NHS
South West London

Annual report and accounts

1 April 2023 to 31 March 2024

Contents

Performance report

1.1 About this report

The NHS South West London Integrated Care Board (ICB) Annual Report for 1 April 2023 to March 2024 has been produced in response to the NHS England requirements as published in the Department of Health and Social Care Group Accounting Manual 2023/24. The structure closely follows that outlined in the guidance and includes three core sections:

- **Performance Report** – including an overview, performance analysis and performance measures
- **Accountability Report** – including the members' report, corporate governance report, annual governance statement, remuneration and staff report
- **Annual Accounts** – including the independent auditor's report and financial statements

This draft has been updated since the first submission to NHS England for review on 23 April 2024. This draft has been updated following review by the Chief Executive, the Audit Committee and the Senior Management Team of NHS South West London Integrated Care Board. All the content has been checked for accuracy and consistency with reporting data sources and to make sure that all requirements are met by our auditors.

1.2 Welcome and overview from the accountable officer and chair

Welcome to the annual report for NHS South West London Integrated Care Board. This report is a record of our first full year of operation from 1 April 2023 until 31 March 2024.

1.2.1 Our achievements

Throughout our first full year of being an organisation, NHS South West London has worked closely with our health and social care partners, and the NHS in South West London has continued to be a high performing system, with strong delivery of the NHS constitutional standards. We have worked together with partners in each of our six places and with our provider collaboratives, to jointly respond to our communities increased need for care and services, to workforce challenges, the cost-of-living crisis, and prolonged industrial action.

As with the rest of England, the demand for health and care continues to rise because of our ageing population, and more people living longer often with multiple long-term conditions.

Despite these challenges, we have made good progress for local people on reducing our waiting lists, particularly the number of people who have been waiting a long time for treatment (at the time of writing we are close to eliminating our 65 weeks waiting list). We are also the best in London for cancer waiting times and meeting cancer treatment standards. We are still working hard on the challenges we have around how long local people have to wait to access urgent care services, and this winter has been the busiest on record for us in South West London.

System leaders are also clear that while we may be meeting many of our national targets, we still need to improve our services for local patients; for example around access to primary care, and access to children and young peoples' mental health services. We are doing this by collaborating and being innovative in creating new roles like paramedics and social prescribing link workers to work alongside GPs, and working more closely with partners to support people in mental health crisis.

We are also clear that we need to work harder on equality, diversity and inclusion, to make sure we reduce the unfair differences in access to healthcare services and health outcomes for different communities across South West London, but also in tackling racism and discrimination within our workforce. Reducing health and healthcare inequalities needs action on prevention, community empowerment and individual empowerment and self-care. Over the past year, we have been working hard to better understand our population's heath and healthcare needs, and importantly, we have developed a dashboard of outcome measures for health inequalities so that we can track the impact our initiatives are making. We are particularly proud of the action we have taken with communities to reduce health inequalities in maternity services, respiratory care and mental health.

This year we have also made practical improvements for staff from innovative training programmes, to outreach work with communities around health and care job opportunities, to the 'Ask Auntie' app to support new international staff, and a new Disability Advice line to support employers in making adaptations so we can confidently hire more staff with disabilities.

There have also been strong achievements in our boroughs – for example in Croydon the launch of a new team of health professionals is working to support frailer older people and avoid their frailty deteriorating, partnering with GP practices to identify people who might need their help. In Kingston a new carers' clinical liaison service has supported over a thousand unpaid carers during hospitals stays for people they care for. In Wandsworth another new scheme, which transformed the health of people

in Brazil's poorest neighbourhoods, sees community health and wellbeing workers visit over 100 people and their families in their homes to provide advice and connect them to NHS, council and voluntary sector support.

1.2.2 Challenges

South West London remains a financially challenged system. Each part of our NHS system has worked together to minimise spend and deliver a financial position that has been agreed with NHSE. We continue to work hard on delivering a stretching financial recovery plan for the coming year, including programmes that will deliver on: efficiency measures, productivity improvements, workforce planning, better preventative care and co-ordination, digital health solutions and stronger budgetary control and financial governance.

We know that only by working together with health and care partners can we maintain a high quality and sustainable NHS in South West London.

That's why our Integrated Care Partnership Board and strategy is key to our success. With 'workforce' agreed as our collective shared priority for this year - partners are coming together to deliver for local people especially around our 'anchor institutions' with innovative new ways of working with and for our communities.

In common with the rest of the NHS, our South West London NHS workforce numbers and the skills we need, undoubtedly remain a challenge, but we have still made incremental improvements this year. As a whole, our South West London system: has reduced staff turnover and staff sickness, has less temporary and more permanent members of staff, and has taken action around health and well-being initiatives to work harder to retain the excellent staff we have across South West London. Industrial action impacts the most on our patients, but also on our workforce who have worked extremely hard to keep patients safe during the protracted periods of strike action.

We also face huge challenges with our NHS estate – some of which is not fit for modern health care and prevents our professional and dedicated staff from delivering the standard of health care their patients deserve. We will continue to work hard on prioritising within the NHS capital spending allocation we have, as this is vital to support us in increasing productivity and reducing waiting lists. This is why we are particularly delighted the government and NHS England has committed to funding the new build 'Specialist Emergency Care Hospital' in Sutton, as well as investment to modernise Epsom and St Helier Hospitals. We will continue to support the Trust as it implements these plans and this 'once-in-a-generation' investment in the local NHS.

As an ICB we have also faced the challenge of working towards reducing our management costs by 30% by April 2026. We are currently in phase 4 of a programme that means we are in the process of transitioning to our new and reduced structures. We would like to take this opportunity to thank our staff and partners for their patience and support during this time.

1.2.3 The way we work

The way we work together across South West London is integral to continuing to deliver for our communities, as well as overcoming our challenges.

Partnership and collaboration help us provide health and care that is joined-up across different organisations and move our focus to keeping people well or independent, and back at home as soon as possible.

That's why our partnerships with the voluntary sector and communities are so important at Place and at South West London level. We will only succeed as a system if we continue to work hard to understand the potential of this sector to provide services, support and engage with our communities.

Innovation is key to this approach and our 'investment fund', our 'health inequalities fund' and our 'winter engagement fund' have diverted NHS resource to the sector to deliver innovative programmes that have improved the health and well-being of some of our communities in the most need.

The NHS is also working in new ways to use our strength and position as an anchor institution to support our communities who are also facing challenging times. We have a lot more work and learning to do, but we have made some good progress this year. In the NHS, we are well placed to help strengthen the employment prospects and opportunities for local people, working with our health and care partners to support those out of work, into good careers in health and care sector in SW London. We have developed more local apprenticeships and work experience opportunities, and the created of a toolkit to help us improve social mobility and remove the barriers people can face in education and employment. We are also making real progress in increasing the number of accredited organisations in SW London paying local people the 'London Living Wage' at our NHS, Local Authorities and care providers.

Our strong partnership with the 'South London Listens Programme' supports this work, building connections with our with our communities to identify the barriers to good health and wellbeing across south London, and using our position as large local organisations to support communities at grass roots level. A good example of this over the past year has been the redevelopment of Springfield Hospital. The South West London and St George's Mental Health Trust prioritised creating social value for the community with inclusion of social housing and public spaces for community use. The NHS across SW London is also reviewing how we procure goods and services to make sure we contribute to sustainability, employment, and the local community. We will continue to build on this good progress and further strengthen our partnerships and relationships with local communities – this is how we will make our NHS in SW London the strongest anchor system we can.

Our local and South West London level partnership with our six Healthwatches continues to grow and strengthen, for example with Healthwatches' insight engagement reports have had an increasing impact over the past year in how we plan and design health and care services in direct response to local people's views. Local people's views and concerns have been the foundation for the development of the Joint Forward Plan, and the ICP Strategy, as well being as routinely considered at our Place Committees, and People and Communities Engagement Group.

We have also increased our collective-focus on making South West London a greener and more sustainable NHS with joined-up programmes across our system including energy efficiency, waste reduction and recycling, sustainable procurement practices, better transport options, staff education and training and green-building design.

1.2.4 Looking ahead

As we look ahead to the coming year 2024/25, our plans will build on what we have achieved this year in the most challenging of circumstances. Our focus will continue to be broader than NHS services in NHS buildings, as we work with partners and communities to look more broadly at the social and economic determinants of the health of local people, with a particular focus on those that experience health inequalities in each if our six places.

In November 2023, our ICB Board agreed the principle of increasing the investment in the key services that help keep people healthy and well in our communities. Community, primary care, and mental health services play a key role in delivering our core aims as an ICB and are crucial to supporting other parts of the system. They also support improved productivity - for every £100 spent in NHS community care, there is £131 return on investment in acute sector savings, through reduced hospital admissions and fewer people taken to hospital by an ambulance.

As we plan and deliver a more financially sustainable system across South West London, we will look to address the levels of investment in services beyond hospital that help keep people healthy and well in our communities.

This coming year we will focus on working towards a single model of community services for South West London, building on the success of initiatives such as virtual wards, 2-hour urgent community response, intermediate care in community settings, voluntary sector organisations supporting people in their own homes and diagnostic hubs in community settings.

We encourage you to read this annual report and reflect in more detail on what we have delivered over the past year. We believe the golden thread throughout this record of our achievements and challenges, is the evidence that when we come together, we can make real and tangible improvements to the health of local people.

Our first full year of operation included the 75th Anniversary of the NHS in July 2023. Then as now, we would like to thank our Integrated Care Board and Partnership, all of our partners and staff from across the NHS, local authorities, Healthwatches and the voluntary sector, for your hard work and commitment in supporting our communities across South West London.

Sarah Blow

Chief Executive Officer

Mike Bell

Chair

NHS South West London Integrated Care Board
South West London Integrated Care System

1.3 About us

NHS South West London Integrated Care Board (ICB) is committed to the four core purposes of Integrated Care Systems:

- Improving outcomes in population health and healthcare
- tackling inequalities in outcomes, experience and access
- enhancing productivity and value for money
- helping the NHS to support broader social and economic development.

NHS South West London is dedicated to our role to lead and support our system and partners in the delivery of these four core purposes.

Our goal over the next five years is to enable South West Londoners to Start Well, Live Well and Age Well. Our ambition is to make real and tangible improvements in health and care for local people.

The ICB is a statutory organisation bringing together the NHS to improve population health and establish shared priorities for local people, as well as being responsible for deciding how the NHS budget for South West London is spent.

This annual report covers from 1 April 2023 to 31 March 2024.

NHS South West London serves around 1.5 million people across our six diverse boroughs:

- Croydon
- Kingston
- Merton
- Richmond
- Sutton
- Wandsworth

We are responsible for overseeing the annual South West London NHS System budget of £5.5 billion, which covers the costs of running the organisation as well as the NHS services commissioned for the local population. The majority of these NHS services are delivered in our six places, but some services will be commissioned from NHS organisations outside the South West London patch.

These NHS services include hospital services, community services, mental health, learning disability services, continuing healthcare, local primary care services and prescribing.

The total South West London ICB budget covers:

- £1,815 million with SWL Providers
- £440 million for acute providers outside of South West London
- £671.2 million with South West London places (excludes Community services with SWL Providers reported above)
- £175.5 million on Continuing Healthcare
- £297.2 million on delegated primary care
- £138.2 million on dental, ophthalmic and optometry services

The South West London system also has a delegated NHS capital budget which can only be used by NHS organisations of £119 million. There is a further £2.6 million available from NHS England for GP IT and primary care improvement grants in 2023/24. These budgets can be further supplemented in-year by additional national NHS or external funds secured through bidding processes.

Our Constitution, developed with the engagement of system partners and other stakeholders, sets out our purpose, powers, and governance and leadership arrangements to ensure the effective discharge of our duties and responsibilities.

Read our constitution and standing orders on our website

Read the handbook to the NHS constitution on our website

This explains each right and pledge in the NHS Constitution and the legal sources of both patient and staff rights and outlines the roles we all play in protecting and developing the NHS. These rights have been continued by the NHS South West London Integrated Care Board.

1.4 Our South West London Integrated Care System

NHS South West London was established on 1 July 2022 when we took on statutory status alongside the other 41 ICSs in the country. Building on the partnership work from previous years, NHS South West London has been working collaboratively with our partners to lead the development of our system including in the development of our Joint Forward Plan and Integrated Care Partnership Strategy.

1.4.1 South West London ICS: Places

South West London is committed to working with local communities and neighbourhoods to make sure we respond to local health needs. Our places with delegated responsibilities, aligned to our 6 local authorities, and are an important part of our system. These six places work closely with NHS providers, Local Authorities, Primary Care, the voluntary sector and local communities to deliver on the key purposes of place:

- **support and develop primary care networks** which join up primary and community services across local neighbourhoods
- **simplify, modernise and join-up health and care** including through technology and by joining up primary and secondary care where appropriate

- **understand and identify** – using population health management techniques and other intelligence – people and families at risk of being left behind and to organise proactive support for them
- **coordinate the local contribution to health, social and economic development** to prevent future risks to ill-health within different population groups.

1.4.2 South West London ICS: Provider Collaboratives

Our providers are working closely together to:

- reduce unwarranted variation in outcomes and access to services.
- improve outcomes in population health, healthcare and tackling inequalities.
- promote better quality care and best practice.
- increase our resilience across systems – capacity, improving recruitment and retention.
- achieve the benefits of working together at scale.

There are three provider collaboratives in South West London.

South London Mental Health Partnership is made up of:

- South West London and St George's Mental Health NHS Trust
- South London and Maudsley NHS Trust
- Oxleas NHS Foundation Trust

South West London Acute Provider Collaborative is made up of:

- Croydon Health Services NHS Trust
- Epsom and St Helier University Hospitals NHS Trust
- Kingston Hospital NHS Foundation Trust
- St George's University Hospitals NHS Foundation Trust

Royal Marsden Partners is made up of:

- all South West London and North West London organisations supporting the NHS cancer pathway, including primary, acute and specialist providers and screening services

Our collaboratives have delivered significant achievements in the recovery of acute services following the pandemic, high quality cancer care and efficiency and high quality care in Mental Health placements.

1.4.3 Leading our system and working in partnership across South West London

We are committed to a collaborative leadership approach for the benefit of local people across South West London. We have an experienced team of people working within our ICB, our partnerships and providers.

Our role as an ICB, means that we lead the development of our system alongside our partners across South West London. Key areas in which we take on this leadership role, as well as our assurance function, include:

- Setting strategy – read more in section 1.4
- Managing our money – including our system financial challenge – read more in section 1.6
- Improving performance – read more in section 1.7
- Improving quality – read more in section 1.24
- Tackling our joint workforce issues, including leading and coordinating making sure our system remains safe for local people throughout recent industrial action - read more in section 1.26
- Addressing health inequalities and improving equality, diversity and inequalities – read more in section 1.8
- Socio economic development including the role of our partners as anchor institutes - read more in section 1.26

We work with our partners and lead on the development of our key system strategies and plans.

As well as having strong governance and strategies in place. We work together across the system to ensure that our services are efficient and high performing for the benefit of local people.

1.4.4 Developing our ICS Strategy

Last year we worked with ICP partners on the development of our Integrated Care Partnership Strategy for 2023 to 2028 for South West London which we published in July 2023.

Over the past six years, we have grown as a partnership and strengthened how we do things together. We recognise that with the financial situation for all of us is becoming more challenging, matched with the health and care need from local people increasing, we need to work differently. By working together at scale across South West London when it is right to do so, we really make a difference because we can focus our efforts and investment on shared priorities. Our Integrated Care Partnership Strategy explains the journey we have been on 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 places.

Our strategy, identifies that our shared priorities are to:

- Tackle and reduce health inequalities
- Prevent ill-health, promote self care and support people to manage their long term conditions
- Support the health and care needs of children and young people
- Positively focus on mental well-being
- Support older and frail people in the community

In addition, the following cross-cutting areas of focus underpin the delivery of our priorities:

- Equality, diversity and inclusion
- Championing the green agenda
- Elevating patient, carers and community voices
- Workforce

We wanted to make sure that the actions to address our priorities were anchored in the needs of local people and communities, and our organisations. On Wednesday 24 May 2023, around 300 representatives from the local NHS provider trusts, our six local authorities, voluntary and community sector, Healthwatch and local people, joined us to discuss and help shape the practical actions we could deliver together across our partnership.

Aligned to the agreed priorities we created six break-out groups who looked in detail at each of our shared priorities and a sixth group looked in detail at tackling our system wide workforce challenges. Each of our six break-out groups were also asked to consider the cross-cutting themes of equality, diversity and inclusion, the green agenda and elevating the patient, carer and community voice. The actions agreed from the workshop have been brought together with other key information to form the detail of our Integrated Care Partnership Strategy.

We wanted to make sure that we invited a range of voices to the conference to make sure we developed our ICP priorities in partnership with local people and communities. We invited key community and voluntary organisations, local connectors, champions and people with lived experience to join us and made sure they joined the priority rooms that they felt most comfortable with. This supports our ambitions to work collaboratively with the voluntary and community sector but also meant that we had vibrant, cross-sector discussions as part of the day to help shape our priorities with people and communities at their core.

Find out more about how we developed our South West London ICP Strategy on our website.

1.4.5 Our Joint Forward Plan

Our Joint Forward Plan describes how NHS partners across South West London are working 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.

Engagement with our partners and people and communities was key to informing our Joint Forward Plan. Our Healthwatch and voluntary sector partners advised on our engagement approach which began with the analysis of 180 engagement reports collected from across our six places and partners organisations. This gave us an overview of the views of people and communities which we summarised for each setting of care to inform the ‘ambition’ we set out for each area of delivery. We published ‘Developing our Joint Forward Plan’ in March 2023 and asked partners and local people for feedback, this included:

- 6 responses from our key partners including our 6 local authorities, Heatlhwatches and partner NHS Trusts
- 599 responses to our online survey
- 7 focus groups
- 131 one-to-one conversations
- 5 outreach events

Our engagement focused on where we had gaps on insight and outreach with specific communities, for example refugee and asylum seekers in Mitcham Library, adults with learning disabilities in Kingston, parents and carers at a Croydon Babyzone and engagement with secondary school young people at a Beautiful Minds event in Twickenham. We used this insight to update and inform each setting of care chapter throughout our Joint Forward Plan to inform and influence our action plans.

We published our first Joint Forward Plan in March 2023 and agreed that we would review our plan at the beginning of each financial year. You can read our first review of our Joint Forward Plan on our website. 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. As the NHS in South West London, our collaborative approach has helped us maintain our position as a high performing system in London, and ensured we perform well against NHS targets and priorities, including referral to treatment times, elective care and vaccination delivery. There is no doubt that this is a challenging time for health and care services, but we are recovering well from the pandemic, and we will continue to work together to improve further. We are clear that achieving the ambitions in our Joint Forward Plan will need us all to work together differently, as we shift our focus from treatment to prevention, support people to make healthy choices, and improve our services and the way we provide care.

Our focus is to:

- Prevent ill health and support people to self-care
- Reduce health inequalities
- Keep people well and out of hospital
- Provide the best care wherever people are accessing our services
- Use technology to improve care
- Manage our money
- Make South West London a great place to work
- Deliver the NHS' requirements of the Integrated Care Partnership Strategy.

Our Joint Forward Plan outlines our level of ambition, the context we are working in for each part of plan, the views of people and communities, the actions we will take to deliver our priorities, and our critical finance, workforce and digital enablers. The last few years have shown us that when we come together, we can make real and tangible improvements to the health of local people.

We want to ensure that our ambitions are clear and respond to the needs of our patients, carers, residents and staff. We have developed our Joint Forward Plan for the next five years which you can read more about on our website.

This annual report includes a reflection on how we have delivered for the first year of our Joint Forward Plan since it was published in June 2023. Each of the chapters that follow outline what we have delivered in each setting of care.

1.4.6 Delivering the operating plan guidance for 2023/24

The NHS operational planning guidance for 2023/24 sets out the following "key tasks":

- recover our core services and productivity, specifically to:
    - improve ambulance response and A&E waiting times.
    - reduce elective long waits and cancer backlogs and improve performance against the core diagnostic standard.

    - make it easier for people to access primary care services, particularly general practice.
- make progress in delivering the key ambitions in the Long-Term Plan
- continue transforming the NHS for the future

In addition, systems were required to recover productivity and deliver a balanced financial position.

Our submitted plans, which were agreed with NHS England, set out that the system would deliver the required targets and trajectories set out in the guidance. This included achievement of the 76% A&E target, an elimination of 65 week waits and further reducing the cancer backlogs.

NHS South West London continues to be one of the best systems nationally in ensuring access to care for its patients. Despite needing to manage the pressures that have resulted from Industrial Action during the year, we have continued to deliver our required activity to achieve the 62-day cancer target, the faster diagnosis standard and our elective recovery target. Whilst we have a small number of patients who have waited more than 65 weeks for their treatment, these patients are all expected to be treated in the first 3 months of 2024/25.

We continue to work with system partners to ensure patients have access to urgent care in the right place. Our utilisation of the urgent community response service is the highest in London and we have delivered significant improvements in virtual wards to help keep patients at home where this is appropriate. In addition, whilst the number of calls to 111 remain broadly flat, we have continued to reduce the number of 111 calls abandoned so that we are closer to the 3% target. During 2023/24 we have worked with London Ambulance Service to implement a maximum 45-minute handover of patients who arrive in ambulances.

NHS England reduced the number of formal targets for mental health in 2023/24. South West London performs strongly against a number of these metrics including the dementia target, access to IAPT services and early intervention in psychosis. We continue to experience an increase in acuity of mental health patients resulting in longer length of stay which means that we are sometimes reliant on 'out of area placements' for mental health support. Work is ongoing to minimise this.

For our residents with a learning difficulty or with severe mental ill health we are ensuring that as many as possible receive an annual health check and we have exceeded the national target of 75%. For serious mental illness we have also exceeded the national target of 70% and additional healthcare assistant resource has been put in place to enable more people to attend their annual health check.

You can read more about our performance against these standards in section 1.7 Assuring delivery of performance and constitutional standards.

1.4.7 Engaging clinical care professionals in our work

Clinicians and care professionals in NHS South West London have an essential role within our health and care system: as clinical leaders, those working with patients daily, those transforming care pathways, teaching a new generation of health and care professionals and pursuing research excellence.

In South West London we work with local clinicians and professionals to develop the right high-quality services for local people. We support and resource clinicians and professionals from a variety of backgrounds to lead programmes of work and support the development of our cross-system strategies.

Working with our local authorities, clinical networks and provider collaboratives also enables our clinical and professional leadership to benefit from working at scale, linking in and influencing with a range of other programmes across the system including:

- Long term conditions
- Digital Transformation
- Mental Health
- Community
- Diagnostics and community diagnostic centres programme
- Place-based programmes

In addition to the above, there are a number of further examples of clinicians and professionals leading and influencing our work as we move forward as an ICB.

This year we have run a consultation with existing clinical leads on proposed changes to the clinical leadership model and supporting staffing structures, we are now in the process of implementing this new model to support the delivery of the ICB's clinical priorities outlined in our Joint Forward Plan.

Clinical networks enable patients, professionals and organisations to work together on large scale, long-term programmes of quality improvement. In South West London we have nine clinical networks for areas of care: cardiology, ear, nose and throat services (ENT), gastroenterology, general surgery, gynaecology, ophthalmology, respiratory, trauma and orthopaedics and musculoskeletal and urology.

1.5 South West London ICS: Places

We are committed to ensuring we right scale our work and delegate where appropriate within our system. Our places, aligned to our 6 local authorities, are the foundation of our system – Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth.

These six places work closely with NHS providers, local authorities, primary care, the voluntary sector and local communities to deliver on the key purposes of place:

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

We recognise the importance of our continued work together at place to ensure high quality community level support to local people.

1.5.1 Our role in delivering health and wellbeing strategies

We are committed to working with our local Health and Wellbeing Boards to develop plans that support the Health and Wellbeing of our residents. Across each of our Place partnerships, we have developed Health and Care Plans that support the delivery of each borough's Joint Health and Wellbeing Strategy. These strategies are developed by the Health and Wellbeing Board, to meet the health needs identified in the borough's Joint Strategic Needs Assessment (JSNA). Each of our Place leads for Health represent their place on the local authority Health and Wellbeing Board along with representatives from local NHS acute, mental health and community providers, Healthwatch, community and voluntary sector and other partner organisations.

Read the Health and Care plans for each place on our website

You can find details of each borough's Health and Wellbeing Board on the local authority websites:

- Croydon Health and Wellbeing Board
- Merton Health and Wellbeing Board
- Kingston Health and Wellbeing Board
- Richmond Health and Wellbeing Board
- Sutton Health and Wellbeing Board
- Wandsworth Health and Wellbeing Board

1.5.2 Our place-based partnerships

We have a strong history of partnerships at place level, and these continue to grow each year. Our place-based partnerships lead the detailed design and delivery of integrated services across our local communities and neighbourhoods.

Our place partnerships involve the NHS, local councils, community and voluntary organisations, residents, people who use services, their carers and representatives and other community partners with a role in supporting the health and wellbeing of the local population.

We have been developing ways of working with our partners at place including local authorities, NHS provider trusts, Healthwatches and voluntary and community sector. We have examples of place partnership below, that show the delivery of borough health and wellbeing strategies and health and care plans.

1.5.3 Croydon

Croydon includes Coulsdon, Purley, South Norwood, Norbury, New Addington and Thornton Heath. With a population of 390,718, Croydon is the largest borough in London. Within South West London, Croydon has both the largest population of under 18s (90,241 people, 23% of Croydon's population) and the largest population of working-age people (257,325 people, 65% of Croydon's population). With 52% of the population being from Global Majority, Croydon is also the most ethnically diverse local authority within South West London (12th in London).

Croydon is also the South West London borough with the widest health inequalities; these are unfair differences in health and health outcomes. Within South West London, Croydon has some of the most deprived areas and the widest inequalities in health outcomes. 50% of the most deprived South West London residents live in Croydon and 40% of residents who are most likely to have physical and mental

health conditions. Croydon is also the South West London borough with both the lowest life expectancy and the lowest healthy life expectancy for both genders, as well as the widest gap in life expectancy between residents living in its least and most deprived areas.

The local NHS, Croydon Council, Voluntary and Community Sector (VCS) partners and Healthwatch collaborate as the 'One Croydon Alliance' to meet the health and care needs of local people. During this year the Alliance made progress in making improvements for residents.

Supporting residents with complex health and social needs

There are six teams of health and care professionals working in different areas of Croydon – north east and west, central east and west and south east and west. The programme is called Integrated Community Networks Plus (ICN+). Each team comes together to work as a system to focus on what's best for the person they're caring from - supporting residents holistically. Over this past year, around 2,700 people were supported through this model and 1,145 people were able to stay in the place they call home, avoiding an unnecessary stay in hospital.

This year, Croydon has recruited a new team of health professionals supporting people who are frailer, usually older people. The team works to support people in both community and hospital settings. They are also working with GP practices to identify and support people to help people stay healthy and avoid their frailty deteriorating.

This year the ICN+ programme has expanded to include dermatology (skin) and anticoagulation services (reducing the risk of blood clots), in partnership with Croydon GP practices. The new way of working for both services provides people with care closer to home and makes better use of clinical time.

Creating seamless discharges from hospital

Croydon supports people to leave hospital (hospital discharge) in a number of different ways, aiming to help people return to the place they call home as soon as possible.

There is a transfer of care hub – two integrated teams of health and care workers across hospitals and the community - responsible for the provision of safe and timely discharges of Croydon residents.

One team is based at the hospital, coordinating support for during and after discharge - with leads for acute, community, primary, and social care, and housing and the voluntary sector.

The other 'home first' team is based in the community and provides 'wrap around' care for up to seven days following discharge from hospital – the team starts caring for around 12 new people each day.

This year Croydon was chosen to become an 'integrated discharge frontrunner for intermediate care' by the National Discharge Taskforce and received additional funding for a new support service which launched in July 2023.

Family Hubs

Family Hubs are a new way of bringing together all the support children and families may need from pregnancy through to young people turning 19 years, or 25 if they have a disability. Croydon's first hub opened in January 2024 in the south of the borough, Woodlands Children's Centre. Another two hubs will launch over the next two years.

