2025/26	2026 - 2029
<ul style="list-style-type: none"> • Share workforce, whilst also exploring the creation of new roles, new ways of working and embracing technological solutions aligned to our ambition to implement new models of care. • Create a realistic sustainable workforce plan targeting areas of national staff shortages and hard to recruit roles. • Adopt flexible and agile working to support the resilience of fragile services and the needs of our staff. • Focus on being the best place to work providing health and wellbeing support and development opportunities for all so everyone can reach their potential. • Build upon the collaboration our acute hospitals have already undertaken with our shared recruitment hub service and expand the remit to include services such as occupational health. • Work in a more integrated way with our place-based partners ensuring that care is provided in the right place at the right time, tailored to the clinical needs of patients. • Bring St Helier and St George's renal specialist care together in a single new unit at the St George's Hospital site. 	<ul style="list-style-type: none"> • Improve choice, personalised care and continuity of carer for maternity services improving safety, outcomes, and experience. • Transform our community models in areas such as diabetes, cardiology, and rheumatology so that people can be treated in different ways or prevent them from becoming ill and needing treatment. Use our healthcare expertise to support people to make healthy lifestyle choices to reduce the number of people who are suffering with long term conditions. • Ensure our digital strategy increases inclusivity and options for patients, reducing any digital exclusion. • Build a brand-new specialist emergency care hospital at Sutton and significantly improve Epsom and St Helier hospitals (where 85% of patients will still be seen and treated) to address the long-standing patient care, workforce, estates, and financial challenges at Epsom and St Helier hospitals. The specialist emergency care hospital will bring together six major services: accident & emergency, critical care, acute medicine, emergency surgery, inpatient paediatrics, and births in hospital, ensuring expertise, experience, and resource will be in one place 24/7. The development is part of the government's new hospital programme and is due to be completed in 2027 at the earliest. • Continue to invest in digital tools and technologies, improving flexibility in the way patients can manage their care. • Continue to use annual capital funds to upgrade and extend facilities on all hospital sites and reduce backlog maintenance.



Cancer	
2025/26	2026 - 2029
<ul style="list-style-type: none"> • Work with trusts in South West London to improve cancer patient pathways so that we consistently treat patients with cancer within 62 days of urgent referral and are consistently meeting this standard year on year. • Reduce variation in early-stage diagnosis by working with primary care partners in the parts of South West London where fewer cancers are diagnosed and treated through the urgent cancer pathway. • Ensure that all patients across South West London are offered a consistent approach to personalised care, have the right support in place to manage their condition and aftercare, and that they receive an end of treatment summary. • Refresh patient-initiated follow up pathways for priority tumour types, ensuring this is fully operational in breast, colorectal, prostate, and endometrial cancer pathways. 	<ul style="list-style-type: none"> • Deliver new types of screening to identify tumours at an earlier stage. This will include inviting all those eligible for a targeted lung health check, starting in areas with the highest deprivation and smoking rates. • Pilot the impact of a multi cancer blood test screening tool to rapidly refer patients to secondary care for investigations based on blood markers indicative of cancer. • Further develop our cancer population health approach, creating insights that we can develop into action plans by GP practice, age, sex, ethnicity, and deprivation that will support reduction of inequality. • Increase the level of nurse-led diagnostic and imaging capacity available for suspected urology cancers. • Develop a patient and public involvement programme, involving patients and public in the co-design, oversight, and scrutiny of our cancer programmes. This will include the co-design of an innovative, whole-system approach for cancer prehabilitation and rehabilitation. • Ensure all our cancer programmes are designed with an inequalities-first approach. • Ensure that as new cancer detection approaches become established, we embrace innovation to: <ul style="list-style-type: none"> ○ Implement new types of screening programmes to support those with individualised risk of certain cancers. ○ Implement less invasive tests for cancer for those with symptoms. • Ensure genetic testing for all new colorectal and endometrial cancers to identify those with a higher family risk of cancer. • Test and implement new methods of screening people with Barrett's oesophagus using 'cytosponge'.



Children and young people

2025/26

- 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.
- Agree a standard asthma care plan and digital platform for children and young people across South West London.
- 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.
- Use population health management data to support children and their families to make informed choices about their diet and physical activity levels.
- Address the wider determinants of health through supporting parents and children to adopt healthy lifestyles and diet which will support a good level oral health.
- Develop a consistent approach to early identification and intervention for oral health related to diabetes and co-morbidities.
- Ensure co-production, including designing education health and care plans with parents, carers and/or young people, is embedded within all special educational needs and disabilities (SEND).
- 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.

2026 - 2029

- Monitor the use of asthma bags as a proxy indicator to emergency department avoided attendance on an ongoing basis.
- Work collaboratively to improve transition pathways between children and adult health services for those for whom we maintain a statutory responsibility.
- Improve our screening and immunisation rates by running an awareness-raising campaign through primary care networks, public health, and school-age immunisations teams.

Our ICP strategy actions linked to the JFP: Supporting the health and care needs of children and young people

- Address the wider determinants of health through supporting parents and children to adopt healthy lifestyles and diet which will support a good level physical health, including oral health.
- Work together to improve outcomes for children and young people with special education needs and disabilities (SEND).
- Work collaboratively across health, education, and social care to standardise care plans for long-term conditions, starting with asthma, with a view to implementing a digital platform to improve joint working and communication.
- Take a system-wide approach to supporting parents to vaccinate their children against 'flu, to ensure that we will make every contact count, so that parents and young people with agency are able to make a fully informed decision.
- Learn from pilot projects, such as the air quality pilot for asthma in Merton, and the existing work on excess weight in different boroughs, and implement lessons learned across South West London.



Refreshed delivery plans for 2025 - 2029

Developing the NHS in South West London (4/11)



South West London

Community care

2025/26

- Deliver an at-scale and transformative model of care in the community that changes both how we plan services and care for people in the community.
- Create intermediate care bed capacity that helps prevent unnecessary admissions to hospital and enables earlier discharges, thereby ensuring people can recover at home wherever possible for as long as possible.
- Work alongside the prevention programme to develop and implement, evidenced-based prevention services to support and empower people to live healthy lives and better self-manage their condition.

2026 - 2029

- Reduce waiting times in community services and ensure people are cared for in their own homes, care homes, or preferred environment wherever possible.
- Scale up community model of care activity across primary care networks and integrated neighbourhood teams to increase the number of patients supported by the proactive care services.
- Scale up and monitor the number of patients supported by zones 3 and 4 such as intermediate care and admissions avoided from emergency departments.
- Monitor improvement in equity of access and outcomes for our priority groups, such as Core20plus5.
- Focus on embedding the principles of integration and monitoring noted improvements in quality metrics and patient satisfaction surveys.

Our ICP strategy actions linked to the JFP: Community-based support for older and frail people

- Identify people who are at risk of falling by using existing data sources in a more joined up way, for example, housing data and adult social care data, GP registers.
- Roll out the proactive care model across South West London. The proactive care model brings together professionals across health and care in multi-disciplinary teams to develop personal support plans for people at risk of experiencing issues such as hospital admission, breakdown in care and social isolation.

Diagnostics

2025/26

- Explore opportunities for digital transformation that facilitates sharing of information across health services to enhance patient journeys and experience.
- Increase the number of diagnostic tests we can provide with existing capacity through efficiency improvements for example increasing our use of scanners and reducing unnecessary inappropriate scanning.
- Develop streamlined diagnostics pathways, creating new and improved relationships between providers of diagnostic tests, that help us share workforce and images more easily across South West London providers, GPs, and specialised care centres.
- Develop training academies for imaging, endoscopy, and echocardiography in South West London to support the career development of our own workforce.

2026 - 2029

- Develop interoperable digital solutions across South West London to allow diagnostic teams across South West London to work together better as a system and improve operational efficiency and effectiveness.
- Develop a South West London approach for exploring the adoption of artificial intelligence tools, building on current clinical decision support tools



Refreshed delivery plans for 2025 - 2029

Developing the NHS in South West London (5/11)



South West London

Maternity

2025/26

- Continue to detect and manage gestational diabetes (high blood sugar) during pregnancy that can develop in pregnancy, so that mothers are supported throughout their pregnancy.
- Implement a standardised risk assessment to improve fetal monitoring whilst in labour.
- Implement and monitor actions arising from Care Quality Commission (CQC) maternity focus inspections and share learning across South West London.
- Develop personal care and support plans that record conversations about choices, giving women ownership of their plans, which will be reviewed at each appointment.
- Engage with seldom heard communities via our patient involvement group, maternity, and neonatal voices partnership (MNVP), and local community organisations to further improve services for these groups.
- Build on interventions outlined in Saving Babies Lives Care Bundle to reduce stillbirth, neonatal brain injury, neonatal death, and preterm birth, and implement the national maternity early warning score and the newborn early warning trigger, and track tools to improve the care of unwell mothers and babies.

2026 - 2029

- Develop pre-conception care to support women and families to plan pregnancies as safely as possible.
- Implement integrated approaches to care for women with complex long-term conditions, such as chronic kidney disease, congenital heart disease, diabetes, and epilepsy, who are planning to conceive, to optimise their health before and during their pregnancies to improve outcomes for them and their babies.
- Enhanced support for women to stop smoking during pregnancy.
- Monitor each baby's growth through pregnancy and agree personal support and care plans for women with a high risk of having a baby with a low birth weight.
- Improve our monitoring of mothers so that babies are delivered safely, and any deterioration of the mother and/or baby during labour and after the birth is seen and acted upon.
- Ensure the right numbers of the right staff with the right skills are available to provide quality care for women and babies through regular audits of the 'birthrate plus' acuity midwifery staffing tool.
- Work with trusts and higher education institutions to maximise student placement capacity, ensuring the breadth and quality of clinical placements.
- Through our South West London maternal medicine network, we will identify women with complex maternity need for example, asthma, cardiac and neurological conditions, and provide enhanced care to achieve optimal clinical outcomes.
- Implement and embed the actions from the 'three-year delivery plan for maternity services' which addresses recommendations from the Ockenden, and Kirkup reviews.
- Implement a training programme to upskill maternity support workers in line with NHS England's competency, education, and career development framework.
- Extend maternity and neonatal voices partnerships, to cover each trust in South West London reflecting the diversity of the local population.
- Continually review infant feeding support available to women and identify key actions to increase breastfeeding rates.

Our ICP strategy actions linked to the JFP: Supporting the health and care needs of children and young people

- Take a joint approach to prevention and early support by working together on the areas where evidence shows we can have the most impact, including perinatal mental health, continuity of care, and infant feeding.
- Shape our approach to tackling inequalities by listening to different voices, including young parents, care leavers, mothers, fathers, and co-parents, by supporting the voluntary and community sector to reach the parents and communities who are more likely to experience inequalities.
- Work together to support the implementation of national and regional maternity transformation programmes, including recommendations from reports such as Ockenden and Kirkup, by joining up our data and information and our communications with parents and communities.

Refreshed delivery plans for 2025 - 2029

Developing the NHS in South West London (6/11)

Mental health	
2025/26	2026 - 2029
<ul style="list-style-type: none"> • Increase the availability of evidence-based prevention and early support initiatives. • Expand the availability of parenting programmes, perinatal mental health services and early years support for families in partnership with local authorities in particular for vulnerable parents. • Continue to develop mental health inequalities work programme and allocate recurrent investment to tackle health inequalities in mental health. • Work with communities and non-health organisations to promote mental health and wellbeing. • Ensure a range of digital support options are available to support people to access services and that these are regularly reviewed and updated, and uptake monitored. • Provide more support into ethnic groups that analysis shows to be overrepresented in terms of crisis services and those detained under the Mental Health Act. Also address the underrepresentation of groups in early access and community mental health services to ensure everyone has equal access to the range of services available. • Improve support available for children and their families who are waiting to access mental health services within schools, transition to adult and wider mental health services. 	<ul style="list-style-type: none"> • Through Place-based partnerships, work to address social and economic factors that have an adverse effect on mental wellbeing. • Work to ensure reduced suicide and self-harm rates with zero suicide ambition for 2032. • Further support patients following discharge from inpatient care to as this is known to be a time of heightened risk of suicide. • Develop core offer for community and inpatient services across South West London to address legacy variations in access and service pathways. • Develop triage and pathways to divert people away from accident and emergency (A&E), where appropriate, to mental health crisis services and ensure no person known to mental health services presents to A&E unless for physical health issue. • Continue to reduce average length of stay and address barriers that delay and prevent discharge to improve patient flow and reduce the need for out of area placements. • Continue to develop the 'whole school approach' with ongoing investment into schools' mental health support teams. The programme will focus on building emotional resilience, prevention, and early intervention. • Change the way that we design, fund, and deliver mental health services and the way that we collectively think about, talk about and support strong our mental health across and within our communities.

Our ICP strategy actions linked to the JFP: Positive focus on mental wellbeing

- Building on the South London Listens programme, increase community co-creation and empower communities to hold us to account by building on existing links, networks, and resources across the partnership.
- Increase our understanding of effective mental ill-health prevention for children and young people, by reviewing the evidence base, seeking feedback from service users, carers, and professionals, and measuring outcomes of innovation and pilot work.
- Improve transition of children and young people from child and adolescent mental health services (CAMHS) to adult mental health services by ensuring the right support is available and through better joined up working.



Refreshed delivery plans for 2025 - 2029

Developing the NHS in South West London (7/11)



South West London

Learning disability and autism

2025/26

- Work with community providers to review services for autistic and neurodiverse children, young people and adults and services for people with a learning disability and agree actions to improve consistency of service provision and availability of needs led support so that the need for inpatient care is reduced.
- Develop the South West London autism strategy.
- Review and evaluate the community intensive support pilots for autistic children, young people, and adults' pilots to inform a new South West London service model and future service developments.
- Implement the South West London approach to commissioning functional behavioural assessment and positive behaviour support.
- Map autism provision, pathways, and benchmark against national framework for autism assessment services to inform development of more consistent South West London autism support offer including pre- and post- autism diagnostic support.
- Review the South West London children and adolescent mental health service (CAMHS) learning disability provision to inform future service model and improve consistency of provision across South West London.
- Continue to focus on safe discharge planning, reduction of preventable admissions, delivery of timely care, education and treatment reviews and oversight of people in mental health inpatient settings.
- Continue implementation of reasonable adjustment digital flag (RADF) and learning into actions for improvements.
- Continue to implement the learning from the lives and deaths of people with a learning disability and autistic people (LeDeR Programme)
- Develop a model for the supported housing pathway for people with a learning disability and autistic people stepping down from adult secure services to live in the community, led by South London Partnership.

2026 - 2029

- Work in partnership with service providers to reduce current waiting times for autism diagnostic assessments and improve pre-diagnostic support for those waiting for an assessment.
- Improve post-diagnostic support in alignment with National Institute of Clinical Excellence (NICE) guidance, for example, family and carer support sessions, for autistic people following a diagnosis.
- Work in partnership with service providers to reduce current waiting times for autism diagnostic assessments and improve pre -diagnostic and needs led support for those waiting for an assessment.
- Improve the availability of needs-led post-diagnostic support in alignment with NICE guidance, for example, family / carer support sessions, for autistic people following a diagnosis.
- Improve the knowledge and skills of our staff so that they are better able to meet the needs of autistic people and people with learning disabilities across our health services, including rolling out the Oliver McGowan mandatory training on learning disability and autism so that safe, compassionate, and informed care is provided.
- Work with South West London GP practices to continue to increase the uptake and quality of annual health checks and health action plans for people with learning disabilities.
- Build on our targeted work to increase vaccination uptake amongst people with learning disabilities and autism. This includes recruiting and training community connectors (local people with lived experience) to support the uptake of vaccinations.
- Continue to maintain oversight of all autistic people and people with a learning disability who are in mental health inpatient settings and ensure effective care, education and treatment reviews take place, so they are in hospital for the shortest amount of time.



Refreshed delivery plans for 2025 - 2029

Developing the NHS in South West London (8/11)



South West London

Primary care

2025/26

- Listen to staff to understand and respond to their differing needs and use their feedback to improve recruitment, retention, and career development.
- Improve health, wellbeing, and the resilience our staff by providing wellbeing, human resources, and organisational development support.
- Further develop integrated neighbourhood services that extend beyond traditional physical and mental health services to include social care, voluntary sector, self-management, and prevention support.
- Move to universal coverage for integrated neighbourhood teams with full coverage.
- Ongoing commitment to increase the number of appointments by 3% again.
- Roll out of the new primary care specification, increasing access to serious mental illness health checks.
- Support general practices and primary care networks (PCNs) to develop their clinical workforce to provide a career path for those wishing to progress.
- Review preventative services targeting prevention of long-term ill health conditions with the aim of expanding coverage and conditions.
- Explore options to enable flexible work policies so that there is a consistent approach and availability to all staff to support the needs of the service and our staff.
- Implement a range of local retention initiatives, for example, a GP retainer scheme, to keep as many GPs within primary care as possible.
- Work with system partners, practices and PCNs to develop a primary care estates strategy.
- Modernise the GP IT platform moving GPs to the Microsoft N365 platform via a single secure South West London network, enabling flexible access across all South West London GP sites, strengthened resilience and increased security.
- Provide corporate Wi-Fi to all South West London GP sites.

2026 - 2029

- Further investment in change management support for primary care in order to equip them with the skills to embrace new technologies and innovations, for example online consultations to help guide patients through the system as quickly as possible.
- Expand the range of local and accessible services within primary care without waiting times or needing to go to hospital, for example delivering more spirometry appointments through PCNs working together to share staff, equipment, and buildings. This includes alignment to the community diagnostics centres strategy.
- Re-configure the GP IT equipment to create space, simplify access to data and introduce docking stations so that GP users can work flexibly across Southwest London sites via corporate Wi-Fi.
- Introduce a GP virtual desktop creating increased resilience and security, simplified support, and the opportunity for GP users to access the virtual desktop on their own device.
- Develop a five-year workforce development plan, listening to the primary care workforce and to ensure the necessary training and support is given to the leaders and roles within primary care to further improve retention and to make primary care in Southwest London a great place to work.
- Move to full expansion of preventative services targeting prevention and holistic management of long-term ill health conditions, and long-term condition self-management (including digital apps).
- Working with system partners, practices and PCNs to implement and deliver on the agreed primary care estates strategy.
- Development and delivery of a new primary care access plan to ensure that access continues to be improved where needed and that patients in South West London are not experiencing barriers to access.
- Development and delivery of further strategies to improve the continuity of care being delivered to patients and approach to shared care arrangements.



Refreshed action plans for 2025 - 2029

Developing the NHS in South West London (9/11)



South West London

Specialised care

2025/26

- Develop and pilot a joined-up community-based sickle cell disease service across South West London, working across community services and specialist haemoglobinopathy services at St George's and Croydon Hospital to improve access, quality, and experience of care for patients with sickle cell disease.
- Improve prevention services, early detection, and management of chronic kidney disease, in the community by supporting primary care and GPs to improve identification and management of patients with chronic kidney disease alongside conditions such as high blood pressure and diabetes. Around 80% of people with chronic kidney disease also have diabetes, high blood pressure or coronary heart disease so we can improve detection and prevention of disease progression by using these existing channels.
- Work with local communities to improve patient awareness and engagement of chronic kidney disease risk factors, healthy lifestyle information and the treatments available to keep well. This aligns with wider work around community health-coaching and self-management of long-term conditions.
- Improve specialist emergency care for sickle cell patients in crisis, including learning from pilot programmes in hospitals, working with the West London and South East London haemoglobinopathy coordinating centres.

2026 - 2029

- Provide more joined-up and personalised care to support patients to make informed decisions around renal replacement therapy or conservative management. We will work with the South West London & Surrey renal network to pilot a programme to bring different health professionals together in one team to support patients with multiple conditions like heart and kidney problems, diabetes, and frailty.
- Further develop our specialised services post-delegation of functions from NHS England in 2025.



Supporting people to manage their long-term conditions

2025/26

- Increase patient education and activation, South West London digital self-management application to support cardiovascular disease, hypertension, cholesterol, diabetes, asthma, and chronic obstructive pulmonary disease (COPD).
- Develop high value, evidence-based wellness and supported self-care services, where no offering currently exists, to help people to understand and better manage their long-term condition(s). There will be a South West London-wide prevention service offering for long-term conditions.
- Embed mental health considerations within our physical health early detection and prevention programmes.
- Deliver more high-quality early detection assessments, in community and primary care settings through developing additional staff competencies and adopting new technologies, for example, diabetic foot checks.

2026 - 2029

- Support people to live healthier for longer, through equitable access to quality education and wellness services by providing face to face or digital structured health education and physical activity courses, cardiac rehabilitation, pulmonary rehabilitation, and self-care digital support.
- Further increase the number of people offered and attending our prevention programmes. Timely referrals will be supported by innovative solutions including risk stratification and automated call and recall processes, text messaging, and a self-management website which will provide essential support information. This will be supported by social prescribing and local community engagement outreach.
- Extend the South London diabetes book & learn service and digital platform service to support obesity, cardiovascular disease, and respiratory conditions.
- Expand the continuous glucose monitoring to support more patients with diabetes.
- Utilise patient dashboards, risk stratification and automation and digital tools to support primary care teams to identify the people who most need support with their long-term conditions and provide proactive, personalised preventative care.
- Work with clinicians, data scientists and community partners to improve our identification of people at high-risk or who are undiagnosed by using data analytics, artificial intelligence and community engagement and outreach approaches.
- Increase collaboration across local authority, voluntary sector, community sector and primary care to develop a simple, consistent, integrated, and equitable pathway of care so that patients with long-term conditions receive a timely and accurate diagnosis.
- Work alongside the development of the single health and care record to explore options for patients to self-record diagnostic information, for example blood pressures checks taken at community led health checks that will automatically be visible within the single health and care record.
- Work innovatively and collaboratively with partners, for example, academics, local authority, community groups, voluntary sector, and technology partners, to maximise opportunities to improve long-term conditions detection, prevention, and optimisation of care.
- Make best use of technology and community assets, and the implementation of best practice prevention enablers, to continue to improve prevention, identification, and treatment of long-term conditions.

Our ICP strategy actions linked to the JFP: Preventing ill-health, promoting self-care, and supporting people to manage long term conditions

- Create solutions for self-care which reflect the needs of different communities through meaningful co-production with those communities, such as asking people, 'What do you need to be able to manage your long-term condition?'
- Review existing self-care programmes in South West London, for example, health and wellbeing coaches, expert patient programme and other types of peer support to build a shared understanding of what works to inform future service development.
- Increase the use of digital care plans by training health and care staff and considering how more people can be encouraged to use them.



Refreshed delivery plans for 2025 - 2029

Developing the NHS in South West London (11/11)



South West London

Urgent and emergency care	
2025/26	2026 - 2029
<ul style="list-style-type: none"> • Increase the use of 111 online and the NHS App so that by 2026, most patients use these digital facilities as a first port of call when seeking urgent care. • Improve access to same day primary care, ensuring all patients contacting a GP practice are assessed or offered signposting at first contact with the practice. • Develop our urgent treatment centres to fully meet the expected national standards and the needs of our patients. • Implement more effective systems and services to reduce long waits and queuing across the system, so that patients wait less time for an ambulance and that we reduce the time that people wait to go home from hospital. • Roll out the proactive care programme across all localities, increasing the number of people who have recorded and shared crisis plans in place. • Increase the capability and capacity of South West London services to manage falls and frailty outside the hospital sector and extend the two-hour community response service. • Deliver mental health services in place at each hospital that meet the needs of patients arriving in a mental health crisis, with the right environment and support for their onward care. • Develop the ability to stream patients who arrive at A&E, and can be cared for better in the community, to the right service quickly and seamlessly. • Reduce the time patients who are waiting in hospital to go home. 	<ul style="list-style-type: none"> • Develop a clearer understanding of what support people working in urgent and emergency care services need, building a health and wellbeing offer that is tailored to staff working in this high paced environment. • Think differently about how to recruit and retain staff, for instance by working with national bodies as opportunities arise to develop innovative training and apprenticeship programmes and implement new ways of working such as rotational staffing models. • Achieve 95% on the accident and emergency four-hour target. • Develop frailty services at the front door of every hospital site open every day to improve the experience and outcomes of this patient group. • Ensure that no patients waiting in the community for an ambulance above the agreed clinical standards.

Quality and safety	
2025/26	2026 - 2029
<ul style="list-style-type: none"> Develop our system learning review framework across South West London to reduce unwarranted variations of clinical care and share best practice and learning across the system. Implement the initiatives in the NHS patient safety strategy across the ICB and ICS and ensure these are embedded to support safety improvement. Strengthen our approach to learning from system wide quality information through the effective use of South West London's quality dashboard, ensuring that National Institute of Clinical Excellence (NICE) clinical guidelines are reflected in how we measure outcomes. Act on patients' experiences of care and use their feedback, compliments, and complaints to make service improvements that improve the quality of health and care. Work with all South West London healthcare providers and care homes to reduce health care associated infections including clostridium difficile, methicillin sensitive staphylococcus aureus and gram-negative blood stream infections (GNBSI). 	<ul style="list-style-type: none"> Create safer systems of care that reflect continuous learning and improvement, understanding and learning from errors and excellence and adopting best practices. Year on year, strengthen our safety culture and work with trusts to ensure that their staff feel safe and able to challenge situations without repercussions. Continuously work to reduce risk and empower, support, and enable people to make safe choices and protect them from harm, neglect, abuse, and breaches of their human rights; and ensure that we learn from experience and share this across South West London. We will continuously improve the quality of care by working collaboratively across the system to embed an approach to learning and improvement in line with the NHS impact actions, improving patient care together. Ensure there is a named safeguarding midwifery lead for female genital mutilation across our system.
Data, digital and population health management	
2025/26	2026 - 2029
<ul style="list-style-type: none"> Implement our three-year digital transformation investment plan which includes the implementation of Cerner Millennium electronic patient record at Epsom and St Helier University Hospitals NHS Trust. This will align with St George's University Hospitals NHS Foundation Trust and put the organisation on a good digital footing. Implement the year one actions as set out in the data strategic plan. Create a joined-up digital platform to enable staff to access the systems they need, wherever they are and reduce bureaucracy and frustration often felt by our frontline line staff through digitalised solutions. 	<ul style="list-style-type: none"> Further develop a single end-to-end health and care record that our staff and patients can access and use. Connect technology in people's homes and support the continued development of virtual care. Use digital transformation to support the mobility of patients and staff across multiple settings and organisations. Develop our digital workforce, so we have the right people with the right skills to propel digital acceleration and transformation across the NHS. In addition to our digital specialists, we will develop the digital capabilities and skills of all our people. Promote innovation that supports patients and staff, whilst addressing digital inequalities and exclusion by continuing to offer a range of ways in which people can receive care and support and interact with the NHS.

Making South West London a great place to work

As we are developing our new workforce programme across our system, we are in the process of developing our later years actions. These will be published in due course.

Our estates and green plan

We have developed our estates and green plan for 2024/25 and are currently planning our programme for future years, which will be published in due course.

Our finances

We continue to make good progress with the delivery of our financial recovery plan. We are in the process of revising the 2024/25 plan which will be published in the coming months.

Performance and outcomes

South West London performs relatively well against the rest of London for the type 1 accident and emergency four-hour target, the two-hour urgent community response target, childhood immunisations at 12 months, and the cancer standards, and has among the fewest elective long waiters nationally. We also continue to exceed the national standard for the dementia diagnosis rate. We are in the process of developing our operating plan for 2024/25 in line with national requirements. Delivery against the operating plan is overseen by our South West London ICB Board.





Key outcomes and outputs



Outcomes and outputs (1/4)

The following four slides indicate our key outputs and outcomes for our delivery areas. These largely remain the same as our previous JFP, with the exception of quality and safety, maternity, mental health, and finance. The remaining areas have had some minor date changes.