In each hub there will be children's activities for young children and a wide range of support for families with older children. Family hubs are run by services working together to support families, such as health services, the council, and the voluntary and community sectors.

Reducing health inequalities

Croydon works closely with local voluntary and community sector organisations – to make the most local community assets and keep residents fit and healthy longer by connecting people with their neighbours and communities.

Croydon has established a Local Community Partnership in each of Croydon's six localities. Through each Community Partnership local community and voluntary organisations are funded to deliver activities which reduce health inequalities. This year five different targeted programmes were delivered including: supporting children, young people and adults to maintain a health weight; supporting people with their mental health and wellbeing; and supporting residents to better manage their long-term conditions and stay healthy.

Together the Community Partnerships have established three Community Hubs which see over 2,000 people per year - offering a range of support including housing, benefits advice and health checks and place to meet other people.

Following the successful rollout of The Ethnicity Mental Health Improvement Programme in Wandsworth to address inequalities for black and minority ethnic people in mental health care, partners in Croydon have worked together to co-design a model that works for the Croydon population. In August 2023, NHS South West London, Croydon BME Forum and South London and Maudsley NHS Foundation Trust launched mobile mental health support in non-clinical settings across the borough working with VCSE organisations including Croydon Health and Wellbeing Space, New Testament Church of God, Centre of Change and Off the Record.

1.5.4 Kingston

As well as Kingston upon Thames, the borough includes Surbiton, Chessington, Malden Rushett, New Malden and Tolworth. There is a six year gap in life expectancy between the most and least deprived men, and four year gap for women with the gap widening over the last decade. The number of people over the age of 80 is set to grow by 37% in ten years.

Local NHS organisations, the council and voluntary and community services in the borough are working together towards goals set out in its health and care plan, in partnership with local communities. This year the partnership delivered a range of programmes to deliver its aims.

Proactive anticipatory care

Proactive Anticipatory Care (PAC) focuses on frail and typically older people – those with multiple long-term conditions who are increasingly needing urgent care as their health deteriorates. The idea behind PAC is to support people to stay healthier and more independent at home for longer, which reduces the need for urgent healthcare. At the centre of the PAC 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. Since September, around 500 new patients have been discussed at the PAC team meetings which means around 1,300 patients in total have been discussed at the PAC team meetings and have benefited from personalised input from the multidisciplinary team.

Supporting carers: carers' clinical liaison service

Over one thousand carers have been supported by Kingston Hospital's carers' clinical liaison service. The service, which launched in February 2023 with support 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 Health & Care Act 2022 places a duty of care on NHS hospitals in England to involve carers when plans for a patient's discharge after treatment are being made, and this service fulfils that legal duty to involve. However, the service goes much further, improving their experience of supporting someone who is receiving hospital care, their discharge, and the transition back home.

Children and young people's mental health

Colleagues from across the Kingston and Richmond health and care system have come together as part of an ongoing collaborative commitment to improving mental health support for young people. One of the focuses has been tackling the rising issue of poor attendance by some young people in schools linked to their mental health. A pilot programme led by Achieving for Children in Kingston, has seen some children return to school or increase their engagement with education after attending group sessions run for them and their parents. A mental health ambassadors programme in Kingston has also been successful and there are plans to launch a similar programme in Richmond schools. Further priorities include providing education for parents about children and social media and some work to better support the health and wellbeing of people working in schools.

1.5.5 Merton

Merton includes Wimbledon, Mitcham, Morden, Raynes Park, Colliers Wood, Wimbledon Park, South Wimbledon and Eastfields. The gap in life expectancy between the 10% most deprived and the 10% least deprived in Merton is 7.7 years for men and 5 years for women. Of the 340,000 population in South West London that have the most health needs, 29,000 are located in East Merton.

Health and care organisations in Merton work together to reduce inequalities and provide truly joined-up health and care services with and for all residents, so they start, live and age well in a healthy place. During this year a range of activities and initiatives have had a positive impact on the health and wellbeing of local people.

Physical and social activity

In Spring 2022 Merton delivered an interactive game for the community to take part in called 'Beat the Street'. The programme was awarded match funding from Sports England, with the aim of increasing both physical and social activity. The game was free and open to anyone who lives, works or studies in Merton. The project was a huge success, with more than 22,500 people – or 10% of the local population – competing to walk, cycle and wheel the furthest during the six-week period.

To play, people use tap cards and maps distributed through primary schools, libraries and leisure centres. Players over the age of 13 could also download the free Beat the Street app. The idea was for players to work as part of a team to tap as many of the 200 'Beat Boxes' as possible - contactless card readers positioned on lampposts around the borough. There were prizes for the teams that travel the furthest, with vouchers for books and sports equipment on offer.

To support everyone to become more active, Merton has launched a new Activity Finder to help residents find healthy activities and sports clubs. The Activity Finder website is designed to make it easier for anyone looking to take up a new sport or activity in their area by bringing all the local clubs and organisations together into one easy-to-navigate website. From martial arts and yoga to local football, cricket and hockey clubs, the Activity Finder aims to help residents take the next step, whatever their interests or level of ability.

Going forward Merton is on a mission to make it easier for everyone to become more active and is working to be London's Borough of Sport. Over the coming years, partners will continue to work together, and Merton Council is investing in more low-cost sporting opportunities across the borough and working with local clubs and societies to reach more people, young and old, and of all abilities.

Improving home-based support for frail residents

The 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 will assign the best placed healthcare professional to visit the patient (including physicians associate, paramedic, or advanced nurse practitioner) and additionally the patient will be 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.

Working with the Alzheimer's Society, Merton launched "The Feel Good Folders Project" which aims to encourage older people to take up vital physical activity that can help to reduce the risk of falls, help maintain a healthy weight and reduce the risk of frailty, as well as supporting wellbeing. The Feel Good Folders are available in all Merton libraries and through a range of partners such as Merton's Community Dementia Service and provide health information, behaviour change activities, progress tracker, activity wallchart and a Movement Deck with activity ideas and inspiration.

Social prescribing for children and young people

Two primary care networks (PCNs) in East Merton and Morden have been running a social prescribing pilot project for young people this year. The first of its kind in South West London – the clinic empowers young people aged 15 to 25 get the support they need from the NHS and community organisations. Young people aged 13-18 years, and those up to the age of 25 years with additional needs are referred 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. Through this new approach Merton has supported young people who have not contacted their GP for help before - offering a choice of consultation methods, whether they prefer phone, video or face-to-face appointments.

Wellbeing activities at the Wilson hospital

A daily programme of wellbeing activities and support launched at the Wilson hospital in May 2023. The Wilson Wellbeing centre was refurbished by the NHS in 2019 and used as a Covid-19 vaccine centre during the pandemic. It is now a space in east Merton that the community can go to for support, or to get together to learn new skills – boosting their mental and physical health and combating loneliness.

Since the middle of April 2023, a programme of activities has been running Monday to Friday on the Wilson hospital site. They range from food and clothing banks, gardening, coffee mornings and book clubs, to wellbeing support for those affected by homelessness and advice around domestic abuse. The Wilson Wellbeing Steering Group, responsible for overseeing the activity programme, has commissioned Jigsaw4u to develop and deliver the support that local people need now.

Plans to build a brand-new health and wellbeing centre on the site also progressed this year, with the project confirmed as a priority, despite the ICB's financial challenges. A draft business case has been prepared to take the project to the next stage.

1.5.6 Richmond

Improving health and wellbeing in Richmond, including Barnes, East Sheen, Mortlake, Twickenham, Teddington and Hampton. 19,604 (36%) people the borough have more than one long term condition. There are also an estimated 4,600 children aged 5–19 years old with a diagnosable mental health disorder.

The Richmond Place health and care partnership works together to improve the health and wellbeing of children, young people, adults and older people. During this year the partnership achieved a lot through working together.

Supporting people to identify and manage long-term conditions

Work has taken place this year to support residents at risk of developing long term conditions as well as encouraging them to register with and use local health care services. 107 residents have already started to put their health in their own hands, with a project being undertaken in partnership between the NHS, Richmond Charity Ruils and local GPs in Hampton, Whitton and Heathfield.

The Health in your Hands project aims to engage local people with health services, identifying those at risk of, or already diagnosed with, conditions including diabetes, asthma, cancer, depression and high blood pressure. Some residents aren't aware they have these conditions or have historically been unwilling to reach out to their local health services, even when experiencing symptoms. A well-being Coordinator, meets members of the community in a variety of ways, from visiting local community centres, organising health fairs and meeting people in public spaces not linked with GP surgeries.

As the project develops further, there are plans to extend this work into other areas of the borough with recruitment underway for a second community health worker.

Falls prevention

A programme which helps elderly residents maintain their independence after a fall in Richmond and Kingston extended further this year. Kingston Hospital, Holmwood Corner GP Surgery and Willow Grange Care Home in Kingston have worked together to match trained volunteers with people who need support to get stronger after a hospital stay.

Through this initiative, volunteers spend up to eight weeks supporting patients at home or in their care home by helping them to complete their exercises safely. With many of these people living alone, the patients have spoken positively about the social and emotional benefits of having regular contact with someone, as well as benefiting from the practical support.

Volunteers give up three hours per week to help an older person and are trained to deliver strength, balance and flexibility exercises in a physiotherapy-led programme.

Tackling health inequalities

During the year we introduced a programme of support in the prevention, early identification and self-management of long-term conditions. A significant benefit of the project is that it has been able to bring prevention and identification of long term conditions out of the practice and into the community. Through attending community activities such as food banks and book clubs, mini health checks have been provided (blood pressure, height, weight, BMI, diabetes risk score). This has also helped to increase the awareness and understanding of local and national prevention activities, such as walking groups, exercise classes, smoking cessation and (where clinically appropriate) supporting the primary care networks to refer to services such as the tier 2 weight management, the National Diabetes Prevention Programme and the NHS Digital Weight Management Service.

On an individual and practice level this 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 outside of the practice walls.

Community conversations project

Almost 700 Richmond residents shared their experiences of local health and wellbeing services last year as part of a community conversations project. The report focuses on identifying where health inequalities and barriers to accessing healthcare exist in the borough. Key findings show that most people reported their physical health as ‘good’ or ‘excellent’ overall (64%) with the majority (74%) indicating their mental health was also ‘good’ or ‘excellent’. However, people reported very low engagement with urgent treatment centres with only 6% indicating that they would use them in a non-emergency situation and only 26% of households indicated they would call 111 for a non-emergency intervention. The report was shared with partners to inform future local engagement and planning services. The expansion of the Health in Your Hands project to cover all 6 PCNs will be informed by the community conversations insight to ensure any planned community outreach addresses what people have told us about how they use local services. The insight has also been shared with communications and engagement professionals across our partner organisations as a resource for all to consider when engaging with communities living in areas across the borough where health inequalities are more pronounced.

1.5.7 Sutton

Sutton includes Beddington, Belmont, Carshalton, Cheam, Hackbridge, St Helier, Rosehill, Wallington and Worcester Park. Sutton is within the top 10% most densely populated of all local authorities in England. The population has grown by 10% between 2011 and 2021 and 17% (36,000) of Sutton residents are in the core 20 or most deprived population in South West London – median age 35 years.

Health and care partners in Sutton have a shared vision and principles to deliver preventative, proactive and reactive health and care – at the same time as supporting local people to play an active role in maintaining their own wellbeing as a community. This year the partnership has delivered a range of initiatives and interventions.

Supporting people with learning disabilities

Sutton has made improving the health and wellbeing of people with learning disabilities a priority - in a way that ensures improvements to services are co-designed with the people who use them. This year as part of this commitment, people with learning disabilities, their families and carers have come together with the health, housing and voluntary sectors to talk about the actions which are needed. A total of 65 people took part in a conference, which resulted in pledges to be taken and a further event in the autumn.

Community groups taking part included Sutton Mencap, Sutton Parent Carer Forum, Community Action Sutton, Nickel Support, Speak Up Sutton, Choice Support and Advocacy for All. During the conference decision makers made promises about what they could do to help make Sutton a better place for people with learning disabilities, their families and carers.

Between April 2023 and December 2023, 13 people with learning disabilities were supported into new paid employment opportunities and 18 people were supported to sustain employment gained through working with the supported employment service. Over the same period, 20 people with learning disabilities were supported into voluntary roles as a progression to paid employment.

Through the David Forbes Nixon supported intern programme, young people with learning disabilities and/or autism are participating in paid work experience in key roles at Epsom and St Helier University Hospitals Trust, supported by Orchard Hill College and partners. The aim is to achieve permanent employment to support young people with learning disabilities to live independent lives.

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. Starting from May 2023, 1,564 health and wellness checks were carried out. This number is expected to rise to 2,000 in 2024/25.

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.

Combatting loneliness

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.

Children, young people and their families

Sutton's network of family hubs is helping by offering a single place to get support with a range of practical, social, emotional and financial issues. Crucially, the hubs give people the chance to seek help at an early stage – before problems become overwhelming.

Through a mix of physical and virtual places to meet, families can get non-judgmental support for the challenges they face. This could be anything from debt or housing advice, to support for new parents or mental health drop-in sessions for young people. Over the past year 2,350 families had received quick signposting and information through outreach sessions and 219 have received a longer intervention to help them access relevant services through the Family Hub Connectors.

The borough now has four family hubs. While each one is tailored to its local community, they all operate with the same ethos – of providing early access, connecting people and building relationships. Each hub has developed, based on feedback from parents, to reflect the needs of the community. For example, one hub offers holiday lunch clubs with fun and games and a healthy meal for all. Others have after school nurse drop-ins and local refugee support groups.

Parenting support is at the heart of the Family Hub services, with regular Coffee Advice and Information Sessions for parents as well as formal parenting support courses which have been jointly funded between the ICB and the Local Authority. In 2023/24, 305 parents completed a parenting programme which is 163% increase on 2022.

1.5.8 Wandsworth

This inner London borough includes Battersea, Tooting, Putney, Balham, Roehampton, Furzedown and Southfields. It has the second largest population in inner London with 327,506 residents. Wandsworth has one of the youngest populations in the country as well as one of the fastest rates of population growth in London. Half of the adult population is classified as overweight or obese.

Through Wandsworth's health and care plan, health and care organisations focus on the areas where they can have the greatest impact by working collectively to improve health and wellbeing. Throughout this year partners have collaborated to make improvements for local people.

Reducing health inequalities in mental health

The Ethnicity and Mental Health Improvement Programme (EMHIP) was set up in Wandsworth to address unequal access, treatment and outcomes for black and minority ethnic people in mental health care. The project brings together NHS South West London, Wandsworth Community Empowerment Network (WCEN) and South West London and St George's NHS Mental Health Trust. Central to the programme are health and wellbeing hubs which bring mental health support to trusted community settings. People can drop into the hubs for conversation, a cup of tea and the chance to share their worries and be referred into services if appropriate. The second hub launched in 2023 at the Islamic community centre Mushkil Aasaan, also in Tooting – as part of a wider network with Gatton Road Mosque, Idara Mosque, Wandsworth Hindu Society and Tooting Community Kitchen . Alongside the drop-in service, the hubs offer activities including mental and physical health checks, advice and advocacy in areas such as debt, housing, welfare benefits and drugs & alcohol dependency and couple and family support.

Another initiative to feature in the EMHIP programme is a ground-breaking crisis family placement service. It offers support to people facing serious mental health challenges, in the homes of host families from the community. The first placements have been completed this year and the programme is supporting new people into the service with five families having completed training to host them.

The Brazil model and supporting people to identify and manage long-term conditions

A project in Wandsworth to support people to manage their own long-term condition has continued this year. Working with a wide range of community partners, we delivered a programme of community health checks and clinics in partnership with primary care networks, giving people at risk of diabetes or cardiovascular disease a safe space to take control of their own health. The project also involves building capacity within community groups to support people to manage their condition, promoting better health and greater independence.

Another scheme, which transformed the health of people in Brazil's poorest neighbourhoods, has come to Wandsworth this year. The scheme brings community health and wellbeing workers right to the heart of those neighbourhoods where health inequalities lead to lower life expectancy, compared to more affluent areas close by. Community health and wellbeing workers visit 120 people and their families in their homes to provide advice and connect them to NHS, council and voluntary sector support.

The workers focus on every aspect of life that can influence health, including housing, employment, social isolation and financial pressures, linking people with the help they need. Encouraging early detection, prevention and better management of illness are also a key part of the programme.

Reducing isolation for people with sight loss

The South West London inequalities fund has seen the introduction of a support service for people with sight loss in Wandsworth, supporting around 200 residents a year, delivered by charity BlindAid.

Unequal access to healthcare is a big issue for people with sight loss, particularly those who live alone without local support. According to a recent survey, almost half of blind and partially sighted people feel moderately or completely cut off from the world around them, with limited access to activities. Unsurprisingly, sight loss can increase the risk of depression.

Sight support workers provide all kinds of support and help people engage with other health and care services. Many of the people they work with are over 70, often with complex health needs but they work with younger clients too who they support to remain independent.

Improving cervical cancer screening

A drive to increase cervical cancer screening uptake amongst Asian communities in Wandsworth has launched this year following a workshop bringing together residents and stakeholders from health, public and voluntary and community sectors. Latest data shows the borough has some of the lowest cervical screening coverage in England particularly in Asian communities. Local residents, voluntary sector groups and health experts talked about some the particular barriers Asian residents face in accessing cervical screening, as well as some of the opportunities to improve uptake. Wandsworth Place was one of four across the country to be awarded support from the Institute for Voluntary Action Research (IVAR) as part of a national programme to address health inequalities, unfair differences in health that exist between different groups of people.

1.6 Finance summary

NHS South West London is responsible for investing the funding we receive to maximise the health of the local population and overseeing the delivery of services by NHS organisations within the geography to both the South West London population and beyond. This section summarises the ICB's annual accounts including the controls assurance and auditor's statements. Our performance against the key financial performance indicators is summarised below.

1.6.1 Funding we received

We received £3.5bn in funding for 2023/24 and had a surplus of £2.5 million at 31 March 2024. This formed part of the wider draft South West London ICS financial position (£5.8m surplus after £81.6m fixed cost support). We worked alongside the system to try and minimise any additional spend and maximise savings, whilst focussing on delivering high quality healthcare to as many people as possible.

Within the funding received there are certain requirements and conditions as to where and how these can be spent. We made sure that we met all of these requirements in year, with the key areas being:

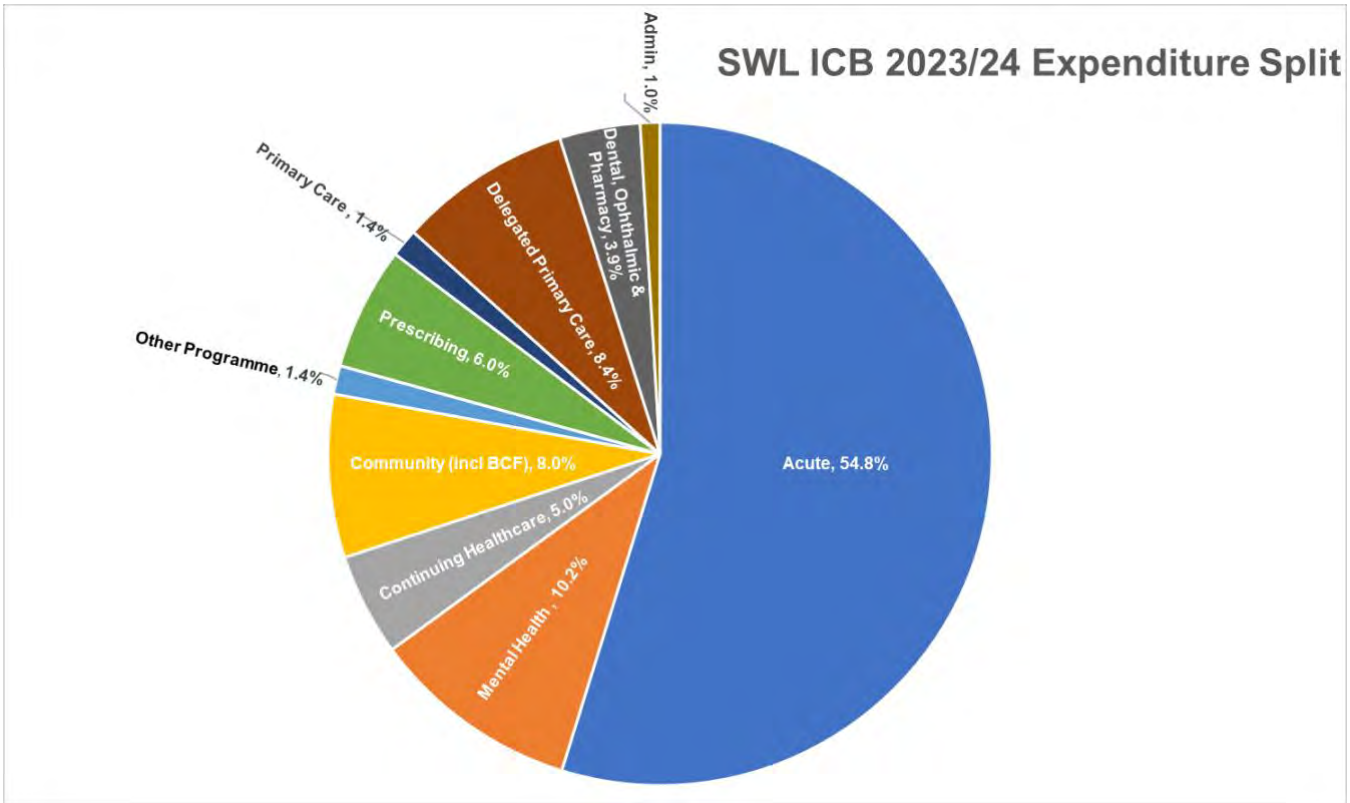
- Ensuring we continue to increase our investment in mental health services called the mental health investment standard (an additional £25 million was spent in year).
- We received £297.2 million for delivery of services in primary care.
- We remained within the funds allocated for running the ICB (£33.6 million).

We also led the systemwide capital programme (£117 million spend in year) and worked alongside providers to ensure delivery of key programmes of work such as investment in digital solutions and the opening of a new Intensive Treatment Unit at Croydon University Hospital.

1.6.2 How we spent our funding

We received £3.5bn funding of which, more than half of this expenditure was on acute services (£1.9bn). With mental health services receiving £358m, community health services £280m and continuing care placements £175.6m. We invested £259.8m into primary care (including prescribing) and £138.2m on Dental, optometry and pharmacy services (with responsibility for this spend delegated to ICBs for the first time in 2023/24). The ICB spent £33.6m on running the organisation which is in line with the allowed level of spend.

An analysis of the ICB's net expenditure in 2023/24 is set out below.



1.6.3 Ensuring value for money

We want to ensure we maximise value for money and invest our money to enable high quality services for our populations. Key to this is ensuring we continuously review our spend to ensure we are as efficient as possible. Part of this approach is our savings programme of £33.8m, which was delivered in full, with 96% of the savings being recurrent. Whilst we don't have to work to a specific threshold for agency spend we ensured we had robust processes in place to review recruitment and minimise the need for high cost posts, so the maximum level of funds went to direct healthcare.

Further to this, we supported the wider system with identifying opportunities and sharing best practice to support the delivery of their organisational savings targets. This included providing oversight and analysis of spending patterns and performance against the agency threshold.

1.6.4 Financial governance and reporting

We have clear financial governance arrangements for managing spend during the year. These operated in accordance with guidance received from NHS England and Improvement, the ICB's Standing Financial Instructions, Scheme of Delegation and Standing Orders.

In year we have continued to test and the strengthen our controls using various tools, as well as benchmarking them against other organisations across the ICS. Our financial policies are continuously reviewed to ensure they align with any new national requirements.

1.6.5 Going concern

The accounts have been prepared on a going concern basis. Public sector bodies are assumed to be going concerns where the continuation of the provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

1.6.6 2024/25 planning guidance and financial outlook

We have developed a financial plan for 2024/25 which is a £3million surplus against the expected funding allocation. This forms part of the wider ICS financial plan, which is under significant pressure to deliver additional planned care with a decreasing budget. This makes delivering current services within the current funding available challenging and the requirements for efficiencies and improved productivity increasingly important.

As a consequence, the ICB has led the system in the development and oversight of a financial recovery programme to support all organisations to reach a position where they are able to deliver high quality services to the population within their financial envelopes. This is overseen by the system-wide Financial Sustainability and Recovery Board. The programme of work continues to be reviewed and developed with the 2024/25 focus on maximising productivity of the planned care pathway, ensuring the workforce is aligned with demand and minimising the use of high cost resources. As well improving t the urgent and emergency care pathway, to minimise the length of time patients need to be in hospital.

Our collective system ambition is to enable the redirection of funds into continuing to address health inequalities and preventing illness.

1.7 Assuring delivery of performance and constitutional standards

NHS England assesses the performance of each ICB through a large number of national metrics. The performance measures (below) represent a cross section within the 2023/24 priorities and operational planning guidance.

These measures help us to monitor and improve the time patients have to wait to access services in South West London. They also tell us where we need to work with our partners to improve the care that our patients receive.

A number of important metrics are reported through a monthly ICB Performance Report. The accountability for all the metrics is apportioned across collaboratives and Place within their Partnership Delivery Agreements, and they are reported through the ICB's oversight framework.

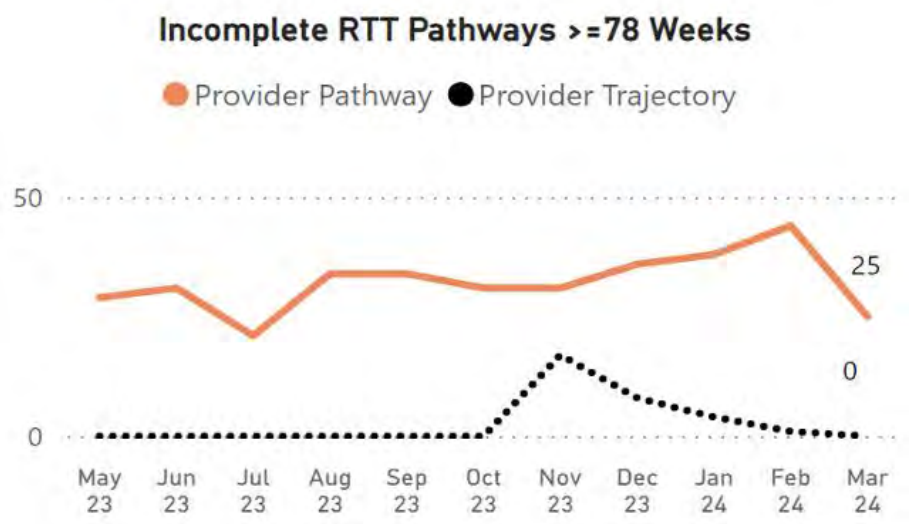
1.7.1 Elective

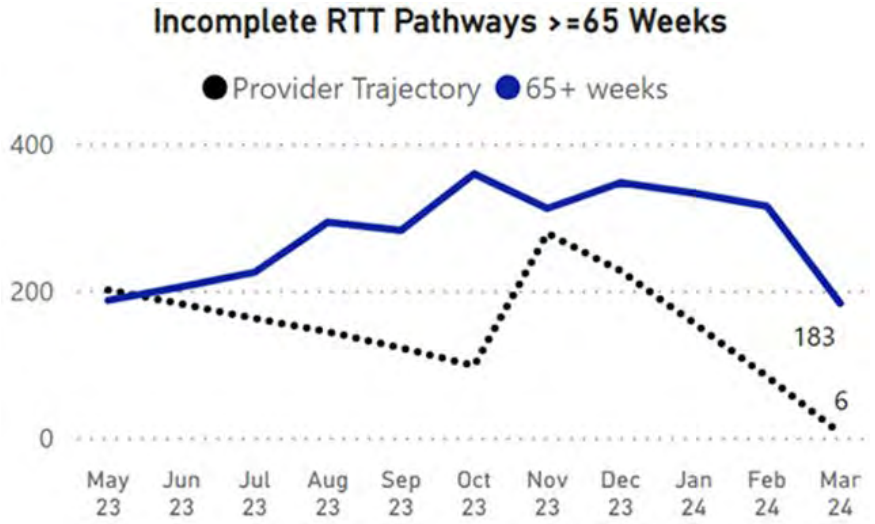
Referral to treatment

The NHS Constitution gives patients the right to have their non-urgent, consultant-led treatment start within 18 weeks of a referral.

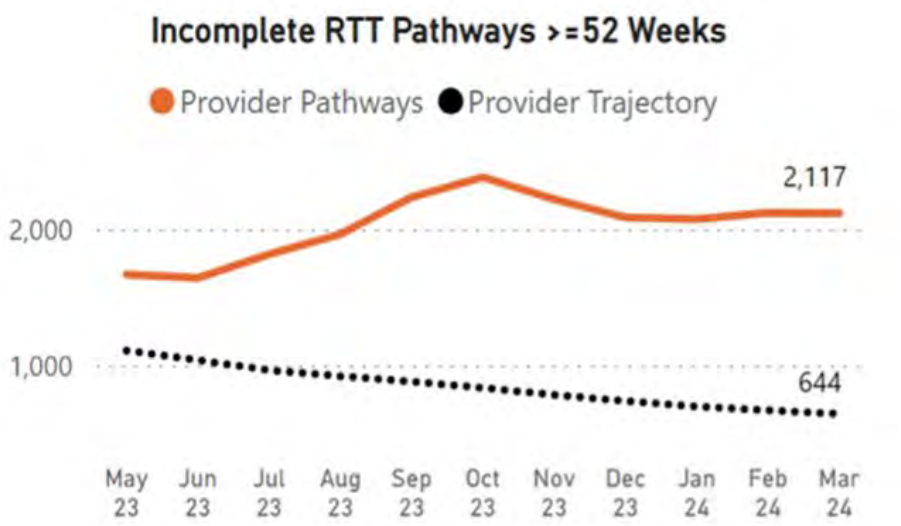
Following the unprecedented increase in people waiting for treatment after the Covid-19 pandemic, the national priority was to reduce the longest waiting patients. This was measured by ensuring no patient waited over 104 weeks, and other key milestones saw a reduction, particularly patients waiting over 78, 65 and 52 weeks.

In 2023/24, the number of patients waiting over 104 weeks for treatment has been reduced to less than 5 at the end of March 2024. For the same month, South West London hospitals had 25 patients waiting above 78 weeks and 188 patients waiting above 65 weeks, both showing a steady reduction.





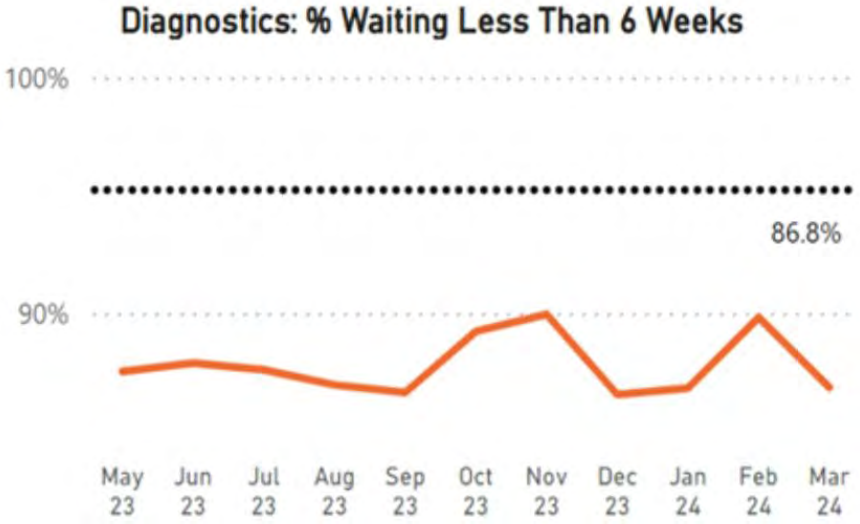
For 52 week waits, these increased during the first half of the year but have been held at 3,400 since October 2023 and has decreased to 2,117 at the end of March. Whilst this is more than expected, we continue to work with our partners to further reduce waiting times. This includes working to improve our productivity by sharing capacity across NHS hospitals, undertaking initiatives to improve services and reducing inequalities of access, supported by of our Clinical Networks and using independent sector provider capacity, where necessary.



Diagnostic test waiting times

Timely access to diagnostic services is essential to support the 18-week referral to treatment pathway. This measure looks at the proportion of patients waiting for a test within fifteen key diagnostic areas. ICBs were given a target to ensure 95% of patients receiving these tests wait no more than 6 weeks.

We have made some progress towards this goal by delivering more diagnostic tests than in the financial year 2019/20, before the impact of Covid-19. Our performance has remained above 80% all year, with the most recent month, March 2024 at 86.8%. This is above the London average of 85.1% and the national average of 78.2%.

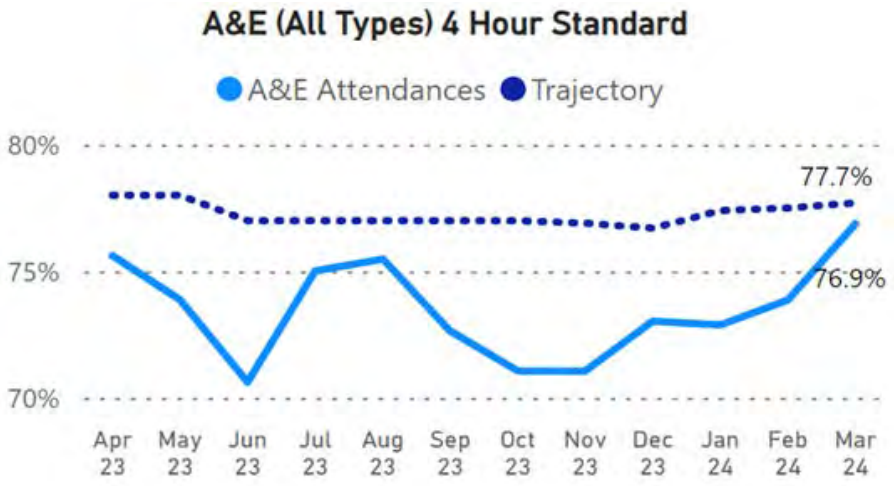


1.7.2 Urgent and emergency care

Accident & Emergency 4 hour performance (all type)

A&E waiting times are important for both better clinical outcomes and patient experience. One of the government pledges is that no patient should wait longer than 4 hours in A&E from arrival to admission, transfer or discharge. In 2023/24, the national plan was to ensure that a minimum of 76% patients arriving in A&E were seen in 4 hours. Our performance against the 4-hour target has remained relatively consistent since April 2023, ranging from 75.6% in April 2023 to 76.9% in March 2024, just below the 77.7% local trajectory but above the nationally set expectation of 76%, in March.

We have programmes of work in place for preventing unnecessary admissions and improving internal processes which expedite safe discharge from wards to make the best use of resources. We have invested in a range of initiatives in A&E departments to appropriately reduce demand where patients can access the services they need without attending the emergency department. These include frailty services at the front-door, additional therapy and pharmacy services.

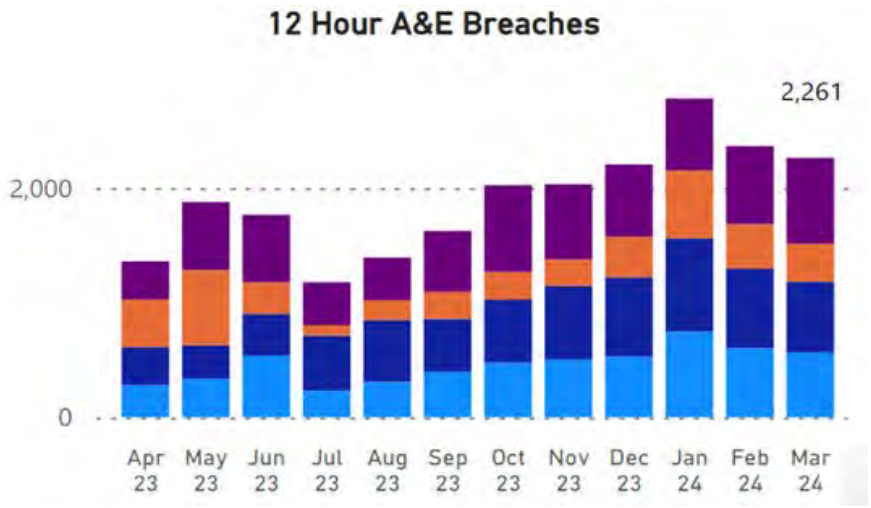


12-hour breaches

The number of patients waiting over 12 hours in A&E to be admitted to a bed has increased steadily since April 2023, with 1,359 patients waiting over 12 hours for admission in April 2023, to 2,261 patients in Mach 2024. This was the highest number of 12-hour breaches in London and fourth highest nationally. The cause of long waits is primarily due to patient flow and discharge through our hospitals.

To further support current patient focused initiatives, a length of stay reduction programme will be developed through the South West London Urgent and Emergency Care Board to increase the productivity of acute and non-acute services across bedded and non-bedded capacity, improving patient flow and length of stay.

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. 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.

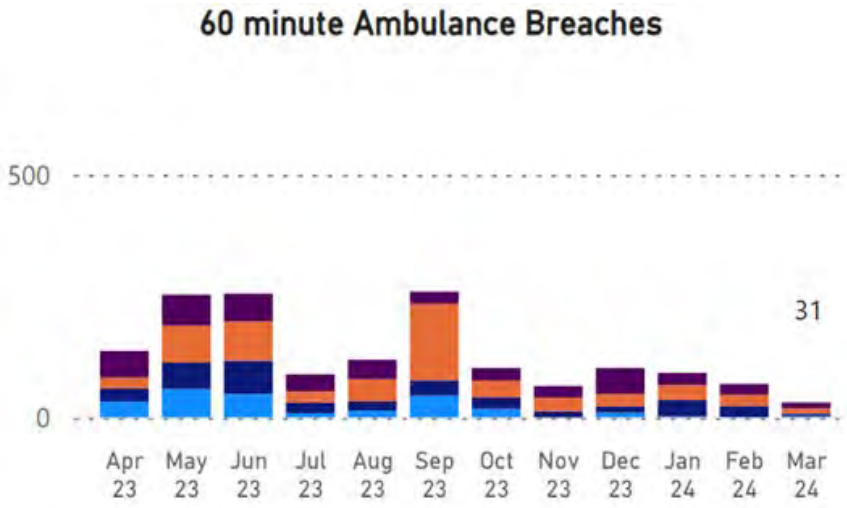


60-minute ambulance handover breaches

The difficulty with moving patients through their pathway and discharging patients from hospital means that the Emergency Department must hold onto patients whilst waiting for beds to become available on a ward. This means ambulances arriving are unable to handover patients to the hospital immediately.

This ambulance handover performance measure reports the number of patients waiting over 60 minutes to be transferred to the A&E department.

The introduction of a new protocol for the immediate handover of patients waiting 45 minutes has been in place at all South West London Providers since October 2023. As a result, we have seen a reduction in the number of 60-minute breaches since this was introduced. 60 minutes breaches reduced from 259 in September 2023 to 31 in March 2024.



2 hour urgent community response

This measure reports on the urgent community response (UCR) service which aims to provide an assessment and short-term intervention to adults experiencing a health or social care crisis. This support is provided at home, which is often preferred by individuals, and can prevent an unnecessary admission to hospital.

We continue to work with care homes and 111 providers to increase the referral of suitable patients to the UCR service. In March, South West London achieved 81% of all new requests responded to within 2 hours, against the national target of 70%.

1.7.3 Cancer waiting times

The timely diagnosis and treatment of cancer is vital to support improved outcomes for patients.

There are now 3 cancer waiting time standards, these new standards are a combination of the 5 previous cancer standards and have been constitutional standards since October 2023:

- 28-day faster diagnosis standard - patients should be diagnosed with a cancer or benign diagnosis withing 28 days of referral.

- 31 days cancer treatments (96% standard) - patients should receive their cancer treatment within 31-days from decision to treatment.
- 62 days referral to treatment (85% standard) - patients should start cancer treatment within 62-days from referral.

We have delivered strong performance against the cancer waiting times standards in South West London compared to the rest of London and England.

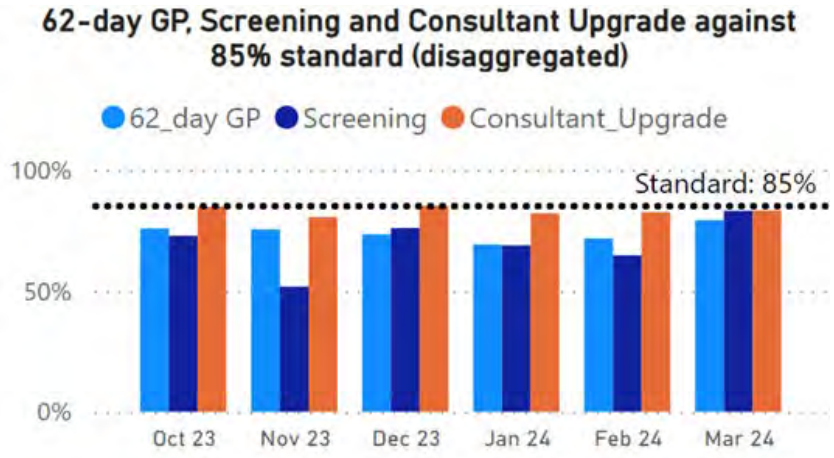
We continue to work in partnership with RM Partners (the West London Cancer Alliance) which includes NHS acute providers, community services, primary care, commissioners, public health and the voluntary sector to maintain and improve access to cancer services across South West London.

Cancer 62-day GP referral

We were the highest performing ICB in London against the 62-day performance standard for March 2024, with an outcome of 80.8%.

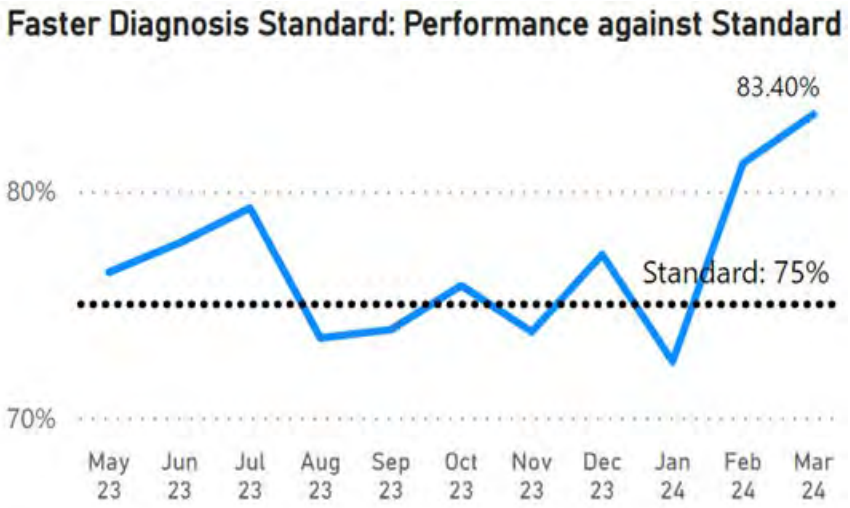
Although this was below the national standard of 85%, this was above the London and National position and exceeds the 2024/2025 ambition of 70%. Providers cite main drivers for performance are the sustained increase in referrals and the impact on diagnostic and treatment turnaround.

We are ahead of our trajectory for the number of patients waiting over 62 days for cancer treatment at the beginning of March 2023 which was 290 at the end of March against a trajectory of 360.



Cancer 28 day faster diagnosis standard 2021/22

Our Faster Diagnosis Standard performance for March 2024 was 83.4% and the highest performing ICB in London, exceeding both the London and national ICB level performance. Performance outcomes were above the expected target at all of the South West London providers.

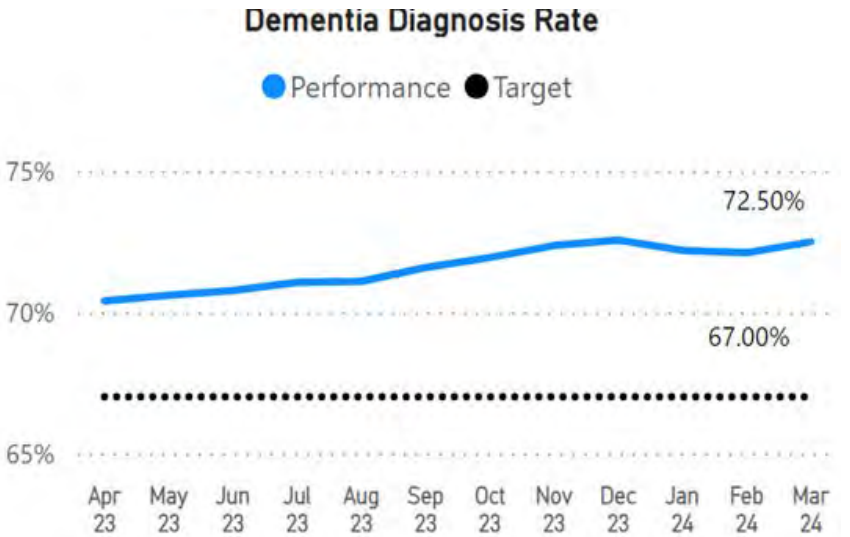


1.7.4 Mental health and learning disabilities

Dementia

A timely diagnosis enables people living with dementia, along with their carers and families, access treatment and support. This enables them to plan in advance how best to manage the impact of the condition; working together with professionals in primary and secondary care services to deliver personalised care plans.

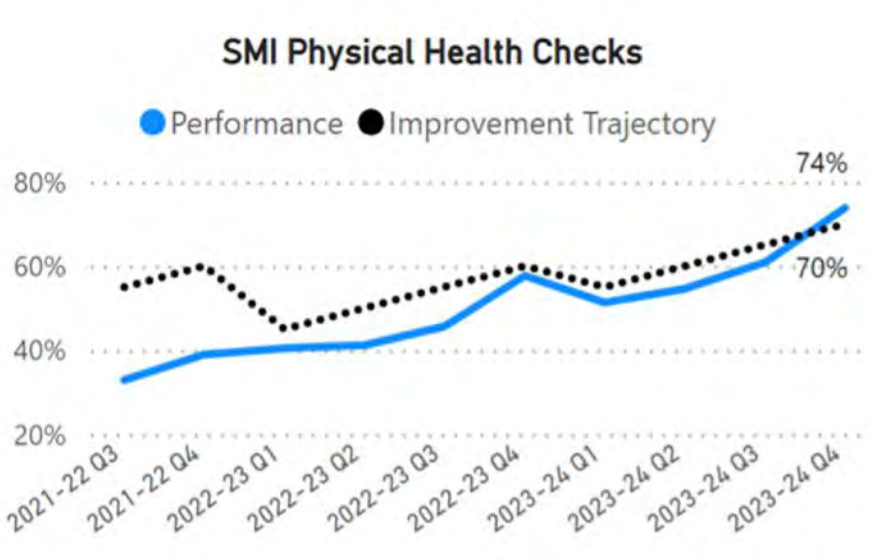
In 2023/24 we maintained a performance level above the national threshold. This meant that more than 70% of patients with dementia were diagnosed against the 67% target. Our latest monthly position is March at 72.5%.



Severe mental illness (SMI)

This indicator monitors the proportion of people on the severe mental illness (SMI) GP register receiving six physical health checks within the last 12 months. People with SMI often have a lower life expectancy than the rest of the population due to preventable physical health problems.

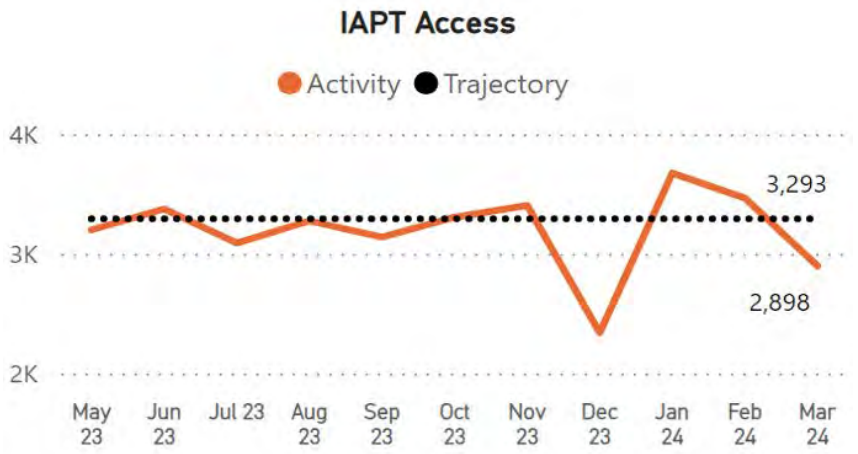
The Quarter 4, 2023/24 position showed that 73.8% of SMI patients in South West London received all six annual health check elements. The national standard is 70% by Quarter 4. Through our SMI health checks programme we are delivering continued improvement against this national standard.



Talking therapies

Around one in six adults in England suffer from a common mental health problem like depression or an anxiety disorder. NHS Talking Therapies provide evidence based psychological interventions for adults. Two key metrics are the recovery rate, which looks at the proportion of people that are moving to recovery after two or more sessions. The other is the access rate based upon the expected prevalence rate of people with anxiety and or depression.

The latest monthly position for recovery March 2024, shows that 53.9% of people that finished course treatments experienced recovery, above the 50% national standard. Whereas access figures show that 38,260 people started treatment during 2023/24, which is below our target of getting 39,516 people to start treatment this year.

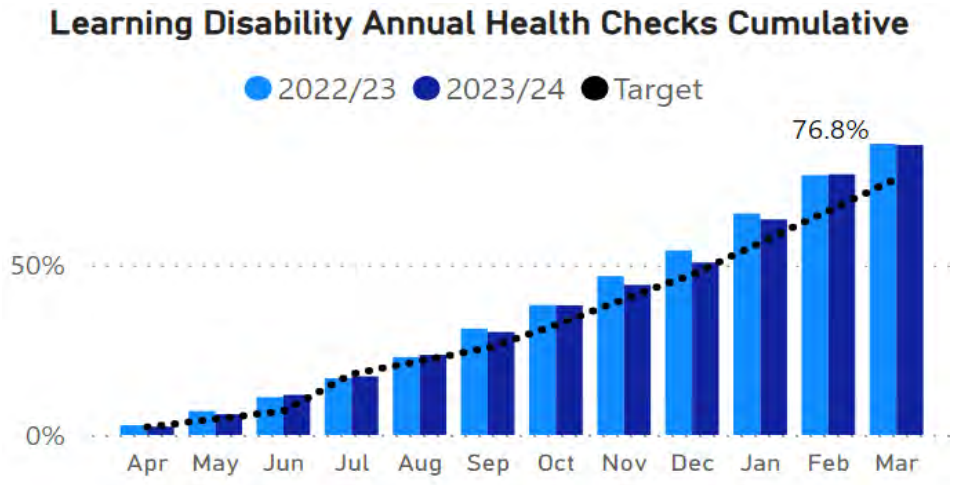


Annual learning disability health checks

The standard is to provide annual health checks to people with a learning disability aged 14 years or older. This helps to identify previously unrecognised health needs which may be serious or life-threatening. The 2023/24 national target was to ensure 75% of people on their GP's learning disability register received an annual check.

Based on the current NHS England data, we are on track to achieve the target of 75% for 2023/24. At the end of March 2023, the number of annual health checks are above the trajectory at 76.8% to meet the end of year requirement.

We remain committed to improving the provision of learning disability health checks across South West London. Our learning disabilities clinical leads in each borough are working with individual GP practices to help them to maximise the uptake of annual health checks. This includes making sure that continuous training and support is provided to GP practice staff.



1.8 Addressing health inequalities and preventing ill health

1.8.1 Our commitment to reducing health inequalities

Tackling health inequalities is one of our ICB core commitments. We made health inequalities a key priority in our Joint Forward Plan and in the South West London Integrated Care Partnership Strategy. We are determined to work across South West London with local people, the voluntary sector, local authorities and other partners to:

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

Health inequalities can involve differences in:

- health status, for example, life expectancy
- access to care, for example, availability of given services
- quality and experience of care, for example, levels of patient satisfaction
- behavioural risks to health, for example, smoking rates
- wider determinants of health, for example, quality of housing

1.8.2 Our ambition

We want to see health inequalities faced by people living in South West London eliminated and for everyone to have equal access to the same quality of physical and mental healthcare.

1.8.3 How are we doing this?

We have made tackling health and healthcare inequalities a priority in both our Integrated Care Partnership Strategy and in our Joint Forward Plan. Working in partnership across South West London, we aim to:

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

Reducing health and healthcare inequalities requires prevention, community empowerment and individual empowerment and self-care. Over the past year, we have been working hard to better understand our population's heath and healthcare needs, invest and implement effective preventative initiatives, look for areas of innovation including digital inclusion and working with our communities to improve their health and wellbeing. We have also invested in our community sector through our South West London Investment Fund and have strengthened our governance structure to enable closer partnership work.

1.8.4 Understanding our population's health and healthcare needs

We pulled together a number of national and internal data sources to provide a single position of health inequalities in South West London. We looked at eight health domains:

- elective recovery
- urgent and emergency care
- respiratory
- mental health
- cardiovascular disease
- diabetes
- oral health and maternity (see figure 1).

We also looked at cancer but the limitations of the data meant we were unable to include in our descriptive analysis.

There is a lack of standardisation and depth across the external inequality dashboards and this makes it difficult to standardise an outlier narrative across South West London and to provide a sense of scale.

However, it is our plan to develop inhouse metrics on health and healthcare inequalities over the next 12 months. This will help us to identify at a granular level, the drivers behind inequality, allowing us to derive profiles down to neighbourhood level.

Figure 1 shows a summary of the collated datasets. For 100% of the available data for maternity and respiratory illness, variations in experience were recorded for different groups including ethnicity, deprivation, age and sex. Occasions where health inequalities were recorded were found in more than half of data for urgent and emergency care, mental health, cardiovascular disease and diabetes. 47% of data on elective recovery and 30% of data on oral health also show us differences or healthcare inequalities for different groups including ethnicity, deprivation, age or sex.

Figure 2 takes this descriptive analysis of the eight health domains and illustrates the breakdown by ethnicity, deprivation, age and sex. Each health domain consists of different indicators. The numbers 1-5 represent the number of times negative inequalities were identified in the data for the indicators across ethnicity, deprivation, age and sex. The number 5 represents being mentioned 5 times. For example, inequalities were found in elective recovery for the most deprived areas in South West London 5 times (5 of the 10 indicators), as opposed to 3 times (3 of the 10 indicators) for the next quintile and 0 for the least deprived quintile. Living in the most deprived areas (the lowest 20% percentile) was a major determining factor for healthcare inequalities in all eight health domains. For elective recovery, there is evidence of discrepancies between ethnic groups with those classified as 'other' (mostly those of Chinese or East Asian ethnicity) having more inequalities identified in the data than other ethnic groups. In relation to age, those aged 18 years and younger had higher inequalities observed in the data for mental health (3 of 3 indicators) and elective recovery (3 of 10 indicators).

Across every health domain, deprivation plays a strong part in negative inequality. This is particularly concerning as our age profile in South West London describes that our youngest neighbourhoods are also in our most deprived regions. Our youngest communities should be our healthiest, not our most at risk.

Our health domains of elective recovery and mental health heavily skew towards negative inequality in our most deprived communities. Our youngest in society also feature in these areas, although we cannot yet conclusively link deprivation and age until we are able to develop inhouse data and introduce standardised rates.

Our Black communities feature as a particularly high outlier within mental health and maternity. We need to understand if this is a uniform fact across region and deprivation. 'Other' ethnicity is heavily featured in elective recovery inequalities. This is of note as South West London has a large east Asian community.

There are areas of positive inequality scattered across our analysis as well, including in our Asian community in elective recovery admissions and outpatient appointments. More work is being done to understand this.

Figure 1

Illustration of South West London's health inequalities across eight health domains comparing the occasions where inequalities were identified and occasions where no differences were observed.