Area	Outcomes	Outputs
Reducing health inequalities	<ul style="list-style-type: none"> Achieve the outcomes of Core20plus5 clinical areas for children and young people and adults by 2027/28. By March 2025, learning from successful South West London innovations to improve healthcare inequalities (Core20plus5) will be shared and implemented in the system. 	<ul style="list-style-type: none"> Increased number of South West London initiatives that help empower communities to improve their health and wellbeing and increase health literacy by March 2025.
Preventing ill-health	<ul style="list-style-type: none"> Halve the number of smokers on GP records to 6.75% in South West London by 2027/28. A year-on-year increased uptake of immunisation programmes with end goal of reaching national targets and bypassing national averages. Every adult in South West London knows their ABC numbers (atrial fibrillation, blood pressure, cholesterol) by 2025/26. All South West London trusts are 'active hospitals' by 2025/26 and at least 50% of general practices are 'active practices' by 2025/26. 	<ul style="list-style-type: none"> In 2025/26, all healthcare and public services staff are implementing making every contact count. By 2025/26, every primary care network has active connections to social prescribers, health coaches, community connectors and health and well
Acute care	<ul style="list-style-type: none"> No patient will wait over 65 weeks for treatment by September 2024. No patient will wait over 52 weeks for treatment by April 2025. 	
Cancer	<ul style="list-style-type: none"> 62-day referral to treatment standard will be consistently delivered by Sept 2025. We will meet performance standard of 70% throughout 24/25. 20% additional population coverage invited for targeted lung health checks per year, to ensure full coverage by 2026/27. 	
Children and young people	<ul style="list-style-type: none"> By 2025/26, children, young people and their families with SEND will report that their needs have been identified in a timely way and receive the right help at the right time, as measured through place. Increase in the number of children reaching a good level of development (GLD) from a low point of 51% towards the national GLD of 65.2%. 	<ul style="list-style-type: none"> The social determinants of health are understood, and a proportionate universalism approach is in place by 2027. All young people aged over 13 with a diagnosis of asthma, have access to a digital asthma care plan by 2026.
Community care	<ul style="list-style-type: none"> Reduced waiting times for community services by 2025/26. Increased referrals to 2 hour urgent community response with a phased increase over 2024/25 and with a particular focus on referrals from 111, care homes, tech providers and self-referrals. Increased numbers of people dying in their preferred place of care with a phased increase over 2024/25 and 2025/26. 	



Outcomes and outputs (2/4)

Area	Outcomes	Outputs
Diagnostics	<ul style="list-style-type: none"> At least 95% of people receive their diagnostic test within six weeks of the test being requested by March 2025. 	<ul style="list-style-type: none"> Single South West London radiology information system and picture archiving system by 2025/26.
Maternity	<ul style="list-style-type: none"> Reduced the number of preterm deliveries from 8% to 6% by 2027. Births under 27 weeks will have occurred in the right place at least 80% of the time by 2025/26. 	<ul style="list-style-type: none"> Publish our equity and equality plans and target action to reduce inequalities in women's experience and outcomes.
Mental health, learning disability and autism	<ul style="list-style-type: none"> Ensured people get access to talking therapies to provide support for mild to moderate anxiety and depression with at least 39,523 people accessing these services annually and 75% of people accessing services within six weeks and 95% within 18 week waiting times targets. Ensured at least 60% of referrals to early intervention in psychosis teams are seen within two weeks. Delivery of at least 75% of all people with learning disabilities aged 14 years and over on GP registers to have had an Annual Health Check with health action plan in place. 90% of children and young people with the most complex needs at risk of being admitted to a mental health hospital (identified as red or amber on the Dynamic Support Register) will have a designated keyworker by 2025/26 for children and young people up to the age of 18 and by 2025/26 for children and young people up to the age of 25. 	<ul style="list-style-type: none"> Community health offer in place for autistic people with complex needs. Consistent children and young people's mental health service (CAMHS) learning disability service model and provision across South West London.
Primary Care	<ul style="list-style-type: none"> Increase annual appointments by circa 5% with face-to-face appointments being circa 65% in 2025. Learning disability health checks and dementia diagnosis will exceed 75% via the roll out of the new primary care specification in 2025. 	<ul style="list-style-type: none"> Integrated neighbourhood teams within each of our 39 primary care networks that focuses on an initial population in 2025 with full coverage by 2026. General practice staff will have the ability to feedback on what makes South West London a great place to work and where we can improve further throughout 2025/26. There will be 681 full time equivalent ARRS roles in place by April 2024 meaning that more patients will be able to access an even wider range of services in primary care by 2025.
Specialised care	<ul style="list-style-type: none"> Reduction in frequency of admission and length of stay for patients with sickle cell by 2025/26. Increased number of patients on chronic kidney disease (CKD) registers by 2025/26. Increase in acceptance of emergency referrals in paediatric intensive care by 2025/26. Reduction in A&E attendances / unplanned admissions for patients with chronic neurological conditions by end 2024/25. 	



Outcomes and outputs (3/4)

Area	Outcomes	Outputs
Supporting people to manage their long-term conditions	<ul style="list-style-type: none"> • 90% of people living with atrial fibrillation effectively treated with oral anticoagulants by 2028. • 77% of those with hypertension identified and treated to their blood pressure target by the end of 2024/25. • Increased the number of patients with a cardiovascular disease risk score >20% receiving lipid lowering therapies to 60% by the end of 2024/25. • Increased the number of people with diabetes meeting all 3 National Institute of Clinical Excellence (NICE) treatment targets to 45% by 2028. • By 2028, a reduced percentage of patients with chronic kidney disease require dialysis and/or a transplant. • By 2025, develop respiratory measurements to be able to better monitor care and outcomes of respiratory patients. • Reduced the number of COPD-related admissions, with fewer patients diagnosed with COPD in our hospitals year on year until 2028. • By 2025, we will have a good understanding of what's available across South West London to support people in self-care for long term conditions and information we will have gathered from different patient groups will indicate an increase in awareness and health literacy around self-care. 	<ul style="list-style-type: none"> • By 2025, develop respiratory measurements to be able to better monitor care and outcomes of respiratory patients. • 500 local community champions will be provided with accredited training to deliver health awareness and early detection events by 2028.
Urgent and emergency care	<ul style="list-style-type: none"> • By 2028, the number of people in hospital who do not have criteria to reside at any one time will be reduced. • We will work to reduce the number of patients in mental health crisis waiting for extended periods in our emergency departments, getting them to the right place sooner. 	<ul style="list-style-type: none"> • By 2028, 95% of people in the emergency department with a decision to admit will be moved to a bed in less than 4 hours. • By 2025, we will have reduced the number of ambulances that wait over an hour to handover patients in our emergency departments to near zero.
Making South West London a great place to work	<ul style="list-style-type: none"> • Achieve lower than the London average for sickness/absence. • A year-on-year increase of Band 8c and above staff attending System Leaders programme • Reduction in black and minority ethnic staff entering the formal disciplinary process • Improve utilisation of apprenticeship levy by 5% • Agreed reductions in bank and agency rates met. 	<ul style="list-style-type: none"> • Anti-racism framework developed and implemented from 2024/25 onwards.



Outcomes and outputs (4/4)

Area	Outcomes	Outputs
Quality and safety	<ul style="list-style-type: none"> • We have developed our datasets and insights to reflect how we measure and triangulate safety outcomes across Southwest London. This includes friends and family test, complaints, reported incidents and other indicators. 	<ul style="list-style-type: none"> • In five years, an increase in proportion of patient activities with an accurate ethnicity code. • Clear agreed strategy for reducing serious violence in health setting and supporting identification of domestic abuse by 2025.
Data, digital, and population health management	<ul style="list-style-type: none"> • By 2028/29, shifted from disease-specific care to population health improvement and prevention, focused on health and wellbeing measures developed with our communities, which focus on the right care being given at the right time by the right person. • From 2024/25, continue to enable better self-management by providing patients with timely access to information, advice and care, digital technologies can help improve health outcomes and prevent complications. • From 2024/25, continue to enable better self-management by providing patients with timely access to information, advice and care, digital technologies can help improve health outcomes and prevent complications. • By 2028/29, shifted from disease-specific care to population health improvement and prevention, focused on health and wellbeing measures developed with our communities, which focus on the right care being given at the right time by the right person. 	<ul style="list-style-type: none"> • From 2024/25 population health management is being used by primary care networks, particularly in the development of integrated multi-disciplinary neighbourhood teams and sharing the learning. • From 2024/25 population health management is being used by primary care networks, particularly in the development of integrated multi-disciplinary neighbourhood teams and sharing the learning.
Our estate and green plan	<ul style="list-style-type: none"> • Reduction in backlog maintenance. • We will have a good understanding of our carbon emissions and how to reduce these in line with our national target. 	<ul style="list-style-type: none"> • We will have a good understanding of our carbon emissions and how to reduce these in line with our national target.
Our finances	<ul style="list-style-type: none"> • Reduce non-elective length of stay in our hospitals for better flow, maximise productivity in elective care to improve value. • Increased investment in community and mental health services, as well as prevention and addressing health inequalities. 	

NHS South West London Integrated Care Board

Name of Meeting	ICB Board		
Date	Wednesday, 20 March 2024		
Title	Finance and Planning Committee ToR update		
Non Executive Member	Dick Sorabji		
Lead Director Lead (Name and Role)	Helen Jameson, Chief Finance Officer		
Author(s) (Name and Role)	Helen Jameson, Chief Finance Officer		
Agenda Item No.	10	Attachment No.	09
Purpose	Approve <input checked="" type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input type="checkbox"/>

Purpose

Each formal ICB Committee is asked to review its Terms of Reference (ToR) and Committee effectiveness every year. Having undertaken this review, this paper highlights the main changes to the Terms of Reference and asks the ICB Board to adopt them subject to the Committee Chair's recommendation.

Executive Summary

The ToR have been reviewed and updated following feedback from members and attendees of the Committee. A Committee effectiveness survey has been circulated and been completed by 7 individuals (5 members and 2 attendees).

The following updates were agreed for recommendation to the ICB Board for adoption:

- **Purpose** (section 3) - Amended to ensure the role of the Committee in ensuring the financial strategy and planning framework aligns to the ICS strategy/objectives.
- **Responsibilities** (section 4) - The responsibilities of the Committee have been updated to reflect the current Scheme of Reservation and Delegation as well as any specific NHS responsibilities. As well as outlining the Committees role in:
 1. Providing assurance system investments are value for money and aligned to the ICB Joint Forward Plan and system priorities.
 2. Review collaboratives and partnership working to ensure value for money and aligned approaches to delivering the system strategy within the finances available.
- **Membership** (section 5) – the membership has been amended to include additional clinical and Place representatives.
- **Quorum** (Section.6) – the quorum of the meeting has been kept as 3 members, but updated to confirm that the meeting must have either the Committee Chair or Chief Finance Officer present and if the Committee Chair is unavailable another Non Executive Member must be present.
- **Date of review** – The next date of review is proposed as April 2025, unless circumstances require a review earlier.

Key Issues for the Committee to be aware of:

It should be noted that the ICB's Scheme of Reservation and Delegation (SoRD) is currently under review and will be updated for approval by the Audit and Risk Committee in March, and the Board in May.

Any changes to the values of approval thresholds within the SoRD that impact the ToR will subsequently be reflected in the ToR.

The Committee annual plan will continue to be updated to include strategic system items, and the membership be kept under review to ensure it is fit for purpose. It should be noted that the ToR does accommodate representatives from other organisations, as required, as attendees.

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

Recommendation

The ICB Board is asked to:

- Approve the recommended revisions to the Finance and Planning Committee TOR.

Conflicts of Interest

N/A

Corporate Objectives

This document will impact on the following Board Objectives

Overall delivery of the ICB's corporate objectives.

Risks

This document links to the following Board risks:

N/A

Mitigations

Actions taken to reduce any risks identified:

N/A

Financial/Resource Implications

N/A

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

N/A

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

N/A

Patient and Public Engagement and Communication	N/A
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Previous Committees/Groups Enter any Committees/Groups at which this document has been previously considered	Committee/Group Name	Date Discussed	Outcome
	Finance and Planning Committee	27/02/2024	Recommend updates to the Board

Supporting Documents	Finance and Planning Committee ToR
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NHS South West London Integrated Care Board

Finance and Planning Committee

Terms of Reference

Document Management

Revision history

Version	Date	Summary of changes
1.0	07.06.22	ToR presented to GoG
1.1	Jul 2023	Reviewed to align to updated SoRD
1.2	Feb 2024	Annual review and update

Reviewers

This document must be reviewed by the following:

Reviewer	Title / responsibility	Date	Version
Governance Oversight Group	To oversee the development of the ICB constitutions	n/a	All versions
Sarah Blow	ICS CEO Designate	07.06.2022	1.0
Millie Banerjee	ICS Chair Designate	07.06.2022	1.0
Chief Finance Officer	Chief Finance Officer	May 2023	1.1
Dick Sorabji	Finance and Planning Committee Chair	June 2023	1.1
Chief Finance Officer	Chief Finance Officer	Feb 2024	1.2
Dick Sorabji	Finance and Planning Committee Chair	Feb 2024	1.2

Approved by

This document must be approved by the following people:

Name	Signature	Title	Date	Version
ICB Board		ICB Board	01.07.2022	1.0
ICB Board		ICB Board	July 2023	1.1
ICB Board		ICB Board		1.2

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1. Constitution

- 1.1 The Finance and Planning Committee (the Committee) is established by the Integrated Care Board (the Board or ICB) as a Committee of the Board in accordance with its Constitution, Standing Financial Instructions, Standing Orders and Scheme of Reservation and Delegation (SoRD).
- 1.2 These Terms of Reference (ToR) set out the membership, remit, responsibilities, and reporting arrangements of the Committee and may only be changed with the approval of the Board. They will be published as part of the Governance Handbook on the ICB's website.

2. Authority

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

3. Purpose

- 3.1 The Committee is established to ensure that there is both a robust financial strategy and planning framework in place and, to oversee that investments provide value for money and align to the systems strategy/objectives. To oversee system planning and broader financial management.
- 3.2 The duties of the Committee will be driven by the organisation's objectives and the associated risks. An annual programme of business will be agreed before

the start of the financial year; however this will be flexible to new and emerging priorities and risks.

4. Responsibilities of the Committee

4.1 The Committee's duties can be categorised as follows:

NHS System responsibilities

4.2 Provide assurance to the Board of performance against system control total by scrutiny of financial and planning strategy, strategic and operational financial and non-financial plans, and the current and forecast financial position of the overall ICS.

4.3 As part of the ICB's performance management role, alongside the Quality and Oversight Committee, operate an ICS Performance Framework that enables the Committee to proactively manage the financial, broader performance, and savings agenda across the NHS system, and to assess the performance against the system control total, including:

- Receiving a report of the in-year financial position, performance and progress towards meeting targets within each organisation's/ collaborative's financial plans (both revenue and capital); and
- Review the delivery of the system plans at least on a 6 monthly basis to ensure that plans are being achieved and, where not, review the proposed mitigations: review of plans would be more frequent where targets are not being met.

4.4 Oversight and approval of the process by which the ICB allocates the annual resource to stakeholders (partners), including both revenue and capital.

4.5 As part of the annual planning process alongside the Quality and Oversight Committee ensure oversight of financial and planning performance, focusing on oversight of the delivery of ICB-wide efficiency savings, performance and system control total, including:

- With the Quality and Oversight Committee ensure that workforce, finance, quality plans are sufficiently aligned and balanced to meet the needs of the system and system risks identified sufficiently early with the planning process;
- Ensure that the system has a clear and robust approach to planning incorporating both Place and Providers/Collaboratives to jointly own and agree the system planning principles and associated planning cycle;
- Review system delivery against the original plan, ensuring any outstanding items are reflected in the following years planning cycle as appropriate;
- Ensure that the balance of system planning priorities are considered at a strategic level and where necessary consideration of the risks to the

system are fully considered and reported to the Board and ICP; and

- Ensure that the annual business planning process for the system is aligned to the annual planning process assessing Place and Collaborative plans and that these are sufficient to meet the overall agreed system strategic objectives.

4.6 Provide assurance system investments are value for money and aligned to the ICB Joint Forward Plan and system priorities.

4.7 Review collaboratives and partnership working to ensure value for money and aligned approaches to delivering the system strategy within the finances available

ICB responsibilities

- 4.8 Oversee the arrangements in place for the allocation of resources and the scrutiny of all expenditure. This will include actual and forecast expenditure and activity on commissioning contracts, ensuring budgets are set, in line with planning cycle and managed in an appropriate and timely manner. This will also include planning for the year ahead. Ensuring investments support the delivery of the Joint Forward Plan.
- 4.9 Consider and review ongoing Financial Reports and the Annual Statement to be presented to the Board, incorporating financial and planning performance against budget, targets, financial risk analysis, forecasts, and statements on the rigor of underlying assumptions, to ensure statutory financial duties are met.
- 4.10 Review delivery of savings plans and initiatives through regular reports. Understand the drivers behind any variances against the plans, and ensure any risks have been identified, and mitigating actions have been taken to address these.
- 4.11 With the Quality and Oversight Committee operate a Performance Framework that enables the Committee to proactively manage the financial, broader performance, and savings agenda, including:
- Receiving a report of the in-year financial position and progress towards meeting targets within each Place;
 - Overseeing savings schemes and updates on both the financial and activity performance of each scheme;
 - Overseeing implementation of investments/transformation schemes, receiving updates outlining financial activity and delivery against KPIs for each scheme;
 - Management of system risks to mitigate their impact; and
 - Providing assurance to the Board about delivery and sustained performance in these areas.

- 4.12 Proactively identify from reports where remedial action is required, and ensure appropriate action is taken.
- 4.13 Where plans are in place to improve performance or reduce financial risks, ensure that progress against plans is monitored, and where appropriate, challenged.
- 4.14 With the Quality and Oversight Committee identify the need for, and allocate resources where appropriate, to improve performance.
- 4.15 Provide assurance to the Board and the Audit and Risk Committee of the completeness and accuracy of the financial information provided to the Board.
- 4.16 Consider and review any external financial monitoring returns and commentary.
- 4.17 Review, by exception, performance report summaries as required, and consider performance issues in so far as they impact on financial resource.
- 4.18 Review, scrutinise and approve/recommend business cases (prepared for changes to services and/or expenditure including capital or revenue investments, procurement of services and pathway redesigns) for approval to the Board, where appropriate, in line with the Scheme of Delegation.
- 4.19 Review, and agree, procurement decisions as appropriate, in accordance with Standing Financial Instructions and the Scheme of Delegation and make recommendations to the Board.
- 4.20 Review tender waivers and tenders from firms not on approved lists and ensure these are recommended to the Board as appropriate and in line with the Scheme of Delegation. All waivers should then be reported to Audit and Risk Committee.
- 4.21 Work alongside the Audit and Risk Committee to ensure financial probity in the organisation, and that value for money is reviewed and maintained.
- 4.22 Where appropriate, provide recommendations and actions to the Board.
- 4.23 Where appropriate, refer issues to other Committees or Sub-Committees of the Board.
- 4.24 To annually, or periodically as required, review the financial policies of the ICB and make appropriate recommendations to the Board.
- 4.25 Review and monitor those risks on the ICB's BAF and Corporate Risk Register which relate to finance. Ensure the ICB is kept informed of significant risks and mitigation plans, in a timely manner

5 Membership and attendance

Membership

- 5.6 The Committee members shall be appointed by the Board in accordance with the ICB Constitution.

- 5.7 The Committee membership is as follows:
- Finance and Planning Committee Chair (Non-Executive Member)
 - SWL ICB Chief Finance Officer
 - SWL Chief Operating Officer
 - Chief Nursing Officer
 - Chief Medical Officer
 - Place representative.
- 5.8 The role of Committee Chair will be undertaken by a Non-Executive Member (who cannot be the Audit and Risk Committee Chair).
- 5.9 Members are required to attend a minimum of 75% of meetings, other than absence due to sickness.
- 5.10 Members may nominate deputies to represent them in their absence and make decisions on their behalf, subject to the approval of the Chair.
- 5.11 The Chair of the Board shall not be a member of the Committee.
- 5.12 Members will possess between them knowledge, skills and experience in the issues pertinent to the Committee's business. When determining the membership of the Committee, active consideration will be made to diversity and equality.

Chair and vice chair

- 5.13 The Committee will be chaired by a Non-Executive Member of the Board appointed on account of their specific knowledge skills and experience making them suitable to chair the Committee.
- 5.14 Committee members may appoint a Vice Chair who will be nominated by the Chair of the Committee. If the Committee Chair is absent or is disqualified from participating by a conflict of interest, the Vice Chair, if present, shall preside. If the Chair or Vice Chair are absent from any meeting, a Chair shall be nominated by other members attending that meeting.
- 5.15 The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR.

Attendees

- 5.16 The Committee shall have the following non-voting attendees (as and when required):
- Audit and Risk Committee Chair
 - Place based finance and planning representatives;
 - Collaborative finance and planning representatives;
 - Other Directors and/or Managers as appropriate;
 - Representatives from other organisations, as required.
- 5.17 Attendees may present at meetings and contribute to the relevant discussions but are not allowed to participate in any formal vote.

- 5.18 Attendees may nominate deputies to represent them in their absence, with agreement of the Chair.
- 5.19 The Committee may call additional experts to attend meetings on a case by case basis to inform discussion.
- 5.20 The Committee may invite or allow people to attend meetings as observers. Observers may not present at meetings, contribute to any discussion or participate in any formal vote.
- 5.21 The Chair of the ICB will be invited to attend one meeting each year in order to gain an understanding of the Committee's operations.
- 5.22 The Committee Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

6 Meeting Frequency, Quoracy and Decisions

- 6.6 The Committee will meet at least seven times a year. Arrangements and notice for calling meetings are set out in the Standing Orders. Additional meetings may take place as required.
- 6.7 The Board, Chair or Chief Executive may ask the Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.
- 6.8 The Committees may choose to meet physically, at its discretion. However, by default, the Committees will be held virtually. Meetings, unless previously agreed by the Chair, will be held virtually via MS Teams or suitable alternative platform.

Quorum

- 6.9 For a meeting to be quorate a minimum of three members are required. This must include either the Committee Chair or the Chief Finance Officer. If the Committee Chair isn't present another Non Executive Member is required to attend.
- 6.10 If any member of the Committee has been disqualified from participating in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.
- 6.11 If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

Decision making and voting

- 6.12 Decisions will be taken in accordance with the Standing Orders. The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.
- 6.13 Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter.

- 6.14 Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote.
- 6.15 If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication.

7 Accountability and reporting

- 7.6 The Committee is accountable to the Board and shall report to the Board on how it discharges its responsibilities.
- 7.7 The Committee shall make any such recommendations to the Board it deems appropriate on any area within its remit where action or improvement is needed.
- 7.8 The Chair will provide assurance reports to the Board at each meeting and shall draw to the attention of the Board any issues that require disclosure to the Board or require action.
- 7.9 The Committee will report to the Board at least annually on its work in support of the Annual Statement. The Annual Statement should also describe how the Committee has fulfilled its ToR and give details of any significant issues that the Committee considered, and how they were addressed.

8 Conflicts of Interest

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

9 Behaviours and Conduct

ICB values

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

Equality and diversity

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

10 Secretariat and Administration

10.6 The Committee shall be supported with a secretariat function which will include ensuring that:

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

11 Review

11.6 The Committee will review its effectiveness at least annually and recommend any changes it considers necessary to the Board.

11.7 These ToR will be reviewed at least annually and more frequently if required. Any proposed amendments to the ToR will be submitted to the Board for approval.

Date of approval: TBC

Date of next review: April 2025

NHS South West London Integrated Care Board

Name of Meeting	ICB Board		
Date	Wednesday, 20 March 2024		
Title	Revised Quality and Performance Oversight Committee Terms of Reference		
Non Executive Member	Mercy Jeyasingham		
Lead Director (Name and Role)	Elaine Clancey, Chief Nursing Officer Ben Luscombe, Director of Corporate Affairs		
Author(s) (Name and Role)	Ben Luscombe, Directorate of Corporate Affairs		
Agenda Item No.	10	Attachment No.	10
Purpose	Approve <input checked="" type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input type="checkbox"/>

Purpose

As the Board will be aware, each formal ICB Committee is asked to review its Terms of Reference (ToR) and Committee effectiveness every year. Having undertaken this review, this paper highlights the main changes to the Quality and Performance Oversight Committee's Terms of Reference and asks the Board to approve the revised ToR.

Executive Summary

The revised ToR have been discussed with the Chair of the ICB, Chair of the Quality and Oversight Committee, South West London (SWL) ICB CEO, Chief Nursing Officer, Chief Medical Officer and Chief Operating Officer. In amending the ToR we have reviewed the Committee ToR for Performance and Quality Committees from a number of ICBs across the country, as well as the original model ToR published by NHS England. The proposed draft reflects the best practice from across this review.

Issues the Board should be aware of

In order to improve the effectiveness, robustness and succinctness of the ToR (and by extension the overall effectiveness of the Committee), we are proposing a number of changes to the ToR. The key changes are set out below:

- **Name** – The Committee has been renamed from the Quality and Oversight Committee to the Quality and Performance Oversight Committee.
- **Purpose** (section 3) - Amended the core purpose of the Committee so that it clearly states the overall purpose of the Committee, followed by specific details for both Quality and Performance.

- Included in this section is an additional paragraph on the scope of the Committee, this makes clear that the scope of the Committee includes all services commissioned by the ICB.
- **Responsibilities** (section 4) - The responsibilities of the Committee have been redrafted to strengthen both its responsibilities for quality and performance. The ToR set out the Committee’s overall responsibilities, followed by specific responsibilities for performance and quality. The performance responsibilities have been strengthened. For quality, we have reduced the overall number of responsibilities to be more succinct and in line with both the model ToR and best practice from other ICBs.
- **Membership** (para 5.2-5.3) – the membership has been amended to: include one Associate Non-Executive Member, once appointed; include other system partners only when needed; and revise the language regarding patient safety representatives.
- **Attendees** (para 5.10) - Attendees have been updated to be clear on those who can attend, as standard, for the whole meeting. The Committee retains the power to invite those it thinks necessary to the meeting, as attendees.
- **Meeting frequency, Quoracy and Decisions** (para 6.1) - The meeting has been divided into two parts to ensure the ICB Board can gain robust assurance on both performance and quality, without either being marginalised out. Part one will consider performance, with part two considering quality.
- **Quorum** (para 6.6) – the quorum of the meeting has been amended to ensure the meeting can always be quorate when it meets.

The Board is asked to:

- Approve the revised ToR.

Conflicts of Interest

N/a

Corporate Objectives

This document will impact on the following Board Objectives

The proper and effective functioning of all Board Committees ensures that the board can receive appropriate assurances that it is meeting all of its responsibilities.

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)

N/a

necessary and has it been completed?	
---	--

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

Patient and Public Engagement and Communication	N/a
--	-----

Previous Committees/Groups Enter any Committees/Groups at which this document has been previously considered	Committee/Group Name	Date Discussed	Outcome
	Quality & Oversight Committee	14/02/2024	Recommended to the Board

Supporting Documents	Quality and Performance Committee Terms of Reference
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NHS South West London
Integrated Care Board

NHS South West London Integrated Care Board
Quality and Performance Oversight Committee
Terms of Reference

Document Management

Revision history

Version	Date	Summary of changes
1.0	07.06.22	Draft ToR presented to GOG
2.0	08.02.23	QOC approved
2.1	14.02.24	Revised draft after 23/4 review to QoC
2.2	20.02.24	Final draft including comments from QoC for Board approval

Reviewers

This document must be reviewed by the following:

Reviewer	Title / responsibility	Date	Version
Governance Oversight Group	To oversee the development of the ICB constitutions	n/a	All versions
QoC	Annual review of ToR	14.02.24	2.1 & 2.2

Approved by

This document must be approved by the following people:

Name	Signature	Title	Date	Version
ICB Board		ICB Board	20.03.24	2.2
Quality Oversight Committee		Quality Oversight Committee	14.02.24	2.2
Quality Oversight Committee		Quality Oversight Committee	08/02/23	2.0
ICB Board		ICB Board	01/07.22	1.0
Sarah Blow		ICS CEO Designate	07.06.22	1.0
Millie Banerjee		ICS Chair Designate	07.06.22	1.0

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1. Constitution

- 1.1 The Quality and Performance Oversight Committee (the Committee) is established by the Integrated Care Board (the Board or ICB) as a Committee of the Board in accordance with its Constitution, Standing Financial Instructions, Standing Orders and Scheme of Reservation and Delegation).
- 1.2 These Terms of Reference (ToR) set out the membership, remit, responsibilities, and reporting arrangements of the Committee and may only be changed with the approval of the Board. They will be published as part of the Governance Handbook on the ICB's website.