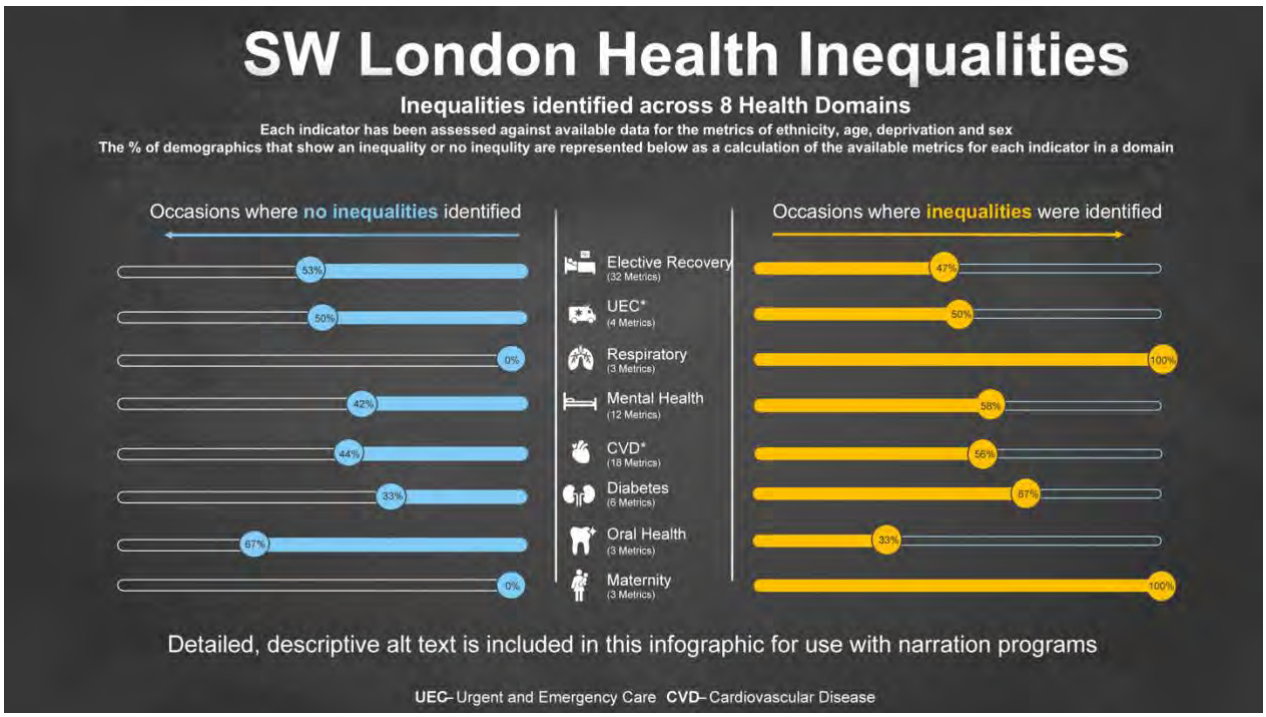
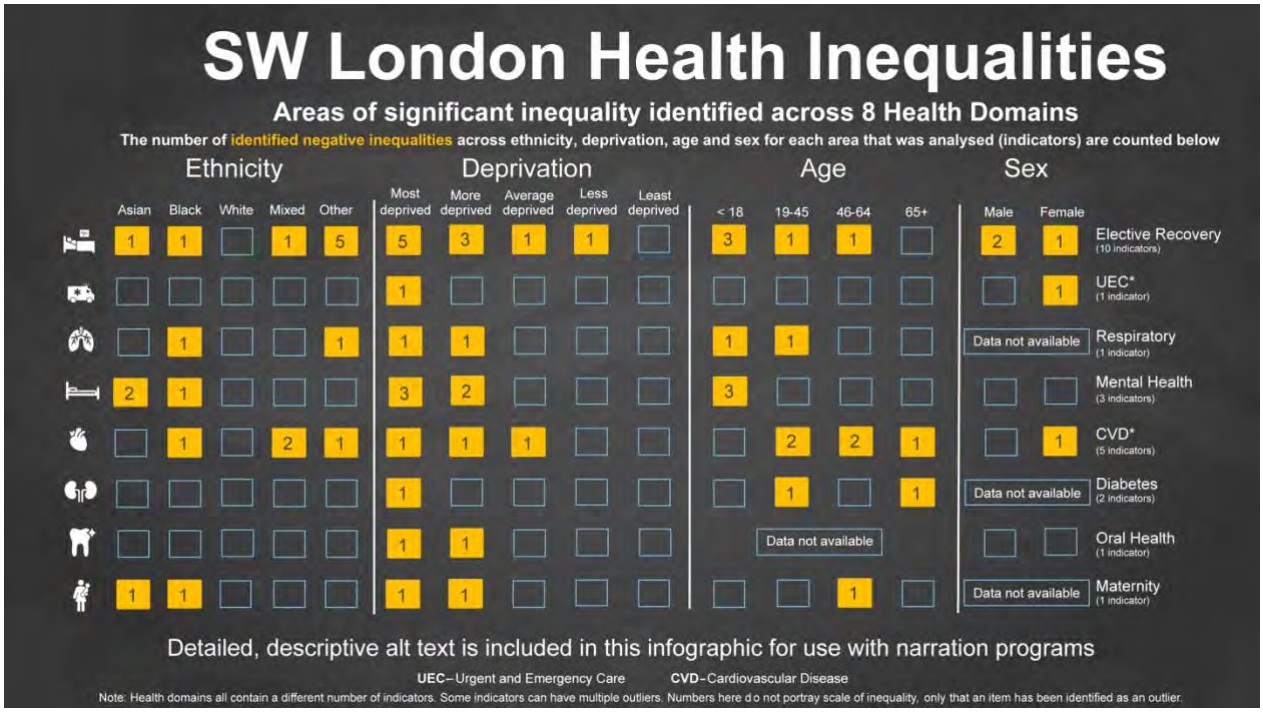


Figure 2

Illustration of South West London's health inequalities across eight health domains by ethnicity, deprivation, age and sex.



1.8.5 Improving data intelligence and innovation

From a population of approximately 1.5 million in South West London, approximately 340,000 residents are among the 20% most deprived – we often refer to this group as our 'Core20' population. In South West London, 50% of our Core20 population live in Croydon. This Core20 population has lower healthy life expectancy than the rest of the population and is more likely to have multiple long-term conditions. We also have disproportionate representation of people from minority ethnic backgrounds and women more likely to live with poorer health for longer than males.

Use of local intelligence is key to help identify emerging issues and to monitor changes in health inequalities, healthcare inequalities and health disparities.

We developed a dashboard of outcome measures for health inequalities so that we can track the progress and impact that our actions are having on our aim to reduce health inequalities. We use this information alongside regional and national data sources to better understand the needs of our population and to detect where there may be widening gaps, for example as a result of cost of living crisis.

We also use population health management with our primary care services to drive the planning and delivery of proactive care and improve population health, for example the impact of fuel poverty on our population in Kingston and Richmond. Addressing health and healthcare inequalities is a primary function of population health management. Read more about our population health management work in section 1.25.

South West London's health management platform, Health Insights, brings together real-time data from health and care organisations across our integrated care system, creating an integrated health and care record for each patient. These are used to create dashboards on different topics, for example long term conditions and vaccination uptake.

All dashboards enable monitoring by different equality dimensions, for example ethnicity, deprivation, gender, age, to highlight inequalities in delivery or care and health inequalities. There are filters that enable the user to stratify the data for specific groups who experience poor health disproportionately. Data can be shown at GP practice, primary care network (PCN) level, provider, borough and ICS level. This has enabled us to better understand the inequalities in our population and to better target our interventions.

Throughout 2023/24, we have exercised our functions consistently with NHS England's views as set out in their statement on health inequalities. We have encouraged our partner trusts on their duty to include information on health inequalities within their annual reports will encourage better quality data, completeness, increase transparency, and provide a tool to monitor improvements in reducing inequalities. For example, St George's 'Outstanding Care Together' included looking at their existing healthcare inequalities and there are plans to better address these going forward.

1.8.6 Working with our communities to take action to reduce health and healthcare inequalities

The National Core20PLUS Connector Programme funds integrated care systems and place-based initiatives to recruit, mobilise and support influential community connectors to take practical action to improve health and reduce inequalities in their area. It builds on learning from many other community-based initiatives and 'connector' roles including vaccine champions, peer advocates and social prescribing link workers. We have Core20plus Connectors in every borough, who work with Core20plus on clinical areas such as hypertension case-finding, diabetes, cancer, lipid optimal management, and mental health. We also have maternity connectors who meet with and listen to experiences of communities in South West London and share information with our maternity services and Local Maternity and Neonatal Voices Partnerships to influence service developments.

To support the delivery of Core20plus5 approach, we commissioned Asset Based Community Development training, and have approximately 102 paid and volunteer connectors trained and 12 peer support networks in South West London. Asset Based Community Development, ABCD, is a methodology for the sustainable development of communities based on their strengths and potential. We also commissioned evaluation workshops to help our connectors to identify inputs, outputs and outcomes and how to use a logic model to evaluate impact. This is now being supported by Evaluation Ambassadors through Community of Practice meetings.

Going forward, we hope that this evaluation learning and work will continue through our South West London Research Support Network. This network will provide a forum for anyone in the voluntary sector, local authority and NHS who are interested in doing research and learning more. It will also build upon our work on improving diversity in research by including peer researchers.

We were awarded funding from NHS England to pilot 'research cafes' as a mechanism to increase the diversity of participation and involvement in research, initially mental health studies, making research more accessible. Through this, we are encouraging local people and communities to develop skills and confidence to become involved and lead research themselves, thereby building trust and improving the relevance and uptake of research findings.

This programme creates 'peer researchers', also called community researchers, whose lived experience and understanding of a social or geographical community can help generate information about their peers. We believe that through the development of peer researchers and the South West London Research Support Network we can better understand our health inequalities and inclusion health and we will be better enabled to work together to make a difference.

We continue to work on embedding the Core20plus5 vision in our healthcare services, reducing inequalities in cancer, respiratory illness, severe mental illness, maternity and hypertension. Using NHS England funding from Innovations in Healthcare Inequalities Programme, we have been delivering two projects:

- a maternity project to improve the coordinated care and clinical management of women from Black, Asian and minority ethnic backgrounds who are at risk of pre-eclampsia by increasing engagement with services, increased self-efficacy via increased use of blood tests and home blood pressure monitoring devices. PIGF testing, placental growth factor testing, can help predict if a baby needs to be delivered due to pre-eclampsia in the late stages of pregnancy.
- A respiratory project with Primary Care Networks in Sutton and Merton to make sure that primary care-based respiratory diagnostic services are inclusive of Core20plus5 populations.

In relation to severe mental illness in adults, we have upscaled EmHIP, Ethnicity and Mental Health Improvement Programme, from Wandsworth to be embedded across all boroughs. EmHIP is designed to be a practical, locality-based service improvement programme to bring about change for Black Minority Ethnic communities in mental health care. The aim of the programme is to reduce inequalities in three specific areas where BME communities fare worse: in access, experience and outcomes of mental health care.

Outside the Maternity Core20plus5 connectors, we are also running other initiatives in maternity. In response to NHS England's four pledges to improve equity for mothers and babies and equality in experience for staff, South West London Local Maternity and Neonatal System developed a five year equity and equality strategy and action plan. The strategy ties in with South West London's Joint Forward Plan. Maternity services in South West London are providing continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups. This is in line with the Core20Plus5 approach. South West London ICP Priorities Fund awarded The Jen Group to roll out 'Maternity Equity Conversations', a cultural competency training product for staff, co-produced by women with lived experiences.

For Core20plus5 children, we started delivering an oral health project to improve teeth brushing in 3 to 5-year olds in Wandsworth in September 2023. This project will run for 12 months.

1.8.7 South West London Health Inequalities Investment Fund

South West London Integrated Care Partnership established a Health Inequalities Investment Fund in September 2022 to support the delivery of the partnership's strategic priorities. Using health inequalities funding from NHS England, this fund aimed to give partners the opportunity to suggest innovative projects that could have a big impact on health and well-being across South West London.

Similar to 2022/23, we received £4.3 million of health inequalities funding for 2023/24 from NHS England. There were two processes. One for existing schemes previously in place from 2022/23, 75% of the funding, and a second scheme for new schemes, 25% of the funding. For the existing schemes, each Place was asked to decide which projects they wanted to continue to fund at a Place level and to nominate a project that could be scaled up to South West London level.

Applicants for new schemes were asked to apply through a purpose-built online platform. All successful projects will be funded to March 2025.

A total of 39 projects were funded, 19 of which were new projects. The majority of projects were for mental health (25% of existing projects, 39% of new projects). Twenty percent of existing projects were on prevention (11% of new projects), 10% of existing projects were for children and young people (6% of new projects) and 10% of existing projects were for homelessness (11% of new projects). A third of projects (existing and new) were focused on community empowerment and increasing equity of access to services. Ninety percent of successful applicants were from the voluntary sector.

Three projects were scaled up to South West Level: SPEAR's work on homelessness (to be delivered across all 6 boroughs), setting up of social prescribing for children and young people and implementation of the 'Brazil Model' from Battersea, in all boroughs. The Brazil Model is a scheme which transformed the health of people in Brazil's poorest neighbourhoods.

It brings community health and well-being workers into the heart of neighbourhoods where health inequalities lead to lower life expectancy compared to more affluent areas close by. Community health and well-being workers visit people in their homes to provide advice and connect them to NHS, council and voluntary sector support. The workers focus on every aspect of life that can influence health, including housing, employment, social isolation and financial pressures, linking people with the help they need. Encouraging early detection, prevention and better management of illness are also a key part of the programme.

We also provided funding to continue our Core20plus5 connectors. Whilst this is a national initiative, we have provided additional investment in South West London to enable this great initiative to deliver more to reduce our health inequalities.

1.8.8 Tackling digital exclusion

Digital exclusion is where some people in our community have unequal access or don't have the ability to use digital devices or technologies. This may be because they don't have access to the devices that they need or don't know how to use them.

Reducing digital exclusion is a priority for the ICB and we are involved in a number of partnership initiatives to improve digital engagement, usage and exclusion across South West London.

- South London Partnership (the sub-regional collective of local authorities) are leading on a digital project to improve digital connectivity and infrastructure within South West London. Part of this work includes implementing the InnOvaTe Programme. This uses the 'internet of things' to help South West London boroughs to manage and mitigate new challenges arising from COVID-19, drive economic recovery and pilot solutions to help people live better and healthier lives. Public health and prevention input is key to this and we are working closely with South London Partnership on this.
- Funded by the South West London Innovation Fund, we are working with borough public health teams and the South London Partnership to develop predictive prevention. Predictive prevention is a growing body of work within digital health. It involves targeted and consensual use of data to provide digitally enabled health improvement interventions in a way people are most likely to engage with and act on. This type of digital engagement is widely and effectively used in other sectors to connect people with services and products they are most likely to want or need.

- We are also working together on applying infodemiology - an area of science research that scans the internet for user-contributed health-related content, seeing where people look for and find their health information with the aim to improve population health. This will help our understanding of where South West Londoners look for their health and care content so that we can help them get accurate, relevant and appropriate information.
- We have been working on projects to reduce digital exclusion such as our NHS England community pharmacy initiative to help the over 65s with ordering medicines digitally. This study is also gathering information on the digital exclusion this cohort faces. Almost 6,400 interventions were done over the months of January and February 2024.

1.8.9 New governance structure

We reviewed our Health Inequalities Board and replaced it with a Health Equity Partnership Group. This group reports to the Integrated Care Board, to the Integrated Care Partnership and to NHS England and the Office for Health Improvement and Disparities equity groups in London. Health equity is achieved through prevention work, community empowerment and individual empowerment and self-care.

The Health Equity Partnership Group combines prevention with healthy equity in its aims. It oversees and delivers on the health inequalities and prevention aims of the South West London Integrated Care Partnership Strategy and the Joint Forward Plan. The Health Equity Partnership Group is supported by three 'action' groups:

- Prevention Delivery Group
- Health Inequalities Funding Delivery Group
- and the South West London Health Research Collaborative.

The Health Inequalities Funding Delivery Group meets monthly. As well as delivering on the Joint Forward Plan and Integrated Care Partnership Strategy, it works on reducing healthcare inequalities through implementing the Core20Plus5 vision from the NHS England's Healthcare Inequalities Programme. It is also busy monitoring the progress of Place based and South West London Level projects that were funded by the Health Inequalities Investment Fund in 2022/23 and 2023/24.

1.8.10 Prevention

We prioritise accelerating preventative programmes which proactively engage those at greatest risk of poor health outcomes. Across South West London, we have been focusing on better targeting and early identification of long-term conditions particularly hypertension case finding, respiratory, diabetes and cardiovascular disease at Place level. We have identified that in our most deprived communities, the likelihood of having 2 or more long term conditions greatly increases. As a result, we have adapted a multi-morbidity approach to cardiometabolic conditions which will enable clinicians to take a more holistic approach to their patients, thereby improving efficiency of planned care and reducing 'unplanned' care. We are focusing this initiative in PCNs in low socio-economic areas.

High blood pressure prevalence increases with age, and UK health surveys show that actual prevalence is higher in deprived communities yet diagnosed prevalence is the lowest. Diagnosed prevalence was 14% in our lowest quintile. To increase hypertension case finding, we used population health management to identify the groups least likely to engage with health services and using a mix of walk in blood pressure checks, community pharmacies and community out-reach, we have greatly increased our reach to the population.

Tobacco control remains key to our work. Whilst the proportion of smokers are low in Southwest London compared to London and national averages, we have higher proportions of smokers in our Core20plus 5 populations. We have implemented the NHS Tobacco Dependency Programme across all of our Trusts and our community pharmacies provide smoking cessation services alongside our local authority commissioned services.

We have worked hard at ensuring more accessible flu and COVID vaccinations and are currently working on targeting those groups least likely to have had MMR. Each time, we use a population health management approach.

We have made healthy weight a key priority in our ICP strategy and are currently undertaking a health needs assessment which will identify those most at risk of obesity.

At a Place level, we work in partnership with our local public health teams to increase access to physical activity and with local authorities on their Food strategies. Through our Health Inequalities Investment Fund, we have funded projects that work with deprived or vulnerable communities to improve their health and wellbeing e.g. Believe in Yourself, Ethnic Minority Centre in Mitcham and Exercise Referral Service and Community Gym capacity at the Cambrian Centre, Queens Road Estate, Richmond.

1.8.11 Restoring NHS services inclusively

In South West London, we continue to restore, recover and deliver our elective services in a fair and equitable way. We are committed to building on our successful collaboration to respond and addresses inequity in both access and care received but that also understands and addresses any widening areas of health inequalities.

What have we done?

Our Population Health Management Health Insights reporting has been further developed to dissect and overlay a lens to our South West London waiting list as a whole but also at specialty level. This has been incredibly valuable as we have a more granular understanding of our demand profile. The dashboard continues to look at key demographic information for those on our waiting lists including long-term conditions, age, gender, ethnicity, and deprivation and this has been key to our outpatient and pathway development.

This means we have been able to continue to:

- Evaluate the impact of elective recovery plans on addressing any identified or unresolved disparities in waiting lists, including for clinically prioritised groups of people.
- Evaluate the impact of the surgical hubs in South West London and align to the development of the Croydon Surgical Hub and how these have been able to support elective recovery but also how they serve the future model of care.
- We have also undertaken a review of our frequent attenders' profile across our five Trusts by linking our South West London waiting list data with the dataset we have from primary care. We have done further analysis on this by deprivation, ethnicity and long-term conditions for the patients on waiting list which has shown us that:
    - A small number of 'frequent attender' patients account for a larger proportion of the total referrals waiting for treatment and 'consultant-led activity' when looking at the national and wider south west London data

- At the time of analysis, approximately 13 to 15% of patients on our patient treatment list were on more than one pathway
- 7% of South West London patients accounted for 32% of the consultant led appointments. Patients on the Croydon Healthcare Services waiting list have got the highest Core 20 deprivation score at 36.8%, 36.4% of Black and Asian Ethnic patients and 12% of patients are diagnosed with depression as a long term condition.
- A workstream reporting to our Outpatient Board was established with an initial action for all organisations to validate local findings and report back on individual actions. Initial investigation suggests there is a direct correlation between patients not attending their appointments when those patients are on multiple pathways.

Another key area of focus last year was to work towards tackling inequity in waiting times within South West London and supporting London where we can. We will continue this through mutual aid in 2024/25.

Specific examples this year have included:

- St George's providing mutual aid support to Kingston in lipid services to help stabilise and reduce the growing waits at Kingston Hospital. This has meant waits have reduced from 110 people waiting for 52 weeks to less than 50 people. We are doing this whilst we consider a more sustainable South West London model for this service.
- Supporting South East London's children's ear nose and throat services to reduce the number of people waiting 78 and 65 weeks, enabling people referred from South West London to be treated locally - meaning they are seen more quickly - while shortening the waiting list in South East London
- We have revamped and launched a revised system mutual aid framework. Opportunities to provide mutual aid and address inequities in waiting times are addressed at the fortnightly South West London system group facilitated and coordinated by our Acute Provider Collaborative.

Whilst inequity and inequalities offer different challenges and response, we recognise by underpinning the analysis of our patient treatment lists we get a more granular understanding as to where we can target specific health inequalities across our system.

- Last year we began a major work programme to increase the use of the trusts' patient portals and NHS app to improve patients' ability to manage their outpatient appointments and ongoing care from their smartphones. Digital inclusion is an important focus of this work.
- We have committed to piloting a South West London referral support service for Ear, Nose and Throat (ENT) during 2024/25, which will address waiting time inequity to access ENT secondary care services between our six boroughs and will make that all patients access the same steps in their pathways.
- We have committed to developing new models of care for cardiometabolic secondary care services next year, to reduce the number of multiple appointments that patients are currently asked to attend. This work will take into account the role of social deprivation and other health inequalities in these conditions.

Our priorities for 2024/25 include:

- Review the NHS South West London Health Inequalities report produced in February 2024 and develop an aligned action plan with clear system and trust owners for actions to help address the issues identified in the report.
- Continue to review and recover our long waiting patients addressing deprivation inequalities where identified for example taking account of Industrial Action impact on long waiters and growth in long waiters at sites with higher core 20 populations.
- Review access to non-elective services.

1.8.12 Diversity and Workforce Race Equality

The Workforce Race Equality Standard (WRES) was developed to narrow the gap between the treatment of black and minority ethnic and white staff through collection, analyses and acting on specific workforce data. In addition, the WRES aims to improve diversity of leadership and the experience of staff from ethnic minorities within an organisation. The WRES was introduced in 2015 to ensure employees from Black and minority ethnic backgrounds have equal access to career opportunities and receive fair treatment in the workplace. We have made significant progress in several areas and are committed to continued innovation and progress for the WRES.

Nationally there has been a significant increase in the number of Black and ethnic minority staff. An increase of over 27,500 was seen in the last year, with Black and ethnic minority representation in the workforce increasing from 22.4% to 24.2%. In London, Black and ethnic minority staff make up 49.9% of the workforce. In South West London, Black and ethnic minority staff make up 51% of the workforce, this is the largest percentage of out of the five ICBs in London and has significantly increased from 39.7% over the last two years.

1.8.13 Anti-Racism Approach

In South West London, we oppose all forms of racism and will work to dismantle racist and discriminatory policies and practices across all of health and care. Sarah Blow, Chief Executive Officer, and Melissa Berry, Programme Director of Equalities, Diversity and Inclusion, are leading this work together to develop the South West London anti-racist approach and presented at the Integrated Care Partnership Board in January 2024.

Sarah Blow is now the Senior Responsible Officer for this work. We are currently developing this anti-racist approach to support the ICB and our partners to be actively anti-racist.

The aim of our approach is to:

- tackle structural racism
- support a long-term cultural shift towards being an anti-racist health and care system
- understand the impact structural racism has on the experiences and opportunities of our staff and local communities, with particular focus on promoting equity and reducing health inequalities by taking a system-wide approach

Our South West London Anti-racist Strategy and Implementation Group was established with system partners from NHS, local authorities and the voluntary, community and social enterprise sector. This group is chaired by Sola Afuape, Non-Executive Director and Chair of the People Committee, South

West London & St George's Mental Health NHS Trust and Non-Executive Director at Croydon University Hospital.

We want to make anti-racism everyone's business. We want to be an anti-racist system by developing an anti-racism approach, focusing on the strategic commitments:

- **Leadership commitment:** to being anti-racist health and care systems and organisations, with Board representation, strategy development and anti-racist approach to all policies.
- **Commitment to our ethnic minority workforce:** to support our ethnic minority staff and create enabling workplaces.
- **Commitment to target health equity**: to prioritise and deliver evidence informed, culturally competent interventions to narrow the gap, by reducing inequities people from ethnic minorities face in access, uptake, experiences and outcomes of our health and care services.
- **Commitment to becoming an anchor institution**: anchor institutions are large organisations like local NHS trusts who have a strong connection with the wellbeing of the populations we serve, we will work to leverage our position to tackle the wider determinants of inequality.
- **Commitment to our local communities:** to work with our communities to amplify their voices, in the decision, design and delivery of services, to rebuild trust and confidence.

1.9 Acute care

Acute care provides time sensitive and rapid interventions to people in areas such as planned or elective care, urgent and emergency care, cancer, and maternity services.

Services include preventative care, diagnostics, outpatients, day-case and inpatient treatment as well as rehabilitative care. Services are delivered mainly in hospital settings but also in the community and in people's homes.

We have four NHS acute trusts in South West London:

- Croydon Health Services NHS Trust
- Epsom and St Helier University Hospitals NHS Trust
- Kingston Hospital NHS Foundation Trust
- and St George's University Hospitals NHS Foundation Trust

They work together in a group called an Acute Provider Collaborative to improve the quality of services and clinical outcomes for people in South West London.

The main priority of the collaborative is to improve planned care in hospitals – making the most effective use of their collective resources, improving efficiency and quality - so that patients are seen in the right setting at the right time.

Our Trusts also work with partner organisations to integrate health and care services in each borough as well as throughout South West London.

We want to deliver outstanding acute care and services that meet the needs and expectations of local people and improves their outcomes, access, and experience. We want to work with partners to improve the health and wellbeing of local people, reduce health inequalities and increase preventative care. We want to ensure the sustainability of services into the future, building and empowering our people and investing in modern estate and digital tools to support improved care.

1.9.1 Last year, our actions to achieve this included

Working to improve patient outcomes, access, and experience

- We have delivered care with compassion, dignity, and mutual respect. This is shaped by listening to and understanding what matters to people, patients, and our staff, as well as empowering people to make informed decisions and design their own care, so they are equal partners in their health and care.
- We have made significant progress in reducing long waiters since the pandemic but challenges do still exist within certain specialties, particularly in gynaecology, cardiology, trauma and orthopaedics and ENT.
- Due to the ongoing industrial action, it is likely South West London will fall short of achieving the ambition of zero avoidable >65week waiters target at the end of March 2024. The intention is to recover this position in the first half of next year, by September 2024.
- South West London Outpatient Board have seen the successful roll out of patient initiated follow ups, PIFU, across the 6 specialties of ENT, dermatology, cardiology, trauma and orthopaedics, gynaecology and gastroenterology. Further opportunities are being explored this year.

Developing more preventative care and providing right care in the right place

- Clinical networks have introduced a variety of projects to improve services in primary and community care and avoid unnecessary hospital treatment. These include improvements to urological pathways, reductions in general surgery waits and engagement with communities on a proposal for a women's health hub.

Addressing health inequalities and ensuring there are no barriers in patients accessing acute hospital services

- Ensured that as we reduce waiting lists, we were focussing on reducing the disparity between certain populations or particular groups.
- We are implementing single points of access across South West London in certain specialities in 2024. This will further improve access to health care by equalising waiting times across our acute hospitals.

Investing in infrastructure to ensure modern welcoming environments with which to deliver care

- Design and planning is underway, including the refresh of the outline business case, for the build of a brand-new specialist emergency care hospital at Sutton and also significantly improve Epsom and St Helier hospitals, where 85% of patients will still be seen and treated. This will address the long-standing patient care, workforce, estates and financial challenges at Epsom and St Helier. 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. Early enabling works took place last year, including the decant of services from the Sutton site.
- Successful opening of CHS ITU in 2023 and further capacity being developed at CHS theatres and the Purley Elective Centre with the latter operational from 2023. The launch of the elective

strategy will further align activity flows to maximise capacity use and reduce patient waits further.

Transforming outpatients by investing in digital technology so patients have control over their outpatient journey

- 57% of South West London residents are registered with the NHS app, with around 500,000 log-ins in December 2023. This technology enables patients to be more interactive with their care by being able to use the app to access and manage appointments, be triaged to the right services, and to access results. This digital enablement provides additional benefits for NHS trusts who are able to have real time oversight to managing their waiting lists and capacity more efficiently.

1.10 Promoting choice and personalisation for patients and their carers

Personalised care represents a new relationship between people, professionals and the health and care system. It provides a positive shift in power and decision making that enables people to have a voice, to be heard and be connected to each other and their communities.

It's about integrating services around the person, including health, social care, public health and wider community services. It provides an all-age approach, from maternity and childhood right through to end of life, encompassing both mental and physical health and recognises the role and voice of carers.

It recognises the contribution of communities and the voluntary and community sector to support people and build resilience.

All patients also have a legal right to choose which hospital they are referred to for their first outpatient appointment, when they are being referred for treatment.

Patients should be able to decide between a minimum of 5 hospitals, using information about waiting times, travel distances and quality to help them make a choice using the NHS App or website, or with help from their GP or the National Referral Helpline.

1.10.1 Last year, our actions to achieve this included:

Promoting choice and personalisation

- Worked with GPs to ensure that they can consistently promote the legal right to choose to patients and help facilitate their choices.
- Worked with GPs on their systems for offering choice to patients and to make sure that the approaches to this are consistent throughout our GP surgeries.
- Promoted the right to choose to local people through our website and social media and through contact with their GP surgery.
- Supported our NHS trusts to help patients exercise their right to choose by changing their provider which helps reduce waiting times and achieve better outcomes.
- Worked 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. "Be kind to your kidneys" awareness and well-being events have been held at Tooting

Market and Roehampton in Wandsworth during Autumn 2023, and more events will follow in 24/25 across all 6 boroughs.

- Introduced 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. The pilot will aim to support young people by providing emotional support, improving understanding and management of the condition, help patients with the transition from children to adult services and encourage patients with sickle cell to engage in their local community to support others living with the condition. The pilot is due to begin in 2024/25.
- Led the implementation of the Universal Care Plan across London - a digital care plan "sharing what matters to you" with everybody who cares for you – the ambulance service, GP's, in hospital or at home. The Universal Care Plan is an NHS service that enables every Londoner to have their care and support wishes digitally shared with healthcare professionals across the capital. A care plan is created following a conversation between a healthcare professional and the person in their care.
- A project piloting the use of small one-off personal health budgets/grants to support discharge for those patients medically fit to leave hospital – but where barriers in their home environment prevent this. The project was piloted in 2023/24 at St Helier hospital. key learning from this project is captured within an evaluation report.
- Targeted vaccinations programme for people with learning disabilities and autistic people supported by investing in community connectors.
- Shared decision-making audit completed in primary care and findings including areas of good practice were shared with primary care networks to support continuous improvement in supporting patients with shared decision making.
- Continue to focus on delivery of personalised care and support plans and personal health budgets to the "right to have" groups of patients – adults in receipt of continuing healthcare, children in receipt of continuing care, people who meet eligibility criteria of NHS wheelchair service will be eligible to a personal wheelchair budget and people eligible to after care services under section 117 of the mental health act.

Developing social prescribing

- Primary care networks support, develop and deliver personalised care to local people through social prescribing link workers, health and well being coaches and care coordinators roles. The roles connect people to activities, groups and services in their community and support local system priorities informed by population health management, health inequalities and local knowledge. The roles enable non-medical community-based and holistic support alongside medical treatment as part of a personalised care approach.
- Began a pilot across Kingston and Richmond using autism social prescribers to support people referred to Your Healthcare. The autism social prescribers sign post people into the local mental health support available for people with autism and local community groups.
- Completed an evaluation of the Battersea Youth Clinic, an innovative model delivered within a Battersea GP surgery supporting children and young people with what is important to them and addressing any unmet need that is affecting a person's health and wellbeing. The review has informed further development of the model as well as provided shared learning across south west London.

- NHS social prescribing link workers began referring children aged 11 to 18 to a new 'Action For Autism' movement therapy programme, helping them to gain confidence with social and language skills.
- A pilot scheme at St George's and St Helier Hospitals, which took social prescribing into hospital pain clinics has reported overwhelmingly positive results for people living with chronic pain. Findings from a Health Innovation Network South London report showed that people living with chronic pain welcomed the support.

Making improvements to referral systems in GP surgeries and hospitals

- We have reviewed referral management centres, clinical assessment services and referral assessment services across NHS trusts in South West London to make sure that they are able to support the new requirements and provide it in a consistent way.

Improving inter-hospital transfers

- We have been strengthening processes for the transfer of patients from one hospital to another, to help reduce waiting times and give people greater control over where they receive their care.

Developing our policies and procedures

- We have updated our policies and procedures to make sure that compliance with patient choice is included in how we monitor our contracts with hospitals and other healthcare providers.
- We have developed a more robust provider accreditation process to help ensure compliance with patient choice.

1.11 Cancer

To support earlier diagnosis and more effective treatment, we have been encouraging people with possible cancer symptoms to come forward and to attend cancer screening appointments.

The number of people seen for an urgent referral for suspected cancer during 2022-2023 was 22% higher than in 2019/20 and increased to 85,053 USC referrals in 2023/24.

1.11.1 Our ambition

We want to save more lives in South West London, through earlier diagnosis and reducing inequalities across cancer pathways.

For those people with symptoms suggestive of cancer, we want to make sure that we act quickly so that no one has to wait more than 28 days to receive their diagnosis, and no more than a further month to start their treatment.

1.11.2 Last year, our actions to achieve this included

Working to reduce variation and optimise care

- Continued to tackle the variation in early diagnosis across South West London to ensure that 75% of people receive an early cancer diagnosis, particularly focusing on those with the highest need.

Improving patient experience and quality of life

- Improved access to care that is personalised and holistic. To address these priorities, we have developed six strategic delivery programmes.

Working to reduce variation in screening programmes and increasing uptake

- Delivered new types of screening for example Targeted Lung Health Checks to identify tumours at an earlier stage and given 24,419 lung health checks, and 11,985 CT Scans, starting in Croydon which has some of the lowest rates of early lung cancer diagnosis in South West London.
- Improved our ability to identify communities that are not engaging in screening programmes – for example in Croydon BME forum led insight gathering and developed resources to support uptake.
- Worked with partners to remove inequalities in the uptake of national cancer screening programmes. We have used community screening facilitators improve bowel cancer screening and for women under 30 we have worked with online dating sites in a pan London approach to improve cervical cancer screening in women under 30.

Working with places and primary care networks to diagnose cancer earlier

- Made significant progress towards embedding cancer referral guidance and ensuring that just under 80% of patients urgently referred for a lower gastrointestinal cancer investigation have had Faecal Immunochemical Testing (FIT) in primary care.
- Completed a review of GP practices with high and low percentages of patients diagnosed via suspected cancer referral. The findings will form part of the GP and primary care network education and engagement programme next year.

Improving diagnostic and treatment pathways

- Worked 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 by the end of September 2024.
- Created a new community-based expert assessment service for people who have breast pain. The first service, which is open to local practices, was launched at The Nelson in January 2024. A full roll-out across South West London is expected to take place over the coming year.
- Increased the level of nurse-led diagnostic and imaging capacity available for suspected urology cancers, optimising the diagnostic pathway.
- Increased the number of patients who are referred to ‘vague symptom’ clinics by 27% on the year before, creating resilient rapid diagnostic clinics across South West London.

Developing more personalised holistic care

- Working to ensure that all patients across South West London are offered a consistent approach to personalised care and have the right support in place to manage their condition and aftercare.
- Refreshed patient-initiated follow-up pathways for priority tumour types, ensuring this is fully operational in breast, colorectal, prostate, and endometrial cancer pathways.

Addressing cancer inequalities

- Working to ensure all our programmes are designed with an inequalities first approach – for example, the roll out of Targeted lung is based on the wards with the most smoking rates.
- Using a population health management approach – data driven planning to support the reduction of inequalities, we have worked with the population health team to deliver real time cervical and bowel screening coverage information split by all inequality factors.

Accelerating innovation, spread and adoption

- As new cancer detection approaches become established, we are embracing innovation to implement new screening programmes, introduce less invasive tests for people with cancer symptoms and ensure genetic testing to identify those with a higher family risk of cancer. This year we have prepared for the roll out of the Multi- Cancer Blood Test pilot, which is due to commence in September 2024.
- Tested and implement new methods of screening people with Barrett's oesophagus using 'cytosponge', at Epsom St Helier and St Georges Hospital.

1.12 Children and young people

Improving outcomes for our children and young people is a key priority for South West London and we are taking actions to improve quality of care across the system.

We want our children and young people to have the best start in life, a good education, enabling them to live well, flourish and achieve their full potential. We want to support parent and carers, at local early years settings and schools, tackling inequalities and raising education attainment. We want children to be safe, their needs and aspirations recognised and achieved, with support where required to develop independence and preparation for adulthood.

1.12.1 Last year, our actions to achieve this included

Reducing rates of childhood obesity

- 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.

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

- 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.
- Developed governance arrangements for special educational needs and disability (SEND), to support delivery of statutory responsibilities
- Working with parent carer fora across our 6 boroughs to understand the experiences of children, young people and families using local services.
- Established a designated clinical/medical officer forum to support the consistency of practice across South West London. They provide their expertise on SEND in each borough in a range of ways, including decision making panels and quality assurance activities.

- Our designated clinical/medical officers participated in development work with the Council for Disabled Children and have received training on the legislative framework of the Children and Families Act.
- Learning from families about their experiences of the transition between children and adult health services.
- Held a SEND summit in June 2023 to agree priorities for SEND development work, which was attended by partners from across our Integrated Care System.
- Agreed governance mechanisms for Special Educational Needs and Disabilities within the ICB.
- Began development of a SEND data dashboard, including creating links with business intelligence leads from local authorities and completion of a project plan in March 2024.
- As March 2024 each Local Area has a designated clinical officer who is supervised by the ICB Head of SEND.
- SEND inspection took place in Richmond in October 2023 with a successful outcome. The local area partnership is taking action where improvements are needed.
- Sutton and Croydon have participated in their Area SEND (ASEND) annual engagement meeting as part of the ASEND inspection framework. Preparation activity for ASEND inspection continues.
- A pilot project to support transition for children with complex needs between children and adult health services was approved by NHSE, Babies, Children and Young People Programme. This has been developed in partnership with Kingston Hospital, the Learning Disability Liaison Service and links to the CYP Board.

Improving our screening and immunisation rates

- Developed an under 5 years and school age immunisation strategy to increase vaccination take-up.
- Work with primary care to ensure that families can access immunisations at times that are convenient to them.
- Focussed communication and engagement plan to improve the uptake of the MMR vaccination on an ongoing basis and particularly in those areas of lower uptake. We have developed a best practice that makes every contact count.

Working to improve care for childhood asthma

- Established a paediatrics asthma network to deliver the requirements in the national asthma bundles of care and the national capabilities framework and transform asthma care for children and young people.
- Began a benchmarking exercise in our 6 boroughs to inform the development of a children and young people's asthma workplan.
- Started engagement around how to embed the Child Asthma Plan by the London Babies, Children and Young People's team. This will help children and their care givers understand their asthma and self-manage for better outcomes.
- Commissioned a pilot project to measure the quality of air experienced by 40 children in 4 primary schools in Merton. This will help us understand the impact of the environment on children with asthma and provide evidence that would inform the design of future asthma services.

1.12.2 Learning from child deaths

We are working towards South West London Integrated Care System becoming a learning health system where all organisations draw on areas for improvement and learning.

Our priorities in this year included:

- Public health/promotion in community education
- Strategic interventions to prevent knife crime in young people and to reduce mistrust of health and social care services.
- Campaigns to help parents improve communication with their children – to reduce permissive attitudes toward experimental drug and alcohol abuse and to target young people for alternative sources of managing stress.
- Establishing a Practice Partnership for Safeguarding Children across South West London made up of all health and care professionals supporting safeguarding for children.

Our activity in South West London this year has included:

- Supporting implementation of the Paediatric Early Warning System (PEWS).This is a tool that helps professionals to recognise and respond to any deterioration in the condition of children or young people in a healthcare environment.
- Supporting simulation training for urgent maternal admissions and declaration of obstetric and neonatal emergencies.
- Increasing our interactions with mothers antenatally and postnatally on safer sleep surfaces for babies and improving in communication with fathers on safer sleep messaging.
- Leading a South West London Practice Partnership for Safeguarding Children, made up of all health and care professionals supporting safeguarding for children, which is focused on:
    - Improving the quality of care for looked after children in foster placements and revision of the selection process, recruitment, and training of foster carers.
    - Improving the referral process for Child and Adolescent Mental Health Service (CAMHS) and recruiting mental health advocates to help with the increase in demand for referrals. To identify children who are struggling with their mental health in the school environment for targeted interventions and support.
    - Developing strategies for reducing self-harm and youth violence, especially knife crime, by involving more secondary-age school children (11 to 18 years) in community activities which foster inclusion and equality.

1.13 Community care

Last year community health services provided a wide range of care to people of all ages, from health visitors looking after parents and young children and babies to district nurses providing care for who are seriously ill with complex conditions. Services are based at lots of different types of place in South West London, including health centres, children's centres, rehabilitation clinics, prisons, community hospitals and in people's own homes.

In 2023/24 we continued to pursue our aim to transform community services and build capacity so we can deliver more care at home or closer to home, and to improve hospital discharge. Helping people get the care they need, when and where they need it, will help us to keep people healthier and out of

hospital. More support in the community means people who do not need to be admitted to hospital can access more outpatient services closer to home and outside of hospital.

We want to support people in South West London to stay well and live independently; supported by integrated, multidisciplinary health, social care and voluntary sector teams providing care and support close to, or in, their home, who work across organisational boundaries to provide the very best personalised care.

1.13.1 Last year, our actions to achieve this included

Working towards creating a new model of care in the community

- Last year we reviewed how we commission and deliver community services and how we used enablers such as better care fund contracts, sections 75 arrangements, local authority services and other non-statutory services to deliver our priorities in a more integrated way. For example, with NHS funded services, we have focused on improving quality, equity of provision and outcomes for patients.
- We identified priority groups such as people with multiple long-term conditions, such as cardiovascular disease, and people in need of specialist support, in areas like neuro rehabilitation and musculoskeletal conditions, to define a new model of care that describes how services will develop to support people's changing needs. The new model works on the premise that as people age poor health due to long-term conditions can be prevented, slowed or even reversed. It focuses on early identification, prevention and support for independent living. To support that, there are four main areas – promoting independence and wellbeing, proactive care plus (bringing together professionals across health and care in multi-disciplinary teams to develop personal support plans), integrated intermediate care (services provided for a short time to aid recovery) and frailty related hospital care.
- We have established a pilot with our local authority partners so that GPs, and or other community-based teams, can identify patients before their health conditions deteriorate to the point at which they need NHS care. This will help us to maximise independent living and slow down the onset of ill health, keeping people well at home longer

Supporting urgent care needs and people returning home from hospital

- Last year, we strengthened our virtual wards and expanded the number of conditions they can support to keep people out of hospital and help with discharging people earlier. Patients reported a positive experience of virtual ward care. They identified benefits such as being cared for in their own home, positive impact on wellbeing, 24-hour monitoring and being able to contact staff directly. Between April 2023 and January 2024, 6852 patients were discharged from the virtual ward, 2890 of those were supported to go home earlier and continue their recovery under the clinical supervision of a virtual wards team.
- We also provided support and training to increase access to universal care plans for people at the end of life, in care homes and those with frailty and dementia. 67 care homes with 2,819 residents now have access, compared to 24 care homes with 981 residents the previous year.

Improvements in increasing early identification

- Last year we identified patients who would benefit from support that would prevent or delay the onset of their conditions. For example, more than 700 people were discussed as part of our Proactive Anticipatory Care programme in Kingston and Richmond between May 2021 to August 2023 which achieved a 49% reduction in unplanned care. The length of stay for admissions among this group for unplanned non elective care also reduced by 55.5%.
- We worked with GPs to identify patients at risk of developing long-term conditions and/or frailty earlier and provide care and support to prevent the conditions developing. Using health insights we have found that there are more than 177,000 people in South West London who could benefit from a proactive care intervention, with the highest number of people living in Croydon. Using an identification tool we can access adult social care data to help identify people who GPs may want to consider for proactive care. The proactive care pathway allows professionals to refer these people who could benefit from a proactive care intervention to a GP list for ongoing support.

Using technology to help improve care

- Used technology and data to identify patients; needs early and used this information to support the management of their care.
- The Proactive Care Re ID tool (which helps identify people who could benefit from a proactive care intervention) has been enhanced to include relevant Adult Social Care Data (via the national Client Level Data submission). Primary care clinicians can now see the holistic health and care journey for people chosen for a proactive care intervention.
- Remote Monitoring was rolled out to 120 Care Homes, giving primary care and community services access to clinical information to support decision making. Early indications are that care homes with remote monitoring in place have lower rates of A&E attendances and unplanned admissions as, in Sutton, 70% of A&E attendances between December 2022 and December 2023 came from care homes without remote monitoring.
- Use of virtual wards has more than doubled this year – from around 35% in August 2023 to 76% in February 2024, peaking at 90% in December and January. Capacity has increased by 100, from 265 to 365 between April 2023 and January 2024. Virtual wards are supporting hundreds of patients to avoid hospital admissions or be discharged home quicker by monitoring their wellbeing using remote monitoring technology overseen by teams of nurses and therapists. This means people are able to stay well or recover from episodes of ill health in their home environments.

Action to support our workforce

- We worked with hospital clinicians so that they understand new initiatives such as virtual wards that allow care to be provided in people's home following a stay in hospital. This year a frailty network was established, bringing together partners across health and social care to provide better support in the community for patients who are frail or elderly. A group was also created to share best practice is shared with the roll-out of virtual wards and to reassure clinicians and patients about how they operate.

- Measured demand and capacity across community areas and worked with the South West London workforce programme to address issues with recruitment and retention. The recommendations of the resulting demand and capacity report included employing creative recruitment strategies that attract people from across the whole system with more flexible selection criteria that also reflect the new qualities and skills needed and developing a system-wide training and development programme setting skills and capability levels for the whole workforce.

1.14 Diagnostics

Making sure that people can access diagnostic services quickly so they can start to receive the most effective treatment as soon as possible is hugely important in determining clinical outcomes and getting people better sooner. We are committed to providing responsive, high quality diagnostic services across South West London. Diagnostic services include scanning services like X-rays, ultrasound, CT and MRI scans, pathology services like blood tests and endoscopy services.

We want to increase access to high quality, fast diagnostic services for all patients. In doing this, we want to ensure that our patients' experiences are improved, and health inequalities are eradicated.

Demand for diagnostics services across South West London remains significant. Referrals to diagnostic services comes from all types of services, including emergency care, primary care, elective and outpatient services, inpatient care, and cancer services. Our modelling predicts that by April 2025 demand for the four main diagnostic types of imaging, endoscopy, echocardiography and audiology – will increase by 30% across South West London.

Over the last year the challenges we have faced are consistent with those set out in the 2020 independent review of NHS diagnostic services Diagnostics: Recovery and Renewal by Professor Sir Mike Richards, including:

- Need to increase capacity to meet current and forecast demand for diagnostics
- Workforce planning challenges including the need to increase and improvement recruitment and retention and access to training.
- Need to modify some of our estates and equipment.

We do not have a single digital solution for diagnostics across South West London. We are working on plans to have a single source that all NHS services can access to improve clinical pathways.

We are seeing more referrals for people from more deprived areas than from less deprived areas. We know that people in more deprived areas have more co-morbidities and more complex health needs, so we are working on plans to reduce any issues around access to diagnostic services for people from these areas.

To address these challenges, we have developed new pathways for diagnostics this year, and are continuing to plan new pathways and services with our partners to increase diagnostic service capacity in community settings outside of hospitals, including in new Community Diagnostic Centres.

- Diagnostic services now exceed pre-pandemic activity levels in all areas. In 2023/24, across CT, MRI, ultrasound and DEXA scanning, endoscopy, echocardiography and audiology assessments, our activity will be around 23% higher than it was pre-pandemic.
- The roll-out of the community diagnostic centres has successfully increased capacity. Through our three centres we have delivered over 227,000 live-saving checks.

- We have successfully secured a record level of capital and revenue investment in diagnostic services across acute trusts in South West London.
- We have secured £15.62 million capital investment in digital solutions for imaging and pathology. This investment has allowed us to develop and roll out a single imaging technology across our four acute trusts as well as enabling home reporting.

1.14.1 Last year, our actions to achieve this have included:

Increasing diagnostic service capacity

- Invested in more than 30 new pieces of diagnostic equipment since 2021 – including a modular CT scanner, five echocardiography machines, and three ultrasound machines. Additional equipment includes four CT scanners, four MRI scanners, 12 non-obstetric ultrasound scanners. There are also six extra echocardiogram rooms and three more endoscopy rooms.
- 99% of patients on the waiting list for an MRI scan are now being seen within 6 weeks. This is since we have implemented software that accelerates the efficiency of our MRI scanning, resulting in an additional 9,000 MRI scans a year across South West London.
- 92% of patients, 35,140, on the diagnostics waiting list are now waiting less than 6 weeks to be seen across South West London.
- We know that demand will increase for diagnostics over the next five years. Work is now underway to develop a five-year strategy which will detail the roadmap to increase capacity to meet this demand including approaches to workforce development, digital infrastructure and capital and asset planning.

Addressing health inequalities in accessing diagnostic services tense

- Investigated the reasons why people did not attend (DNA) appointments so we can minimise the number of times this happens. Las year we established weekly DNA data available for imaging services.
- Continued work to use health inequalities data to ensure new community diagnostic centres are accessible by population groups with the greatest need, including in the areas of the highest deprivation in South West London.

Accelerating digital transformation

- Continued to explore opportunities for digital transformation that facilitates sharing of information across health services to enhance patient journeys and experience.
- Started work on introducing a number of digital initiatives that allow diagnostic teams across South West London to work together better as a system and improve operational efficiency and effectiveness.

Developing the diagnostic referral pathway and supporting systems

- Made progress on mapping current demand and referrals distribution across diagnostic services to enable appropriate use of services.
- Introduced across South West London direct GP access for CT pancreas scans.
- Newly designed patient pathways for breathlessness, gynae abnormal menstrual (Purley CDC) and paediatric asthma (QMR CDC) are being piloted from 1 April 2024, with evaluation planned for March 2025.

1.15 Maternity and neonatal services

We are working together with women, birthing people and their families to improve our maternity services, so they become safer, more personalised and family friendly. We want services where every woman has access to information to enable her to make decisions about her care and where she and her baby can access support that is centred around their individual needs and circumstances.

We want all women and birthing people to have safe maternity care, which is personalised, kind, professional and family friendly; where every woman has access to information to enable her to make decisions about her care; and where she and her baby can access support that is centred on their individual needs and circumstances so that their whole experience is positive and memorable.

1.15.1 Last year, our actions to achieve this included

Improving safety, outcomes and experience for mothers and their babies

- This year, both St George's and St Helier's maternity departments have undergone CQC inspections. We are working closely with our provider trusts across South West London to share the learning after the implementation and monitoring of the action plans that have arisen from these CQC maternity focus inspections.
- Published our equity and equality plans and target action to reduce inequalities in women's experience and outcomes.

Working to enhance postnatal care

- Developed and implemented a South West London Infant Feeding strategy to ensure it is implemented by hospitals and community services and that the baby friendly initiative is adopted, so that every baby has the best possible start to life.

Enhancing learning to improve care and services

- The findings of the national Care Quality Commission (CQC) annual maternity survey showed that people using Maternity services in South West London have a positive experience, with Epsom and St Helier ranked as one of the top four trusts in London.

1.16 Mental Health

Mental health services are provided by a variety of organisations, including two large NHS mental health trusts, primary care and several smaller, voluntary sector or local authority-led organisations. Our main mental health service providers are:

- South West London and St George's NHS Mental Health Trust
- South London and Maudsley NHS Foundation Trust

We believe that everyone has a right to good mental health. We want South West London to be the best place to live for emotional wellbeing. A place where mental health services are accessible and meet the needs of the local population, where no person feels that taking their own life is their only option and where people with serious mental illness have the same life expectancy as the general population.

A place where everyone has access to early support for their emotional wellbeing and mental health, where health inequalities are eradicated and where our services work seamlessly together so that support and care are provided in the most appropriate setting.

1.16.1 Last year, our actions to achieve this included:

Working to improve recovery rates and quality of life for serious mental illness and mild to moderate mental health conditions

- Published our Mental Health Strategy for South West London which sets out how we will improve and support the mental health of local people over the next five years.
- Developed an approach to community level prevention, for example, parenting programmes, drawing on work underway at national level and using expertise in our local authority public health teams.
- Implemented a needs-based framework for children and young people and families and ensured how we provide services is both joined up and simplified.
- 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.
- Established a comprehensive approach to physical healthcare for people with serious mental illness detailing expectations, support available and the roles of different professionals.
- Ensured that physical health checks for people with serious mental illness are carried out and results are acted upon.
- Improved access to talking therapies with first appointments within six weeks now above 96% across the year against a target of 75%.

Working to improve levels of access to services across different communities

- We continue our commitment to the Ethnicity Mental Health Improvement Programme with a major external evaluation, with procurement commencing in March 2024 and the successful provider to begin the evaluation in August 2024. The evaluation will review the effectiveness and next steps for developing the programme.
- Worked in conjunction with South London Listens, a partnership between the NHS, local authority and voluntary, community and social enterprise sector, to develop and deliver community led change around mental health.
- Delivered focused prevention activities for children and young people known to be at higher risk of developing mental health issues. Croydon Drop In offer a Talk Bus service, driving to areas of need through the borough and targeting children and young people's and their families who wouldn't otherwise engage with traditional mental health services. South London and the Maudsley NHS Trust children and adult mental health services team are adding to this offer by integrating a clinician onto the bus to improve access to the service for our local communities.

Work towards reducing suicide and self-harm rates

- Worked with partners to further develop a co-ordinated approach to suicide prevention. This includes delivering suicide prevention awareness sessions in schools and the community and offering training around suicide prevention for professionals working with children and young people
- Further supported patients following discharge from inpatient care to as this is known to be a time of heightened risk of suicide.

- Offering a suicide prevention community mental health outreach programme through Off The Record for children and young people aged 14 to 25 years who are increased risk of suicide from underrepresented communities for example young men, those from Black and minority ethnic heritage communities, LGBTQ+ to reduce the risk of suicide in minoritized groups.

Working to reduce rates of detention for men from black ethnic backgrounds

- Launched a co-production group where the patient and carers share their experiences of services to inform the design of future services.
- As part of the ethnicity mental health improvement programme, a key intervention is working to reduce any restrictive coercive practices for example coercive or restrictive practices such as compulsory admission, involuntary medication, seclusion or restraint. This intervention aims to reduce restrictive and coercive practice in acute mental health care by changing clinical practice and culture.
- Further addressed racism and discrimination by delivering an anti-racism approach for mental health services.

Increasing understanding of mental health issues and wellbeing amongst communities

- Work continues with public health leads on what more can be done through the five-year Mental Health strategy to support public mental health interventions. High volume and low-cost interventions, such as parenting courses linked to the Mental Health whole school approach, are being extended to ensure greater number of people can access support. The mental health support teams partner with schools and colleges across South West London to support mental health and emotional wellbeing. The focus is on early intervention, prevention and promotion for young people who are thriving, coping or would benefit from getting help.
- A programme of work is underway with school leads in Kingston and Richmond and learning from the work will be deployed across all boroughs.
- Joint working with education leads from our local authorities and mental health trusts to support children and young people to access support with a specific focus on reducing the rate of emotionally related school avoidance. These groups are well attended. At the mid-point pilot review 100% of young people identify as having a neurodiversity with 18% having multiple diagnoses. This information has been very helpful in understanding how to further fund and situate the project in the system for 2024/25.