2. Authority

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

3. Purpose

- 3.1 The committee will undertake assurance and oversight on behalf of the ICB for the identification, monitoring and escalation of quality, safeguarding and operational performance issues and concerns across the system alongside the identification and sharing of best practice and system learning, development and improvement. When necessary it will do this in collaboration with system partners.

- 3.2 For quality, the Committee is established to ensure that the ICB is delivering its functions in a way that secures continuous improvement in the quality of services, against each of the dimensions of quality set out in the Shared Commitment to Quality and enshrined in the Health and Care Act 2022. This includes reducing inequalities in the quality of care.
- 3.3 The Committee exists to scrutinise the robustness of, and gain and provide assurance to the ICB, that there is an effective system of quality governance and internal control that supports it to effectively deliver its strategic objectives and provide sustainable, high-quality care.
- 3.4 For performance, the Committee will provide assurance to the ICB on operational performance as it relates to the Operational Performance Planning guidance for acute and non-acute metrics, both constitutional and non-constitutional standards as appropriate.
- 3.5 The scope of the committee's activities will be all services commissioned by the ICB on behalf of the resident population of South West London, within and outside of South West London. In addition, the committee will oversee the delivery of quality and performance standards on a Trust wide basis for the ICB's hosted acute, community and mental health providers.

4. Responsibilities of the Committee

- 4.1 The committee is responsible for ensuring the robustness of the systems in place across the ICB to secure effective quality and safeguarding governance and assurance; and for reviewing and monitoring system wide operational performance in accordance with national operational planning guidance and advice on risks and mitigations
- 4.2 The committee will ensure that these systems and processes allow the ICB to comply with all relevant legislation, to effectively deliver its strategic objectives and provide sustainable, high-quality care whilst also ensuring appropriate safeguards are in place to protect the most vulnerable.
- 4.3 The Committee will receive and review a risk report to agree the main risks (internal and external) related to quality and performance. Whilst responsibility for detailed review and remedial action on risks rests with the Executive Committee, the Committee is expected to maintain an awareness of quality and performance related risks and assure itself that the proposed actions are adequate.

Specific Responsibilities

Performance

- 4.4 To review and monitor system wide operational performance in accordance with national operational planning guidance and advise on risks and mitigations.
- 4.5 The committee will pro-actively identify and obtain assurance that declining performance and quality indicators are being addressed, ensuring deterioration is managed rapidly.
- 4.6 Develop the ICB Performance Oversight Framework and review this framework annually to ensure that it meets the needs of our system to support delivery of our strategic objectives.
- 4.7 Oversee the triangulation of performance oversight, ensuring that the right balance is struck with workforce, quality, finance and system operational metrics and risks have been fully assessed this will include taking into account the Place Delivery Agreements (while noting that formal reporting of these agreements is via the ICB's Senior Management Team).
- 4.8 With the Finance and Planning Committee contribute to the performance oversight elements of the system annual report.

Quality

- 4.9 The Committee will receive reports from the System Quality Group (SQG) to review and identified themes and shared learning from Serious Case Reviews, Adult Learning Reviews and Domestic Homicide reviews drawing on intelligence and collaboration with place based Local Safeguarding Partnerships, Safeguarding Adult Boards and Safer Community Partnerships, working collaboratively with ICB partners to do so.
- 4.10 Oversee and scrutinise the ICB's response to all relevant Directives, Regulations, national standard, policies, reports, reviews inspections, and best practice as issued by the Department for Health and Social Services (DHSC), NHS England and other regulatory bodies / external agencies (e.g. the Care Quality Commission (CQC), National Institute for Health and Care Excellence (NICE)), including giving guidance to the system as required and gaining assurance that they are appropriately reviewed and actions are being undertaken, embedded and sustained.
- 4.11 Maintain an overview of changes in the methodology employed by regulators and changes in legislation/regulation and assure the ICB that these are disseminated and implemented across all sites.
- 4.12 Receive assurance that the ICB has effective and transparent mechanisms in place to monitor mortality and that it learns from deaths (including coronial inquests and Prevention of Future Death reports).

- 4.13 Provide the ICB with assurance that it is delivering its statutory duties for safeguarding adults, children, children looked after and Special Educational Needs and Disability as laid out in Section 11 - The Children Act, 2004, Working Together to Safeguard Children, 2018, The Care Act, 2014, Promoting the Health and Wellbeing of Looked After Children 2015, SEND code of practice 0-25yrs, 2015.
- 4.14 Comprehensively scrutinise the robustness of the arrangements for, and assure compliance with, the ICB's statutory responsibilities for:
- infection prevention and control
 - medicines optimisation and safety
 - equality and diversity where these relate to specific performance standards or matters of care quality.
- 4.15 To arrange a rolling programme of deep-dive reviews across both the committee and SQG sub-committee with the aim of understanding in detail key areas of ICB performance and quality and contributing through this process to improvement activities and the promotion of shared learning.
- 4.16 Ensure that the SQG maintains effective processes for system-wide learning from significant events including themes and trends from incidents and safeguarding reviews. This assurance will be provided via SQG reports and supplementary papers. The committee's role is to ensure that lessons learned are implemented and make a difference.

5. Membership and attendance

Membership

- 5.1 The Committee members shall be appointed by the Board in accordance with the ICB Constitution.
- 5.2 The Board will appoint no fewer than four members of the Committee including one Non-Executive Member of the Board and one Associate Non-Executive Member.
- 5.3 The Committee membership is as follows:
- Non-Executive Member (Chair)
 - Associate Non-Executive Member
 - SWL Chief Nursing Officer
 - ICB Chief Medical Director
 - ICB Chief Operating Officer
 - Patient Safety Partners
 - Other partners, as required for specific agenda items
- 5.4 The role of Committee Chair will be undertaken by a Non-Executive Member (who cannot be the Chair of the ICB or the Audit and Risk Committee Chair).

- 5.5 Members are required to attend a minimum of 75% of meetings, other than absence due to sickness.
- 5.6 Members will possess between them knowledge, skills and experience in the issues pertinent to the Committee's business. When determining the membership of the Committee, active consideration will be made to diversity and equality.

Chair and vice chair

- 5.7 The Committee will be chaired by a Non-Executive Member of the Board appointed on account of their specific knowledge skills and experience making them suitable to chair the Committee.
- 5.8 Committee members may appoint a Vice Chair who will be nominated by the Chair of the Committee. If the Committee Chair is absent or is disqualified from participating by a conflict of interest, the Vice Chair, if present, shall preside. If the Chair or Vice Chair are absent from any meeting, a Chair shall be nominated by other members attending that meeting.
- 5.9 The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR.

Attendees

- 5.10 The Committee shall have the following non-voting attendees (as and when required):
- Director of Performance Oversight
 - Director of Quality (SRO for Quality)
- 5.11 Only members of the Committee have the right to attend Committee meetings, but the Chair may invite relevant ICB and partner systems staff to the meeting as necessary in accordance with the business of the Committee.
- 5.12 Attendees may present at meetings and contribute to the relevant discussions but are not allowed to participate in any formal vote.
- 5.13 The Committee may call additional experts to attend meetings on a case-by-case basis to inform discussion.
- 5.14 The Committee may invite or allow people to attend meetings as observers. Observers may not present at meetings, contribute to any discussion or participate in any formal vote.
- 5.15 The Chair of the ICB will be invited to attend one meeting each year in order to gain an understanding of the Committee's operations.
- 5.16 The Committee Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

6. Meeting Frequency, Quoracy and Decisions

- 6.1 The Committee will be held in two parts:
- Part one of the meeting will consider the committee's responsibilities for oversight of the assurance of the ICBs Performance framework;
 - Part two of the meeting will consider the Committee's responsibilities for oversight of the ICBs Quality framework.
- 6.2 Both parts of the meeting will be held sequentially and members are expected to participate in both parts of the meeting. Those in attendance may vary.
- 6.3 The Committee shall meet on a bi-monthly basis (to be determined by the ICB). Additional meetings may be convened on an exceptional basis at the discretion of the Committee Chair.
- 6.4 The Board, Chair or Chief Executive may ask the Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.
- 6.5 The Committee may choose to meet physically, or virtually, at its discretion.

Quorum

- 6.6 For a meeting to be quorate the following will be required:
- Non-Executive Member (Chair)
And two of the following:
 - Associate Non-Executive Member for Quality
 - SWL Chief Nursing Officer
 - Chief Medical Officer
 - Chief Operating Officer
- 6.7 If any member of the Committee has been disqualified from participating in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.
- 6.8 If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

Decision making and voting

- 6.9 Decisions will be taken in accordance with the Standing Orders. The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.
- 6.10 Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter.
- 6.11 Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote.

- 6.12 If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication.

7. Accountability and reporting

- 7.1 The Committee is accountable to the Board and shall report to the Board on how it discharges its responsibilities.
- 7.2 The Committee shall make any such recommendations to the Board it deems appropriate on any area within its remit where action or improvement is needed.
- 7.3 The minutes of the meetings shall be formally recorded by the secretary and submitted to the Board (in the private session) in accordance with the Standing Orders.
- 7.4 The Chair will provide assurance reports to the Board at each meeting and shall provide a report on assurances received, escalating any concerns where necessary that require disclosure to the Board or require action.
- 7.5 The Committee will report to the Board at least annually on its work in support of the Annual Statement. The Annual Statement should also describe how the Committee has fulfilled its ToR and give details of any significant issues that the Committee considered, and how they were addressed.
- 7.6 The Committee will receive scheduled assurance reports from its delegated groups (i.e. the System Quality Council and the Integrated Medicines Optimisation Committee (IMOC)).

8. Conflicts of Interest

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

9. Behaviours and Conduct

ICB values

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

Equality and diversity

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

10. Secretariat and Administration

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

11. Review

- 11.1 The Committee will review its effectiveness at least annually and complete an annual report submitted to the Board.
- 11.2 These ToR will be reviewed at least annually and more frequently if required. Any proposed amendments to the ToR will be submitted to the Board for approval.
- 11.3 The Committee will utilise a continuous improvement approach in its delegation and all members will be encouraged to review the effectiveness of the meeting at each sitting.

Date of approval: tbc

Date of next review: tbc

NHS South West London Integrated Care Board

Name of Meeting	ICB Board		
Date	Wednesday, 20 March 2024		
Title	Board Assurance Framework		
Lead Director Lead (Name and Role)	Karen Broughton, Deputy Chief Executive/Director of Transformation and People		
Author(s) (Name and Role)	Ben Luscombe, Director of Corporate Affairs Leigh Whitbread, Head of Risk		
Agenda Item No.	11	Attachment No.	11
Purpose	Approve <input type="checkbox"/>	Discuss <input checked="" type="checkbox"/>	Note <input checked="" type="checkbox"/>

Purpose

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

The Board is asked to note the overall BAF position.

Executive Summary

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

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

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

The BAF is a living document and is continuously evolving and we are constantly working with our Committees to ensure we are capturing and accurately reflecting our ICB risk profile.

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

Key Issues for the Board to be aware of:

In total, the BAF report highlights a total of seven risks. Among these, six have a score of 15 or above, while one risk holds a lower score.

- RSK-037 - Urgent and Emergency Care
- RSK-001 - Delivering Access to Care
- RSK-011 - Failure to modernise and fully utilise our estates
- RSK-149 - Interruption to clinical and operational systems as a result of Cyber Attack
- RSK-025 - Workforce capacity well-being and availability
- RSK-014 - Financial Sustainability
- RSK-087 - System Quality Oversight.

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

Risks added:

RSK-149 - Interruption to clinical and operational systems as a result of Cyber Attack

This risk has been added to the Board Assurance Framework (BAF) due to the critical need to safeguard patient care and data integrity, which are fundamental to the functioning of our healthcare services. Given the rising incidence of cyber threats, this risk reflects our commitment to proactive risk management and ensuring robust cyber resilience across all our clinical and operational systems.

Closed and Removed:

None

Key

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

Following a recent Audit & Risk Committee meeting in October, a number of actions were taken away; we have made the following changes:

- **Aligning risks to one of the four ICB Objectives** - Since the previous Committee meeting in October, discussions have taken place regarding the reporting and recording of risks across the ICB. It was agreed to align each risk with our four objectives. This shift is reflected in this month's BAF risk report, a summary of BAF risk alignment at the end of the BAF summary.

- **Definitions of risk scores** - Following a separate action from an SMT meeting, we have now included a risk scoring definition at the start of the BAF reporting for enhanced clarity and understanding.

Recommendation

The Board is asked to:

- Note the overall BAF position.

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

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




<p>Corporate Objectives This document will impact on the following Board Objectives</p>	<p>Identifying risks is essential to delivering all the ICB's objectives</p>
<p>Risks This document links to the following Board risks:</p>	<p>A summary of ICB risks is listed on the risk register.</p>
<p>Mitigations Actions taken to reduce any risks identified:</p>	
<p>Financial/Resource Implications</p>	<p>None</p>
<p>Is an Equality Impact Assessment (EIA) necessary and has it been completed?</p>	<p>N/A</p>
<p>What are the implications of the EIA and what, if any are the mitigations</p>	<p>N/A</p>
<p>Patient and Public Engagement and Communication</p>	<p>N/A</p>

Previous Committees/Groups	Committee/Group Name	Date Discussed	Outcome
Enter any Committees/Groups at which this document has been previously considered	Audit and Risk Committee	23/01/2024	
	Quality Oversight Committee (QOC)	14/02/2024	
	Senior Management Team (SMT)	29/02/2024	
	SMT BAF review	29/02/2024	

Supporting Documents	South West London Board Assurance Framework – Board – March 2024
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Board Assurance Framework South West London ICB Governing Body – March 2024

Ben Luscombe

Key	
	Score maintained
	Score lowered
	Score increased

Risk Scoring Definitions

Inherent Risk Score

Definition: Inherent Risk Score measures the level of risk in an activity or process in its natural, uncontrolled state. It's the potential for risk before any mitigating actions or controls are applied.

Example: An example the inherent risk score might include data breaches due to cyber threats, loss of patient confidentiality, or inefficiencies in patient record management. This score is assessed before any data protection or operational efficiency measures are in place.

Residual Risk Score

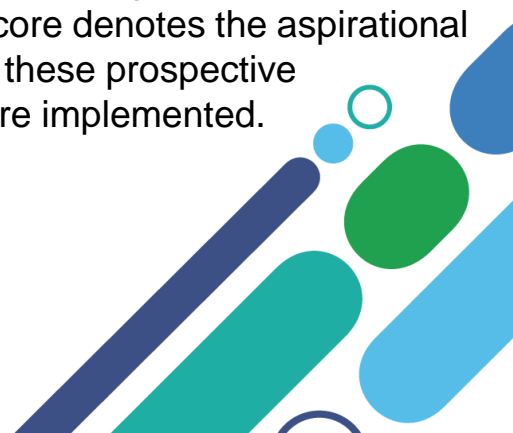
Definition: Residual Risk Score is the level of risk that remains after risk mitigation strategies and controls have been applied. It indicates the extent of risk that persists despite current management efforts.

Example: After the implementation of cybersecurity protocols, staff training on data privacy, and upgrades to its patient record systems, the risk of data breaches and inefficiencies reduces. The residual risk score represents this remaining level of risk after these measures are taken.

Target Risk Score

Definition: Target Risk Score is the level of risk a risk owner seeks to achieve in the future through the implementation of additional risk management strategies. It signifies the desired risk level following the execution of planned improvements.

Example: The risk owner may establish a target risk score aiming for enhanced data security and improved operational efficiency. Achieving this may require the adoption of advanced cybersecurity technologies, extensive staff training programmes, and sophisticated data management systems. The target risk score denotes the aspirational level of risk after these prospective enhancements are implemented.



RSK-037



Risk Title: Urgent and Emergency Care

Jonathan Bates

Inherent Impact	Inherent Likelihood	Inherent Risk Score
5	5	25

Cause & Effect

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

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

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

Impact of the risk:

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

Residual Impact	Residual Likelihood	Residual Risk Score
4	5	20

Actions/Mitigations Implemented

- South West London has established a system-wide Urgent and Emergency Care Board and an A&E Delivery Board for each Hospital System with senior representation across hospitals, SWL boroughs and other work programmes (such as workforce and primary care) to ensure ongoing focus on performance improvement in this area.
- A "Harm Review" has been set in train by the Quality team across South West London to establish the broader impact of delays on patient care and to identify learning and opportunities for improvement across the system.
- A programme of initiatives have been implemented across the year, including the development of Same Day Emergency Care Services, a 45-minute ambulance handover pilot; 111 "Press 2" service to support people in mental health crisis, effective implementation of the 2-hour community response service and actions within the primary care, mental health and discharge transformation programmes of work.
- A UEC winter plan for 2023/2024 plan has been co-developed across the system to alleviate the impact of the additional seasonal demand and includes additional investment into a wide range of hospital, community, local authority and voluntary sector organisations that will step up resources between November and February.
- Plan actions are being monitored for implementation and effectiveness and reported to the UEC Board and SMT on a monthly basis.
- A high-level dashboard of six key indicators has been implemented to enable the system to monitor whether there is an improvement in flow through the system. This will report to the UEC Board regularly.
- New performance metrics to be collected and better forecasting implemented, providing greater insight into the nature of the problem to be solved, including implementation of reporting to enable the system to understand the total time spent in ED (national target of fewer than 12 hours)

Target Impact	Target Likelihood	Target Risk Score
3	3	9

Action Required

- The longer-term "UEC blueprint" and implementation plan is being finalised and the UEC Programme reorientated to deliver against the ambitions. This will include supporting programmes in developing and delivering aligned plans, including a further emphasis on improving discharge and flow through the hospital, workforce development, improving the urgent care response through 111 and primary care, reducing ambulance handover delays and a better understanding of the patient experience.
- Implementation of the UEC National Recovery Strategy with a specific reference to recovering ambulance response, increasing senior clinical input into the 111 service and refocusing on the 4 hour wait in EDs alongside monitoring total time in ED. This includes a system ambition to meet the national target of at least 76% of patients admitted to a bed within 4 hours.
- Implementation of a programme of work to improve ambulance handover and response times including new 45-minute handover protocols, senior triage of incoming ambulance calls, Implementation of a programme of work to improve ambulance handover and response times including new 45-minute handover protocols, senior triage of incoming ambulance calls
- Re-establishment and expansion of the SWL UEC Transformation team following the SWL review of staffing. A newly created Director of UEC will oversee a team that will deliver transformation and oversight across the system.
- Implementation of Year 1 of the five-year plan: The team will use the UEC plan as their programme delivery framework. This will include supporting programmes in developing and delivering aligned plans, including a further emphasis on improving discharge and flow through the hospital, workforce development, improving the urgent care response through 111 and primary care, reducing ambulance handover delays and a better understanding of the patient experience.
- Ongoing implementation of the primary care and discharge programme improvement plans.

Person responsible: Jonathan Bates
To be implemented by: 30 April 2024

RSK-001



Risk Title: Delivering access to care (NHS Constitution Standards)

Jonathan Bates

Inherent Impact	Inherent Likelihood	Inherent Risk Score
4	5	20

Cause & Effect

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

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

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

Impact of the risk:

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

Residual Impact	Residual Likelihood	Residual Risk Score
4	4	16

Actions/Mitigations Implemented

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

Target Impact	Target Likelihood	Target Risk Score
3	2	6

Action Required

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

Person responsible: Suzanne Bates

To be implemented by: 30 April 2024

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



Inherent Impact	Inherent Likelihood	Inherent Risk Score
4	4	16

Cause & Effect

There is a risk that if we fail to modernise and utilise our estate fully, the capacity of services may not be fully optimised, ICB and provider cost bases may be adversely affected, backlog maintenance requirements may increase, estate may remain energy inefficient and the ICB could be liable for paying for void costs in return for no services being provided. There is a risk that the ICB and system partners fail to work together to get the most efficient and effective use of the collective estate, thus hindering ambitions within the Joint Forward Plan e.g. to facilitate integrated care in community settings. Funding may be too constrained to enable changes to services (capital budgets are required for new leases under IFRS 16), the conversion of existing estate and critical upgrades to improve utilisation and digital transformation to reduce the need to expand the estate (supporting our green agenda). National funding for primary care may remain limited to support primary care networks. Also, current national Public Finance Initiative (PFI) and accounting policies limit expenditure and changes to the nature of use in (PFI) buildings - this may limit additional works to convert vacant space to make it fit for incoming services (e.g. Queen Mary's Hospital). If the National policy is triggered, the PFI building comes onto the balance sheet for the Whole Government Accounts and hits the DHSC capital budget, which may be passed down to SWL.

Impact of the risk:

- An increase in the cost of voids passed onto the ICB and the wider system, contributing to the challenging financial environment.
- A lack of funding may hinder service transformation in primary care and community settings
- Lack of flexibility in PFI space may limit the ability to enable service change and reduce void costs.
- Significant impact on SWL ICS capital planning if system prioritisation processes don't align with population needs and minimise the backlog maintenance required.
- A lack of understanding of the estate and the system priorities may mean the system isn't able to successfully access national funding for specific projects and new hospital builds.
- Old estate that is impacted by infection control and ventilation guidance changes may lead to reduced patient activity or increased risk of infections.

Residual Impact	Residual Likelihood	Residual Risk Score
4	4	16

Actions/Mitigations Implemented

- Develop and deliver a SWL NHS estates and infrastructure strategy (including primary care) that is bought into by the health system and which seeks to understand the SWL estate to identify opportunities maximise the use of it, minimise the carbon footprint and address local needs.
- Through the infrastructure strategy development and the Estates financial recovery workstream, review the collective estate with providers and Places for opportunities exit 'tail' estate and consolidate where appropriate.
- An effective data collation exercise is underway to better understand our primary care estates priorities and potential requirements, including opportunities to maximise use and limit vacant spaces make better use of digital technology and change ways of working in place of unaffordable large-scale developments.
- Review void space, vacant space and associated opportunities with NHS Property Services and Community Health Partnership.
- Establish a working group under the SWL financial recovery programme to maximise use of Queen Mary's Hospital, linking in closely with NHS Property Services and the PFI Provider to find solutions to void space within PFI contractual obligations and national policies that limit the conversion of space in PFI buildings.
- All capital prioritisation processes include critical infrastructure investment criteria to minimise the impact of old estate on patient care.
- Opportunities to address old estate, support transformation of services and to decarbonise the estate are being sought via the New Hospital Programme, the Public Sector Decarbonisation Scheme and other funds.

Target Impact	Target Likelihood	Target Risk Score
3	3	9 (4)

Action Required

- Work more closely with One Public Estate to explore opportunities across the wider public sector that could better utilise the existing footprint, and that could better configure the colocation of services to serve the local population's needs.
- Continue to work with NHSE to develop the SWL NHS estates and infrastructure strategy (including primary care) which will seek to maximise the use of our estate, minimise the carbon footprint and address local needs.
- Work with regional and national teams to understand funding opportunities that will support the needs of the population and reduce costs for the system.
- Work with regional and national teams to provide visibility about funding requirements (including primary care).
- Ensure void spaces are minimised and work with NHS Property Services for the most effective use of the QMH site.
- Keep the capital investment prioritisation process under review to ensure it is fit for purpose and aligns with the ICS/P strategy
- Assess risks caused by adverse weather and longer term impacts of climate change, and make progress on developing adaptation plans across SWL organisations.
- Ensure regular updates are sought to ensure that RAAC issues are identified and assurances provided with respect to their rectification.

Person Responsible: Piya Patel

To be implemented by: 31 May 2024

RSK-025



Risk Title: Workforce capacity wellbeing and availability

Karen Broughton

Inherent Impact	Inherent Likelihood	Inherent Risk Score
4	5	20

Cause & Effect

With increased hospitalisation and reliance on primary care and increased industrial action there is a risk that the workforce does not have the capacity to meet demand, in turn, the well-being and availability of staff are impacted. As a result, SWL providers may not have the right number of staff to meet demand. This is caused by or due to staff turnover, sickness levels, and the availability of trained staffs. There is also the need to bring staffing numbers back in line with 2019/2020 workforce figures. In addition, the current concerns around the cost-of-living increase affect staff in lower bands (salaried positions); staff may opt to work in other sectors that pay more.

Impact of the risk:

The impact of this risk is that patients may not receive timely care based on the availability of the workforce.

Additionally, there could be increased pressure in the workforce which could mean that organisations could see an increase in employee relations cases, grievances, turnover or reduction in the quality of patient care.

We could also see in an increase in agency use, despite our focus on reducing this, if substantive or bank staff are not available to temporarily fill vacant positions / shifts.

Residual Impact	Residual Likelihood	Residual Risk Score
4	4	16

Risk Controls

- The Mayors Skills Academy Programme successfully launched, embedded in the SWL system, working with social care equivalent where appropriate to improve domestic supply by attracting local people into the NHS.
- Recruitment and retention/workforce committees are in place in provider organisations to review staffing.
- Regular workforce reports reviewed by provider boards to highlight workforce pressures and suggested solutions to improve recruitment, retention and health and wellbeing concerns.
- Trusts and management focus on health and well-being support and facilities to ensure staff were cared for. (This includes financial well-being).
- Trusts have local, national and international recruitment campaigns in place.
- Providers have adopted fast-track recruitment processes.
- Following last year's operational planning round, Trust HR Directors worked together to determine priorities to support supply & retention & reviewed approaches to pay enhancements, bank/agency, & reward systems.
- SWL Health and Wellbeing Hub was created and put in place across SWL. Access to information and support is detailed on the SWL ICS website. Although the lack of funding threatens its continuation beyond January 2024, this is under review. Trusts and ICB focus on health and well-being support and facilities to ensure staff were cared for. (This includes financial well-being).
- Regular meetings continue to be held with the staff counsellors who form the current SWL mental health and wellbeing hub and provider health and wellbeing leads. Whilst the mental health SDF funding to support the workforce is to cease, the remaining funding has been shared across the SWL system to positively support staff health and wellbeing.
- Occupational Health and specialist support in place across all SWL provider organisations to support staff.
- A SWL workforce report with input from the HEE team and SWL ICB Workforce team and includes both health and social care data is regularly presented at the People Board.
- A focus on staffing will continue through the SWL People Board.
- SWL ICB appointed a Lead Nurse to focus on nursing supply across SWL, including Return to Practice, Internationally Educated Nurses and Trainee Nurse Associates. An outline plan for the system has been devised, shared, and handed over to the ICS Chief Nurse, this function currently sits within the Nursing team.
- SWL Industrial Action meetings are in place for oversight and support.
- There is partnership work across the system with full-time trade union officers.

Target Impact	Target Likelihood	Target Risk Score
3	4	12

Action Required

- Discussions continue with senior leaders in provider organisations to understand their operational plans, specifically focusing on the workforce, and seeking opportunities for further joint work on supply, health, and well-being across the system.
- SWL ICB has been working with the acute provider collaborative and NHSE colleagues on emerging workforce priorities, including emergency departments, the diagnostic workforce and Allied Health Professionals with a focus on frailty. Need to review the findings and outputs of this work. This is to identify creative supply routes and future workforce design to determine the future workforce requirements and plan for those essential areas. The recent PA Consulting workforce transformation opportunities report and last year's Ernst and Young workforce planning work will help shape our work programmes around planning and developing new roles/ways of working.
- A continued focus on apprenticeships via the People Board, the Apprenticeship Networking Group and the Mayors Skills Academy Programme will seek to increase the uptake in apprenticeships, support the sharing of resources and levy usage and increase the Trainee Nurse Associate role.
- ICB attendance at Regional NHS HR Director meetings continues where employers discuss how to support staff with the cost-of-living increases; suggested ideas/good practices will be reviewed and discussed within SWL and where appropriate, suggested for implementation after presentation to SMT/People Board.
- Partnership work across the system with full-time trade union officers will continue and may increase in light of recent industrial action.