1.16.2 Mental health spend

Financial Years	2021/22 £'000	2022/23 £'000	2023/24
Mental Health Spend	260,607	274,160	299,298
ICB Programme Allocation	2,575,429	2,714,077	2,951,149
Mental Health Spend as a proportion of ICB Programme Allocation	10.1%	10.1%	10.14%

1.17 People with learning disabilities and autism

The NHS Long Term Plan sets out the priorities and ambitions to improving healthcare and outcomes of autistic people and people with a learning disability.

We are committed to improving the healthcare and outcomes of people with a learning disability and autistic people across South West London.

We want people with learning disabilities and autistic people to:

- Have the best possible physical and mental health and access to good physical and mental healthcare, where their needs are understood, and their rights are protected.
- Lead active and fulfilling lives and live in their own home.
- Have the same life expectancy as the general population.
- Have access to, inclusive community services that meet their needs and that work together around the person and where inappropriate detentions and avoidable admissions to mental health hospitals no longer happen and people are prevented from reaching crisis point by receiving the right help at the right time in the right place.

1.17.1 Last year, our actions to achieve this included

Working to reduce preventable admission to mental health hospitals and reducing length of stay

- Worked with community providers to review services for children, young people and adults with a learning disability, autism or both and agreed actions to improve these so that the need for inpatient care is reduced. For example, the A-Plan Pilot offering one year of post-diagnostic support following autism diagnosis for children and young people and their families through group and one to one sessions.
- Continued to roll out the South West London key worker service for children and young people for those most risk of a mental health inpatient admission so that plans are personalised and families are supported to navigate the health and care system.
- Implemented standardised pathway and resources for South West London Dynamic Support Registers, a list of autistic people and people with a learning disability who are at risk of being admitted to a mental health hospital because of a mental health condition or behaviours of concern. The register helps professionals across health, social care and education to work together to offer early and quick support to help prevent people reaching crisis point and to arrange care and education treatment reviews.
- Established a Croydon adult community intensive support team pilot for people with autism and intellectual disabilities. South London and Maudsley Mental Health Trust, Croydon Health Services and Croydon adult social care are working together to support prevention of crisis and unnecessary hospital admission.
- Developed community intensive support team pilots, with implementation in 2024-25, for autistic children, young people, and adults in collaboration with South West London and St George's Mental Health Trust to help prevent people reaching crisis point and reduce unnecessary hospital admissions.
- South London Mental Health and Community Partnership led a review of the community Forensic Intellectual and Neurodevelopmental Disabilities (FIND) service with improvements and service transformation planned in 2024-2025.

- Continued focus on safe discharge planning, delivery of timely care, education and treatment reviews and oversight of people in inpatient settings.

Working towards improving autism diagnostic assessment and autism support

- Delivered autism post diagnostic support pilots within our local children and young people's autism diagnostic assessment services in Kingston, Richmond, and Sutton through one to one and group sessions for young people and their families.
- Delivered post diagnostic support pilot for autistic adults in Merton which achieved excellent outcomes for individuals and families through one to one and group sessions.

Improving the health and wellbeing of people with learning disabilities and autistic people

- Worked in partnership with our local health services to ensure that they are compliant with statutory duties and guidance for the NHS in relation to autism and learning disability.
- Annual health checks for people with learning disabilities aged 14 years and over are on track to exceed the 75% target. Developed South West London's online resource for GPs and other professionals to them to deliver these annual health checks.
- Oliver McGowan Mandatory Training for learning disability and autism e-learning training rolled out to staff across our trusts. We have established a project group who will coordinate and steer delivery of the interactive elements of the training over the coming months.

Reducing mortality and preventable deaths

- Co-produced a series of cancer screening videos with people with learning disabilities with Sutton Mencap and Sutton GP practices to help improve understanding of and take up of cervical, breast and bowel cancer screening.
- Delivered vaccination initiatives including targeted work by our roving vaccination team working closely with learning disability teams and community connectors to support improved experience and access by using social stories, sensory pop-up clinics and reasonable adjustments.

Improving the quality of inpatient care

- Opened a new specialist low secure inpatient unit in October 2023 for men with intellectual and learning disabilities with or without autism who require specialist forensic hospital care. This means we now provide specialist care and treatment closer to home.
- National Reasonable Adjustments Digital Flag pilot at Kingston Hospital led by their patient experience team to increase understanding of and response to reasonable adjustments for people with learning disabilities and autistic people.

1.18 Primary Care

Primary care providers in South West London have a long track record of delivering high quality and innovative services for their local communities. We have 171 GP practices and 292 community pharmacies in South West London. Each GP practice is a member of one of our 39 Primary Care Networks, which bring GP practices together with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas. Together they build on existing primary care services to better meet the needs of local people.

In November 2023, our ICB Board agreed the principle of increasing the investment in the key services that help keep people healthy and well in our communities. Community, primary care, and mental health services play a key role in delivering our core aims as an ICB and are crucial to supporting other parts of the system.

We want people in South West London to access primary care in the way that suits them best so that they can get the information, care, and support they need quickly.

We want fully digitalised and connected primary care which eradicates clinical variation, improves health outcomes, and looks proactively at the needs of patients so that we improve the continuity of care for those who need it and keep people healthier for longer.

We are committed to primary care being the foundation of local care.

1.18.1 Last year, our actions to achieve this included

Developing PCNs and integrated neighbourhood teams

- Developed a risk stratification tool which includes a Core20PLUS approach to identify and prioritise individuals experiencing health inequalities who could benefit from a proactive care offer. An outcome dashboard is scheduled to launch at the end of March 2024. This dashboard will provide insights into the demographic of approximately 37,000 people facing health inequalities who are eligible for a proactive care offer in South West London.
- This winter, a group of 2,921 patients were identified as being at risk during winter and were referred to Social Prescribers who were able to sign post them for additional support for example, referral for a Home Assessment, help with benefits, referral to falls clinics or linking them with local Food Banks and 'Warm Spaces'

Improving care and streamlining access

- Ended 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 increased the overall ARRS workforce across primary care by 827 whole time equivalent. For patients this will provide access to a wide range of skilled professionals to care for patients with complex and chronic needs.
- GP teams are carrying out record numbers of appointments for patients, with the latest statistics showing almost 140,000 more appointments were delivered in November 2023 compared to the same period before the pandemic – making it the busiest November on record.
- The mode of appointment has adapted since the pandemic, with face-to-face increasing in 2022 and in 2023 there is an increase in digital appointments. This reflects the move to a Modern General Practice Access Model.
- On average 45% of appointments are delivered on the same day they are booked and 87% of appointments within 14 days.

Developing our primary care estate, digital initiatives, and IT infrastructure

- This year, we have introduced two automation solutions across South West London:
- Automation Anywhere uses robotic process automation to automate a manual process like filing blood results. The robotic process follows a defined set of instructions which means it can swiftly complete a task that is usually completed by a human on a computer.
- 'Patient Chase' is a computer-based algorithm analyses GP records to identify those patients who are most at risk from certain medical conditions and who will benefit from clinical care to help prevent or better treat their condition. Patients and practices are then invited to self-book into the appropriate clinics, freeing up resources so that practice staff can focus support for patients who face barriers to accessing pro-active health services to help reduce health inequalities across South West London.
- In South West London, 57% of patients aged over 13 have downloaded and registered to use the NHS app. Between January and November 2023, there have been approximately 8,000 to 10,500 primary care appointments booked each month via the NHS app and patients viewing their medical records has increased by around 25% from 145,639 to 198,542. The NHS app functionality has continued to develop to support patients to access NHS services including the introduction of digital prescriptions, messaging capabilities to allow practices to send batch messages to patients and further integration with hospitals and acute health care services across South West London.
- 95% of practices have switched on access to medical records for their patients. South West London is currently the 2nd highest ICB area across London in terms of the number of practices with records access enabled, and 5th highest nationally.
- NHS App:
    - 88% (151/172) of South West London practices are now offering routine appointments online for patients to book.
    - 99% (170/172) of practices across South West London are now offering ordering/ management of repeat prescriptions via the NHS app
    - 100% of all South West London practices are now offering Online Consultations.
    - Four Digital Care-Coordinators have been recruited to empower patients with the digital tools available to them. From online consultations to patient access to medical records via the NHS app, our goal is to make these technologies accessible and user-friendly for the communities we serve.

1.19 Pharmaceutical, optometry and dental services in South West London

From 1 April 2023, we received delegated responsibility for the commissioning and management of NHS funded pharmacy, ophthalmology and dentistry (POD) services. These functions were previously commissioned by NHS England and managed by the London Regional Team.

We agreed with our London Integrated Care Board (ICB) colleagues that North East London ICB would host the POD function on behalf of all London ICBs. We take part in the London POD oversight group that oversees these functions.

In South West London we welcomed the delegation of these functions which has enabled us to integrate vital elements of care, access and provision into our place and system plans.

This will take time; we need to fully understand the challenges and opportunities the delegation of POD provides us, and we have worked hard to get a better understanding in this last year.

We know that the POD functions are critical to improving health outcomes and the promotion of good health for the residents of South West London.

1.19.1 Last year, our actions to achieve this have included

The promotion of good oral health, particularly for children

- We have worked hard to draw up a new South West London dental plan that includes proposals to deliver toothbrush and toothpaste packs as part of services provided for children and young people by local authority public health teams.
- In addition, the new plan also puts forward a proposal for supervised toothbrushing in targeted early years settings in partnership with local authority oral health programmes.

Improving access to NHS dentistry

- Our new dental plan includes engaging with schools to support access for families and young people who do not have a dentist and who have not accessed one.
- The plan also includes working with care homes to support access to dental and mouth care, with dental teams identifying residents requiring urgent and end of life care who do not have a dentist.

Further promotion of community pharmacy in being a key access and delivery partner across a wide a range of preventative and care

- 96% of pharmacies registered to deliver the Pharmacy First Service, which means people are able to get treatment for seven common conditions (such as earache, sinusitis and shingles) at their high street pharmacy without needing to see a GP.
- A pilot scheme to help older people remain fit and healthy in the colder months involving pharmacists turning conversations into health and wellbeing support and advice saw 10,000 discussions with over-65s being about staying ‘winter fit’.

Embedding eye care and health at both local and system level

- An eye health delivery day was held in November 2023 to determine work priorities that included establishing a single point of access and using diagnostic hubs to help transform outpatient services.

1.20 Specialised services

Specialised services support people with a range of rare and complex conditions. They often involve treatments provided to patients with rare cancers, genetic disorders or complex medical or surgical conditions.

Examples include renal dialysis and transplantation, complex cancer surgery, chemotherapy and radiotherapy, cardiac surgery, improving care for patients with sickle cell disease, blood-borne virus testing, and most hospital treatment for children.

We want all patients who receive complex treatments to have care that is:

- delivered in a joined-up way between different parts of the NHS with a focus on preventing the progression of their condition, while empowering people to stay well and improve their quality of life
- high quality, provided through specialised centres, delivering joined-up care for local people provided as close to home as possible
- accessible to everyone in our population in an equitable way, working more closely with residents, patients, their families and carers, and local communities
- cost effective.

1.20.1 Last year, our actions to achieve this have included

Delivered better joined up working

- Continued the three two-year pilot programmes for neurology services, cardiac services and blood-borne virus testing that commenced in 2022/23. Initial evaluation shows positive results and learning that we will use to plan future services. In blood-borne virus testing, South West London A&E departments tested 70% of patients attending Emergency Departments. Between April-December 2023, this found 36 newly diagnosed patients with HIV and 235 newly diagnosed patients with Hepatitis B which means that these patients can now be offered the appropriate treatment and care for their conditions.
- In 2023 we began a pilot of joined-up and expanded community-based sickle cell disease services across South West London, working across community services and specialist haemoglobinopathy services at Central London Community Healthcare, St George's and Croydon Hospital to improve access, quality, and experience of care for patients with sickle cell disease. The pilot services will launch in Q1 and will run for two years as part of a pan London pilot programme.
- Worked with primary care and GPs to improve identification and management of patients with chronic kidney disease alongside conditions such as high blood pressure and diabetes. As of March 2023, 131 GP practices have signed up to delivering the two-year pilot with more practices expected to sign up in the Q1 2024/25.

High quality accessible care

- Increased capacity in paediatric intensive care with two new beds at Croydon University Hospital, by working with the South Thames paediatric network.
- Provided more joined-up and personalised care to support patients to make informed decisions around renal replacement therapy or conservative management. We have also begun a pilot programme alongside the South West London and Surrey Renal Network to bring similar support to patients with multiple conditions, like heart and kidney problems, diabetes, and frailty.
- Improved 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.
- Improved support for neurology patients from hospitals, from GPs in primary care and community therapies, and made referral to these specialist services clearer. This has included establishing a regional Myasthenia Gravis service which has resulted in reduction in unplanned admissions for patients with this condition and improving case management for people with advanced Multiple Sclerosis.

- Developed a regional 'functional neurological disorder' rehabilitation service which has reduced waiting times and helped more patients to be treated at home. The FND Care Advisor pilot role has been in place since December 2023 and has so far seen over 70 patient referrals, including support patients to be discharged home from A&E avoiding inpatient admission to a hospital ward. Outpatient neurology and physiotherapy waiting times have also reduced over the last 12 months, reducing from 9 months to 6 months for physiotherapy.

Taking responsibility for specialised services from NHS England

- Created a joint working agreement to make sure that we have clear oversight of specialist services and joined a joint London committee across the five London Integrated Care Boards and NHS England.
- Completed a programme to test some of the key processes we will need as a commissioner of specialised services. This prepares us well for the future delegation of Specialised Services, which is now expected from 25/26.
- Completed a pre-delegation assurance process to check we are ready to take on these new responsibilities delegated to us from NHS England.
- Developed local objectives for specialised services, joining-up these services with our wider programmes of work, aiming for more preventative and proactive care under the oversight of the South West London Specialised Board.

1.21 Self-care and supporting people to manage their long term conditions

A long-term condition is a condition that cannot, at present, be cured but can be supported through medication, treatment or therapies. About 500,000 people in South West London are living with a long-term condition like diabetes, respiratory disease or cardiovascular disease, with around 25% of working age adults currently living with two or more long-term conditions. This is similar to the national picture where there are increasing numbers of people with more than one long term condition.

We want to:

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

1.21.1 Last year, our actions to achieve this have included

- In South West London, we agreed to focus on the most common long-term conditions for our communities: diabetes; cardiovascular disease; respiratory disease; musculoskeletal health and hypertension.
  Over the past year, we have strived to improve early diagnosis and providing effective treatment and care to delay disease progression and avoid hospital care. Through our preventative work,

we have also focused on the early identification of risk factors which are identified as smoking and obesity in the Department of Health and Social Care's Major Conditions Strategy.

- This year we rolled out the NHS Tobacco Dependency Programme across all of our hospitals, working with community stop smoking services and community pharmacies in helping people to quit.
- We have also made achieving and maintaining healthy weight for our population a key aim of our Integrated Care Partnership Strategy and we are currently working with our local public health teams, voluntary sector, local authorities and other partners in improving access to physical activity and affordable healthy food choices. This includes implementing the Pentathalon, a health and well-being programme consisting of five sessions designed to help people understand and improve their health and wellbeing and increase health literacy. Accredited community champions are delivering this in community settings.
- We are also working with clinicians and academics to develop a multi-morbidity model of care with an accredited training programme. The aim is to better provide personalised care for patients with multiple long-term conditions and reduce the number of diagnostic checks and clinical appointments that patients are required to attend. We pilot the model across South West London primary care in 2024/25. This model is currently being piloted in an acute hospital in South West London.

Actions to support people with diabetes

- Started delivering the diabetes prevention decathlon, a pilot structured education programme for up to 800 people at risk of type 2 diabetes that uses gamification and incentivisation to affect behaviour change. This project is runs until October 2024.
- Initiated a pilot for diabetes inequalities since April 2023 in 38 GP practices to make sure patients with diabetes achieve their three treatment targets, which is shown to reduce cardiovascular disease by 75% and therefore improve health outcomes and their quality of life.
- Delivered the Type 2 diabetes remission programme, a 12-month programme with three stages: total diet replacement, food re-introduction and a final weight management phase. As of end of February 2024, 472 service users are currently on the diet replacement programme, 389 have completed the first stage of the programme, 354 completed the 2nd stage and 114 completed the 3rd stage. On average, service users lost 8.8kg in 3 months. At 6 months, blood glucose has reduced on average -5.9mmol/mol.

Action to support people with cardiovascular disease

- Working with our Health Innovation Network, we delivered our CVD Prevention Fellowship programme this year to 40 local clinicians, of which 23 work in primary care. The programme upskills in the clinical aspects of care for people at risk from a range of risk factors, including hypertension, atrial fibrillation, high cholesterol, heart failure, obesity, chronic kidney disease. The results so far show that:
    - 1,301 patient's notes were reviewed
    - 1,284 patients undertook a test to check their health status, for example blood pressure, blood tests or an ECG
    - Clinicians had 343 appointments with patients, with 288 being initiated on new medications
    - 17 patients were referred to specialist care

- We implemented the pilot of the first known CVD prevention programme in the country, the CVD Prevention Decathlon programme. Beginning in July 2023, it will support 700 people to improve their health and manage their risk factors to help them avoid developing cardiovascular disease.
- We worked hard with community colleagues to increase access to cardio rehabilitation, which supports patients that have recently had a cardiovascular event, for example a heart attack. Between April and December 2023, approximately 704 patients have completed a cardio rehabilitation course.
- We worked with clinicians and patients to create a webpage to provide information on cardiac rehabilitation education and exercises, and signposts people to their local service.
- Collaborated with clinicians and patients to co-produce Healthy Heart self-management modules for patients with Hypertension, Cholesterol and Diabetes. Standalone clinical modules will be available for all patients in South West London next year.

Action to support people with respiratory disease

- We have worked hard with community colleagues to increase access to Pulmonary rehabilitation, which supports patients with COPD. April - Feb-2024, c1,506 patients have participated in a course, with 724 completers.
- Over the past year, we have increased the number of Association for Respiratory Technology and Physiology accredited clinicians by 17 to increase access to spirometry services, to support quicker and accurate diagnosis of respiratory conditions within local communities.
- Two boroughs have implemented respiratory diagnostics hub pilots within a primary care network. They have further received NHS England Innovation in Health Inequalities Programme funding to look at health inequalities in diagnosis.
- Collaborated with clinicians and patients to co-produce respiratory self-management modules for patients with Asthma and COPD. Standalone respiratory clinical modules will be available for all patients next year.

Actions to support people with hypertension

- We have been working with community pharmacies to deliver community-based hypertension diagnostic checks, with 76% (223 of 293) pharmacies delivering checks over the past year. We have also piloted independent prescribing for hypertension in community pharmacies.
- We are exploring options for patients to record their own diagnostic information - for example blood pressures checks taken in community settings - that will automatically be visible within a single health and care record.

Actions to support people with musculoskeletal needs

- We have implemented a clinically co-produced, NICE approved, digital self-management application. This digital health service provides instant 24/7 support to patients with all common musculoskeletal conditions, including supporting patients while they wait for an appointment. In the past year, there was an increase of 5.8% on users signposted and a 7.4% increase of users registered. Since the service launched, around 53,000 patients have been signposted and 33,000 users have registered with the service. This service reduces the amount of time that patients have to wait for clinically approved support as well as reducing the need for face-to-face clinical appointments with health services.

1.22 Urgent and emergency care

The NHS was under significant and sustained pressure over this winter. Industrial action, seasonal viruses, the rising cost of living and more people seeking support for their wellbeing all contributed to the most challenging winter in NHS history.

In response and working closely with our partners across the system last year, we put extra measures in place to support our urgent and emergency care services, so hospital doctors and nurses, GPs and social care colleagues could focus on those most in need of care.

Through partnerships between 111, acute, community and mental health, primary care, social care and the voluntary sector, we want responsive urgent and emergency care services that are understood by local people and that provide more, and better, care in people's homes, gets ambulances to people more quickly when they need them, sees people faster when they go to hospital and helps people safely leave hospital, having received the care they need.

In line with the national urgent and emergency care recovery plan, we have made our focus improving waiting times for patients in A&E and for those waiting for ambulances in the community.

Improving these waiting times is reliant on improving flow and efficiency in all other parts of urgent and emergency care, from how quickly a patient can access advice in primary care to how soon they can get home at the end of a hospital stay, particularly when they need community support to do so.

1.22.1 Last year, our actions to achieve this included

Work to create a simpler and more accessible urgent and emergency care offer that patients understand

- Improved access to same day primary care, ensured all patients contacting a GP practice are assessed or offered signposting at first contact with the practice.
- Increased the number of call handlers in 111 and we are also making use of the Single Virtual Call Centre 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.
- Launched Pharmacy First enabling patients to receive fast support for a number of common illnesses without the need to see their GP or attend an urgent treatment centre or A&E.
- Encouraged 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 like Facebook.

Working to improve the patient flow through the urgent and emergency care system

- Worked with partners to create community-based support so that people are supported to return home as soon as they are ready. As part of this we expanded our virtual wards scheme, so that patients can continue to receive the nursing and clinical oversight in their own home, and we have been exceeding our targets, achieving over 90% occupancy by February.
- Increased the use of urgent community response so that patients, particularly the older and frail, are seen by a community practitioner within two hours with the aim of keeping them looked after at home wherever possible.

- Increased use of same day emergency care to avoid hospital admissions has been a priority, including enabling ambulance crews and 111 to refer patients directly to those services without the need to go to A&E.
- Working closely with our A&E departments and mental health trusts to improve the experience of patients in mental health crisis, such as getting them to a mental health professional sooner for assessment of their needs.
- Over winter, we put in place several schemes to support both health and social care, with a particular focus on reducing waiting times in A&E and helping people get home soon. This has included more step-down beds in mental health and neuro rehabilitation, more social care capacity, pharmacy, homelessness services, therapy, rehabilitation and care home beds.

1.23 Research and innovation

Research and innovation is key a priority in South West London, with a specific focus on real world evaluation allowing us to quickly identify which innovations are having the most impact on the frontline for our public, patients and staff.

Sharing our learning from research and innovation is important to us, one of the key ways we did this was in June 2023 when we held our first South West London ICS QI Conference, which celebrated and shared learning from innovative quality improvement projects from all of our health and care partners. Find out more about the South West London QI Conference on our website

In June 2023, we set up the South West London Health Research Collaborative. The aim of this group is to grow South West London as a research and innovation environment. The group consists of representatives from our local academic institutions, South London Clinical Research Network, Health Innovation Network, South London Allied Research Collaborative, Healthwatch, our VSCE Alliance, research and development leads from our NHS trusts, representation from South London Big Initiative, the ICB and our local authorities. We maintain that research is important to South West London for the following reasons:

- **Benefits our population**: Being able to produce local research that is applicable and appropriate for our local South West London population not only improves our understanding of the population but it means we are better placed to address their needs.
- **Improves community empowerment:** Having people-centred research also makes it easier for patients, service users and members of the public to be involved in research, thereby helping us to better understand their needs and respond appropriately.
- **Contributes to ICP priorities:** Research can contribute financially to ICP priorities and attract investment and external research. It can also help shape and inform our strategies.
- **Benefits our workforce**: Staff satisfaction, recruitment and retention is higher among staff who are involved in research.
- **Improves patient outcomes:** Active clinical academic research - and the changes to practice arising from it - is associated with improved patient and carer experiences and use of research evidence in commissioning decisions improves experience and outcomes.
- **Improves value for money and efficiencies:** Embedding evidence-based approaches from research transforms health and care. Improves the cost-effectiveness and cost benefits of services and interventions in South West London thereby providing savings across the system.

- **Improves the quality of services:** Quality improvement of health and care and population health through the applications of the evidence generated by research. Research informs and provides learning from implementation.
- **Reduces health inequalities**: Research improves public participation and enables better working relationships with communities helping us to better understand communities and reduce health inequalities.
- **Enables innovation and gold standard care:** Research is an essential part of healthcare generating evidence about effective diagnosis, treatment and prevention and investing in healthcare research infrastructure enables innovation for example digital tools.

We have developed a South West London Research Development Plan. This is a live, agile working plan focusing on growing and developing research capacity in the system, identifying the specific research needs for South West London, taking a cross-system approach to increasing public participation and diversity in South West London research, taking the time to support innovators in the evaluation of their work and implementing research findings and evidence to improve the provision of health and care. Over the past year, we have been successful in securing more national funding for our health research, including NHS England Research Engagement Network monies to reduce digital exclusion and grow diversity in research. For example, we piloted four research cafes to engage with Black and Asian communities on mental health. Research cafes are a new and innovative way to engage and include communities in research. From this we have identified 11 peer researchers (people with lived experience) as well as community researchers. We are now supporting and growing this work through our research support network whereby local communities and our voluntary sector can learn more about and expand opportunities in health research.

We commissioned and provided evaluation training and a toolkit to our community sector, focusing on those who had received funding from our Health Inequalities Investment Fund. Going forward, these recipients will continue to be supported by Evaluation Ambassadors as part of the South West London Research Support Network. We also worked on growing other types of health research, such as public health research and have a public health researcher funded by the National Institute for Health Research, NIHR, working with us and our partner public health teams on further developing public health research in South West London.

We are using digital technology to transform care and improve patient outcomes across South West London. This includes promoting the health and well-being of our population and increasing the number of people that can live independently at home, for as long as possible. Our work focuses on five priorities:

- Innovation
- Personal health and care records
- Digital infrastructure
- Shared care records
- Population health platform

Digital technology is helping us to address long-term challenges, by offering innovative solutions for more joined up services. We are supporting trusts and other healthcare providers to improve their digital capabilities and experience with technology, making sure our NHS partners all have a core level of infrastructure, digitisation and skills.

You can read more about innovation in data, digital and population health management in section 1.25.

NHS South West London has an ambition in our Joint Forward Plan to become a learning health system and to create a safer system of care that reflects continuous learning and improvement .

In 2023, all of the NHS organisations in South West London transitioned to work under the Patient Safety Incident Repose Framework, PSIRF. PSIRF sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. We are working hard in South West London to embed this across the system. We are also beginning to work with our independent providers and anticipate later in the year we will extend this work across primary care as well.

To Support Wider Quality and safety learning, NHS South West London has the following platforms and activities where system partners are sharing learning:

- Bi-monthly patient safety steering group and network meeting across the system
- New bi-monthly Medicines Optimisation Safety Learning Group
- An overview panel to share learning from child deaths
- Local maternity and neonatal system safety incidents meetings
- GP safety learning bulletin
- Learning from safeguarding reviews after each review is completed

Next steps for us in this area will include:

- Creating a learning health system framework and a clear pathway to becoming a learning health system and consult on this with our partners across the system
- Arrange South West London wide learning events and develop a system wide learning bulletin
- Begin system quality learning reviews to support learning and improvement, with a pilot starting with one of our trusts in spring 2024
- Promote our System Quality dashboard and improve its use and effectiveness across the system to further support triangulation and learning

1.24 Improving quality and safety

We want high-quality, personalised, and equitable care for all, now and into the future.

We want to create a culture and environment that supports the delivery of high quality, continually improving care in which excellence in clinical care can flourish. We also believe that improving patient experience is as important as improving clinical outcomes and safety

Last year, our actions to achieve this have included:

1.24.1 Safe care and system wide learning

- Made progress in implementing initiatives in the NHS patient safety strategy to support safety improvement. Such as:
    - transition to patient safety incidents response framework (PSIRF) - the new way of managing patient safety incidents
    - transition to learning from patient safety events (LFPSE) - the new system for reporting incidents

    - implementing patient safety training level 1 and 2
    - implementing Patient Safety Partners
- Taken steps to strengthen the safety culture in NHS trusts to help staff feel more able to challenge situations without repercussions. For instance, we have developed South West London's Patient Safety Specialists Network, a group that brings our providers together to discuss learning from when things go wrong.
- Begun to introduce measures to help NHS trusts and other providers to maximise the provision of harm-free care. For example, we have embedded patient safety outcomes in our 2024/25 contracts.
- 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. The ICB has met national requirements to have a named safeguarding midwifery lead to oversee the genital mutilation prevention agenda across out system.