Person Responsible: Karen Broughton, Lorissa Page

To be Implemented by: 31 March 2024

Inherent Impact	Inherent Likelihood	Inherent Risk Score
3	4	20

Cause & Effect

There is a risk of persistent cyber-attacks on South West London Integrated Care System (ICS) services, including provider and shared services, which could lead to data breaches, service disruption, and significant impacts on patient care, financial costs and losses, reduced public trust, and reputational damage. The Integrated Care Board (ICB) is tasked with coordinating cyber security assurance and activities across the ICS, though cyber security accountability remains with each organisation. Key causes include:

- Lack of a defined cyber strategy may inhibit the ICS's ability to focus on the risks with the potential to cause the greatest harm.
- Weak asset management practices by providers and shared services may reduce visibility and monitoring of risks, increase the overall attack surface, compromise the implementation of security controls, increase cost, and weaken security policies.
- Weak Identity and Access Management (IDAM) practices by providers and shared services may result in unauthorised access, insufficient access controls, poor user accountability, increased risk of insider threats, ineffective authentication mechanisms, delayed user provisioning and de-provisioning, and non-compliance with NHS England's directive and other regulatory obligations.
- Insufficient vulnerability management regimes by providers and shared services may result in unpatched vulnerabilities being exploited to cause service disruptions and data breaches through malware and ransomware attacks, leading to compliance violations.
- Insufficient visibility, monitoring and control of supplier risks may result in a data breach and service disruption due to supply chain compromise.
- Lack of integrated cyber response and recovery plans could increase mean-time-to-respond to major incidents thereby delaying service recovery and impacting on care.
- Insufficient resources (personnel/systems) may lead to ineffective risk management, and inadequate security monitoring, hinder the upgrade of legacy/vulnerable systems, reduce cyber awareness, and increase negative culture.

Impact of the risk:

- Patient Safety and Public Health Risks
- Data Breach and Privacy Concerns
- Financial Impacts
- Reputational Damage
- Legal and Regulatory Consequences
- Long-Term Impact on Innovation

Residual Impact	Residual Likelihood	Residual Risk Score
4	4	16

Actions/Mitigations Implemented

- Baseline Assessment: SWL ICB Digital Team has completed an ICS-wide cyber assessment to understand the overall security posture of the providers and ICB GP IT. This assessment informed the risk position.
- Collaborative Improvement: SWL ICS Digital team have put together some governance structures in partnership with the providers to maintain ongoing collaboration in the identification and mitigation of cyber risks. A draft cyber roadmap activities has been created following outputs from these structures.
- Cyber leadership: An ICS-wide cyber lead has been appointed to develop and manage the implementation of risk reduction strategies.
- Provider Controls: SWL ICS providers continue to have ownership and management responsibilities of their local risks and have implemented some risk reduction measures. The providers also undertake own assurance measures including annual IT Health Checks, and completion of NHS Data Security Protection Toolkit (DSPT). The ICS is supporting local measures while promoting a joined-up approach to risk reduction across the system with opportunities for cost savings and reduced service frictions.
- National Support: There are also national services from NHS England and the National Cyber Security Centre (NCSC) that are available to SWL providers. These include some cyber monitoring and incident response capabilities, particularly on devices in the shared NHS tenant, the Health and Social Care Network (HSCN). The centre is also supporting Trusts with security assessment/audits, and technical remediation services, as well as provide funding where available to address local security risks.

Target Impact	Target Likelihood	Target Risk Score
2	3	6

Action Required

- Development of a SWL ICS cyber strategy and a risk reduction programme of activities.
- Secure funding for cyber programme
- Implementation and monitoring of the identified risk reduction measures and assurance controls

Person responsible: Yash Manipatruni
To be implemented by: 30 April 2024

RSK-014



Risk Title: Financial Sustainability

Helen Jameson

Inherent Impact	Inherent Likelihood	Inherent Risk Score
5	4	20

Cause & Effect

There is a risk that changes to the NHS financial frameworks, with the creation of new population-based allocations (including specialised services) and the system's increased cost base, means the ICB/ICS cannot deliver its strategy and the objectives of the Long-Term Plan from within its financial envelope.

Healthcare services must be delivered across SWLondon efficiently and effectively. So that investments can be made to support the local population's health and well-being best. Over the last few years and in response to the pandemic additional investments have been made which have increased the cost base of the system. As well as costs are increasing through high levels of inflation and the impact of industrial action.

This has made medium-term financial sustainability a much more significant challenge. Consequently, the ICB and the system may have reduced flexibility to invest in priority areas during the year and beyond.

Also, as SWL ICS had a deficit position in 2022/23 and has an agreed deficit plan for 2023/24 this overspend would need to be paid back from 2024/25 onwards and the commissioner's historic deficits may be reinstated putting additional financial strain on the system.

Impact of the risk:

- This has made medium-term financial sustainability a much greater challenge. Consequently, the ICB and the system may have reduced flexibility to invest in priority areas during the year and beyond.
- Also, as SWL ICS had a deficit position in 2022/23 and has an agreed deficit plan for 2023/24 this overspend would need to be paid back from 2024/25 onwards and the commissioner's historic deficits may be reinstated putting additional financial strain on the system.

Residual Impact	Residual Likelihood	Residual Risk Score
5	3	15

Actions/Mitigations Implemented

- The ICB undertook a planning and budget-setting process to ensure resources were prioritised appropriately, including developing a savings programme to support the delivery of financial balance whilst minimising running costs. SWL ICB Finance Committee oversees the reported financial position and any mitigations required.
- The ICB reports the finances monthly through budget holders, the Senior Management Team meetings (including Place leads), and The Finance & Planning Committee to the Board. The ICB Board reviews the financial position at each meeting. Furthermore, monthly NHSE assurance meetings are held, and the Chief Financial Officer attends regional ICB meetings to assure assumptions and that the ICB approach aligns with the regional and national approaches.
- Recognising the ongoing financial challenges across NHS providers in SWL, governance structures have been reviewed and a Recovery & Sustainability Board has been created to oversee the development/delivery of a savings programme and a financial recovery plan. This reports to the ICB Finance and Planning Committee.
- Further support has been secured to enable a swifter analysis of the opportunities and their prioritisation to ensure the system is focussed on improving services for the population whilst reducing costs. The opportunities have been consolidated into the financial recovery plan and the focus is now on the delivery of these savings.
- In November 2023 NHSE required a reforecast/plan. This provided the opportunity for the system to review and update its position and identify in year solutions to mitigate risks.

Target Impact	Target Likelihood	Target Risk Score
4	2	12 (8)

Action Required

System Wide

- Ensure robust governance structures and reporting are in place for the delivery of the workstreams within the SWL recovery plan.
- Continue to strengthen and review financial governance within the ICB and across the system to ensure tight management of staffing, agency usage and non-pay spending. With NHSE overview and approval of spend as required.
- Focus on increasing productivity throughout the year to ensure patients receive timely treatment in a cost-effective manner.

Person Responsible: Neil McDowell, Joanna Watson
To be implemented by: 31 March 2024

Key elements of the ICB savings plan relates to prescribing and management of CHC placement costs.

ICB

Prescribing

- Continue to provide oversight and identify opportunities to ensure prescribing expenditure is appropriate and accurately recorded.

Person Responsible: Neil McDowell, John Byrne
To be implemented by: 31 March 2024

CHC

- Close working with local boroughs to develop CHC and discharge controls and monitor expenditure.

Person Responsible: Jo Farrah (K&R), James Blythe (Sutton), Matthew Kershaw (Croydon) and Mark Creelman (M&W)
To be implemented by: 31 March 2024

RSK-087



Risk Title: System Quality Oversight

Elaine Clancy

Inherent Impact	Inherent Likelihood	Inherent Risk Score
3	4	12

Cause & Effect

There is a risk that if we fail to recruit into ICB vacancies, this could lead to gaps in the delivery of our statutory functions, There is also a risk that there will be a reduction in the quality of care delivered by SWL providers and this could lead to our patients not receiving safe, high quality and effective care, with a good experience.

This can be caused by the following:

- Increased workforce challenges across our providers
- Failure to meet adequate treatment times that lead to safer outcomes due to significant pressures on the urgent and emergency care pathway.
- Failure to deliver safe services because of the disruption caused by continued industrial action.
- Failure to provide a positive experience of care for our patients.
- Failure to proactively manage and escalate quality risks and identify lessons learnt following adverse safety incidents.
- Inadequate rating of providers by regulators and media attention.
- Significant financial challenges across the system.

Impact of the risk:

- Patients lose confidence in quality of care and services, and this could impact their choice of accessing local services.
- Patients experience a less-than-acceptable level of service delivery, which could result in patient harm, poor experience and less favourable outcomes.
- Staff morale is low and psychological safety is impacted.
- Potential reputational damage for SWL if things go wrong for any of our providers.

Residual Impact	Residual Likelihood	Residual Risk Score
3	3	9

Actions/Mitigations Implemented

- All risks are identified, assessed, risk mitigated and monitored by the directorate that could have a potential adverse impact on the quality and safety of services that the ICB commissions from providers.
- The recent review of ICB's quality governance and assurance process will enable early identification and escalation of system risks and adequate systems and processes to mitigate them.
- Most SWL providers have successfully transitioned to the Patient Safety Incident Response Framework (PSIRF) and independent providers are on track.
- Regular SWL Chief Nurses meetings are held bi-weekly with ICB Chief Nursing Officer, where escalations and mitigations are discussed at organisational and system levels.
- Weekly safety escalation meetings with quality directors and deputy directors on potential risks and areas for escalations.
- Through regional Joint Scrutiny and Oversight Group meetings, there is intelligence sharing with Care Quality Commission, NHSE, and other regulators regarding provider concerns.

Target Impact	Target Likelihood	Target Risk Score
2	2	4

Action Required

- Recruit into ICB vacancies to ensure delivery of high-profile statutory quality functions.
- Implement the transition to PSIRF across the ICS/ICB by March 2024 as this will sustain improvement and learning.
- Review and implement the place-based quality governance framework to standardise reporting and monitoring of statutory quality functions.
- Ongoing development of Integrated oversight with Performance, Quality, Workforce and Finance.
- Review the quality risk and escalation process in line with the new quality place-based structures.
- Implementation of the draft System Learning Review process starting with PSIRF provider visits.
- Continue to complete quality impact assessments when there is significant change to commissioning, planning, care pathways or service redesign.
- Ongoing implementation of the Joint Forward Plan to improve patient safety, experience, effectiveness and outcomes.

Person responsible: June Okochi

To be implemented by: 30 September 2024

BAF - Risk alignment to Objectives

Reference	Description	Category	Objective aligned to	Owner
RSK-001	Delivering access to care (NHS Constitution Standards).	Performance	Improving Outcomes in population, health and healthcare Tackling inequalities in outcomes, experience and access	Jonathan Bates
RSK-011	Failure to modernise and fully utilise our estates.	Financial	Enhance productivity and value for money	Helen Jameson
RSK-014	Financial Sustainability.	Financial	Enhance productivity and value for money	Helen Jameson
RSK-025	Insufficient Workforce capacity well-being and availability.	Workforce	Improve outcomes in population health and health care Enhance productivity and value for money	Karen Broughton
RSK-037	Urgent and Emergency Care.	Performance	Improving Outcomes in population, health and healthcare Tackling inequalities in outcomes, experience and access	Jonathan Bates

ICB 4 Objectives

Improve outcomes in population health and health care

Tackle inequalities in outcomes, experience, and access

Enhance productivity and value for money

Help the NHS support broader social and economic development.

NHS South West London Integrated Care Board

Name of Meeting	ICB Board		
Date	Wednesday, 20 March 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.	12	Attachment No.	12
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. The strategy outlines our priorities for change and the collective actions we will take to improve health and wellbeing 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 on 24 January 2024 to discuss the delivery of the strategy and to focus on specific strategic priorities in more depth.

Key issues for the Board to be aware of:

The ICP Board agenda on 24 January 2024 included an update on delivery of the ICP Strategy, including delivery plans up to the end of 2024/25 for the strategic priorities, highlight reports summarising the work so far and Terms of Reference for the sub-groups overseeing each priority.

The Board had an in-focus item on healthy weight, led by the co-leads from the NHS and local government for prevention and health inequalities. The Board discussed the contribution that all organisations around the table can make to a system-wide approach that will make a positive impact on healthy weight for staff, patients and residents. The Board also agreed the prevention principles for South West London.

The Board discussed the development of a South West London anti-racism framework, with commitment to the development of an anti-racist approach for the health and care system as an ICP priority. The Board agreed to provide leadership support and proactive championing of an anti-racism approach in members' respective organisations.

The Board also received the forward plan for the ICP Board up to the end of 2024/25, which had been updated following a seminar session with Board members in November 2023.

The ICP Board will hold its next meeting on 24 April 2024. The forward plan for April includes in-focus items for mental wellbeing and children and young people and discussion on our partnership approach to estates.

South West London Integrated Care Partnership Investment Fund

South West London Investment Fund for 2023 to 2025 has two strands: Health Inequalities and Integrated Care Partnership Strategic Priorities.

Applications opened on Monday 2 October and closed on Friday 10 November 2023. Over 250 participants from across South West London attended our information sessions during the six-week application period.

- **Integrated Care Partnership Priorities Fund**

We received 174 applications from a wide range of partners, totalling over £30 million - six times the fund available. We have now awarded 23 schemes totalling circa £4.1 million across 2023-25.

- **Health Inequalities Fund**

We have awarded 39 schemes at Place (existing and new schemes) totalling circa £2.3 million and four schemes totalling circa £1.7 million at system level (South West London-wide). This creates a total allocation of circa £4 million across 2023-25.

All successful schemes are in the process of being mobilised, with oversight arrangements through the partnership sub-groups of the ICP Board. Progress will be reported to the ICP Board in Quarter 3 of 2024/25.

Recommendation

The Board is asked to:

- Note the contents of this report.

Conflicts of Interest

None identified.

Corporate Objectives

This document will impact on the following Board Objectives

The update report identified the activities of the South West London ICP in line with the core objectives of the Board.

Risks

This document links to the following Board risks:

None identified

Mitigations

Actions taken to reduce any risks identified:

None identified

Financial/Resource Implications

None identified

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

Not required for this paper

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

n/a

Patient and Public Engagement and Communication

The ICP strategy is grounded in the views and concerns of local people and was publicly launched in October 2023.

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, 20 March 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.	13	Attachment No.	13
Purpose	Approve <input type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input checked="" type="checkbox"/>

Purpose

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

Finance and Planning Committee Chair's Report

The Finance and Planning Committee has met once since the last update to the ICB Board, on 27 February 2024. The meetings was quorate and discussed the following key items:

Strategic Items

Acute Provider Collaborative update

- Overview provided on the work, ambition and strategic priorities for South West London's (SWL) Acute Provider Collaborative.
- Assurance was provided on progress against the national priorities and draft ambitions for 2024/25.

Green Plan

- The Committee discussed the annual report summarising progress against SWL NHS Green Plan's ten areas of focus in 2023/24.
- The Committee was updated on the next steps for the remainder of the ICB's two-year Green Plan.

ICS business

System finance update (M10)

- The Committee received the month 10 finance reports.
- The Committee received updates on the SWL system financial position, progress on efficiency delivery and the system Capital Departmental Expenditure Limit (CDEL) position and assurance on actions that are required prior to the year end to deliver the agreed system position.

System activity update (M9)

- The Committee received a report on the update against delivery of the operating plan for M9 2023/24.
- The report set out that overall delivery is broadly in line with our H2 submission. Main exceptions are:
 - Continued pressure in urgent care means we are narrowly missing our A&E and ambulance response times targets.
 - Whilst remaining in a strong position compared to other systems our 65-week waits are above plan. Action plans are in place to address this and the expectation remains that the majority of these patients will have been seen by the year end.
- Diagnostics and cancer performance remains strong at month 9 and year end trajectories are expected to be achieved.
- The impact of further industrial action remains a risk to our plan position.

Financial Recovery Update

- The Committee received an update on the Financial Recovery Plan and the recent meetings of the Financial Recovery and Sustainability Board.

2024/25 Operational Planning update

- The Committee received an update on progress in the development of SWL's operational plans for 2024/25 and the risks to achievement of the national priorities.
- The paper set out that the system financial challenges will be exacerbated in 2024/25 due to continued inflationary pressures as well as our convergence adjustment and deficit payback. In addition, a significant proportion of our efficiency savings in 2023/24 have been delivered through non recurrent means which will increase challenges for 2024/25. The system is currently planning for a 5.5% CIP in 2024/25 although we need to do further work as this won't be sufficient to cover the gap.
- It also noted that whilst we expect to continue to perform strongly on planned care metrics, other performance metrics remain under pressure, in particular for urgent care and for diagnostics.
- Further discussions are likely to be required across the system to balance performance objectives with financial pressures, in particular for diagnostics performance standards and Acute and General bed capacity.

2024/25 Capital Plan

- The Committee reviewed and agreed that the 2024/25 10 year rolling provider plan and draft first year publication document are recommended to the Board.
- The paper set out that the Capital Plan will need to be kept under close review beyond the conclusion of the 2024/25 planning round as Trusts progress access to external funding and national business cases approvals.

ICB business

ICB finance update (M10)

- The Committee noted the ICB finance report for month 10.
- At month 8 the ICB remains on track to deliver a £2.5m surplus.

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 agreed to recommend the approved updates of the Committee's updated Terms of Reference to the ICB Board.

Recommendation

The Board is asked to:

- Note the Committee report.

Conflicts of Interest

N/A

Corporate Objectives

This document will impact on the following Board Objectives

Delivering financial plan

Delivering ICS operational plan for 2023/24

Risks

This document links to the following Board risks:

N/A

Mitigations

Actions taken to reduce any risks identified:

N/A

Financial/Resource Implications	N/A
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Is an Equality Impact Assessment (EIA) necessary and has it been completed?	N/A
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What are the implications of the EIA and what, if any are the mitigations	N/A
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Patient and Public Engagement and Communication	N/A
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Previous Committees/Groups Enter any Committees/Groups at which this document has been previously considered	Committee/Group Name	Date Discussed	Outcome

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

Name of Meeting	ICB Board		
Date	Wednesday, 20 March 2024		
Title	South West London ICB Finance Report Month 10		
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.	13	Attachment No.	14
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 10 on the ICB financial position against its internal budget.
2. Provide an update as at month 10 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 reporting a £6.7m favourable position year to date and £8.1m forecast. However once inflation funding is distributed to providers the position will align to the £2.5m surplus plan.

The SWL system position at month 10 is £9.4m adverse to plan year to date and £16.7m adverse forecast outturn. The forecast outturn adverse variance is entirely driven by the industrial action cost estimate. The key risks to the plan remain delivery of the efficiency programme and industrial action. The efficiency delivery is adverse to plan year to date by £5.4m and has relied on more non-recurrent schemes than were planned, which will put additional pressures on future years.

There have been further strikes in February and the costs of these plus any additional income allocated will be included in future months positions and forecast outturns. Further to this, we anticipate that at Month 11 NHSE will non recurrently allocate funding to SWL (£81.6m) and adjust the plan in line with this (i.e. breakeven excluding industrial action). However, this adjustment will be subject to the national deficit pay back regime.

The SWL capital forecast outturn at Month 10 is purposefully underspent against plan in line with NHSE guidance due to the transfer of a £31.9m Capital Departmental Expenditure Limited (CDEL) credit generated by SWL and St Georges (SWLStG) asset sales to a future year, to align the timing of receipts and costs. Providers have reported significantly behind plan at Month 10, which has been exacerbated by the incorporation of International Financial Reporting Standards

16 (IFRS 16) budgets (as spend has been delayed due to funding uncertainty). However, activities are accelerating and we continue to closely monitor spend in the last quarter of the year.

The remaining headroom in the forecast outturn position is £2.2m after taking the above into consideration. A review is underway to reallocate this headroom to support pressures in 2024/25.

The key risks highlighted in the report include:

- Delivery of the efficiency plan.
- Costs and operational impact of industrial action continuing over winter.
- Delivering revised Elective Recovery Fund (ERF) activity trajectories.
- Reduction in workforce costs in line with the agency cap and workforce plan.
- At month 10 the forecast outturn does not assume any further strikes beyond January.
- Anticipated funding from NHSE for industrial action may not cover all costs linked to industrial action in the forecast outturn, noting further strikes took place in February.

Key Issues for the Board to be aware of:

- 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 £5.4m adverse to plan year to date and delivery has relied on more non-recurrent scheme than planned.
- It is anticipated that NHSE will non-recurrently release funding to SWL which will improve the forecast outturn position.

Recommendation:

The Board is asked to:

- Note the ICB month 10 position and that forecast outturn remains on plan.
- Note the ICS revenue month 10 position and updates expected at month 11 to both the in-year financial position and plan to a breakeven position (excluding industrial action) but require future system allocation adjustments as part of the deficit payback regime.
- Note the ICS capital month 10 position.

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.

<p>Mitigations Actions taken to reduce any risks identified:</p>	<ul style="list-style-type: none"> 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.
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<p>Financial/Resource Implications</p>	<p>Within the report.</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>SWL Senior Management Team (SMT)</p>	<p>22/02/2024</p>	
	<p>ICB Finance and Planning Committee</p>	<p>27/02/2024</p>	

<p>Supporting Documents</p>	<p>SWL Finance Report Month 10 2023/24</p>
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SWL NHS Finance Report M10

March 2024

Contents

- ICB internal position at month 10
- SWL NHS system revenue position at month 10
- SWL NHS system capital position at month 10
- Summary



The ICB internal position at month 10



Key Messages:

- The ICB position year to date is a £6.7m favourable position with FOT on plan to deliver a £8.1m surplus.
- This variance will move back to the planned £2.5m surplus once we have distributed inflation funding to providers
- A risk remains around the variable elements of the acute contract in particular drugs and devices. We are continuing to work with Providers to mitigate the risk.
- The efficiency position is on plan both year to date and outturn whilst noting that the plan is profiled with higher savings required in quarter 4.
- Prescribing forecast outturn is largely unchanged from previous months and reported at £14.6m overspend, mitigated by releasing non-recurrent contingencies.
- Continuing healthcare expenditure has continued to be in line with the plan or better with work on clearing the backlog of assessments and reviews (in line with national guidance).
- Joint mental health placements costs are now risk shared with South London Partnership. We will be assessing the impact of the risk share at quarter 4 but is not expected to be a material impact.

Targets:

- Spend is on plan year to date excluding the Inflation funding to be distributed to the system
- The system is overperforming against the revised ERF target
- Mental health investment Standard 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 10



South West London

Allocation and Expenditure	Sum of YTD Budget £000s	Sum of YTD Actual £000s	Sum of YTD Variance £000s	Sum of Annual Budget £000s	Sum of Forecast Outturn £000s	Sum of Forecast Variance £000s
Total Allocation (Income)	£2,996,612			£3,658,933		
Expenditure:						
Acute Services (NHS & non NHS)	£1,450,636	£1,450,841	-£205	£1,750,834	£1,750,718	£117
Community Health Services	£229,781	£229,962	-£181	£278,501	£279,256	-£754
Continuing Healthcare	£146,649	£144,378	£2,272	£175,729	£173,072	£2,656
Corporate Services (Running Costs)	£28,388	£28,388	£0	£33,616	£33,616	£0
Mental Health	£297,255	£297,854	-£599	£356,517	£357,555	-£1,039
Other Programme Services	£54,358	£39,950	£14,408	£104,818	£86,956	£17,862
Primary Care (Incl Prescribing & Delegated)	£564,609	£573,639	-£9,030	£668,929	£679,683	-£10,755
Specialised Commissioning (Pathfinder Project)	£223,603	£223,603	-£0	£287,489	£287,489	£0
Total Expenditure:	£2,995,279	£2,988,615	£6,664	£3,656,433	£3,648,346	£8,087
Surplus/(Deficit)	£1,333			£2,500		

SWL Overview: (favourable/-adverse variance)

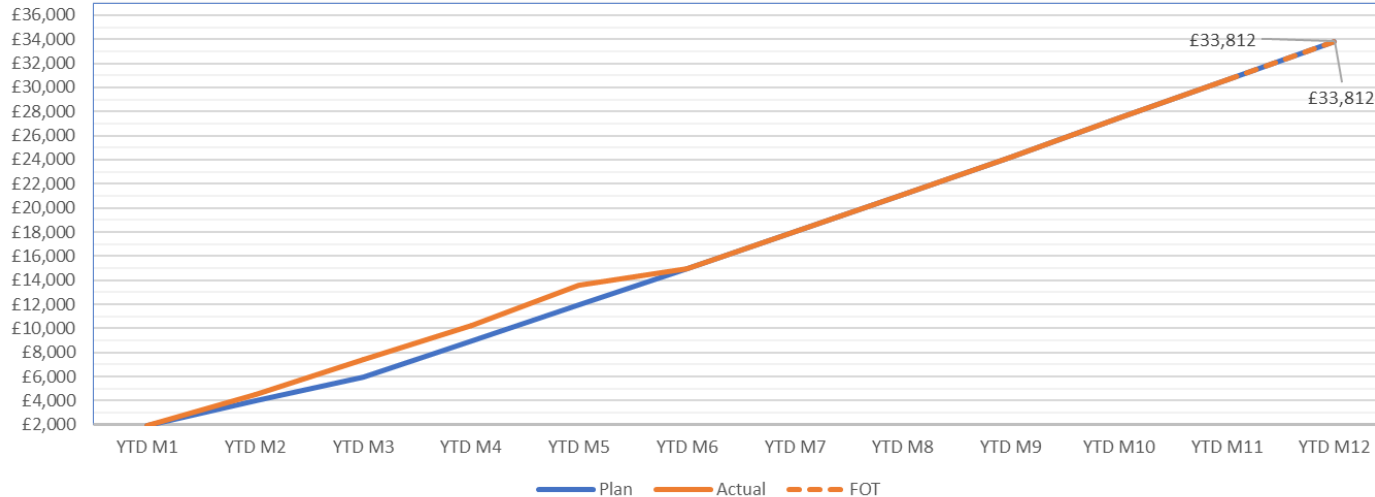
- Acute services forecast overspend is largely due to increase in activity delivered by Independent service providers, however, this counts towards ICB's elective recovery target so additional allocation will be received based on actual activity delivered.
- Community over performance is related to ongoing increase in expenditure of termination of pregnancy contract
- For SWLICB overall CHC is performing in line with the plan.
- Mental health over performance linked to jointly funded placements is being mitigated by the risk share we have in place with South London Partnership.
- Prescribing has remained consistent from previous months and as we move towards year end this risk is diminishing.

Overview of SWL ICB's efficiency plan

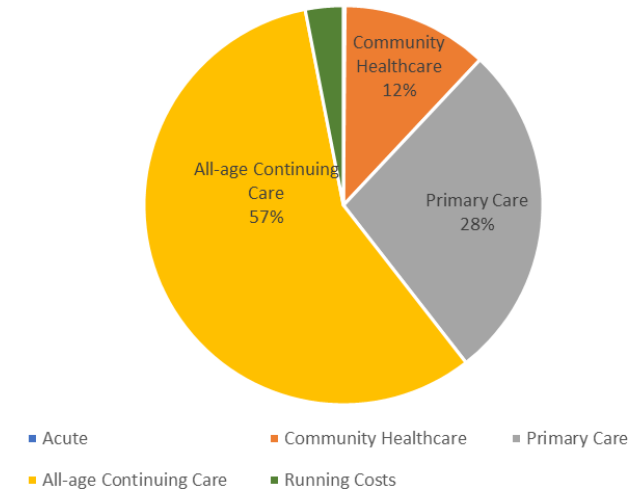


South West London

EFFICIENCY YTD DELIVERY AND FOT



EFFICIENCY DELIVERY %



Narrative

- The efficiency plan is on track to deliver the £33.8m target
- The majority of this has been recurrent with only £1.9m forecast to be non-recurrent.
- CHC efficiency has been achieved by ensuring we work to the national guidance and completing timely reviews and assessments.

The SWL NHS system revenue position at month 10



SWL NHS system revenue position M10



South West London

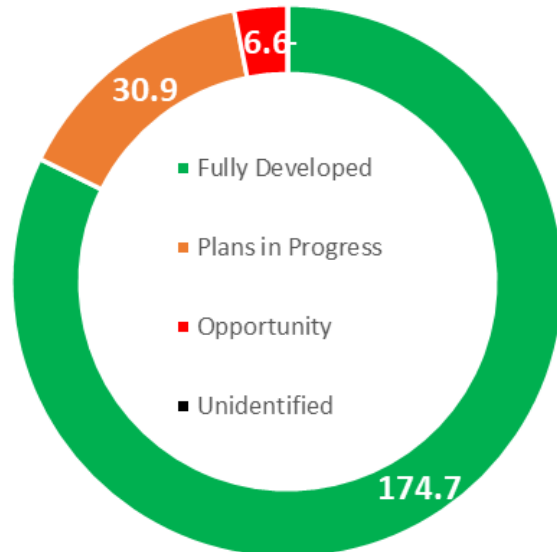
Financial performance (£m)	M10 YTD			M10 FOT		
	Plan	Actual	Variance	Plan	Actual	Variance
CHS	-14.8	-16.3	-1.6	-16.4	-18.0	-1.6
ESHT	-33.2	-36.2	-2.9	-37.9	-41.6	-3.8
KHT	-20.7	-24.0	-3.3	-16.8	-20.0	-3.2
SGH	-15.4	-32.1	-16.7	-15.7	-38.4	-22.7
HRCH	0.4	0.5	0.1	0.5	0.5	0.0
SWL StG	-0.1	0.5	0.6	0.3	0.9	0.6
RMH	-3.2	4.5	7.8	2.0	7.9	5.9
Trust total	-87.0	-103.1	-16.1	-84.1	-108.8	-24.7
ICB	1.3	8.0	6.7	2.5	10.6	8.1
SWL System	-85.7	-95.1	-9.4	-81.6	-98.2	-16.7

- SWL system reported position at M10 is £9.4m adverse to plan YTD and £16.7m adverse FOT. The FOT adverse variance is entirely driven by the industrial action cost estimate. The H2 forecast revision was net neutral at a system level, but changed the positions of SWLSG, RMH, ICB and SGH. With further movements across the system, in February, as a consequence of distributing the inflation funding currently shown as a surplus in the ICB.
- The industrial action estimate (£16.7m total) includes direct net costs (costs of staff cover less substantive salary savings £7.1m), lost efficiency (£3.8m) and lost elective activity income (£4.5m) and annual leave accrual impact (£1.3m). This was in line with NHSE guidance. Lost efficiency had not been included in prior month cost estimates. These estimates will be updated as actual costs are confirmed.
- There have been further strikes in February and the costs of these plus any additional income allocated will be included in future months positions and forecast outturns. Further to this, we anticipate that at Month 11 NHSE will non recurrently allocate funding to SWL (£81.6m) and adjust the plan in line with this (i.e. breakeven excluding industrial action). However, this adjustment will be subject to the national deficit payback regime.

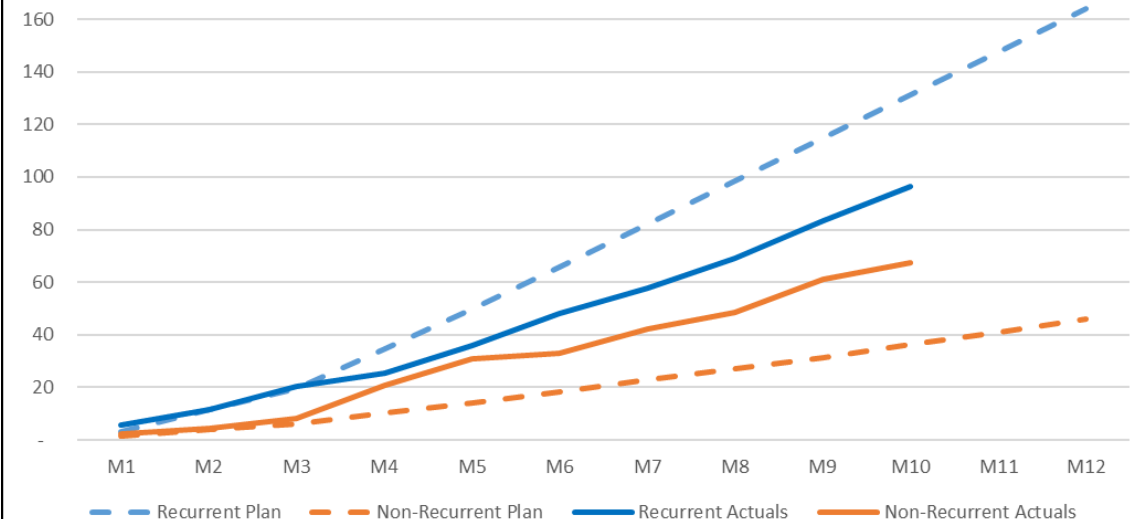
SWL NHS system efficiency

- The total system FOT efficiency for the year is £212.3m.
- FOT delivery is at the following planning gateways.
 - No efficiency is reported unidentified;
 - £6.6m (3%) is at the opportunity stage;
 - £30.9m (15%) have plan in progress;
 - £174.7m (82%) is fully developed;
- 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 £5.4m and has relied on more non recurrent schemes than were planned, which will put additional pressures on future years.

SWL efficiency development (£m)



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

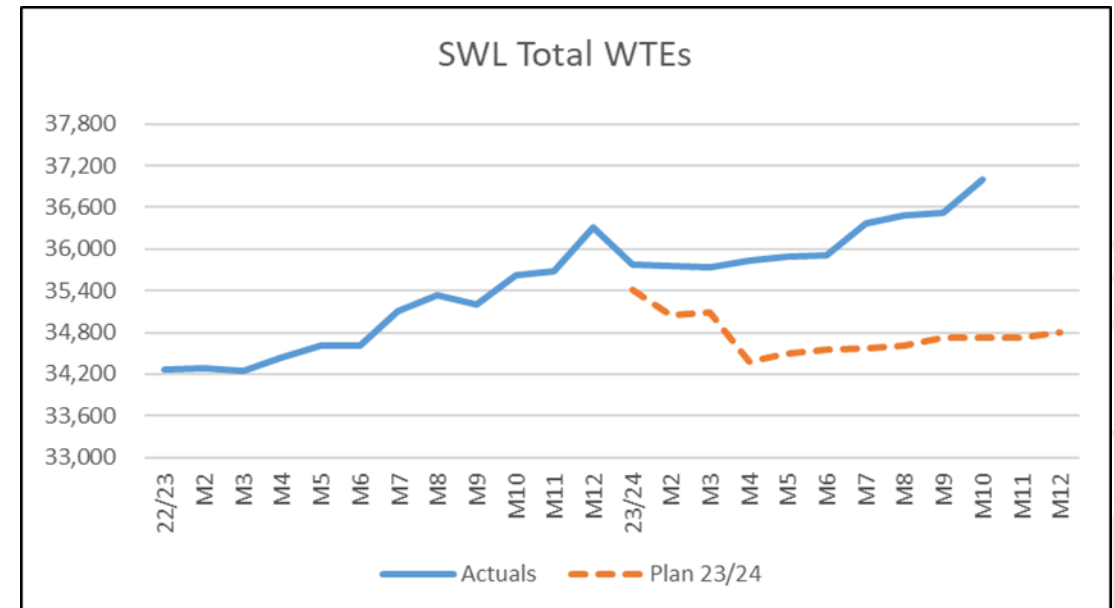
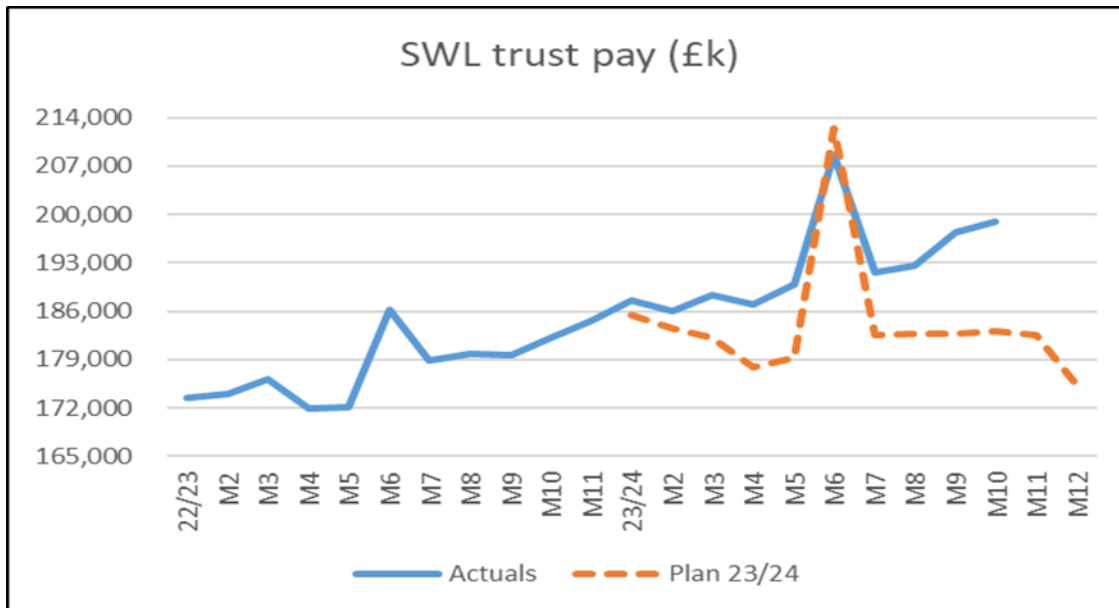


SWL NHS system workforce



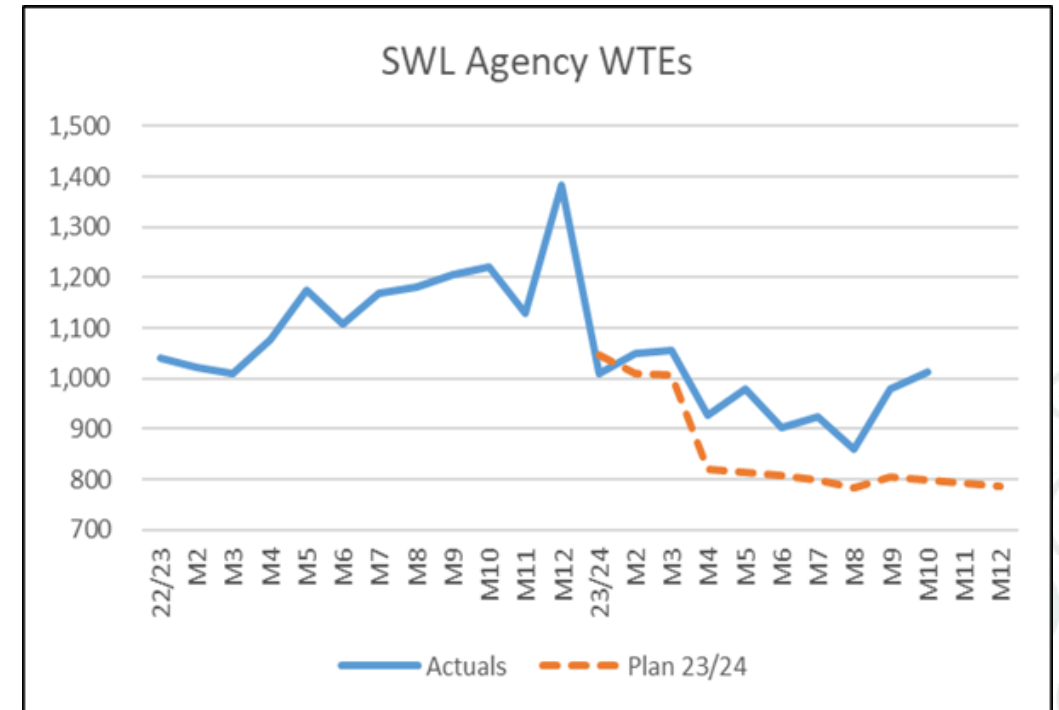
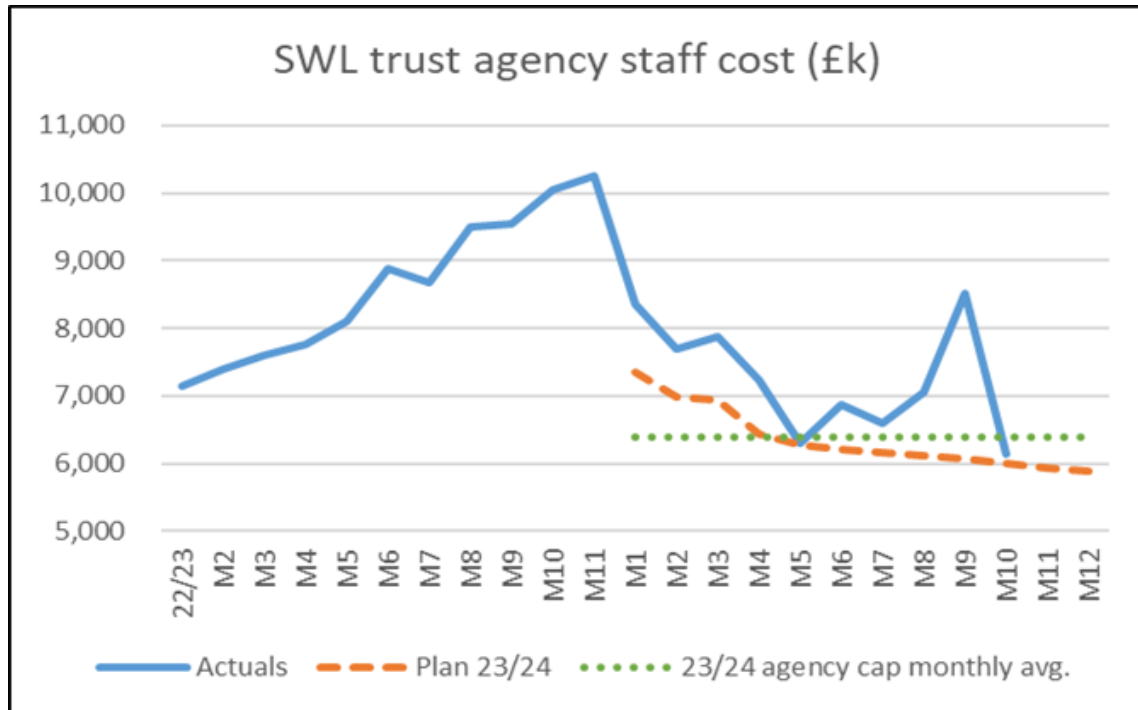
South West London

- The charts shows cost and WTE actual trajectories against plan for total trust staff (substantive, bank and agency).
- Overall system pay costs are £74.2m adverse to plan for the year to date.
 - Substantive £38.1m adverse;
 - Bank £29.5m adverse;
 - Agency £8.1m adverse;
 - Other pay costs £1.4m favourable.
- Total WTEs are currently 2,270 above plan and WTE trajectory has increased month on month (469 WTE increase). The plan set is at a level significantly below the WTE run rate at the end of 2022/23.
- Significant increase in bank costs and WTEs in M10, particularly at ESH, KHT and SGH. Driven by IA and urgent care demand, which has resulted in escalation beds opening.



SWL NHS system workforce - agency

- Agency costs are higher than plan year to date by £8.1m (12.6%) and forecast to be £11.4m (15%) adverse for the year. CHS, KHT, HRCH and RMH are forecasting to breach their agency cap.
- The plan has been set to achieve the system agency cap. Although costs are currently above the required run rate, they have fallen from 2022/23 - at the end of 2022/23 spend was running at almost £10m a month, now below £7m a month, apart from M9.
- Agency costs decreased month on month at all trusts, apart from SWLSG and RMH. Spike in M9 due to IA, UEC demand pressures and A/L being taken. Temporary staffing remained high in M10, but mainly in bank.
- Agency WTEs increased month on month and remain above plan. Further work needed to understand rising WTEs with falling costs.



SWL NHS system risks



South West London

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 prior months. 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. External review of acute workforce 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 as part of the H2 forecast, with detailed plans in place to meet the new trajectories. Loss of ERF for strike days in December and January has been accounted for in the forecast outturn. 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 be 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 pressures if strikes continue	<ul style="list-style-type: none"> The FOT outturn does not assume any strikes beyond January although more are planned in February. The cost of nine days of Junior Doctor strikes in December and January has been estimated at £16.7m. 	<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. December and January IA cost estimate is in the FOT position as an adverse variance to plan, not yet known if there will be any NHSE cover for this.

The SWL system capital position at month 10



SWL NHS System Capital Position

- SWL CDEL FOT at M10 is purposefully underspent against plan in line with NHSE guidance due to the transfer of a £31.9m CDEL credit generated by SWLStG asset sales to a future year.
- At M9, it was flagged that the overall envelope was underspent in addition to this, and that there were risks to national funding that may need to be supported. These have materialised and CDEL has been reallocated to CHS to support its elective and community diagnostic projects.
- The remaining headroom in the FOT position is £2.2m after taking the above into consideration. A review is underway to reallocate this headroom to support pressures in 2024/25.
- Providers have reported significantly behind plan at M10 in comparison to where they need to be for FOT. This was exacerbated by the incorporation of IFRS 16 budgets at M8 (spend has been delayed due to funding uncertainty). However, activities are accelerating and we continue to closely monitor spend in the last quarter of the year.
- Nationally funded schemes are reported as underspent, largely due to the ongoing discussions with the New Hospitals Programme for the BYFH programme and Renal unit scheme, with NHSE in relation to the Paediatric treatment Centre proposal at SGH and slippage against CHS CDC and TIF schemes.

SWL CDEL - incl. IFRS16 uplift (£k)	M10 YTD			M10 FOT		
	Plan	Actual	Variance	Plan	Actual	Variance
CHS	13.0	9.7	-3.3	16.4	25.8	9.4
ESHT	30.6	18.9	-11.7	35.1	32.5	-2.6
KHT	11.0	7.4	-3.5	18.3	22.7	4.4
SGH	66.5	16.2	-50.3	77.2	36.2	-41.1
HRCH	1.6	0.9	-0.6	2.0	2.0	0.0
SWL StG	-13.8	-21.5	-7.7	-9.4	-11.3	-1.9
RMH	15.7	6.3	-9.4	19.9	17.1	-2.8
Trust total	124.5	38.0	-86.5	159.6	125.1	-34.5
ICB	0.0	0.3	0.3	2.6	2.6	0.0
SWL System	124.5	38.3	-86.2	162.2	127.7	-34.5

Total CDEL (£m)	M10 YTD			M10 FOT		
	Plan	Actual	Variance	Plan	Actual	Variance
CHS	24.0	18.6	-5.4	37.4	40.0	2.5
ESHT	45.4	23.7	-21.6	56.9	43.5	-13.4
KHT	12.9	8.2	-4.7	21.1	25.6	4.6
SGH	70.3	16.4	-53.9	83.2	42.4	-40.8
HRCH	1.6	0.9	-0.6	2.0	2.0	0.0
SWL StG	-4.1	-19.2	-15.1	2.6	-8.3	-10.9
RMH	15.7	6.3	-9.4	19.9	17.1	-2.8
Trust total	165.8	54.9	-110.9	223.1	162.3	-60.9
ICB	0.0	0.3	0.3	2.6	2.6	0.0
SWL System	165.8	55.1	-110.6	225.7	164.8	-60.9

Summary



- The Board is asked to:
 - Note the ICB month 10 position and that forecast outturn remains on plan.
 - Note the ICS revenue month 10 position and updates expected at month 11 to both the in-year financial position and plan to a breakeven position (excluding industrial action) but require future system allocation adjustments as part of the deficit payback regime.
 - Note the ICS capital month 10 position.
 - Note the significant risks to delivery including:
 - efficiency achievement and the pressure non-recurrent delivery creates on next year;
 - 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, 20 March 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)	June Okochi, Interim Director of Quality Charity Mutiti, Head of System Safety and Learning		
Agenda Item No.	13	Attachment No.	15
Purpose	Approve <input type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input checked="" type="checkbox"/>

Purpose

To provide the Board with an overview from the Non-Executive Member Chair of the Committee regarding the key quality matters discussed at the SWL ICB Quality and Oversight Committee meeting on 14 February 2024.

The Quality and Oversight Committee has met once since the last update to the ICB Board, on 17 January 2024. The meeting was quorate with the Chair of the Committee, the Chief Nursing Officer (CNO), Chief Operating Officer (COO) and Chief Medical Officer (CMO) present.

The Chair of the ICB was also present with the purpose of observing the Committee.

The updates below are following consideration and discussion of key items at the meeting:

Quality Governance Framework review and Annual Review of Committee Terms of Reference (ToR)

- The revised quality governance framework was shared with the Committee. The revision was in response to an internal audit review carried out on quality and performance in June 2023. It was also an opportunity for the new Chief Nursing Officer (CNO) to review the current framework in view of the current management cost reduction process.
- The new structure will ensure effective oversight and improvement of quality statutory functions as well as support the planned work to reduce variation in place-based quality governance and standardise ICB reporting arrangements across the six places. The Committee welcomed the review and recommended the proposed structure to the ICB board for formal approval.
- The revised Quality and Oversight Committee ToR was presented. The ToR were aligned with the revised quality governance framework. Comments from Committee members for the TOR were:
 - To reflect a narrative and commitment to system learning and improvement.

- To reflect how the Committee will have oversight of specialised commissioning risks that impact our local population specifically Pharmaceutical, Ophthalmic and Dental (POD) services.
- To reflect the alliances of our clinical services
- Consideration to how the Committee oversees performance and quality in General Practice
- Consider how we assure ourselves of services that are co-commissioned between the NHS and Local Authority (LA) e.g. drug and alcohol, sexual health services and the potential impact of health services challenges on LA services and vice versa.

The Committee recommended the revised ToR to the ICB Board for formal approval subject to the amendments listed.

Learning from Lives and Deaths People with a learning disability and autistic people. Mortality Review (LeDER) Annual Report 2022/23

- The LeDER annual report was shared with the Committee to note its contents as well as seek approval to publish the report. The report highlighted the LeDER death reviews conducted across SWL, themes, breakdown analysis against various parameters and learning. A key issue highlighted was the fact that aspiration pneumonia is still the leading cause of death and joint work across the ICS is needed to support reduction of this issue. The Committee noted the report and approved the publication of the LeDER 2022/23 annual report.

All Age Continuing Healthcare Update (AACC) Update

- An update position on current AACC key quality metrics and the Transformation Programme was presented to the Committee. Some of the key actions that were raised for the Committee to note included:
 - The work the AACC Transformation Team are doing with the ICB HR team to develop a recruitment strategy for the service.
 - The development of a proposal regarding the ongoing delivery of Continuing Health Care (CHC) through a provider model within Kingston and Richmond
 - The development of a Court of Protection Deprivation of Liberty (CoPDoLS) business case in the new financial year to ensure suitable and sustainable resources are in place. The Committee noted the update.

National Patient Safety Alert prescribing Valproate to men and women.

- SWL ICB action plan in response to the National Patient Safety Alert NatPSA/2023/013/ issued by Medicines and Healthcare products Regulatory Agency (MHRA) on oral valproate medicines was presented. The alert was issued in November 2023 with a deadline for ICB to submit an action plan by 31 January 2024. The Committee noted that the ICB had completed this action.
- An action plan was produced by a multi-disciplinary sub-group of the South West London ICS Medicines Optimisation Safety Improvement and Learning Network (SWL MOSILN) with the ICB Chief Nursing Officer as Executive lead and Senior Responsible Officer (SRO) to approve the plan. The Committee noted the action plan, and progress will be presented to a future Committee meeting.

Patient Safety Incident Response Framework (PSIRF) Update

- An update on PSIRF progress across SWL was provided. The update shared how SWL large NHS providers are progressing post transition and how non-NHS / Independent providers are progressing with transition preparation.

- The update highlighted the position of ICB's ongoing PSIRF post transition actions as well as PSIRF risks. It was highlighted to the Committee that transition support for the Non-NHS/Independent providers will continue to be a focus for 2024/25. It was also highlighted that GESH group (St George's University Hospital NHS Foundation Trust and Epsom and St Helier University Hospitals NHS Trust) have not fully transitioned the whole organisation as originally planned. They have transitioned some divisions to PSIRF, the ICB is supporting the ongoing work to transition the remaining divisions. The Committee noted the update.

SWL ICB Performance Report

- A summary of the report was presented to the Committee highlighting areas of improved performance and key challenges. In addition to the report, the following risk areas were highlighted as identified during the 2024/25 planning round; affordability of the diagnostics programme, the reimbursement of out of area placements is changing, new metrics for serious mental illness health check and general and acute bed base balance and the financial pressures. The Committee noted the update.

SWL ICB Quality Report:

- The Chief Nursing Officer (CNO) presented key headlines as detailed within the report. Areas highlighted included the ongoing demand in our acute services, demand challenges in children and young people's care pathways including mental health services, the rise in cases of measles and Covid infections, the wider impact of right care right person policy and the need to continue to assess the impact on our emergency services. It was highlighted that the Committee will receive the paediatric audiology improvement programme action plan at a future date. The Committee noted the update.

Performance and Quality Risk Register

- An update was provided on the Quality and Performance Risks since the last meeting. Since the last meeting no risks have been closed and, no new risks have been added. The Committee Noted the update.

Recommendation

The Board is asked to:

- Note the Quality and Oversight Committee report.

Conflicts of Interest

Two conflicts of interest were declared as follows.

- The Chief Nursing Officer (CNO) advised the Committee that she has updated the register to include that her son is an employee of CHS.
- The chair asked the Committee to note, in reference to agenda item 7.0 (National Patient Safety Alert prescribing Valproate to men and women), her position as Non-Executive Director at the Medicines and Healthcare Regulatory Agency (MHRA) and that it does not include approval of medicines therefore no conflict of interest to declare.

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.
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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	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	22/02/2024	Noted
	SWL ICB Quality Oversight Committee	14/02/2024	Noted

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

Name of Meeting	ICB Board		
Date	Wednesday, 20 March 2024		
Title	Quality Report		
Lead Director (Name and Role)	Elaine Clancy, Chief Nursing Officer		
Author(s) (Name and Role)	Charity Mutiti, Head of System Safety and Learning June Okochi, Interim Director of Quality		
Agenda Item No.	13	Attachment No.	16
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 February 2024.
- To provide the Board with assurance that mitigations are in place to manage quality issues.
- To provide a summary of where quality of care has improved.

Executive Summary

The attached Quality Report is being presented to the ICB Board with an overview of the key areas discussed at the Quality and Oversight Committee on 14 February 2024.

Key Issues for the Board to be aware of:

- **Operational pressures:** Our providers continue to experience operational pressures especially challenges with Urgent and Emergency care pathways. This will be exacerbated by the continuation of Junior Doctors strikes.
- **Children and Young People (CYP)** – There are workforce challenges across the system with increased demand in access to CYP services especially around mental health access and placements in inappropriate settings including A&E.
- **Mental Health – Children’s services** – The Child and Adolescent Mental Health Services (CAMHS) service offer for Children Looked After (CLA) varies across SWL. The ICB is taking a number of actions to improve equity and offer a consistent approach to CAMHS provision for CLA across SWL.
- **Infection and Prevention Control** – Infection rates have increased with a national rise in measles and whooping cough. There are local outbreaks of influenzas, Covid and noro-virus. Isolated cases of invasive Panton Valentine Leucocidin (PVL), Hepatitis A and suspected Invasive Group streptococci (iGAS) have been reported and managed.
- **Darzi Fellow – Challenges of interpreting services in maternity care** - The findings and recommendations identified the need to improve SWL interpreting services. The Local Maternity and Neonatal System is working towards plans to narrow this gap.

Recommendation

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.
- Note that there has been a review and refresh of the quality governance and assurance framework to strengthen the identification and management of quality and safety concerns.
- 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.

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 Quality and Safety 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	22/02/2024	The report was reviewed and recommended for approval
	SWL ICB Quality Oversight Committee	14/02/2024	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

1. Introduction

This exception report provides an overview of quality and safety within SWL Integrated Care System and highlights a summary of key quality challenges and areas of improvement presented at the Quality and Oversight Committee in February 2024. The reporting period is between October to December 2023 (unless otherwise stated).