1.24.2 Effective care

- Strengthened our approach to learning from system wide quality information by using the South West London quality dashboard, which ensures that National Institute of Clinical Excellence (NICE) clinical guidelines are reflected in how we measure outcomes.
- Drafted a framework to support system learning reviews which will be piloted in 2024/25, which will help us develop safer systems of care that reflect continuous learning and improvement and reduce unwarranted variations in clinical care.
- We will continuously improve the quality of our health and care based on research, evidence, NICE quality standards benchmarking and clinical audits, sharing these across South West London.
- National Early Warning Score (NEWS) is a tool developed by the Royal College of Physicians which spots the signs of clinical deterioration in adult patients, to ensure a timely response and is a key element of patient safety and improving patient outcomes. All South West London providers have achieved the national target of 30% of unplanned critical care unit admissions from non-critical care wards having a timely response to deterioration, with the NEWS2 score, escalation and response times recorded in clinical notes. As many as 4,900 deaths in hospitals each year could be preventable, and this indicator aims to reduce that figure.
- Malnutrition screening in the community: Malnutrition is a common clinical and public health problem in England, which is found in all care settings, all disease categories, and individuals of all ages. In 2011/12 The National Institute for Health Research estimated the cost of malnutrition to be £19.6 billion in England. This indicator builds on work carried out through the nutrition improvement collaboratives and supports simple screening for malnutrition using a validated tool such as 'The Malnutrition Universal Screening Tool'. Improved screening is expected to support prevention, identification, and treatment, enabling potentially significant reductions in both the clinical and economic burden of malnutrition, linked to associated increased admissions and LOS in hospital.
- Our community providers have also achieved the national target of 90% of community hospital inpatients having a nutritional screening that meets NICE Quality Standard QS24 (Quality statements 1 and 2), with evidence of actions against identified risks.

1.24.3 Experience and outcomes for patients and staff

- Acted on patients' experiences of care and use their feedback, compliments, and complaints to make service improvements, that improve the quality of health and care. For example, in Kingston, we held a listening event to hear from people with a learning disability about reasonable adjustments. The feedback is helping to steer work across the trust, and has helped raise awareness of an accessible toilet in outpatients' departments that has a hoist – which many visitors didn't know was there.
- This work is supporting our aim of increasing representation of those who do not have a voice, those who are under-represented or who cannot speak for themselves are heard. In turn, this will lead to services that are coordinated, inclusive and equitable.
- A Yellow Belt quality improvement project was completed in Kingston Hospital, developing an elective care pathway for complex patients with a learning disability that require a general anaesthetic.
- Appointed Integrated Care Board and providers' patient safety partners as part of our adoption of the approaches set out in the NHS framework for involving patients in patient safety.

1.24.4 Health inequalities and equitable care

- Implemented the asset based community development (ABCD) approach to improve outcomes for children and young people, and adults in our Core20PLUS5 population.
- Completed phase one of the development of our equity dashboard, using metrics that follow the life course approach.
- Continued development of an anti-racism framework, in line with London's strategic commitments to address racial inequalities, which is expected to be implemented by 2025.
- Delivered the Integrated Care Board's equality statutory functions, including the public sector equalities duties and the functions of the Equality Act 2010.

1.24.5 Our quality statutory duties

Safeguarding

- Worked with 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. For instance, our designate safeguarding professionals work plan includes reference to strengthening oversight of statutory safeguarding responsibilities within commissioned services and contracting processes (including quality assurance).
- Developed our oversight arrangements to deliver the requirements outlined in the safeguarding accountability and assurance framework (SAAF). For instance, we have updated safeguarding arrangements in each South West London borough, including commissioned services, and our designate safeguarding professionals work plan will support the alignment of quality assurance frameworks across South West London.
- Our designate safeguarding professionals work in partnership with colleagues across agencies to share information on high risk and complex cases, to continuously achieve improvements in clients/patients health and wellbeing. They are members of statutory review panels, responding to findings and learning from cases and pro-actively supporting dissemination of learning at local, regional and national level.

- Delivered phase two and three of the child protection information sharing system supporting priority areas of care such as sexual health services.
- Named a safeguarding midwifery lead for female genital mutilation in South West London.
- Developed an improvement plan with our community safety partnerships to help reduce serious violence within the healthcare setting and beyond.
- Introduced independent domestic violence advisors in primary care, and local maternity and neonatal systems to help identify cases of domestic abuse.
- Safeguarding training for GPs: Tackling domestic abuse is one of the strategic priorities in Croydon. The ICB secured Innovation funding for the domestic abuse intervention programme that has been developed by IRISi known as the IRIS Programme. IRIS – Identification and Referral to Improve Safety – is a specialist domestic violence and abuse (DVA) training, support, and referral programme for General Practices. The IRIS programme is an evidence-based, effective, and cost-effective intervention to improve the primary care response to DVA and is nationally recognised; IRIS improves the safety, quality of life and wellbeing of survivors of DVA.

About safeguarding adults in South West London:

- Croydon Safeguarding Adults Board Annual Report 2022-23
- Merton Safeguarding Adults Board priorities, plans and reports
- Sutton Safeguarding Adults Board
- Kingston Safeguarding Adults Board
- Richmond and Wandsworth Safeguarding Adults Board vision and strategic plan

About safeguarding children in South West London:

- Merton Safeguarding Children Partnership annual report 2022-23
- Sutton Local Safeguarding Children Partnership local arrangements)
- Sutton Local Safeguarding Children Partnership annual report and business plans
- Wandsworth Safeguarding Children Partnership annual reports
- Kingston and Richmond Safeguarding Children Partnership local safeguarding arrangements
- Croydon Safeguarding Children Partnership annual review 2022-23

Looked after children

- Worked with health providers and local authorities to look at the pathways for initial health assessments and reviews to ensure that assessments and reviews are undertaken in a timely manner as per national guidance. For example, all of our designate nurse children looked after work with providers and local authorities to improve the timeliness of statutory health assessments. We have also developed place-based dashboards which are reviewed quarterly, helping us to identify exceptions.

Infection and prevention control

- Worked 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. We have developed a healthcare acquired infections (HCAI) reduction plan and report regularly through the ICB quality group and board subgroup on all HCAIs in South West London. We have also set up regular meetings with NHS England to update on progress, status and work to provide oversight and assurance.

All age continuing care

- All age continuing care is the collective term for services that assess and provide funding for the care of individual patients of all ages, to meet their ongoing health and care needs. This includes continuing healthcare, where eligible adults have their social care paid for by the NHS, and continuing care packages for children.
- All age continuing care brings together these services to ensure a smooth transition when people's needs change and/or they move between eligibility of different services. We are responsible for assessing the eligibility of people for this support in South West London.
- What we have achieved in 2023/24:
    - Developed a transformation programme for all age continuing care
    - Set up a monthly transformation board, which includes representation from strategic partners
    - Developed a comprehensive data reporting scorecard for continuing healthcare
    - Completed a data cleansing project in Kingston and Richmond
    - Reduced the number of individuals waiting longer than 28 days for assessment for continuing healthcare.
    - Managed a large number of requests for provider uplifts for 2023/24
    - Exceeded the cost improvement programme programme forecast for savings and efficiencies.
    - Successfully delivered an NHS England project to develop training and ensure competency for personal health budget employed staff.
    - Brought Wandsworth and Merton adults continuing healthcare service in-house from external commissioned providers.

1.25 Data, digital and population health management

We are using digital technology to transform care and improve patient outcomes across South West London. This includes promoting the health and wellbeing of our population and increasing the number of people that can live independently at home, for as long as possible. Our work focuses on five priorities:

- Innovation
- Personal health and care records
- Digital infrastructure
- Shared care records
- Population health platform

Digital technology is helping us to address long-term challenges, by offering innovative solutions for more joined up services. We are supporting trusts and other healthcare providers to improve their digital capabilities and experience with technology, making sure our NHS partners all have a core level of infrastructure, digitisation and skills.

Our Integrated Care System in South West London gives your local NHS access to increasingly rich data which we're using to target those communities with the greatest need. Taking a population health management approach is a crucial part of our plan to reduce health inequalities and improve the health and wellbeing of everyone in South West London.

Population Health Management is a way of working to help the NHS understand current health and care needs and predict what residents will need in the future. It involves analysing data and using that understanding to identify groups of people with the greatest need, where interventions will add most value.

This means that we can anticipate the services and support that different people may need in the future and be proactive in developing those services so that they are ready for when people need them.

It will also allow us to tailor care and support around individual patients, design more joined-up and sustainable health and care services and make better use of NHS resources.

We are following our Population Health Management roadmap, first published in 2022, which sets out how we are working to embed these approaches across your local NHS.

Digital technology is now at significant part of our everyday lives. We want to use that technology to change the way we deliver services, providing faster, safer, more convenient care and supporting patients to self-care.

Through our use of technology, we want to make the jobs of our clinicians and staff easier and improve productivity and patient outcomes. Recognising that not everyone can or wants to engage with the NHS digitally, we aim to offer a range of ways for people to access care and support.

1.25.1 Last year, our actions to achieve this included:

Working to empower patients and people to take control of their own health and wellbeing in partnership with health and care professionals

- Promoted use of the NHS app and now have more than 1.5 million people registered in South West London, with 530,000 logins in 2023/24. This has given more people access to the information and tools to support themselves to self-care, and book GP and hospital appointments, order repeat prescriptions, get test results and view their GP record.
- Successfully upgraded and merged the systems that support the shared care record into one giving clinicians access to more information about their patients at the point of care. This upgrade has also enabled clinicians to share records across London as part of the London Care Record programme. This is improving the information available at the point of care for patients and clinicians, so that they can make more informed decisions about care.
- Begun to help more people receive care in their own homes with the continued development of virtual care, such as innovative Virtual Wards with a dedicated nurse led remote monitoring hub, and the use of technology in patients' homes.

Working collaboratively across organisational boundaries to seamlessly support individuals

- Progressed the development of a single end-to-end health and care record that our staff and patients can access and use, with implementation expected to start in 2024/25.
- Began to introduce digital transformation to support the mobility of patients and staff across multiple settings and organisations.
- We successfully upgraded the technology that supports the London Care Record with 350,000 individual records being viewed by clinical staff in South West London in February 2024. Having access to more in-depth clinical information at the point of care enables our clinicians to provide more informed care and improve the experience for local people.

- Continued the implementation of our three-year digital transformation investment plan, to help maintain vital digital systems in South West London by identifying priority areas of investment. We completed an infrastructure maturity assessment, electronic patient record procurement options, a cloud assessment, and a cyber maturity assessment this year. We also introduced a patient portal which allows patients to book and change outpatient and diagnostic appointments at South West London hospitals. We are working to extend the coverage and expand the functionality of the patient portal by integrating with the NHS App. This will help support Patient Initiated Follow Up (PIFU) and allow patients to check their hospital appointments and compare average waiting times.
- Made progress on plans to launch a joined-up digital platform by 2026 to enable staff to access the patient information and clinical systems they need, wherever they are.
- Successfully delivered the first Digital Pioneer fellowship programme to encourage digital innovation. This enabled 40 leaders from NHS and social care in South West London to join a 12 month programme with help from mentors to design and implement transformation projects, in partnership with Health Innovation Network and Digital Health London. This is part of our plan to develop our digital workforce, so that we have people with the right skills to propel digital acceleration and transformation across the NHS.

Working to develop a data driven system that tackles inequalities, improves population outcomes, and drives up productivity

- Promoted 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 (by 2028/29).
- Worked with partners to improve data quality and developed a strategy for proactively capturing and using data, which will improve our analysis and insights, and create a consolidated view of data across the Integrated Care Board. This five-year delivery plan sets out how we will change the use of data to promote a stronger culture for a data led system. More than 70 NHS and care partners in South West London were consulted in its development.
- Began a project to create a system-wide intelligence hub to join-up data and information more effectively, remove duplication and help deliver better patient care.
- Improved our analytical skills and capability, by joining Association of Professional Healthcare Analysts, APHA, and using their materials and training opportunities, giving team members agile project management training, using show and tell sessions to learn about each other's projects, to make better use of all the data available, using the intelligence and insight gained from our communities to improve the outcomes for patients.

1.26 Workforce

We want to make health and care services in South West London a better place to work for all our staff. We are critically dependant on our people and the way they work. We need to work in a more integrated way, making sure that our people are supported to have more flexible careers, a better work-life balance, and that we have the right numbers of people with the right skills to meet the changing needs of our populations.

- We want South West London to be a great place to work. A place where our people have fulfilling jobs which recognise their contribution.

- We want everyone to be supported by great managers who respect, listen and care for them so that they in turn can do their very best every day.
- We want to make South West London a magnet employer so that our supply outweighs our vacancies.
- We want to be a fair, non-discriminatory system that is representative of the communities we serve.

1.26.1 Last year, our actions to achieve this included

Improving our workforce supply

- 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.
- Reviewed the applicant journey in South West London to identify challenges encountered by applicants and implement improvements. This focuses on increasing the quality of each touchpoint of the pathway. For example, we are working with the South West London and St George's Mental Health Trust workforce team to innovate and redesign the employment pathway for entry level clinical and non-clinical roles.
- Developed the South West London Apprenticeship Hub programme to better develop and align our apprenticeship needs and maximise our use of the apprenticeship levy.

Increasing belonging and inclusion

- Developing an anti-racist approach to support the ICB and our partners to be actively anti-racist. Sarah Blow, Chief Executive Officer, is the Senior Responsible Officer for this work. The aim of our approach is to:
    - tackle structural racism
    - support a long-term cultural shift towards being an anti-racist health and care system
    - understand the impact structural racism has on the experiences and opportunities of our staff and local communities, with particular focus on promoting equity and reducing health inequalities by taking a system-wide approach
- Launched the future system leaders programme in 2023, open to all staff working at band 8C who aspire to progress to band 8D and band 9 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.
- 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.
- Established a South West London equality, diversity and inclusion staff network to improve connections across individual provider networks and increase peer support and the sharing of learning.

Harnessing training, education and talent

- Undertaken a skills audit of our current workforce to support social mobility and to better understand their current qualifications and aspirations. We have mapped these against our future need focusing on target roles, including those who have travelled from overseas. This will

inform the development of frameworks to support training and development needs for staff where it will aid retention.

- 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.
    - More than 1,000 people attended 5 careers events in primary care supported by 45 partner organisations
    - 100 students from multiple disciplines learnt about 350 careers in the NHS at South Thames College employability week
    - 44 people attended 3 sessions supported by the Department for Work and Pensions to discuss opportunities in the NHS and to learn how to successfully apply for live vacancies in the NHS
    - In our Jobs that Care: Schools engagement we met more than 250 young people, 83% of which said that they would be interested in applying for a job in the NHS in the future

Our role as an anchor institute

The NHS is the largest employer in South West London, with many more employed in health and care roles in our council, voluntary and community sector and private health and care partner organisations across South West London. Our role as an anchor institute makes us best placed to help in strengthening the employment prospects and opportunities for our local communities. We are working with our partners to get those out of work or economically impacted by the pandemic and underrepresented people into good jobs and careers in the NHS and out health and care partners.

We are using funding provided by NHS England to prioritise programmes that address the most challenging areas for underrepresented groups across South West London, working through the Mayors Skills Academy we are working together on:

- **Targeted engagement and informed reach to improve recruitment**
  A keen focus of this work has been in being culturally mindful when linking with the community and the varied accessibility requirements of our underrepresented groups, for example Black, Asian and minority ethnic men and women, people with carer responsibilities, young people (particularly those leaving the care system), deaf and disabled people. This insight has fed into the creation of professional content and a targeted social media plan which will utilise relevant channels and will consider high impact influencers to help our communities consider jobs in health and care.
- **Social mobility of our existing staff**
  Last year we are continued to develop insight into the current workforce, including those from our most deprived wards, to understand the existing skill set, qualifications and aspirations of staff whilst sensitively managing expectations. We will feed this learning into a programme of inclusive leadership development to increase cultural competence of managers supporting underrepresented groups.
- **Social mobility for our local communities**
  Our project based work experience programme has been designed to lower barriers to entry and support local people to progress and settle into roles and careers within healthcare organisations. We are working with education providers and NHS employers to provide potential staff work experience in areas of need. The programme also supports participating NHS managers to develop coaching skills and progress their own careers.

- **Supporting our local community with pre-employment training**
  We have introduced the NHS England Step into Work employability programme in South West London, designed specifically for unemployed adults to get them into entry level health and social care roles. We have worked with further education colleges to support people currently unemployed into a supported employability programme which is aligned to work experience to build strong interview skills and job readiness. We have also developed accessible guidance and resources to support the overall approach. We have also worked with the Department for Working Pensions, further education colleges and the Voluntary Care Sector to support over 200 people into focussed NHS 350 careers awareness and 'how to' complete NHS jobs sessions and have engaged with over 1,000 people via our South West London wide careers events aimed at underrepresented groups. Many more sessions have been planned with partners across the year.
- **Increasing Access to Apprenticeships**
  The SWL ICS wide apprenticeship programme has been in place for 3 years supporting managers to better understand apprenticeships and increased the utilisation of the levy over this period, whilst bringing partners together. More recently the ICB has developed an apprenticeship hub to bring together employers to share good practice and to tackle collective challenges, improving apprenticeship pathways, improve educational offerings, and establish a network of healthcare education providers.
- **Jobs that Care to support schools with careers advice**
  Jobs that Care was launched in 2019 to engage with schools in order to facilitate awareness and understanding of careers within the NHS. Following engagement at recent events with students and parents, over 83% (250 students) said they will apply for jobs in the NHS in the future. The career events were rated an average of 4.4/5 in terms of career confidence, skill improvement and helpfulness.
- **Supporting our local community with pre-employment training**
  We have introduced the NHS England Step into Work employability programme in South West London, designed specifically for unemployed adults to get them into entry level health and social care roles. We have worked with, further education colleges to support people currently unemployed into a supported employability programme which is aligned to work experience to build strong interview skills and job readiness.
- We have made good progress on implementing the **London Living Wage**, which is an agreed Integrated Care Partnership action for the system in our ICP Strategy.
- We are developing an **anti-racism framework** and secured a shared commitment from the ICP Board to work together on this agenda.
- Through our **ICP Investment Fund**, we are working with partners to support our local communities to gain employment in health and care, including a focus on under-represented groups and people who experience barriers and inequalities, such as care leavers.

Read more about our workforce in the Staff Report in section 1.39.

Other key achievements on the Anchor agenda include:

- We have continued to develop our partnerships across health and care, the voluntary sector and other Anchor partners, such as our universities. We have incorporated social value in procurement and supported a wide range of voluntary and community sector groups who work with our diverse communities to support people experiencing health inequalities across the wider determinants of health.

- We have made partnership commitments to supporting the green agenda as a cross-cutting theme in our Integrated Care Partnership Strategy. Our South West London NHS Green Plan sets out a comprehensive approach to sustainability and the net zero pledge. Work is underway to halve nitrous oxide wastage and procurement, further reduce desflurane usage, implement 'Green Surgery Checklist' principles, create recycling points for metered-dose inhalers, and further reduction in carbon emissions in our buildings.
- We are reviewing our estates to identify opportunities to offer space to community groups across South West London, linked to the pledges we have made as part of the South London Listens programme.
- The South West London St George's Springfield development in Tooting includes social housing and public spaces for community use as well as employment opportunities for local people, particularly those who have experienced mental health challenges.

1.27 Complaints

Between 1 April 2023 and 31 March 2024, we received 435 formal complaints. Of these:

- 235 related to issues for which NHS South West London was responsible for investigating and responding to
- 200 were in relation to primary care, which means GPs, dentists, pharmacists and opticians. Complaints relating to primary care became the responsibility of NHS South West London from 1 July 2023, having previously been managed by NHS England.
- We also received 45 complaints relating to issues which we are not directly responsible for, which were forwarded to the appropriate organisations for investigation and reply.

Of the complaints we received in this period, 4 have been referred to the Parliamentary and Health Service Ombudsman.

For those complaints that were within our remit, the most common complaints were about:

- Continuing Healthcare (assessment for eligibility process, payment) – 77 complaints
- Mental health commissioning (access to services, availability and funding) – 7 complaints
- General commissioning – 15 complaints
- Primary Care – 200 complaints
- Medicines Management – 4 complaints
- 111 or the GP out of hours service – 30 complaints

We very much value the views of patients and other people who experience the services we commission. We consider any complaint or enquiry about these services as a vital part of reviewing and, where necessary, improving them. We are putting together a 'learning from complaints' framework that will allow us to improve the experiences of our patients.

1.27.1 Patient Advice and Liaison Services (PALS)

Members of the Patient Advice and Liaison Service (PALS) always listen carefully to the concerns raised by patients and their loved ones, and provide advice or make recommendations, where possible, as to the best way forward for the patient or member of the public.

While it is not always possible to resolve a concern to the service user's satisfaction, the PALS team can give information about support services and voluntary organisations that may be able to help.

We believe that a successful PALS service helps reduce anxiety for those who use our services and helps people navigate the health and care system, whilst also reducing the number of issues that go on to become formal complaints.

The Complaints and PALS service also deal with a significant number of enquiries and informal concerns, from the public and MPs.

During this period there were 730 such contacts. The most common contacts related to:

- Vaccines - 156 contacts
- Primary care (GPs, NHS dentists, community pharmacies) - 187 contacts
- Continuing healthcare (assessment for eligibility process, payment) – 57 contacts
- Other NHS organisations - 53 contacts
- General commissioning – 22 contacts
- Mental health commissioning (access to services, availability and funding) - 61 contacts
- Individual funding requests (requests for funding for treatment/medication not routinely provided on the NHS) – 9 contacts
- Assisted conception (eligibility criteria, can funding be transferred, freezing of eggs) – 28 contacts
- Medicines Management – 25 contacts
- Compliments to the ICB – 22 contacts

Get in touch with PALS

We very much value your views, and use your feedback to help improve healthcare for everyone in South West London. You can contact PALS Monday to Friday between 9am and 5pm:

- Phone - 0800 026 6082
- Email contactus@South West Londononlondon.nhs.uk

1.28 Emergency preparedness

The NHS plans for and responds to a wide range of incidents and emergencies that could affect services and patient care including anything from severe weather to an infectious disease outbreak or a major transport accident. This work is referred to as ‘Emergency Preparedness, Resilience and Response’ or EPRR.

NHS South West London is a ‘category one’ responder, where the CCG was previously ‘category two’. Meaning that under the Civil Contingencies Act, the ICB must now demonstrate that we can deal with these incidents while supporting our partners and maintaining services, meeting the full set of civil protection duties, including:

- Assessing the risk of emergencies occurring and using this to inform contingency planning
- Putting emergency plans in place
- Putting business continuity management arrangements in place
- Putting arrangements to make information available to the public about civil protection matters and maintaining arrangements to warn, informing and advising the public in the event of an emergency in place
- Sharing information with other local responders to enhance coordination
- Co-operating with other local responders to enhance coordination and efficiency

In practice this means we have clear plans in place to allow us to continue providing core functions during a major incident, support our partners to respond to the incident and ensure we keep the public informed of any actions they should take. The ICB have been assessed against the NHSE Core Standards for EPRR as being substantially compliant against a range of standards that ensure NHS organisations have policies, processes and resourcing that allow them to respond to incidents, run our ICB services against robust Business Continuity Management plans and to facilitate the wider system response.

The EPRR service is integrated into the South West London System Coordination Centre which has been assessed to be fully compliant with best practice guidance outlined in NHS England guidance.

Over the past year, there have been several incidents which the ICB has responded to, these include:

- Merton primary school incident
- A range of Business Continuity Incidents relating to estates issues and pressure from capacity & flow in our provider trusts

1.29 Environmental matters and sustainable development

1.29.1 Our plan

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

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

by 2040 for the emissions it controls directly, for example the use of fossil fuels, with an ambition of 80% reduction by 2028 to 2032

by 2045 for those it can influence, for example those within the supply chain, with an ambition of 80% reduction by 2036 to 2039.

We acknowledge that we contribute to the problem as a health system. Our 2023 to 2025 South West London NHS Green Plan sets out our commitment to deliver a range of programmes to support progress towards this ambition.

1.29.2 Our principles and priorities

Our 2023-25 Green Plan was developed on the basis of six core principles and ten areas of focus.

Principles

- At South West London level our plans and areas of activity should complement whatever plans providers adopt.
- We will create stretching but feasible targets that, at a minimum, meet centrally set standards.
- We will focus on activity to make a change, not targets set too far in the future.
- We will focus on activity that facilitates both personal behaviour change as well as those initiatives that will have a material impact on reducing carbon emissions.

- We have an appetite to innovate if the right opportunities can be found.
- We see the opportunities to integrate activities identified within our green plan with existing ICS sponsored streams of work (e.g. digital strategy, estates, strategy) we will ensure that we avoid duplication of activity to achieve the change identified.

Commitments

- Greater ICB commitments
- ICP priorities (championing the green agenda)

Areas of focus

- Workforce and leadership
- Sustainable models of care
- Digital transformation
- Travel and transport
- Estates and facilities
- Medicines
- Supply chain and procurement
- Food and nutrition
- Adaptation*
- Data

*The greener NHS recommended 9 areas of focus in 2023-25, we are introducing 2 areas this year to the 7 areas that we focussed on in 2022/23: food and nutrition and adaptation.

**We are also introducing a 10th area locally: data.

Culture

- Leadership and staff pledges
- Embedding sustainability into culture, and ways of working, across South West London and everything we do
- Making our sustainability activities a part of business as usual

Objectives

- Engage all staff within the ICS and create groups of engaged, interested and passionate staff that will help us to change the way in which we work.
- Ensure that current and future models of care take into account their impact on the planet.
- Utilise technology to support reductions in carbon emissions.
- Reduce our emissions from staff, patient, visitor and supplier transport.

- Promote sustainable and healthy diets and reduce food waste.
- Reduce our carbon emissions from our buildings.
- Develop more sustainable procurement practices.
- Reduce Desifurane usage. Nitrous oxide waste and use of carbon-intensive inhalers.
- Minimise the impact of climate change on our services, patients, staff and communities.
- Better understand our carbon data and progress.

2023/24 targets

- Refresh focus on our sustainability plans with new leadership and staff pledges.
- Implement 'Green Surgery Checklist' principles across our clinical activities.
- Creating recycling points for MDIs in all GP surgeries and community pharmacies, and ensure guidance for appropriate inhaler usage is clear and helps reduce MDI prescriptions.
- Reduce M20 waste and procurement by 50% by Q4 2024.
- Eliminate desflurane usage across ICS by early 2024.
- Go electric for patient, inter-site and courier transport by 2027.
- Decarbonisation plans are in place for all SWL organisations by December 2023, and target reductions in carbon emissions from buildings are identified for 2024/25 and beyond.

Expanding our scope

- Integration of primary care into our workstreams.
- Addition of community and mental health providers.
- Engaging community pharmacy further into our medicines workstreams.
- Local authority collaboration across our workstreams.

1.29.3 Our achievements

We have made strong progress in the first year of our two-year plan and against NHS England targets. A key area of our focus in 2023/24 was to strengthen and facilitate our collaboration and partnership working across South West London and we have made a step change in this in 2023/24. For example, we have linked in with the Mayor of London's Climate Resilience Review, started to build stronger links between primary care and our workstreams, and connected with councils on air quality.

We have actively facilitated the sharing of best practice and learnings in relation to sustainability initiatives as well as provided funding for innovative initiatives across the system, including the expansion of SMART sensor technology across all St George's Hospital theatres, the purchase of solar panels at Croydon University Hospital and a South West London -wide bike refurbishment scheme to encourage active travel.

We have established an active ICB green champions forum and run a communications campaign to increase engagement with staff on and awareness of the Green agenda, including expert talks on topics such as food and nutrition and travel and transport.

Key achievements in 2023/24 across our places, trusts and the ICB

- 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, EHST, the ICB and sustainability days and awareness campaigns championed.
- Learning sessions organised for sustainability leads with council colleagues.
- Electric vehicles introduced at KHFG 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 and PN0621 complaint 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.