2. Key quality challenges

- **Operational pressures:** Our providers continue to experience operational pressures especially challenges with Urgent and Emergency care pathways. This will be exacerbated by the planned Junior Doctors strikes in February.
- **Children and Young People (CYP)** – There are workforce challenges across the system with increased demand in access to CYP services especially around mental health access and placements in inappropriate settings including A&E.
- **Mental Health – Children’s services** – The Child and Adolescent Mental Health Services (CAMHS) service offer for Children Looked After (CLA) varies across SWL. The ICB is taking a number of actions to improve equity and offer a consistent approach to CAMHS provision for CLA across SWL.
- **Infection and Prevention Control** – Infection rates have increased with a national rise in measles and whooping cough. There are local outbreaks of influenzas, Covid and norovirus. Isolated cases of invasive Panton Valentine Leucocidin (PVL), Hepatitis A and suspected Invasive Group streptococci (iGAS) have been reported and managed.
- **Darzi Fellow – Challenges of interpreting services in maternity care** - The findings and recommendations identified the need to improve SWL interpreting services. The Local Maternity and Neonatal System is working towards plans to narrow this gap.

3. Quality and Safety Updates

3.1 Never Events:

SWL reported four Never Events (NE) between October and November 2023. This brings the total of NE this year to 16 which remains high compared to the same period in previous years. There have however been no NE’s reported in December 2023 and January 2024. The high number of never events has been from St Georges and Epsom and St Helier (GESH). The ICB Chief Nursing Officer (CNO) and Chief Medical Officer (CMO) had a supportive meeting with GESH CNO and CMO on 19 January 2024 to discuss the increase in NEs and ongoing work to reduce NE’s. Discussions were positive and GESH shared progress of the work and the outcome of the recent external peer review report. The ICB will continue to work closely with GESH.

3.2 Medical Examiner (ME) roll out to community:

Draft regulations were published in December 2023 requiring all deaths in England and Wales to be independently reviewed without exception, either by an ME or a coroner. This will become statutory from April 2024. The four SWL MEs have reported progress with General Practices engaging with the process. All practices in Sutton are currently engaged in the process and the MEs continue to engage the remaining practices in Kingston, Richmond, Merton, Wandsworth and Croydon. SWL ICB will continue to support MEs to engage with the remaining general practices ahead of planned statutory status in April 2024.

3.3 System Quality Improvement (QI):

SWL providers were asked by NHS improving Patient Care Together (IMPACT) to complete quality improvement impact assessments and baseline self-assessments in October 2023. The aim was to establish a baseline for improvement to assess the level of skill and techniques required to deliver continuous improvement using a single improvement approach.

Outcomes of the assessment indicate that while outcomes are varied, there is a well-established system in quality improvement across SWL. Discussions are currently underway with QI leads across the system to structure the current QI system network to better support learning and system delivery of local and national agenda. A draft proposal has been shared with QI directors across the Trusts.

3.4 Urgent Emergency Care (UEC) for Children and Young People (CYP):

There are concerns about the length of time that children and young people with complex mental health issues spend in Emergency Departments (ED) across SWL with challenges relating to onward care rather than delays arising in ED. SWL Mental Health Trusts are currently working on delivering training for ED staff to better manage patients experiencing a mental health crisis.

In addition, increased numbers of children across SWL and nationally are presenting to ED with dysregulated behaviour. There are insufficient suitable placements for children and young people which leads to cyclical presentations to the acute setting. SWL ICB is working in collaboration with the partnerships to audit CYP with complex needs with particular emphasis on dysregulated behaviour and provision of appropriate care. A collaborative pilot project across the Integrated Care System (ICS) is underway.

3.5 Mental Health – Children’s services:

CAMHS service offer for Children Looked After (CLA) varies across SWL, waiting times can be extensive for all CYP but consideration must also be given to the additional vulnerability of CLA. A consistent approach to CAMHS provision for CLA across SWL would ensure equity for all CLA. This should include fast-track assessments, on-going care provision and consideration for the need to be creative and innovative to meet the needs of CYP who may not respond well to office based and appointment-led processes. The SWL CYP Mental Health (MH) Transformation Lead is working with the Children Looked After (CLA) Place leads to take forward actions to support this work.

3.6 Children and young people with complex needs

SWL is seeing an increasing demand for a cohort of children with complex needs. In addition, there are long waiting times for children’s health services including, therapies, paediatric, and the neurodevelopmental services. Waiting times for the neurodevelopmental pathway was identified as an area for improvement from the largely positive Richmond Special Educational Needs and Disabilities (SEND) Local Area inspection – a post inspection improvement plan has been developed and published on the website. As part of the preparation for the SEND local inspection in other SWL areas, there is ongoing work identifying support for children whilst on waiting lists for the neurodevelopment pathway.

Demand is impacting access to provision both locally and nationally. Special school placements for children and young people with complex needs are at capacity and services are seeing increasing need within the mainstream sector. There is increasing demand on health services to submit advice as part of education health and care needs. The increased demand is compounded by challenges in recruitment and retention across Allied Health Professionals, Paediatrics, Health Visiting and School Nursing. The ICB is working with the ICB People’s Board to explore the challenges.

3.7 Maternity:

3.7.1 SWL Maternal Deaths October – November 2023:

SWL reported no maternal deaths in October or November 2023. A system wide maternal death review has been commissioned by the SWL Local Maternity and Neonatal Services (LMNS) Co-Chair and Consultant Obstetrician. The review will begin in February 2024 and will examine the 15 maternal deaths reported across SWL between (2019 – 2022). Once completed, the findings of the review will be presented at a learning event and the LMNS Board.

3.7.2 Darzi Fellow - Addressing the challenges of interpreting services in maternity care:

A SWL sponsored Darzi Fellow recently completed a project focused on maternal health inequalities, targeting interpretation services for non-English speakers during childbirth. The project studied four SWL Trusts, and found variations in language support, with challenges for refugees and asylum seekers. The findings published in December 2023, highlighted the importance of continuity in interpreter relationships, amended care pathways, training and guidelines for maternity and neonatal teams to avoid unwarranted variation and patient, provider, and practitioner collaboration. The London Maternity Clinical Network has produced a resource pack for ICBs and maternity services to support reviews of trust translation and interpreting services. The ICB is also supporting the funding of a pilot using CardMedic, a digital tool used to improve communication between healthcare staff and patients at Epsom and St Helier maternity service which is set to start in March 2024.

3.7.3 Maternity and Neonatal Voices Partnerships (MNVPs):

On 28 November 2023, NHS England published new guidance for Integrated Care Boards in establishing Maternity and Neonatal Voices Partnerships (MNVP). MNVPs listen to the experiences of women and families, and brings together service users, staff, and other key stakeholders to plan, review and improve maternity and neonatal care, ensuring service users' voices are at the heart of decision-making in maternity and neonatal services. Currently, there are four Maternity Voices Partnerships (MVPs), attached to each of the maternity units in SWL. Each MVP produce a yearly workplan and annual report which are reviewed by the Local Maternity and Neonatal System team to support the development of a robust and effective plan.

3.7.4 Clinical Negligence Scheme for Trust (CNST) Maternity Incentive Scheme (MIS) Year

All SWL ICB maternity services CNST plans have been signed off and submitted.

4. Provider Care Quality Commission (CQC) update

4.1 (CQC) Inspection - South London & The Maudsley Hospital (SLAM):

The CQC Inspection report for the Child and Adult Mental Health (CAMHS) wards and a psychiatric intensive care unit (PICU) at the Bethlem Royal Hospital was published on 22 December 2023. The service remains rated as 'Good', with some areas for improvement, such as issues around medicines management and learning from incidents. The Trust are working closely as a senior leadership team with the service and the CQC to implement an action plan for improvements.

5. Statutory functions

5.1 Children and Young People (CYP) services:

Special Educational Needs and Disabilities (0-25 years) (SEND) key messages:

- SWL Inspection preparation activity is now underway across the remaining five SWL Local Areas.
- An Independent Provider of Special Educational Advice on Children and Families Act 2014, for health has delivered training to SWL Designated Clinical Officers (DCOs), Designated Medical Officers (DMO's) and over 30 cross system participants.
- NHSE has initiated the Partnerships for Inclusion of Neurodiversity in Schools (PINS) project as part of the Learning Disability and Autism Programme. The Head of SEND has been liaising with Local Authority Autism leads to consider the benefits for SWL.
- The team are working with the Business Intelligence (BI) team to develop the SWL SEND Dashboard.

5.2 SWL Safeguarding updates:

- **Merton Joint Targeted Areas Inspection report (JTAI):** A themed Serious Youth Violence (SYV) JTAI inspection was completed on 8 December 2023. The ICB received the draft report on 23 January 2024. The findings included areas of strengths across the multi-agencies and has identified some areas for improvement. The final report will be published in February 2024, when a joint action plan will be developed with partner agencies to address the areas of improvement.
- **Identification and Referral to Improve Safety (IRIS)** – The application for funding from the Mayor of London Office for Policing and Crime (MOPAC) for Croydon place SWL Health Inequalities Investment Fund has been successfully secured for 2024/5. Merton, Sutton, and Wandsworth have also been successful in their application for the IRIS programme which is currently being rolled out at place.

6. 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 note that there has been a review and refresh of the quality governance and assurance framework to strengthen the identification and management of quality and safety concerns.
- 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			
Name of Meeting	ICB Board		
Date	Wednesday, 20 March 2024		
Title	ICB Performance Report		
Lead Director Lead (Name and Role)	Jonathan Bates, Chief Operating Officer		
Author(s) (Name and Role)	Suzanne Bates, Director of Performance Oversight		
Agenda Item No.	13	Attachment No.	17
Purpose	Approve <input type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input checked="" type="checkbox"/>
<p>Purpose:</p> <p>The purpose of this report is to provide the Committee 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. The report highlights the current operational and strategic areas for consideration.</p> <p>Executive Summary</p> <p>Key areas where South West London has seen improvements in performance:</p> <ul style="list-style-type: none"> • Virtual Ward utilisation across South West London has improved continuously since August with 92% occupancy in January, exceeding the national target of 80%. New initiatives around the pull model and development of admission avoidance pathways have supported this improvement. • The Integrated Urgent Care (111) provider for South West London, PPG, is making progress against key metrics with falling call abandonment rates and more timely call answering supported by improved staff recruitment, though there remains further progress required to achieve national access standards. • The number of 60-minute ambulance handover breaches has improved steadily since the last winter and has remained relatively low since the roll out of the London Ambulance Service 45-minute handover pilot, though the associated increased pressure on hospitals is important to acknowledge. • South West London 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 90%, against the national standard of 70%. • Performance against the new cancer standards is relatively strong. In relation to the 62-day aggregated standard, performance was 77.6% against an objective of 85%, the highest in London. 			

Key issues for the Board to be aware of:

- Despite system-wide efforts, the increase in attendances and acuity this winter impacted on performance against the A&E 4-hour target, which was 73% against the January 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 and pharmacy services. In addition, daily dialogue at very senior levels with NHSE is occurring with the goal of achieving the 76% performance standard in March 2024.
- For patients waiting 12 hours from 'decision to admit' to admission in A&E, South West London was the worst performing ICS in London. Making the best use of winter funding has been a key mitigation and there is close daily monitoring of the necessary actions required to improve flow and discharge.
- 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.
- South West London has the smallest cohort of long waiters (18+ weeks) relative to other London system however, 52-week waiters have grown by over a half in the past year; the majority of this growth is at Epsom & St Helier and Croydon. The system has developed action plans in the most challenged pathways (which include Community Paediatrics and Gynaecology) to treat this cohort by March 2024.

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.

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		
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.		
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	ICB Performance Report		

South West London Integrated Board Report

February 2024 (Month 11 Data)

DATE REFRESHED : 09-02-2024

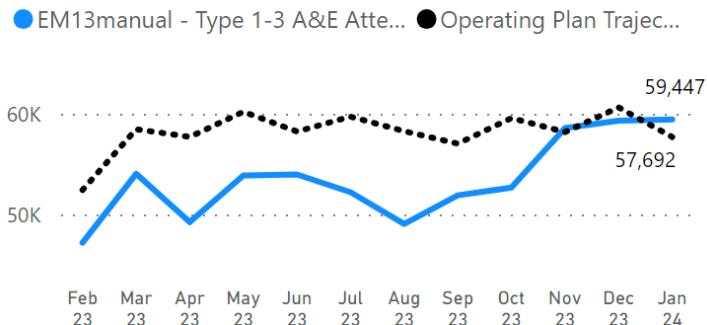
SRO: Jonathan Bates



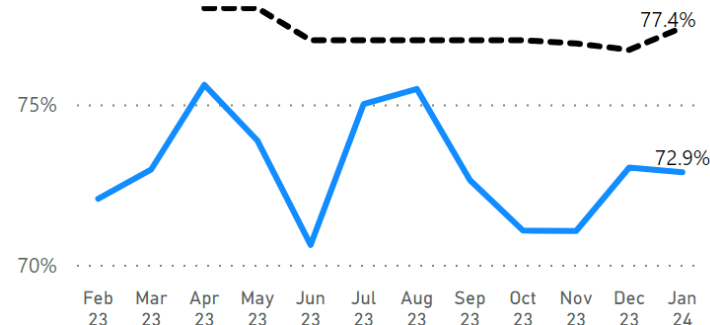
- The South West London (South West London) Integrated Board report presents the latest published and unpublished data assessing delivery against the NHS Constitutional standards and locally agreed on metrics. These metrics relate to acute, mental health, community and primary care services and other 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 data quality issues across 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 slightly to 72.9% in January and was below the trajectory of 77.4%. A total of 2,788 patients waited over 12 hours from 'decision to admit' to admission in January, an increase of 575 on last month. South West London (SWL) had the highest number of 12-hour breaches in London this month. In addition to the SWL UEC Board and local A&E Delivery Board oversight of plans, daily monitoring of the position and actions is occurring in dialogue with NHSE.
- There were 92 x 60-minute **ambulance breaches**, a decrease of 10 since December showing progress on tackling the longest ambulance waits has been sustained, However, unvalidated numbers of 45-minute breaches continues to be an area of challenge.
- To maintain performance for ambulance handovers, ambulance response time and A&E access, **the system is focusing on Continuous Flow programmes and the utilisation of virtual wards**, with an occupancy of 92% in January. 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 90% against the national standard of 70% which is the highest in London. The volume of 111 calls decreased in January along with a significant decrease in the percentage of abandoned 111 calls which declined from 8.2% in December to 5.4% in January.
- **Mental Health 12 Hour A&E Breaches:** unvalidated figures show that in January there were 101 x 12 hour breaches up from 87 in December. Actions to support improvement include additional hostel beds, bed prioritisation scoring, additional private sector beds and focussed flow improvement work.
- **Cancer:** The new monthly cancer metrics are reported this month. On the 28-Day faster diagnostic standard, SWL performance was 77.2%, above the 75% standard and the second highest in London. SWL were the second highest performing system in London on the 31-day cancer treatment at 95.6%, narrowly missing the 96% standard. Performance against the new 62-day aggregated performance standard was 77.6% against a standard of 85%, the highest in London. Referral activity continues to exceed 2019/20 levels.
- **Planned Care:** The number of patients waiting in SWL has increased by 19.0% in the last year. **52, 65 and 78 Week Waits:** there were 2,085 patients waiting over 52 weeks for treatment at SWL providers in December, a decrease of 134 since November. This reflects a downward trend for this cohort of patients across London. Out of these patients, 347 have waited over 65 weeks, an increase of 35 since November. There were 36 patients waiting over 78 weeks, 20 of whom were at Epsom & St. Helier. Mitigations include a Community Paediatrics Quality Improvement Plan led by Epsom & St Helier and St George's, extra Gynaecology capacity at Croydon and Epsom and St Helier and mutual aid from St George's to Epsom & St Helier.
- **Severe Mental Illness Health checks:** In Quarter 3, 61% of Severe Mental Illness patients received all six annual health checks, below the trajectory of 65% for Q3 but above the 55% reported in Q2. Additional Healthcare Assistant resource has been made available to support primary care to reach patients not attending for their health checks.
- **Childhood Immunisations:** In Quarter 2, SWL continued to surpass London, with an outcome of at 87%. An MMR campaign to deal with the current measles outbreak is underway with a focus on low uptake areas in SWL. Funding has been made available to enable additional capacity. MMR clinics are currently being arranged in some practices, pop-up clinics and an agreement to roll out a pilot with an engagement scheme for community pharmacy. There will be focus on vaccinating unregistered children, refugees and asylum seekers.

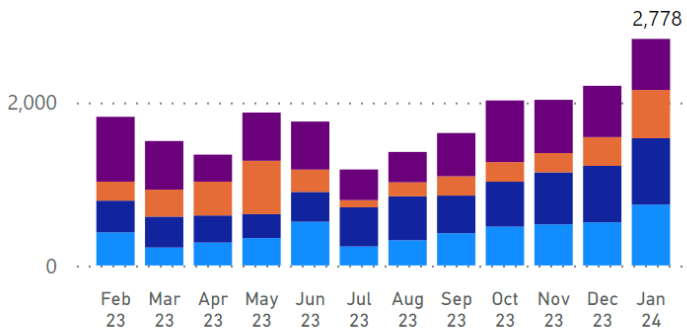
A&E Attendances (All Types)



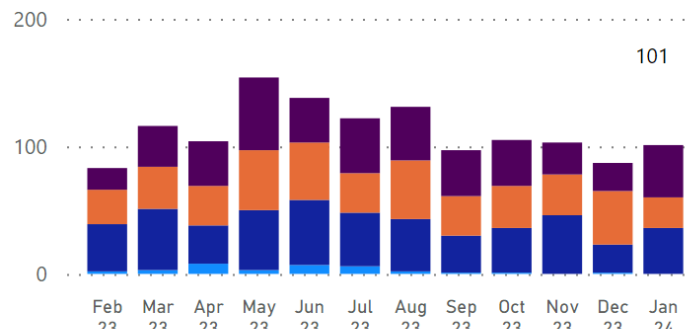
A&E (All Types) 4 Hour Standard



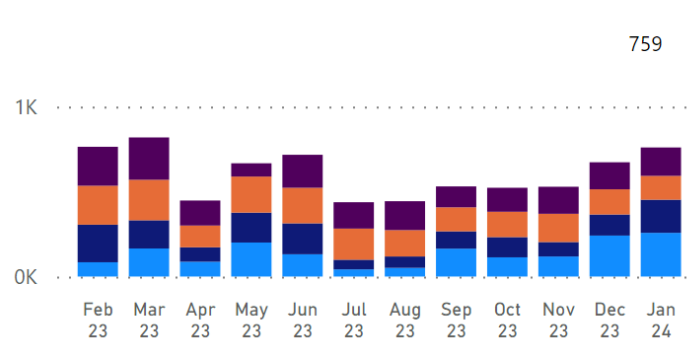
12 Hour A&E Breaches



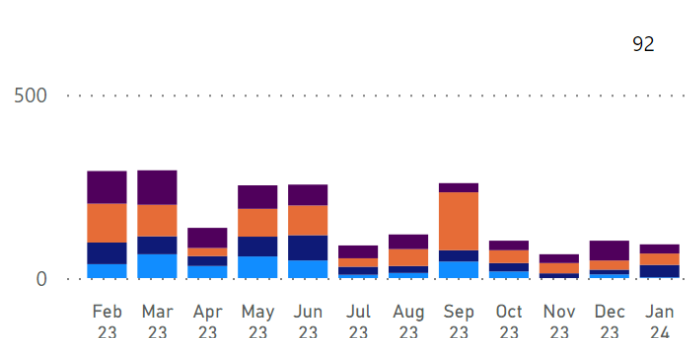
12 Hour Mental Health A&E Breaches (Unvalidated)



45 minute Ambulance Breaches



60 minute Ambulance Breaches



● CHS ● ESTH ● KHFT ● RMH ● SGH

A&E Attendances and performance

A&E attendances were higher than plan in January for the first time this year putting increased pressure on services. There was a slight decline in performance against the 4-hour target from 73% in November to 72.9% in December. Achievement of the national ambition of 76% in March is a priority and all systems are focussed on meeting this target. There are programmes in place for admission avoidance, improving inpatient flow and expediting discharge, all of which are monitored by the SWL UEC Board. The system has invested in a range of initiatives in A&E departments to reduce pressure, including frailty at the front-door, additional therapy and pharmacy services.

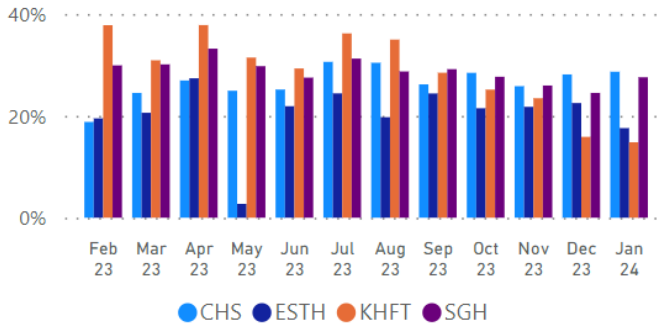
12 Hour breaches

The number of physical breaches rose again in January, reflecting ongoing pressures across the UEC pathway for admitted as well as non-admitted patients. A South West London Mental Health Improvement Plan is in place, focussed on improving the pathway for patients presenting in mental health crisis at A&E and reducing delayed transfers of care through schemes such as step-down hostel capacity. Workshops were held with all acute providers to review opportunities to improve mental health A&E pathways. The agreed actions are being implemented. In January, a further workshop was held to review the issues for children and young people attending A&E and agree improvement actions. The new virtual Section 136 hub has been implemented and is showing benefits with fewer patients conveyed. Work is ongoing to address delayed transfers of care.

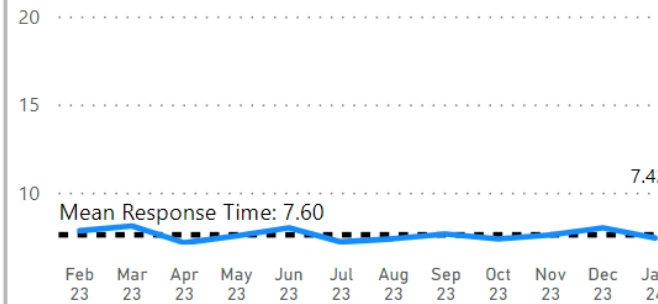
Ambulance handovers

All providers continue to support 45-minute handover and the improvement in 60 minute performance is being sustained. Providers are also addressing issues in partnership with the London Ambulance Service, such as the correct triggering of ambulance-led patient cohorting. 45-minute breaches increased slightly in January.

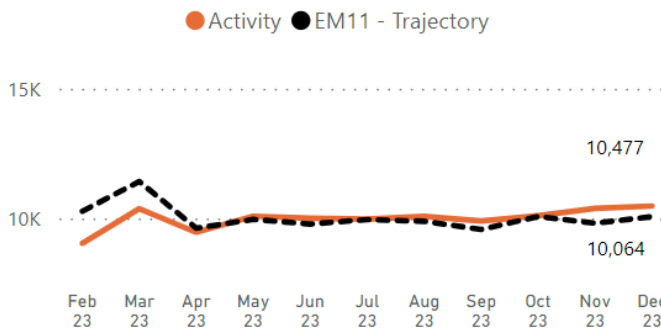
% Ambulance Handover within 15 minute



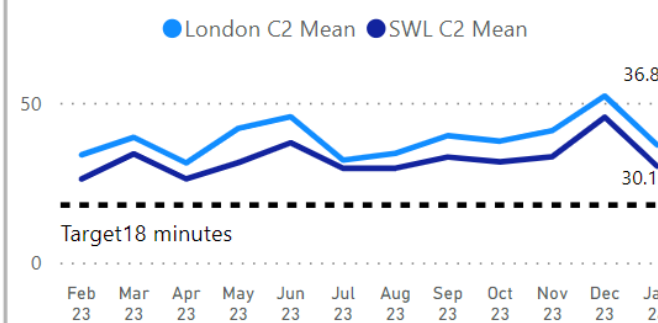
Ambulance Category 1 Emergency Response Times (minutes)



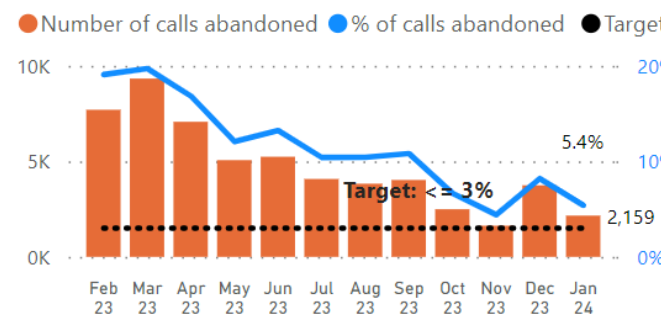
Total Non-elective Spells



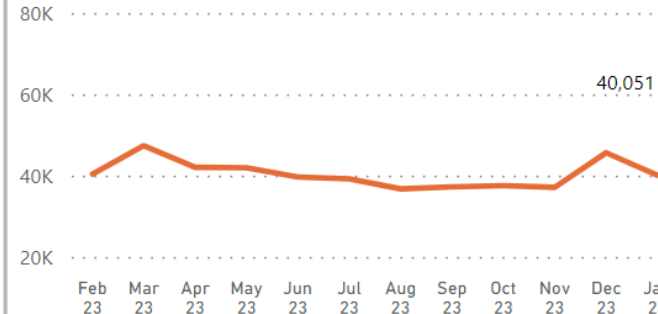
Ambulance Category 2 Emergency Response Times (minutes)



111 Calls Abandoned



111 Call Volumes



Ambulance Response Times

The mean Category 2 response at London level has shown a significant improvement from a December peak of 45.48 minutes to 36.83 minutes in January; South West London performance has followed the improving trend in January and continues to be better than the London position at 30.16 minutes.

The impact of the 45-minute Ambulance Handover protocol continues to increase pressures in our hospitals, however patients in the community are being responded to in a more timely manner.

Mean response times for Category 1 at London level improved slightly in January to 7 minutes 42 seconds, close to the 7-minute target for the sickest patients. South West London level data is unavailable, though its performance is understood to be in line with or better than the London average.

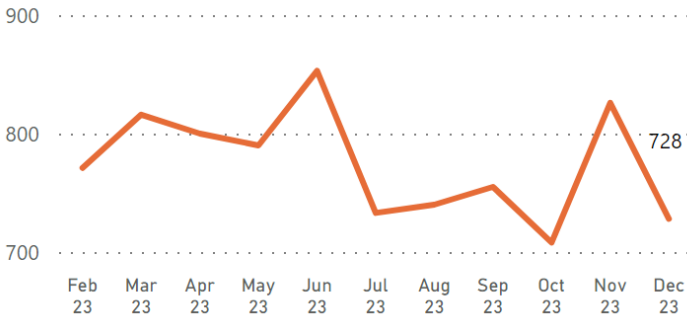
Non-elective spells

The number of non-elective spells is just above plan and close to the expected seasonal trend.

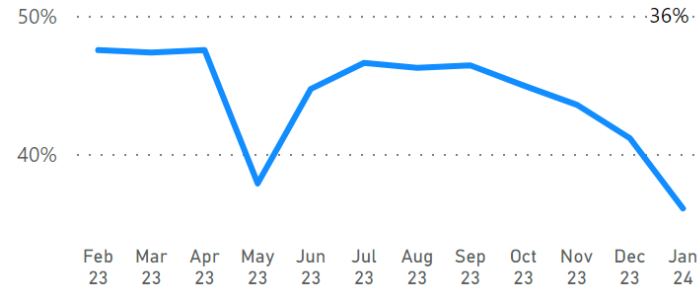
111 Calls

111 call volumes continue to exceed planned levels. Nonetheless performance improved in the month dropping from 8.2% of calls abandoned to 5.4%. The speed of answer also improved and was around 160 seconds on average. Providers reported high levels of sickness with staff having longer periods of absence in January and therefore had to rely on overtime and resilience providers to support the achievement of this month's performance. Over time, significant progress has been made in the delivery of 111 access across SWL, though there is still further to travel.

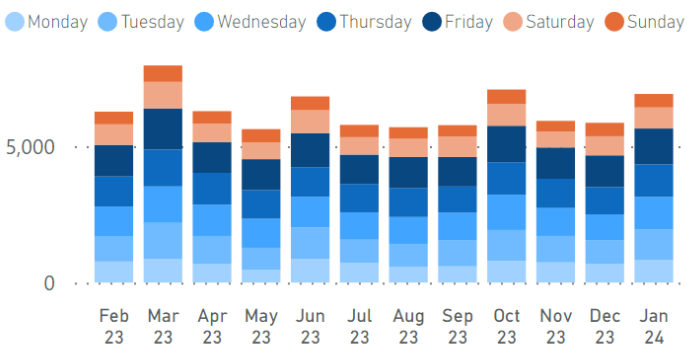
Number of Patients staying 21+ Days (Super Stranded)



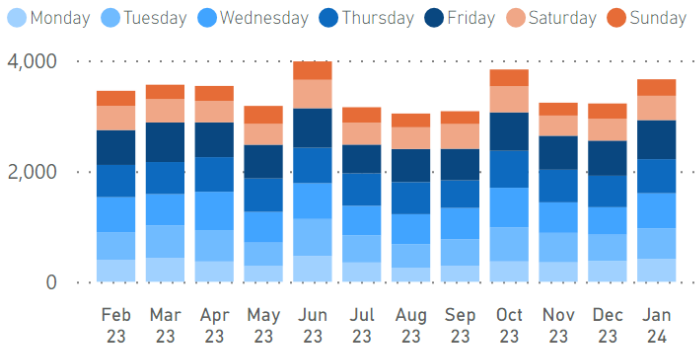
Daily discharges as % of patients who no longer meet the criteria to reside in hospital



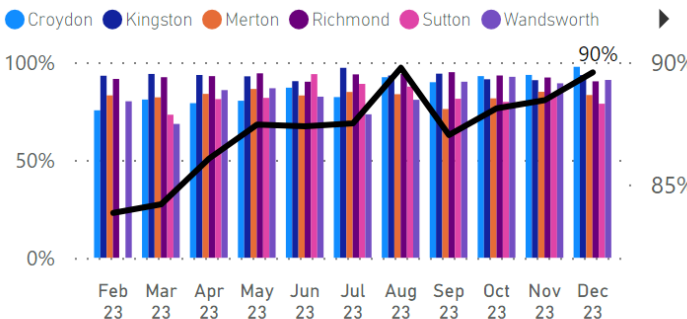
Total Discharges by Weekday



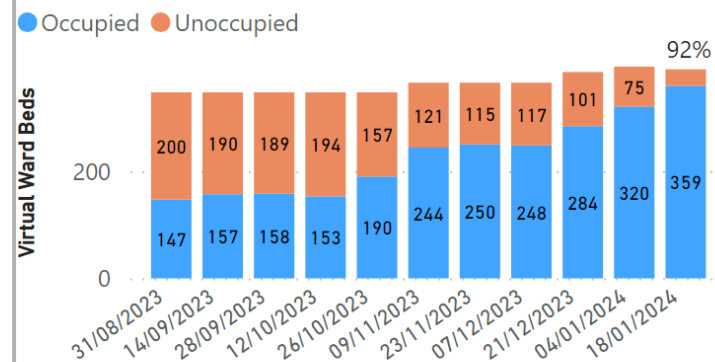
Total Discharges before 5pm by Weekday



Community 2 Hour Urgent Response Performance - Provider



SWL Virtual Ward Capacity and Occupancy



Patients with a length of stay over 21 days

The spike in November was largely due to the impact of winter, increased admissions and Industrial Action. December saw an improvement, with a decrease in the length of stay over 21 days. An intensive support team has been established to help acute trusts identify appropriate placements earlier, work with the care homes to understand the needs of the patients and resolve any other challenges to timely patient discharge. Additional beds have also been commissioned at Queen Elizabeth Foundation to support timely discharge for neuro rehab patients into appropriate rehabilitation settings.

Total discharges by weekday and before 5.00pm

Work continues to ensure all patients have estimated discharge dates which are monitored and updated regularly to enable system partners to deliver timely discharges. All acute and community providers have also been asked to revisit the high impact changes introduced by NHSE in 2022/23.

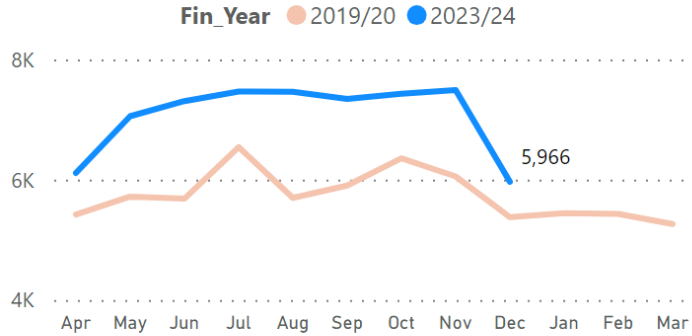
2 Hour Urgent Response

December performance was 90% – the highest in London – against the national standard of 70%. 2-hour Urgent Community Response (UCR) services are fully functional in all 6 boroughs. Currently, work is being undertaken to establish better connections between UCR and Virtual Ward patients.

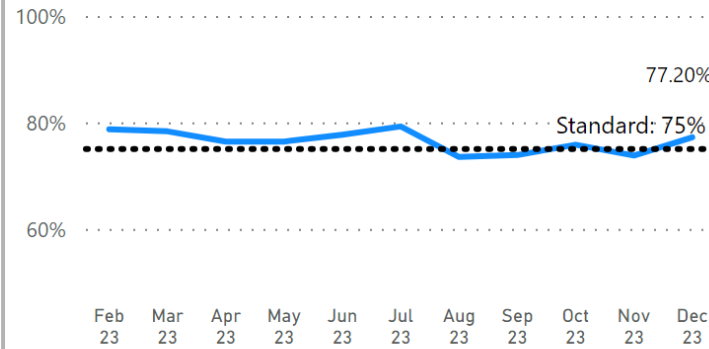
Virtual Ward

Capacity of virtual wards is 360 beds, with an occupancy of 92% at the end of January, exceeding the national target of 80% occupancy. The system has done some rebasing of the beds across South West London and are looking to increase occupancy to 405 beds by the end of March. Utilisation has increased in recent months due to new initiatives around the "pull" model, the development of admission avoidance pathways and additional staff delivering on technical transformation. All systems are working on proactive case-finding. Work is ongoing on an acuity tool to measure acuity within virtual wards. Pilot projects, including paediatric and neuro pathways are being undertaken. Work to strengthen admission avoidance pathways continues, currently focusing on UCR.

Urgent Suspected Cancer Referral Activity



Faster Diagnosis Standard: Performance against Standard



Urgent Suspected Cancer Referral Activity

Referral activity continues to exceed 2019/2020 levels and follow seasonal trends. Although no longer a constitutional standard from October 2023, South West London (SWL) achieved 75.3% in December for patients seen within 2 weeks on an urgent suspected cancer pathway.

Faster Diagnosis Standard

SWL were the second highest performing system in London with a compliant position of 77.2% against the Faster Diagnosis Standard (FDS). All SWL providers reported a compliant position with the exception of St George's at 67.4%. Croydon Health Services continue to report a compliant position with 79.0%. Royal Marsden continues to report the highest performance in London with 85.1%.

31-day cancer treatment against 96% standard (new combined metric from October 2023)

SWL were the second highest performing system in London for December, with performance at 95.6% against the new combined 31-day treatment metric, although this was non-compliant against the 96% standard.

62-day aggregated performance against 85% standard (new combined metric from October 2023)

SWL Providers were the highest performing in London, reporting 77.6% in December. Performance remains below the constitutional standard of 85%.

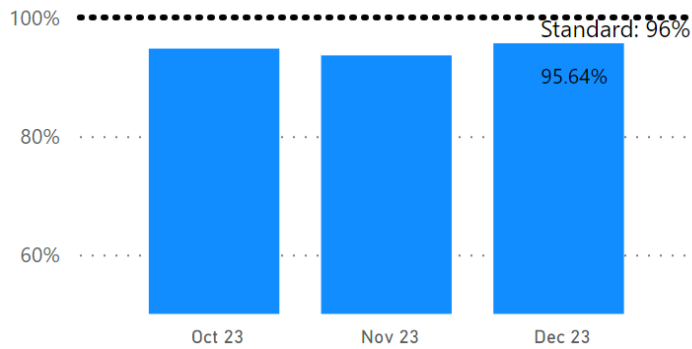
62-day GP, Screening and Consultant Upgrade against 85% standard (disaggregated)

SWL Providers' disaggregated 62-day performance demonstrates consultant upgrade performance of 85.0% and screening performance of 77.8%.

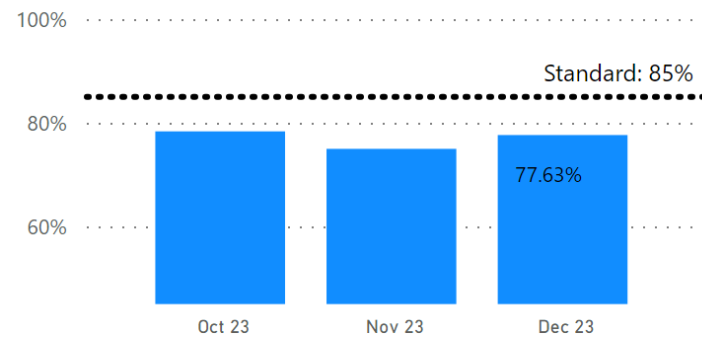
Patients on an Urgent Suspected Pathway waiting over 62 days

There were 367 patients waiting against a trajectory of 432 at the end of January.

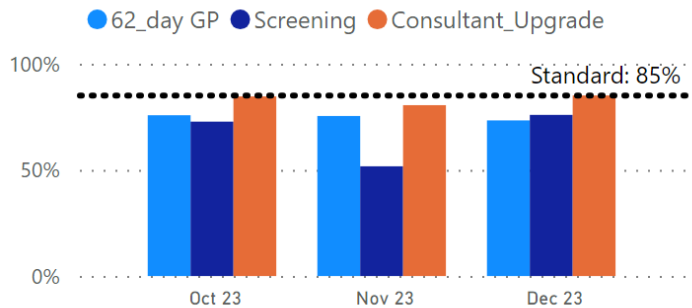
31-day cancer treatment against 96% standard (new metric from October 2023)



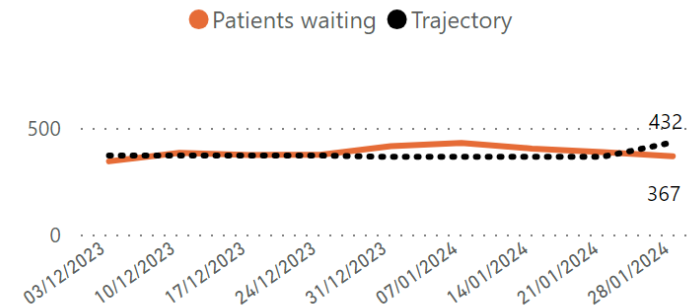
62-day aggregated performance against 85% standard (new metric from October 2023)



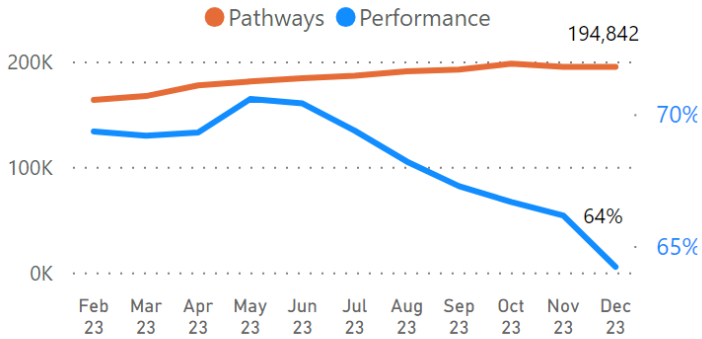
62-day GP, Screening and Consultant Upgrade against 85% standard (disaggregated)



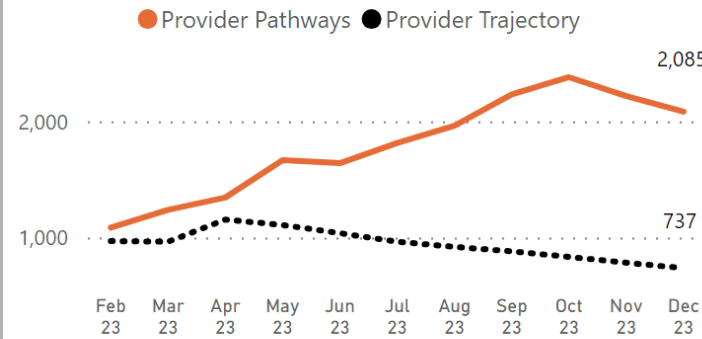
Patients on a Urgent Suspected Pathway waiting Over 62 Days



Incomplete RTT Pathways (ICS)



Incomplete RTT Pathways >=52 Weeks



Incomplete waiting list pathways

At South West London level there were 194,842 patients on an incomplete pathway in December, a slight monthly decrease. 64.2% of patients were waiting under 18 weeks. When compared with London, South West London continues to have the fewest patients waiting over 18 and 52 weeks.

Long waiters – patients waiting over 52 weeks for treatment

There were 2,085 patients waiting over 52 weeks for treatment at South West London providers in December, a decrease of 134 patients compared to November. The greatest decreases in December were reported at Kingston (-98) and Epsom and St Helier (-83). Since January 2023, 52-week waiters have grown by 97%; most of that growth is at Epsom and St Helier, Croydon, and in recent months at Kingston. Mitigations include a Community Paediatrics Quality Improvement Plan led by Epsom and St Helier and St George's, extra gynaecology capacity at Croydon and Epsom and St Helier and mutual aid from St George's to Epsom and St Helier.

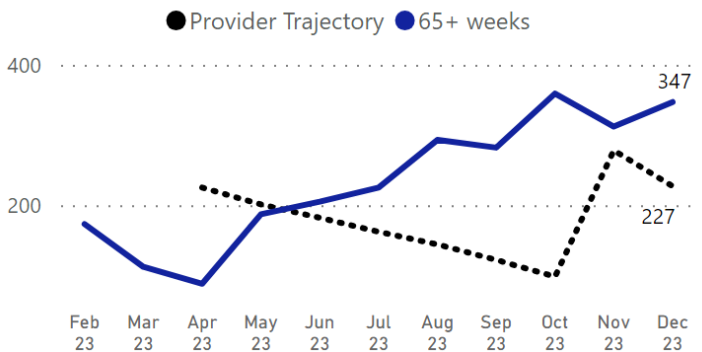
Long waiters – patients waiting over 65 weeks for treatment

There were 347 patients waiting over 65 weeks at South West London providers for treatment at the end of December, up from 312 in November. Of these patients, 36 were waiting over 78 weeks; 20 of these are at Epsom and St Helier, of which 9 are Gynaecology patients. There were also 13 patients waiting at Croydon, of which 6 are Ear Nose & Throat patients.

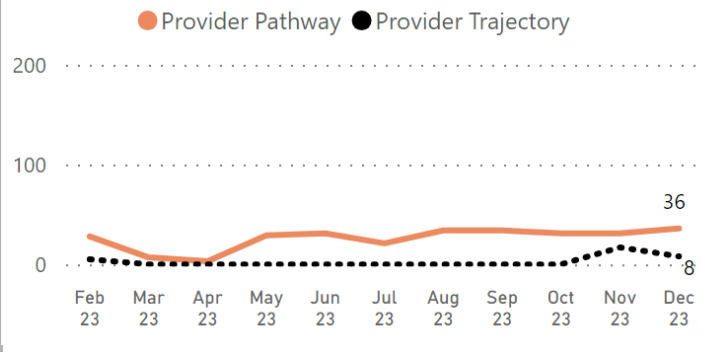
Elective day case spells & Elective ordinary spells

Overall Elective activity is below the in-month and year-to-date plan. This is driven by day case activity, particularly at Croydon and Kingston where in-month levels are under plan by 13% and 15% respectively. Ordinary spells continue to report activity levels over both the in-month and year-to-date plans. This is mainly driven by Kingston and Royal Marsden.

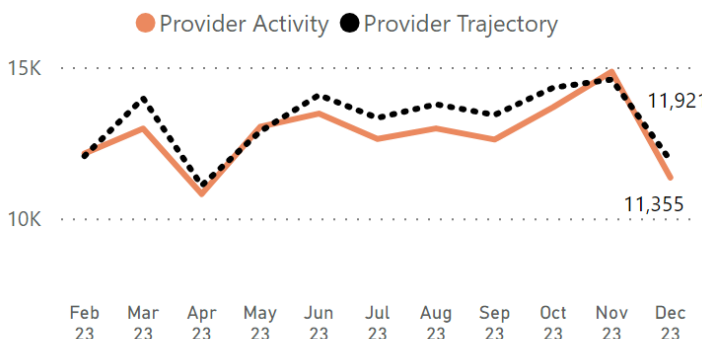
Incomplete RTT Pathways >=65 Weeks



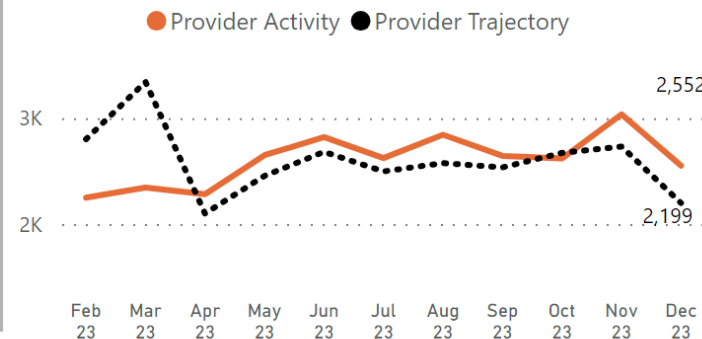
Incomplete RTT Pathways >=78 Weeks



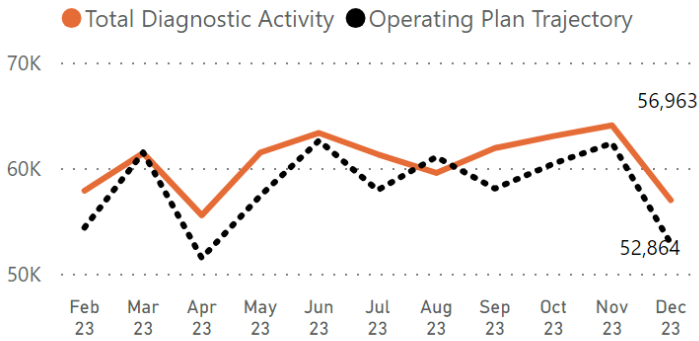
Elective day case spells



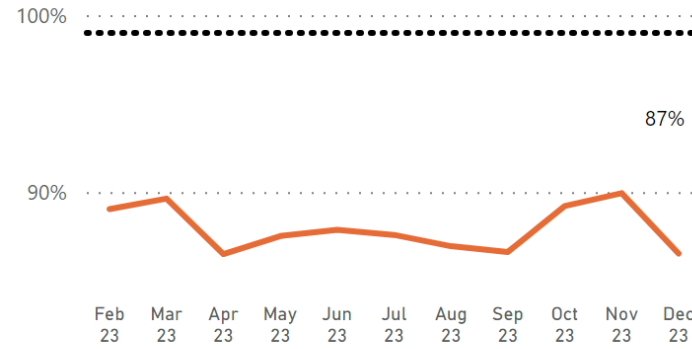
Elective ordinary spells



Diagnostic Tests (Activity)



Diagnostics: % waiting less than 6 Weeks



Diagnostic Activity (7 tests)

December diagnostic activity was 122% against a target of 113% with a year-to-date position of 117%. Recovery plans are in place for the challenged areas of Endoscopy and Echocardiography. The biggest challenge remains in Non-Obstetric Ultra-Sound and Computed Tomography (CT) at Croydon and Kingston, with recovery trajectories to be implemented from February 2024.

% waiting less than 6 weeks (All tests)

South West London ICB performance is at 87%, driven in part by over 1,000 patients waiting for diagnostic tests at Guys and St. Thomas'. December performance across the 5 SWL trusts is at 90%, down from 93% in November. The key challenges are in: endoscopy where December performance was 84%, down from 91% in November. Performance was challenged at all Trusts except St George's. Echocardiography performance dropped to 87% in December.

Consultant-led first outpatient attendances (Specific Acute)

Outpatient first appointments declined from the previous month and year-to-date performance remains over plan by 1%. Royal Marsden and Kingston are the only providers reporting over plan positions in-month. Data quality issues with Royal Marsden data is still work in progress.

Consultant-led follow up outpatient attendances (Specific Acute)

Outpatient follow ups have declined in month. Activity levels remain off the national target of 75% of 2019/20 baseline. Further work is being carried out with clinical networks to look at follow up ratios, Patient Initiated Follow Up (PIFU) and Getting It Right First Time (GIRFT) priorities.

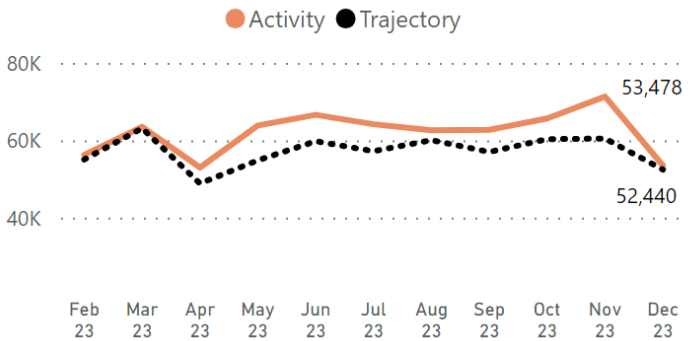
GP Specific referrals for first consultant-led outpatient appointment

The downward trend in referrals continued in December and remains similar to the pre-Covid volumes.

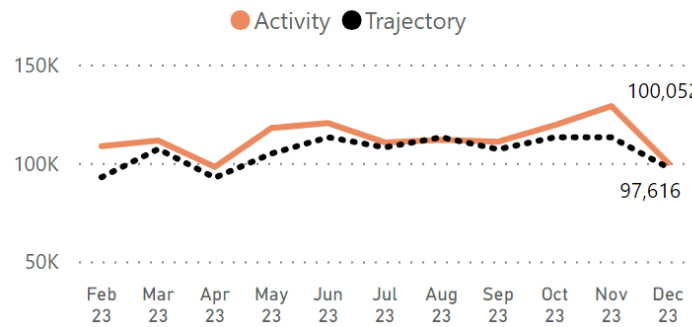
Other Specific referrals for first consultant-led outpatient appointment

Referrals have remained steady and above pre-Covid volumes.

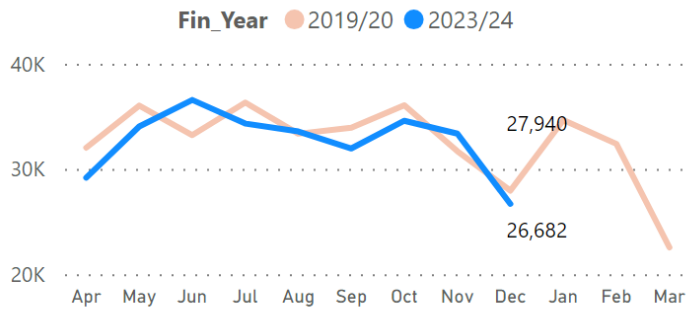
Consultant-led first outpatient attendances (Specific acute)



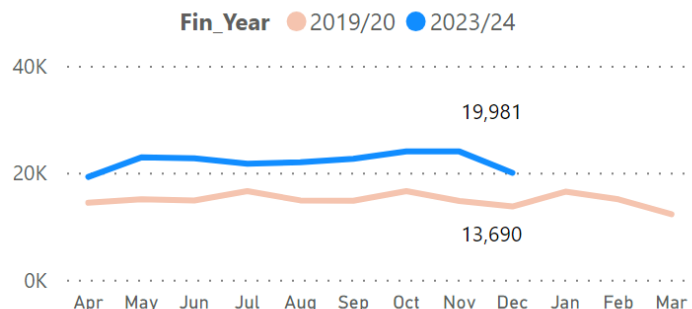
Consultant-led follow-up outpatient attendances (Specific acute)



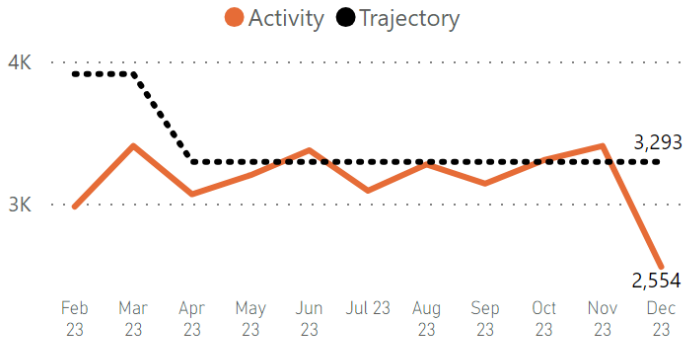
GP Specific Acute Referrals made for a First Consultant-Led Outpatient Appointment (Provider)



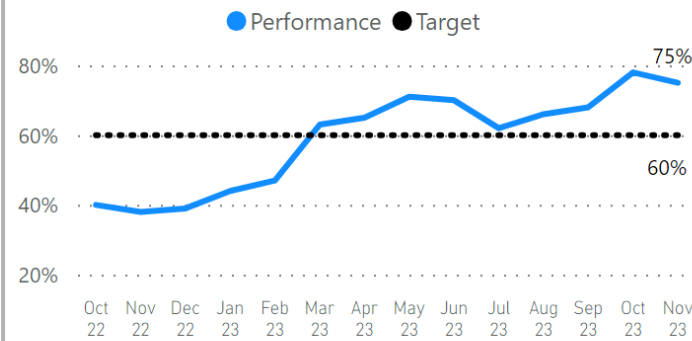
Other Specific Acute Referrals made for a First Consultant-Led Outpatient Appointment (Provider)



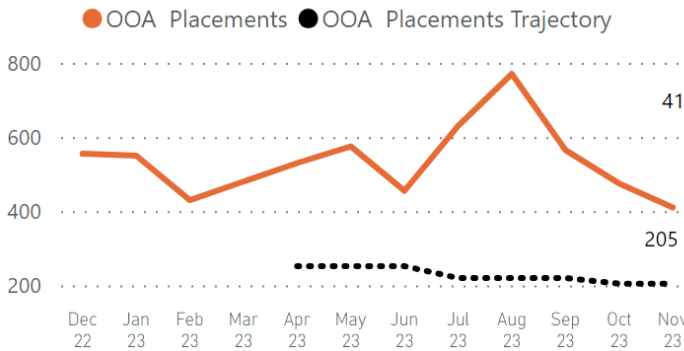
IAPT Access



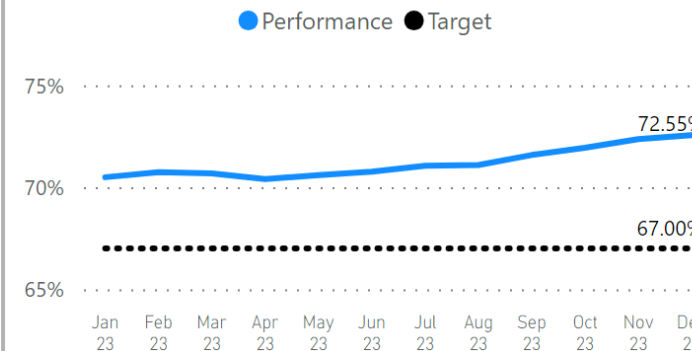
Early Intervention Psychosis (EIP)



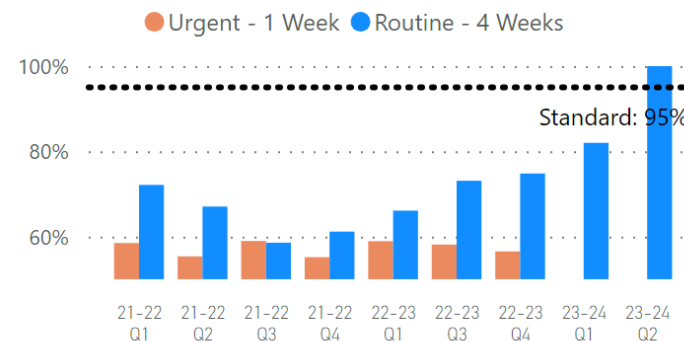
Number of Out of Area Placements



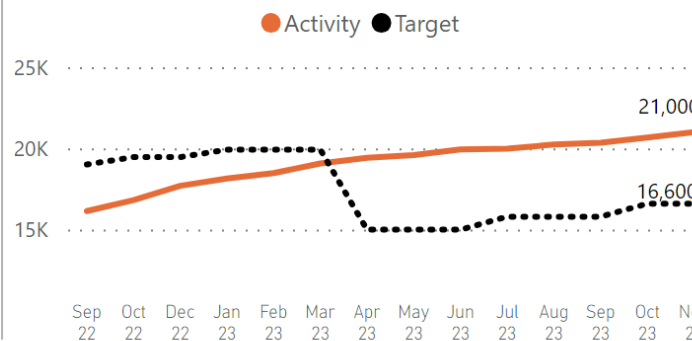
Dementia Diagnosis Rate



CYP Eating Disorders Seen within Target Time



CYP Access Rate - Rolling 12 Months



Improving Access to Psychological Therapies Access

Activity was above plan in November, however performance declined in December. This seasonal variation in access has been observed in previous years and performance is forecast to improve from January.

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 Team Manager has daily oversight for proactive resolution of any barriers to assessment.

Out of Area Placements

Out of area placements decreased in November, however still remain above trajectory. South London & Maudsley 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. Monthly multi-agency meetings are in place to address delayed transfers. Actions are being implemented to improve patient flow and reduce delayed transfers of care.

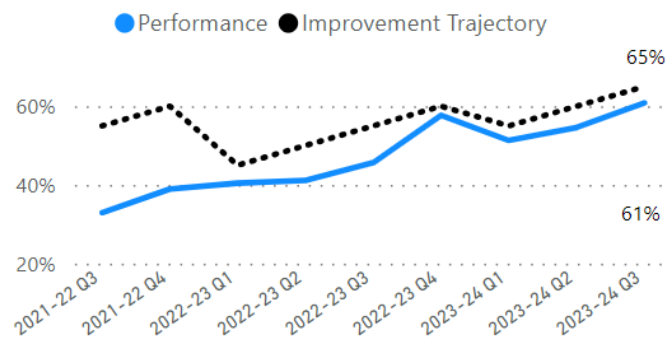
Dementia Diagnosis rate

South West London continues to maintain good performance levels (72.55%) exceeding the national target of 66.7% and the London ambition of 70%.

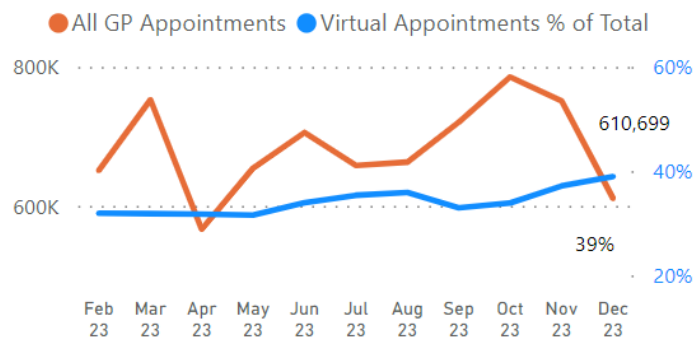
Children and Young People's Eating disorders

Nationally there are data quality issues with the reporting of Urgent Cases; this is being addressed. Published data is available for routine cases, which shows compliant performance in Quarter 2. 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 also an ongoing action plan to improve urgent access.

SMI Physical Health Checks



Virtual Appointments in General Practice and % of Total



Severe Mental Illness Physical Health Checks

In Quarter 3, 61% 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 their health checks.

GP Appointments

610,699 appointments were delivered in December (140,000 less than in November). The 18% difference was also seen nationally and across London. Of these appointments: 58% were face-to-face consultations, 49% were delivered the same day and 89% were delivered within 14 days (including same day).

South West London COVID Vaccinations

The Autumn/Winter Covid 2023/24 campaign came to an end on the 31st January. SWL are awaiting a final system planning letter, but the Spring 2024 campaign is expected to commence on the 15th April with guidance confirming cohorts will be Care Homes, people aged 75+ and the immunosuppressed.

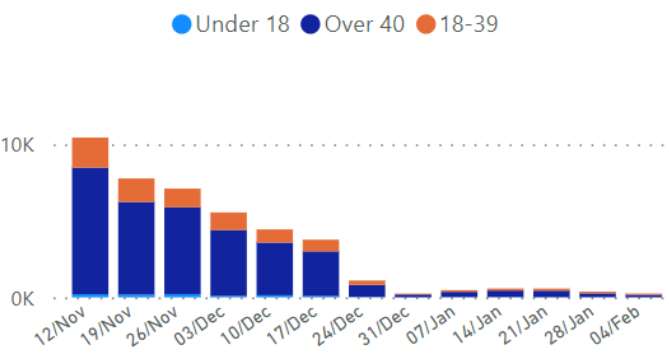
Learning Disability Health Checks

South West London is currently exceeding its plan, with the majority of Annual Health Checks profiled to be delivered in Quarter 4 and on track to achieve the March 2024 target. The strong focus continues to ensure alignment and engagement with Primary Care, supported by GP Clinical Leads in each borough working to maximise rates.

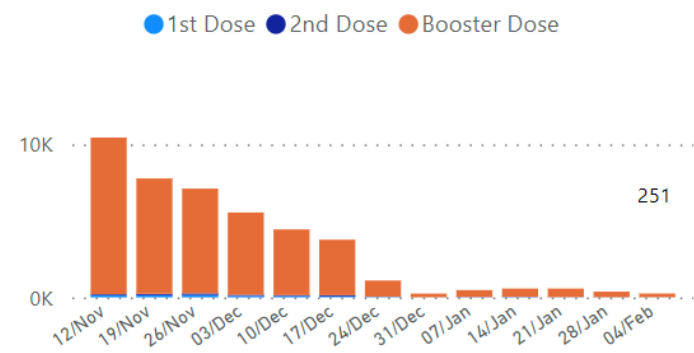
Childhood Immunisations

In Quarter 2, SWL continued to surpass London, averaging 88%, however coverage at 24m and 5yrs has declined. Croydon uptake has improved between 12m-5yrs across all immunisations since Quarter 1. An MMR campaign to deal with the current measles outbreak is underway with a focus on low uptake areas. Funding has been made available to enable additional capacity. MMR clinics are currently being arranged in some practices, pop-up clinics and an agreement to roll out a pilot with an engagement scheme for community pharmacy.

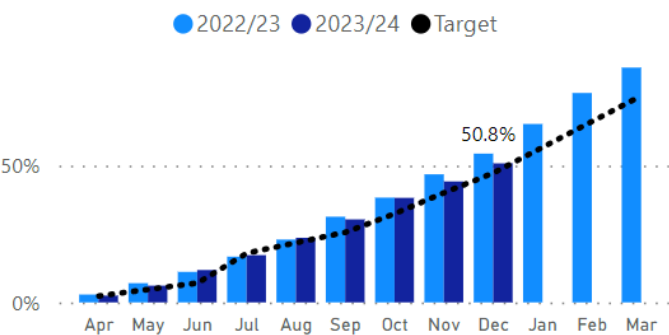
SWL Covid Vaccinations by age group



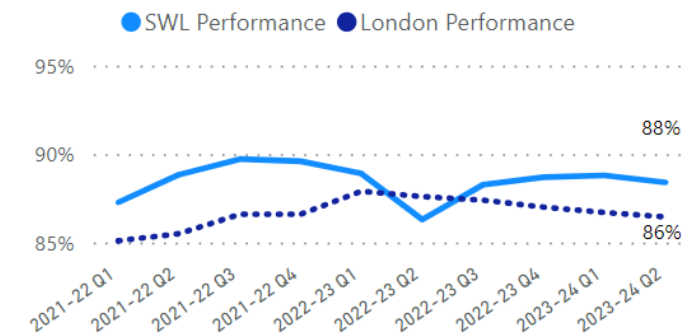
SWL Covid Vaccinations by Dose



Learning Disability Annual Health Checks Cumulative



Childhood Immunisations at 12 months



NHS South West London Integrated Care Board

Name of Meeting	ICB Board		
Date	Wednesday, 20 March 2024		
Title	Audit and Risk Committee Update		
Non-Executive Member Chair	Martin Spencer		
Lead Director Lead (Name and Role)	Helen Jameson, Chief Finance Officer, SWL ICB.		
Author(s) (Name and Role)	Funke Ojutalayo, ICB Head of Assurance		
Agenda Item No.	13	Attachment No.	18
Purpose	Approve <input type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input checked="" type="checkbox"/>

Purpose

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

Executive Summary

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

Key Issues for the Board to be aware of:

Audit and Risk Committee

The Committee met on 23 January 2024. The meeting was quorate. Following consideration and discussion of key items at the meeting, the updates below are highlighted.

Survey to support the annual review of the Committee Terms of Reference

- Agreed the process for review of the terms of reference via survey

Briefing and update on South West London (SWL) ICB's Speaking Up arrangements

- Noted and discussed the Freedom to Speak Up (FTSU) arrangements in place in the ICB and across SWL.

Standing Orders, Standing Financial Instructions and Scheme of Reservation and Delegation (SORD) update

- Noted the delay to update the governance documentation and agreed for an update to come back to the next meeting.
- Agreed the interim approach for the governance of Provider Selection Regime (PSR).

2023/24 Annual Report and Accounts Update

- Noted and discussed the process and timeframe for the Annual Report and Accounts for 2023/2024.

Assessing the Audit Risk

- Noted the report prepared by management and signed by the SWL ICB Audit & Risk Chair.

Board Assurance Framework (BAF) and Corporate Risk Register

- Noted the Corporate Risk Register and BAF and the alignment of strategic risks to the four ICB priorities.
- Discussed best practice and management of system risks and process around assurance that all strategic risks are captured.

Review of Performance Risks

- Conducted a deep dive review on the Urgent and Emergency Care and (NHS Constitutional Standard) Delivering Access to Care risks.

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

- Noted the Internal Audit progress report and reasonable assurance ratings for the reports on Virtual Wards, Primary Care Transformation and Additional Roles Responsibilities, Financial Sustainability and detailed Follow Up on the Healthcare Financial Management Association (HFMA) Checklist
- Noted the update on the development of the ICB Assurance Map.

External Audit Plan 2023/2024

- Noted the scope and timing of the External Audit Plan 2023/2024.

External Audit Contract Award

- Noted the award of the contract.

Counter Fraud Progress Report

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

2022/23 Annual Accounts – Post Balance Sheet Events

- Noted the letter signed by the SWL CEO providing assurance on 2022/2023 post balance sheet events.

Single Tender Waivers (STWs) Approval

- Noted the list of waivers approved since the last Audit Committee along with the summary of volumes, value and reasons for issuing of waivers.

Committee Forward Plan

- Noted the updated Committee work plan.

Recommendation

The Board is asked to:

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

Conflicts of Interest N/A

Corporate Objectives This document will impact on the following Board Objectives	Overall delivery of the ICB's objectives
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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	Noted within the committee updates and approvals in line with the ICB governance framework where appropriate.
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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
	N/A		

Supporting Documents	n/a
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NHS South West London Integrated Care Board			
Name of Meeting	ICB Board		
Date	Wednesday, 20 March 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 Ojutalayo, ICB Head of Assurance		
Agenda Item No.	14	Attachment No.	19
Purpose	Approve <input type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input checked="" type="checkbox"/>
Purpose			
<p>The report is provided for information to keep the Board updated on key issues not covered in other substantive agenda items.</p>			
Executive Summary			
<p>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.</p>			
Key Issues for the Board to be aware of:			
Industrial Action Update			
<p>Junior doctors announced a further five full days of strike action in February.</p> <p>The strike ran from 7am on Saturday 24 February to 11.59pm on Wednesday 28 February.</p> <p>HCSA, the hospital doctors' union also announced that their junior doctors would stage a full walkout. The strike ran from 06.59am on Saturday 24 February to 06.59am on Thursday 29 February.</p> <p>We know that continued strike action causes significant disruption for both patients and staff, and we would like to acknowledge the continuing efforts made to reduce the impact on those affected.</p>			
Management Cost Savings Programme Update			
<p>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.</p> <p>In response to this, we set up a four-phase change programme to deliver the required reduction in our running costs:</p> <ul style="list-style-type: none"> 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, have heard 37 staff appeals and have interviewed 89 staff who had ring-fenced status. Our focus throughout March is to interview staff in bands 2-8 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, including interview support and career coaching. To support people who have Suitable Alternative Employment status we have held a number of sessions to answer any questions our staff have and also to outline the change process and requirements as we move through March. We have also met with managers to outline the important role that they have to support our staff particularly over the coming weeks.

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. Over the coming weeks, we will be working with staff and managers to ensure we have a well-managed transition to our new structures from April.

COVID Vaccination Campaign/National Measles incident

The Joint Committee on Vaccination and Immunisation (JCVI) have agreed a new Spring Covid vaccination campaign to commence on 15 April until 30 June 2024. Eligible cohorts will include over 75s, Care Homes residents and those who are immunosuppressed. Across South West London 20 Primary Care Networks (PCNs) and 111 Community Pharmacies have agreed to take part and will work alongside the SWL roving team offering vaccination to local people. We anticipate approximately 85,000 people will come forward for vaccination during this period.

In response to an increase in measles cases across the UK, we are working with local partners to develop a response plan should we see a significant increase in cases of measles. Our plans will focus on areas of low uptake and on those who are unvaccinated in the first instance. We are supporting Primary Care colleagues to offer additional capacity for vaccination, and we will use the roving team to work alongside local health visiting teams and children's centres to promote the uptake of vaccination. We are working with partner communications and engagement teams on the development of our plans. We are working in partnership with voluntary and community organisations to have good conversations about childhood vaccines at local events and in community locations across our six boroughs.

We have also created materials targeting communities who are disproportionately impacted by health inequalities, including a range of translated voice notes in commonly spoken languages and a video in British Sign Language (BSL). Languages include Gujarati, Tamil, Bengali, Arabic, Korean, French, Romanian and Polish. We are also sharing information about how to identify measles on black and brown skin. New videos featuring local clinicians are also being shared online and on social media, using targeted advertising to reach local parents.

Primary Care Recovery Programme Update

The Primary Care Access Recovery Programme (PCARP) is a two-year national programme which was launched in May 2023. It was designed to reduce the number of people rushing and struggling to contact their practice at 8am, and for patients to know how their request will be managed on the day they contact their practice.

Progress across SWL to date includes:

- 100% of practices offer ordering and management of repeat prescriptions via the NHS App
- 98% of practices have switched on prospective access to medical records for their patients via the NHS App.
- 92% of practices offer routine appointments online for patients to book via the NHS App.
- 100% of practices will have a cloud-based telephony in place by April 2024.
- 35% of practices have enabled patients to register online, with a plan to have 100% by October 2024.
- 100% of practices now offer Online Consultation.
- 100% of PCNs have an access improvement plan in place. The plans outline areas of improvement at both the practice and PCN levels, along with the steps being taken to address these areas by 31st March 2024.
- 95% of pharmacies have now registered to deliver the Pharmacy First Service.
- The current general practice workforce is 3,195 FTE.

There has been a focus on increasing the multi-disciplinary team working in primary care. Additional Roles and Reimbursement Scheme (ARRS) provides funding for 17 different roles and there has been a large increase in recruitment to these roles equating to 720 Full Time Equivalents (FTE) in August 2023, with PCNs on track to increase this to 884 FTE by March 2024.

Recommendation:

The Board is asked to:

- Note the contents of the report.

Conflicts of Interest

N/A

Corporate Objectives

This document will impact on the following Board Objectives

Overall delivery of the ICB's objectives.

Risks

This document links to the following Board risks:

N/A

Mitigations

Actions taken to reduce any risks identified:

N/A

Financial/Resource Implications

N/A

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

Supporting Documents	PCARP System-Level Update Report
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Primary Care Access Recovery Plan

System-Level Update – March 2024

1. Introduction

NHS England has requested a system-level report is presented to the ICB Board in March 2024 to provide a further update of current progress against the national Primary Care Access Recovery Plan. This builds on the work detailed in the System-Level update that was previously presented to the ICB Board in November 2023.

The Primary Care Access Recovery Plan has two key ambitions:

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

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

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

2. SWL Progress Update – March 2024:

2.1 Empower Patients

2.1.1 Digital Care Coordinators

General practice has come a long way in embracing information technology. The digital GP record is now a cornerstone of patient care and in today's digital age and patients expect seamless interaction with healthcare services through technology.

While numerous digital strategies promote online interactions, further support is required to ensure patients can make the most of these tools. Four Digital Care Coordinators are working alongside the SWL Primary Care Team to enhance patient engagement with digital healthcare tools across Southwest London and improve digital inclusion. The Digital Care Coordinator's responsibilities include:

- Supporting Primary Care Networks (PCNs) and practices with the implementation of digital programmes.
- Encouraging effective use of digital tools amongst patients.
- Collaborating with the primary care team to develop digital support content.
- Evaluating the impact of the programme.
- Contributing to developing best practice and procedures.
- Staying up to date on NHS Digital policy issues and technologies.
- Providing training where necessary.
- Providing direct feedback from patients on any barriers to utilising digital technology.
- Delivering against objectives.
- Establishing working relationships with local community pharmacy teams.

This approach aims to ensure that patients can fully utilise digital offerings in primary care, ultimately improving the quality and accessibility of healthcare services in Southwest London.

2.1.2 NHS App

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

	Nov-23	Mar-24
Practices switched on prospective access to medical records for their patients.	95%	98%
Practices offering routine appointments online for patients to book via the app.	88%	92%
Practices offering ordering and management of repeat prescriptions via the app.	99%	100%
NHS App Logins.	23/24 Q2 = 1.46m	23/24 Q3 = 1.86m
Medical Record Views.	23/24 Q2 = 580k	23/24 Q3 = 651k

Points to note

SWL ICB remains the second highest across London in terms of the number of practices with records access enabled, and fifth highest nationally.

The NHS App offers messaging functionality at no cost for messages accessed through the app, excluding those that default to a text message (SMS). The ICB are working closely with Accurx, the messaging supplier, to enhance the pickup rate of messages within the app.

Next steps

Practices continue to be supported by the change management team and now the digital care coordinators to encourage patients to use the NHS App to:

- View their medical record.
- Access test results.
- Book appointments.
- Order prescriptions.

A targeted local communications campaign is taking place throughout January to March 2024 with the aim to encourage patients to register and use the NHS App.

AccuRx have recently developed and deployed batch email functionality which enable practices to send out emails to patients instead of SMS messages where appropriate. This provides more options to practices for free methods of communicating with their patients. Webinars will take place in March 2024 to inform all practices of this functionality and deliver sufficient training to enable them to make the most of this new feature.

2.1.3 Register with a GP Surgery Online

The NHS 'Register with a GP Surgery' service aims to reduce the complications for both the patients registering with a new GP practice and the practices receiving them.

	Nov-23	Mar-24
Practices signed up to enable registrations online	14	60

2.2. Implement Modern General Practice Access

2.2.1 PCN Access Improvement Plans

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

The plans outline areas of improvement at both the practice and PCN levels, along with the steps being taken to address these areas by 31st March 2024. This work will improve online patient journeys including practice websites, help to understand general practice transformation maturity and support needs, and improve the overall experience of access. The ICB is committed to ensuring each PCN has implemented their outlined steps and evaluated the impact of changes, and has identified further development measures, including data monitoring and feedback from staff and patients.

Examples of practice/PCN improvement areas include:

- Embed a PCN process to regularly:
 - Monitor, analyse, and act on feedback e.g. GP Patient Survey, Friends and Family Test, local staff surveys, information from Patient Participation Groups.
 - Share learning and best practice across member practices.
- Practices with analogue telephony systems to take up the national offer to migrate to a cloud-based telephony solution by end 2023/24.
- Increase patient usage of online consultation systems to provide a streamlined digital access route and triage support, managing all types of requests more effectively such as appointments, admin requests.

- Increase patient uptake of NHS App registrations and supporting patients to understand the benefits of the app through promotion via various routes such as practice website, posters/leaflets in the waiting room, Patient Participation Group (PPG) discussions, training of staff.
- PCN self-certification confirming that all practices in the PCN are accurately recording appointments by all relevant roles (including ARRS) in practice/PCN appointment books in-line with national guidance.

Next steps

The PCNs are due to evaluate the improvements made throughout 2023/24 and submit an outcome report to the ICB by 30th April 2024.

2.2.2 Online Consultation Tools

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

100% of SWL practices are now offering Online Consultation.

2.2.3 Digital/Cloud-Based Telephony Solutions

Phase 1

NHS England confirmed that any practices with an analogue telephone system would be supported to move to a digital cloud-based telephony solution in 2023/24:

- 55 practices were identified as having analogue systems in place and have now signed contracts with a new cloud-based provider.
- **All practices are on track to go live by April 2024** with their new cloud-based telephony system.

This will ensure that all 171 practices in Southwest London will have a digital cloud-based telephony system in place for 2024/25 which aims to:

- Reduce call waiting times.
- Improve patient experience and access, for example enabling call-back so patients do not need to wait on the telephone.
- Re-route calls to ensure patients access the most appropriate service.

Phase 2

On 28 November 2023, NHSE confirmed additional investment is available in 2023/24 to upgrade sub-optimal digital telephony solutions for those practices that already have a cloud-based telephony system in place.

- 37 practices were identified as not having the required functionality in place and were invited to complete an expression of interest for funding support.
- 24 practices have now signed a contract with the supplier.
- **Practices are on track to be live with additional functionality by 25 March 2024.**

2.2.4 Practice and PCN Training and Development

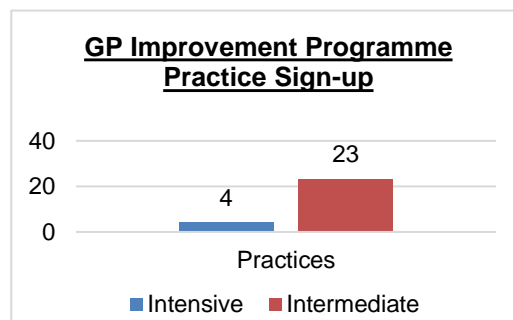
Practices and PCNs are encouraged to participate in the national and local training and development offers to support them with moving to a modern general practice access model.

Details of sign-up to date is included below:

NHSE GP Improvement Programme (GPIP)

There are two programmes available to all practices:

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



NHSE Care Navigation Training

There are two training courses available:

1. Foundation course for practices: 72/171 practices (86 staff) have signed up to date.
2. Advanced course for PCNs. 8/39 PCNs (11 staff) have signed up to date.

2.2.5 Pharmacy First

Pharmacy First launched on 31 January 2024 and is a new advanced service consisting of three elements:

1. Clinical pathways for seven conditions* = referral and walk-in.
2. Urgent repeat medicine supply = referral only (patients can complete a self-referral form via [NHS 111 online - emergency prescription](#) or call NHS 111).
3. NHS referrals for minor illness = referral only.

*The expanded service enables patients to get treatment and medicines from their local pharmacy for seven common conditions, covering sinusitis, sore throat, earache for children aged 1 - 17, infected insect bite, impetigo, shingles, and uncomplicated urinary tract infections for women aged under 65.

Registered Pharmacies

- **Pharmacy First Service:** 272 (95%) of pharmacies have now registered to deliver the service.
- **Hypertension case finding:** 255 registered pharmacies, with an average of ~4000 checks a month.
- **Contraception:** 136 registered pharmacies (awaiting updated registration data).

Next steps

- **Strengthen the pathways between GPs and community pharmacies** so patients can be booked in for a consultation with their local pharmacist for a range of self-limiting conditions and they work together across care pathways:
 - EMIS local services in place across all GP practices to enable direct referrals to Community Pharmacies for all Pharmacy First referral.
 - This will be expanded to include direct referrals for Contraception and Hypertension Case-Finding Service by end of March 2023.
- **Promote pharmacies as a first contact into the health system** through national schemes such as pharmacy first, hypertension case finding and contraception services:
 - The national campaign was released mid-February to raise awareness of the seven additional conditions that can now be treated by community

pharmacies, without needing to see a GP. Adverts will run across on demand TV services, radio, bus stops and billboards as well as social media, encouraging people to use their high street pharmacy for a wider range of common illnesses.

- Since 31 Jan 2024, SWL GP practices have referred just under 1500 patients* to pharmacies. **This does not include patients who have walked into pharmacies.*
- **Utilise the pharmacy estate** in achieving local priorities such as supporting winter health and enabling digital inclusion for the over 65s.
- Ambition to **develop community pharmacy** as an integral part of the Southwest London primary care strategy.

2.3 Build Capacity

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

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

Since the commencement of the Network Contract DES and the Additional Roles Reimbursement Scheme (ARRS), there has been a focus on increasing the multi-disciplinary team (MDT) working in primary care. ARRS provides funding for 17 different roles and there has been a large increase in recruitment to these roles equating to **720 FTE** in August 2023, with **PCNs on track to increase this to 884 FTE by March 2024.**

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

- **GP Fellowship Scheme:** A 2-year programme of support available to all newly qualified GP and nurses working substantively in general practice, offering support with PCN portfolio working and learning and development post registration. Currently there are 86 GPs and 10 nurses participating in the scheme. The scheme is shortly coming to an end and the sign-up deadline for the final intake is 31st March 2024.
- **GP Supporting Mentors Scheme:** Allows locally based GPs who are highly experienced with a recognised mentoring qualification, to be matched with newly qualified GPs to provide mentoring support. Currently there are 27 GP mentors providing mentoring support.
- **SWL ICS Induction:** Initially open to primary care staff and has since been extended to wider ICS partners. There are opportunities to access CPD funding which has been positively received. There is also work underway in line with the Workforce Race Equality Standard (WRES) for tackling workforce race inequality across the system by having Freedom Speak Up Champions at PCN level that promote equality, diversity & inclusion (EDI) and support staff forums. This is a joint programme of work with between SWL ICS and SWL Training Hub.
- **National health and wellbeing offer to PCNs:** NHS England are providing a selection of health and wellbeing offers for primary staff which include confidential coaching and support.
- **Training and development opportunities for General Practice staff.**

- **General Practice Staff Peer Forums.**
- **Continuing Professional Development (CDP) for GPs.**
- **Training & development for ARRS staff** to assist with embedding and utilisation of this staff group.
- **Equality, Diversity & Inclusion (EDI) and Workforce Race Equality Standard (WRES)** – Working Groups, progressing plans for Freedom to Speak Up Guardian Project Manager, Staff Networks, Supporting the ICB with implementation of the Oliver McGowan Training.
- **Widening Participation and Primary Care Anchor Networks.**

2.4 Cut Bureaucracy – Improve the Primary and Secondary Care Interface

An initial scoping meeting for the Interface Working Group was arranged between Primary Care, Secondary Care and LMC Colleagues and there has been broad agreement to establish the priorities, terms of reference and membership for all involved.

The aim of the working group will be to determine the individual status of each interface priority, highlighting good working practices and working collaboratively where needed on solutions where improvements are needed. It is recognised that many of the areas are being reviewed at relevant ICS groups, such as Outpatient and Elective Recovery and as such may require the working group to dock onto those.

Next steps

The Recovery Plan requires that there is a focus on the following priority areas:

Onward referrals:

- How this is currently working, improvements needed, future ideas etc.
- If worth reviewing data on onward referrals from NHS Trusts.

Electronic fit notes and discharge letters:

- How we can gain intelligence to see what is working well or not so well.
- As per above, future actions/improvements and where ownership sits.

Call/recall systems:

- How this is currently working, improvements needed, future ideas etc.
- Reviewing data on Patient Initiated Follow Ups (PIFU).

Clear points of contact:

- How we can gain intelligence to see what is working well or not so well.
- As per above, future actions/improvements and where ownership sits.

The Interface Working Group will address these areas, as well as identifying and prioritising interface issues of local importance.