1.29.4 Reflections and ambition for 2023/24

We are fortunate to have such wonderfully innovative and passionate staff that care about this agenda in South West London 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 will continue to work with partners to build sustainability considerations into everything we do in order to reduce health inequalities and have a positive impact in our local communities.

We are committed to continuing to expand our network to do so, and plan to consult our partners next year to shape our thinking on how we continue to build on our efforts to date and take the Green agenda forward beyond 2024/25.

1.30 Capital investment

We have a financial duty to ensure that the system's allocated NHS capital budget is not overspent. We have worked in collaboration with SWL NHS partners to follow a risk-based approach to prioritise expenditure within the capital budget for NHS trusts to ensure value for money and that our services and environments are safe and fit-for-purpose for patients, staff and the public.

In 2023/24, a budget of £119.1m was allocated to South West London for NHS trusts. With additional capital receipts from asset sales, the revised budget for NHS trusts was £142m and the draft reported position at month 12 was £117m as the timing of some asset sales was revised. The budget was largely invested in the maintenance and other critical replacement investment in estates, IT and medical equipment and supported the operational delivery within our trusts, however it also enabled:

- the completion of a new Intensive Treatment Unit at Croydon University Hospital,
- progress towards implementing a new electronic patient record for Epsom and St Helier Hospitals (also supported by national funding), and
- enabling works and further development of proposals to redevelop of the Tolworth Hospital site.

A £2.6m budget was allocated from NHS England for the investment in primary care for replacement IT and maintenance of GP practices. Larger scale projects included the completion of works at the new East Croydon Medical Centre and reconfiguration at Stonecot practice to support access. The reported position in month 12 was £2.5m.

These budgets were further supplemented in-year by additional national funds from NHS England secured through bidding processes, through which a further £41m was invested in longer term programmes including:

- enabling works for the new Specialist Emergency Care Hospital (SECH) planned in Sutton
- building capacity in the community to deliver diagnostics services outside the acute hospital setting to tackle waiting lists for tests and scans in Kingston and Croydon

- building additional elective capacity at Purley Hospital to support waiting lists for operations and treatment.

In 2024/25, we will continue to support the system to invest in the maintenance of its buildings and in the replacement of ageing equipment, ensuring patients are kept safe and that day-to-day operations continue. We will also continue to support the modernisation of the hospital and mental health estate, digitisation of the NHS, elective recovery and our net zero targets, and review how our capital planning can support a new SWL estates and infrastructure strategy which will be finalised during 2024/25.

1.31 Engaging people and communities

Working collaboratively with people and communities is at the heart of everything we do in South West London. We take our legal duty to involve the public very seriously. Listening to feedback and codesigning our projects not only makes us more accountable for the services we provide, but also ensures people have opportunities to shape and improve them.

Understanding the needs of our diverse communities, the context and social histories of people's lives, as well as people's experience of the care we offer, is essential if we're going to improve health and wellbeing. This is particularly important where we know there are unjustifiable differences in health for people.

We will only know if what we are delivering is meeting the real needs of our local population by hearing the voice of our people and communities. What we do and how we do it has to be aligned to what matters most to our residents.

1.31.1 Our people and communities strategy and legal duty

Our people and communities strategy supports us to put people and communities at the heart of everything we do. We aim to:

- Ensure the voice of people and communities is central to all levels of our work – and that we have inclusive ways of reaching and listening to our diverse populations.
- Reduce health inequalities by better understanding the needs and aspirations of our local people and communities and responding to them in how we plan and deliver services.
- Plan how local people and communities will be involved early - at the start of any work looking to change how services are delivered.
- Invest in community led engagement that will strengthen our understanding of our communities and their experiences.

We engaged on the principles in our strategy with our partners, stakeholders and communities. The strategy sets out how we work with people and communities across our Integrated Care System. Read our full strategy on our website.

The NHS has legal duties to make arrangements to involve the public in its decision-making, set out in the Health and Care Act 2022. We are required to make arrangements to involve patients and the public in planning services, developing, and considering proposals for changes in the way services are provided and decisions to be made that affect how those services operate. This can be achieved by consulting people, providing people with information, or in other ways.

Building relationships with communities and talking with them openly about service changes ensures we meet our legal duties, and that the voices of patients remain central to everything we do. Understanding people's experiences is vital to designing care which meets people's needs. The level of engagement we carry out is based on the scale of any proposed change, and how significant it is likely to be.

We work closely with Health Overview and Scrutiny Committees in our borough councils to plan engagement activities. They have the opportunity to challenge our engagement work and findings to ensure local people's needs are central to decision making.

We also work hard to make sure that what we learn from our engagement with local people has impact on our decision making and the way health and care services are delivered across South West London. Some examples from our work last year include:

- We have **boosted uptake of cancer screening in Croydon** – Black people are 38% less likely than white people to be diagnosed with cancer via screening. A cancer awareness programme to understand and change people's attitudes towards screening led to culturally sensitive communication and training volunteers to become cancer health champions. This was delivered in partnership between Croydon BME Forum, the Asian Resource Centre and Royal Marsden Partners. Read more on our website.
- **Improving mental health across South West London** with insight from 6,000 people from the 'South London Listens' partnership and engagement with 1,000 local people shaped our ambitious South West London Mental Health Strategy.
- We have engaged with over 150 people about **going home after a hospital stay in Merton and Wandsworth** as part of our new rehab and reablement service launching in January 2024. Feedback has informed staff training and better recording of culturally appropriate interventions.
- To deliver our **health and wellness checks** in Sutton we are working with Volunteer Centre Sutton. 57 Volunteer Health Wellness 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.
- We are **improving services for autistic people and people with ADHD in Kingston** and have engaged 95 people about support after an autism diagnosis. This insight has resulted in better training for staff on diagnostics process, and a remodeling of the Kingston Adult ADHD service.
- **Enhanced primary care access and PCNs in Richmond** have engaged 17,000 people around the location and opening hours of 'GP hubs' and plans have been adapted to match local people's preferences.

1.31.2 How we have engaged in 2023/24

We recognise people within our communities like to get involved and share their views in different ways. With this in mind, we offer a wide range of engagement opportunities and activities to encourage greater participation.

The more diverse views and perspectives we hear, the more we are able we are to respond to and address people's needs. We go out into communities and actively seek views, insights from which influence plans at an early stage and ensure we're working in partnership with our local people.

Community-led approaches

We take a bottom-up approach to working with our communities, empowering local people from the outset. We work with local influencers including faith leaders, community champions, health care professionals, GPs and their practices to lead and host conversations. Through working in this way we aim to build trust and confidence within our diverse communities. Our 'champions' foster engaging and trusted relationships with their communities and support often marginalised and underserved groups and individuals.

We tailor our approach to the specific needs of each community we work with, ensuring long term sustainable networks between health, care and voluntary organisations whilst supporting local people's health and wellbeing.

A key element to enabling this way of working is maintaining our relationships and links to community leaders and community and voluntary sector organisations in borough through our local engagement leads.

Much of our insight is gathered through community outreach - by having a more regular presence in our communities, not just when we want to engage, we build trust and hear what's most important to local residents.

We also extend our reach by working closely with our voluntary, community and social enterprise (VCSE) organisations - we know that we gather richer insights and hear voices we wouldn't otherwise due to the connections our VCSE partners have with local people and communities.

For example, this year we worked in partnership with Merton Council and awarded 13 organisations up to £1000 to bring about positive change by building capacity in the local community and voluntary sector.

These evidence-based initiatives promote the uptake of physical and social activity in the borough including indoor bowling and cultural dance workshops. The grants helped local community organisations to continue to build Merton as a health place, raising greater awareness of the assets and gave us rich insight into understanding the barriers and facilitators to social and physical exercise. Read more on our website.

Working collaboratively with our people, communities and partners

The Integrated Care System brings health and care organisations closer together than ever before – so collective resources can be used to meet people's needs most effectively. The new Government legislation which changed the way we are organised, makes it easier for GPs, hospitals, mental health and community services and social care to work together more closely.

In particular, there is an even greater focus on working with voluntary and community organisations and our six Healthwatch organisations across South West London. We have a united ambition to foster our existing relationships with local people and work with our diverse people and communities across our six boroughs, so we can make a bigger collective impact by collaborating on projects of work.

In May 2023, we held an Action Workshop to support the development of our Integrated Care Strategy, The event brought together 300 partners from across the NHS, local authority, voluntary and community sector, Healthwatch and number of community voice representatives, such as our community champions and Young Inspectors and current users of our mental health services to help us shape our actions for our Integrated Care priorities.

This was centred on the needs and what matters most to our local communities. The actions developed from the day were discussed at the Integrated Care Partnership Board in June. Watch this short film about the Action Workshop. Read more on our website.

In another collaborative project in 2023, Healthwatch talked to people and their carers who are at a high likelihood of being offered a virtual ward placement about their views on the models in Croydon, Merton, and Wandsworth. They also reached out to one person who had declined a virtual ward placement to understand their reasons. Virtual wards are a model of care used to help chronically ill and frail people stay at home when their conditions exacerbate or to help discharge inpatients from hospital early. Patients are monitored at home, often with the support of technology, and receive visits from health staff and check-in phone calls. The Health Innovation Network led the work and are using the evidence to inform the roll out of virtual wards across South West London. Read more on Healthwatch's report.

Focus groups, interviews and events

We ask a number of questions bringing together small groups of people to hear about health topics or from specific communities to help inform our local work and help shape local health and care services. These can be done in a group (focus groups or events) or on a one-to-one basis. We aim to speak to specific communities based on what our local data and insight tells us about who is or isn't accessing services, people who have poorer experiences of services and those with poorer health and wellbeing outcomes – aiming to make sure we hear from people that are representative of the population in South West London.

This year we engaged as part of work to improve services for autistic people and people with ADHD in Kingston. We 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. Read more on our website.

In Croydon in summer 2023 we engaged to understand the views of local people on a proposed move of a diabetes diagnosis service from Croydon University Hospital to a community setting. 26,000 people in Croydon have a diabetes diagnosis and are entitled to an annual retinal screening to prevent sight loss. The engagement showed that the move risked disproportionately impacting those people with protected characteristics. The Senior Executive Group in Croydon agreed that the risks could not be fully mitigated and paused the proposed move until a more suitable venue could be found.

In Merton and Wandsworth we engaged with over 150 people about the new rehab and reablement service launching in January 2024. Feedback has informed staff training and better recording of culturally appropriate interventions.

Digital and online engagement

We use a range of different digital methods and platforms to engage with South West London residents. We know these methods don't work for everyone, but they are important tools to enable us to reach a large audience, and people who might not attend in-person events. We use an online engagement platform to help conduct surveys to ask a number of questions to local people and digital marketing helps increase response rates. Our websites and monthly e-bulletins to local residents and stakeholders help us advertise all upcoming engagement opportunities and the impact of insights shared.

In Richmond this year almost 700 Richmond residents shared their experiences of local health and wellbeing services as part of the Community Conversations project, run by Ruils, on behalf of NHS South West London and in partnership with Richmond Council. The project focuses on identifying where health inequalities and barriers to accessing health care exist in the borough. The findings have been shared with partners to inform future engagement with local people and to carry out next stages of the Health in Your Hands and Core 20 work. Read more on our website.

Communications and engagement campaigns

We use a community engagement centred approach to sharing information and raising awareness of services, working through the wide-reaching networks built by our borough engagement leads, as well as their strong links and relationships with community leaders and voluntary sector organisations.

We work with groups and individuals to share information which is most relevant, or of most interest – and feedback back insights to help develop our messaging.

Building on our community engagement, we also share information through many other public facing channels and ask our trusted partners to share materials on our behalf too. For example, through websites, social media channels, staff communications networks and community and stakeholder newsletters. We also use paid marketing – such as radio adverts, outdoor advertising and digital advertising. This is how we ensure information is reaching individual through lots of different routes.

Our approach to communications and engagement campaigns is based on this 'integrated approach' where we adapt our consistent messages and materials to suit each targeted audience. This means bespoke communications for our diverse communities, around geographies, age, ethnicity, but also for staff and for different digital platforms. We also use a behavioural economics and psychology approach so we can truly understand our audience and engage with them in the right way. Our aim being to make sure that people can make good choices with accurate information.

During winter 2023/24 we have run a range of priority campaigns – promoting 111 online, mental health crisis prevention, using pharmacies, NHS app and promoting vaccines and immunisations. Here is a summary of some of the campaigns:

- Grant-funded voluntary sector led engagement events – up to 15 events each week running from November 2023 to February 2024, with 94 community organisations funded through our winter engagement fund small grants scheme, focusing on reaching communities experiencing health inequalities to share information and have good conversations about decisions around urgent care services.
- NHS App for primary care access – paid online advertising has started promoting the NHS App. Adverts encourage people to check their health conditions and manage primary care appointments, alongside wider messaging about the app.
- Targeted search-engine advertising – online adverts targeted at local people in South West London searching the web for advice and information about a range of health concerns – promoting pharmacy, 111.nhs.uk, mental health services and the NHS App.
- Pharmacy – paid online advertising promoting pharmacy services and the support they offer has been running since November. People are up to four times more likely to visit a pharmacy once they've seen one of the borough-specific adverts. We are also advertising on posters and billboards and through local radio stations.

- Mental health crisis – paid online advertising promoting crisis telephone lines has been running since December and has been seen more than 3.6 million times. Posters and billboards advertising the telephone lines are estimated to be seen 1 million times.

1.31.3 The infrastructure that supports our engagement

A key element of making community engagement central to decision making is ensuring the voice of people and communities has impact at strategic decision making forums. Our decision making framework is described as our governance and we use a range of different ways to ensure there is a strong presence for people and communities and their views.

Representation at decision making forums

In all the key meetings where decisions are made, members are required to consider patient and public engagement and communications activity. This includes our Integrated Care Board and Integrated Care Partnership which meet in public. Active consideration of the voice of our people and communities is a requirement of our constitution and implemented by our submission templates for papers. Our Integrated Care Board constitution states "The Board will receive reports which provide an overview of the engagement activities across the ICB – noting the communities it has reached, impact that it has made, decisions it has influenced and any lessons learned".

Our Executive Director of Stakeholder & Partnership Engagement and Communications who sits on our Board and has responsibility for coordinating our engagement activity to maximise its impact as a key system priority so that it influences priorities and decision-making. We fund two strategic posts, a South West London VCSE director to support the collaborative working across six boroughs and an executive officer post for South West London Healthwatch to support our six local Healthwatches' partnership working.

Both people in these roles further enable a strong voice for people and communities in decision making forums – they are members of the Integrated Care Board and many other programme steering groups.

People and communities are also central at our borough Place Committees, championed by all partners sitting round the table – including Healthwatch, VCSE representatives and Health and Wellbeing Board Chairs. When considering priorities and service transformation plans lived experience and insights from the community focus discussions and are key to agreeing the way forward.

We also work with a number of patient or public partner champions who are involved in our local decision making on our committees and meetings either at the borough or South West London level. A patient or public champion partner is often someone with lived experience who gets involved to represent their own views or works with local networks e. our Maternity Voices Partnerships to advocate and make sure their voices are heard.

South West London People and Communities Engagement Group

We have a South West London People and Communities Engagement Group which works collaboratively with partners to review engagement plans and activities, with membership from across the partnership including medical directors and programme directors from our provider organisations. After each meeting, we report to the Integrated Care Board through our Chief Executive's update and reports are published on our website.

Community meetings at a borough level

In each borough we hold a version of a community voice forum, open to anyone who wants to attend. The topics discussed during meetings are suggested by members of the groups and project leads from NHS South West London. A key focus is providing updates on local health and care developments and strategies, seeking early views, and getting people's thoughts on wider engagement approaches. The arrangements, meeting set up and membership of the groups varies borough to borough.

We have professional communities through our communications and engagement groups in each of our six boroughs that bring together local authorities, NHS trusts, our borough engagement leads, the voluntary sector and Healthwatch. These groups help us bring together insights and coordinate our engagement activity at Place level so we can gain a more comprehensive view of the views and experiences of our local people and communities.

1.31.4 Working with Healthwatch and the Voluntary, Community and Social Enterprise sector

Working with the support of local voluntary and community sector organisations is essential. Our voluntary and community partners hold the key to supporting us to deliver more community-led approaches, increase diversity of participation and to build trust through continuous conversations.

We worked with the National Institute for Health Research, NIHR, and South London Applied Research Centre and have piloted 'research cafes' in the context of mental health as a mechanism to increase the diversity of participation and involvement to make research more accessible and develop our local peer researchers. Peer researchers are people who develop their skills and engagement skills to support research into particular topics and projects.

We have always worked closely with our six Healthwatches. As an independent statutory body, they help us hear people's feedback and improve standards of care and their insight from people and communities has influenced what we do.

Our six Healthwatches are supporting us to meet our equality and inclusion principles and are listening to people who have neurological conditions, hearing loss, sight loss, neurodiverse conditions, and/or learning disability about whether their GP practices are adequately meeting their needs. This is part of the Accessible Information Standard which provides guidance to ensure that the communication needs of people with mental and physical disabilities are met.

Without the efforts of our both local Healthwatches and voluntary and community sector partners this year our reach would be narrower and insights less rich. Recognising the importance of both their roles, we continue to invest in posts which support collaborative working across our six boroughs.

Statement from Alyssa Chase-Vilchez, Executive Officer and Healthwatch representative to the South West London Integrated Care System

"Healthwatch are independent organisations that champion the voices of patients, carers, and our wider communities. Six Healthwatch organisations (Healthwatch Croydon, Kingston upon Thames, Merton, Richmond upon Thames, Sutton, and Wandsworth) are located within the borders of the South West London Integrated Care System (ICS).

"South West London Healthwatch collaborate closely with the ICB engagement team to ensure that our residents influence decisions about their health and care. With the support of this team, Healthwatch

helped embed learnings from over 1,000 residents into the ICS' five-year strategy documents, which contain a list of initiatives that directly address residents' concerns.

"With additional funding from the ICB, as well as through a successful bid to the Integrated Care Partnership Priorities Fund, in 2023 Healthwatch were able to employ an Engagement Coordinator who is leading co-production efforts to ensure that people are at the centre of shaping these new initiatives.

The ICB engagement team has also provided Healthwatch with the opportunity to represent the patient voice on several new ICS committees dedicated to providing oversight of the delivery of the ICS strategy.

"Healthwatch has seen that, as a result of our collaboration with the ICS, there is a clear line between what people have told us and concrete action to drive improvement in services and reduce health inequalities. This in turn allows us to show our residents that their voices count and matter."

Statement from Sara Milocco, South West London (SOUTH WEST LONDON) Voluntary and Community Sector (VCSE) Alliance Director

"There are more than 5,500 community and voluntary sector organisations in South West London. Building on what we learned during the pandemic, the South West London Voluntary Community and Social Enterprise (VCSE) Alliance is positioning itself to be the link between local voluntary and community sector organisations and other partners within our ICS and help transform the health and care services for local people.

"2023/24 was our first year of delivery and, having a Director in place, gave us the opportunity to strengthen our structure and presence within the ICS. We extended our Leadership group to include, as well as the CEOs of our VCSE infrastructure organisations, representatives with expertise on key South West London ICP priorities: mental health, children and young people, mental health, older/frail people, long term conditions and workforce development. We identified and co-opted 7 VCSE organisations to sit on the South West London ICP thematic strategic partnerships and chose Mental Health and Workforce Development as this year's topics. Our first in person event took place in March and focused on Mental Health, bringing together more than 60 VCSE mental health organisations across our six places.

"The South West London VCSE Alliance wants to support in addressing practical barriers of integration of VCSE organisations in ICS, including around funding and investment in the VCSE sector. This year we contributed to the ICP Priorities Fund and Health Inequalities Fund by supporting a shift to a 2 year framework, championing potential VCSE partners to ICS colleagues applying to the scheme and encouraging/advising VCSE groups to apply. The Alliance also managed the ICS Winter Engagement Fund across South West London through a criteria, application and evaluation collaborative process that saw more than 100 grassroots organisations applying. We identified and engaged four small VCSE organisations with the ICS REN round 2 funding programme and submitted two Alliance bids.

"We are looking forward to continuing our work with ICS and VCSE leaders to embed VCSE organisations within the context of ICS and better integrate strategic planning, sharing of data and intelligence and investment in the sector through commissioning and funding."

1.32 Overview of our key performance issues and risks

When we review this chapter and look back over our performance over the past year, it is important to identify the key risks our organisation has dealt with, and how we have managed and attempted to mitigate then. These are described below:

1.32.1 Delivering access to care - NHS Constitution Standards

A key issue which we have worked hard as a system to manage over the last year is the number of people waiting for care which can result in a delay to their treatment.

This means that on occasion hospitals are not able to meet important national and local performance standards – for example this year we have faced challenges in access to primary care, and access to children and young peoples' mental health services. We continue to perform well, relative to other ICSs, on delivery of cancer waiting times and waiting times for planned care in our acute hospitals.

Meeting national standards for access to services, regardless of where they live in South West London or their background, is the foundation of providing high quality healthcare services. We have strong measures in place and will continue to work hard to maintain and prioritise high quality care across South West London.

Actions we have taken to help manage this risk in 2023/24

- Hospitals track activity each week, in particular focussing on patients who have been waiting a long time, and compare this to expected activity levels as part of our elective recovery governance process.
- Hospitals have been checking that their list of patients is always accurate and they prioritise patients waiting for surgery based on criteria and recommendations from the Royal College of Surgeons. This is helping us to make sure we are prioritising and scheduling patients efficiently.
- Plans are underway to deliver the national targets around elective recovery including an increase in elective work and delivery of targets around advice and guidance and patient-initiated follow-up to ensure that we can prioritise our most urgent patients.
- We have held regular system-wide meetings to monitor and manage performance against the performance standards and to ensure action is taken where problems are identified.
- Where we know we have challenges in long waits we have plans in place at a specialty level to address this, for example by ensuring that there is additional capacity made available.
- Quality and service delivery are reviewed bi-monthly at our Quality and Oversight Committee meetings, and meetings are held fortnightly between hospital recovery leads and our performance team to help manage long waiting patients.
- Introduced data quality improvement meetings to specifically help reduce coding and data quality errors around long-waiting patients.

You can read more about our performance against key performance standards and our performance throughout the year in **section 1.7 Assuring delivery of performance and constitutional standards**.

1.32.2 Urgent and Emergency Care

Urgent and emergency care services are of key importance to our local communities, and we are working hard to prioritise delivering high quality urgent and emergency care service across South West London. Urgent and emergency care services include NHS 111, services provided in the four

emergency departments across our boroughs, urgent primary care services and urgent admissions into hospital. It is important that we continue to work hard to meet national targets and minimise delays to patient care.

The risks around the pressures in urgent and emergency care have consequences for the rest of our health and care system. We have worked hard over the past year to maintain our focus on patients being discharged promptly from hospital when appropriate, reducing waiting times to receive urgent and emergency care, and work to minimise the handover time for opatients from the ambulance service.

Actions we have taken to help manage this risk in 2023/24

- We have a system-wide Urgent and Emergency Care Board as well as an A&E Delivery Board for each of our hospital systems to make sure we continue to focus on performance in this area.
- We have implemented a number of initiatives over the last year including 'Same Day Emergency Care Services', a 45-minute ambulance handover pilot and a 111 "Press 2" service to support people in mental health crisis.
- We developed and delivered a winter plan for 2023/2024 to help alleviate the impact of the additional seasonal demand which has included additional investment into a wide range of hospital, community, local authority and voluntary sector organisations that helped increase capacity and response between November 2023 and February 2024.
- A high-level dashboard of six key indicators has been implemented to enable the South West London system to monitor whether there is an improvement in flow through the system. This reports regularly to the UEC Board.

You can read more about how we've developed urgent and emergency care services this year **1.22 Urgent and emergency care**.

Working towards modernising and using our estates well

We need to modernise and make full use of our estate, or we will risk not being able to deliver NHS services in the most efficient and cost-effective way. Investment in our estate means we can spend more of our money on frontline services for patients rather than increasingly expensive backlog maintenance bills. Poor estate also means we cannot make fast enough progress towards a net zero carbon footprint, and can also delay us delivering integrated care in community settings as we have committed to in our Joint Forward Plan NHS SW London.

Our vision, in line with the London estates strategy, is for all South West Londoners, regardless of their background or where they live have access to high quality health services in high quality facilities.

We have made progress in many areas this year and continue to plan for the future needs of local people so that we can make the most of the facilities that we have.

Actions we have taken to help manage this risk in 2023/24

- Continued to develop our infrastructure strategy, including primary care, that is bought into by the health system, and which seeks to identify opportunities maximise use, minimise the carbon footprint and address local needs.
- Reviewed the collective estate for opportunities to exit buildings that are likely to be disposed of in the next 5 years and consolidate where possible.

- Began work to better understand the future needs of our primary care estates, including opportunities to maximise use and limit vacant spaces, make better use of digital technology and change ways of working.
- Continue to review vacant space and associated opportunities with NHS Property Services and Community Health Partnership.
- Established a working group under the SWL financial recovery programme to maximise use of the estate including Queen Mary's Hospital.
- Sought opportunities to address old estate, support transformation of services and to decarbonise the estate via the New Hospital Programme, the Public Sector Decarbonisation Scheme and other funds.

Read more about how we've invested money this year to develop NHS estates in **section 1.30 Capital investment**.

1.32.3 Financial sustainability

South West London remains a financially challenged system. Each part of our NHS system has worked together to minimise spend and deliver a financial position that has been agreed with NHSE. We continue to work hard on delivering a stretching financial recovery plan for the coming year, including programmes that will deliver on: efficiency measures, productivity improvements, workforce planning, better preventative care and co-ordination, digital health solutions and stronger budgetary control and financial governance.

Further to this there is additional risk that the ongoing changes to the NHS financial frameworks, due to the creation of new population-based allocations (including specialised services), means the ICB/ICS will find it challenging to deliver its strategy and the objectives of the Long-Term Plan due to the constraints of the financial envelope.

Healthcare services need to be delivered efficiently and effectively. So that investments can be made to support the local population's health and well-being. 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.

The system has identified opportunities to reduce costs, but these will be challenging to realise, in terms of capacity to deliver, speed and maintaining our focus on operational delivery. Our system leaders have focused this past year and continue to prioritise this coming year, working hard to live within our financial means as the best way to address the changing healthcare needs of our local population.

Actions we have taken to help manage this risk in 2023/24

- The system prioritised resources through the planning process, ensuring activity, workforce and finances aligned. Further to this each organisation developed a savings programme which has been overseen at individual organisations and the ICB Finance & Planning Committee and Board.
- In November 2023 NHS England asked for a reforecast/plan. This provided the opportunity for the system to review and update its position and identify in year solutions to mitigate risks.
- The ICB reported 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, quarterly 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, a Recovery & Sustainability Board is in place to oversee the development/delivery of a savings programme and a financial recovery plan. This reports to the ICB Finance and Planning Committee.
- In 2023/24 work was undertaken to analysis of the opportunities and their prioritisation to ensure the system is focussed on improving services for the population whilst reducing costs. These opportunities were consolidated into a high level financial recovery plan. For 2024/25 we have reviewed the workstreams with in the plan and agreed the key focus should be on workforce, the systems infrastructure, elective services, improving the urgent and emergency care pathway. Whilst in parallel we are undertaking further modelling to further understand how we best deliver services to meet the future populations needs with in a financially sustainable envelope.

Read more about our financial performance last year in **section 1.6 Finance summary**.

1.32.4 Workforce capacity wellbeing and availability

In common with the rest of the NHS, our South West London NHS workforce numbers and the skills we need, undoubtedly remain a challenge, but we have still made incremental improvements this year. As a whole, our South West London system: has reduced staff turnover and staff sickness, has less temporary and more permanent members of staff, and has taken action around health and well-being initiatives to work harder to retain the excellent staff we have across South West London. Industrial action impacts the most on our patients, but also on our workforce who have worked extremely hard to keep patients safe during the protracted periods of strike action.

Actions we have taken to help manage this risk in 2023/24

- We launched a Mayor's Skills Academy Programme to attract more local people and reduce barriers to entry into the south west London NHS.
- People committees are in place in provider organisations to review staffing.
- Regular workforce reports reviewed by provider boards and the ICB People Committee to highlight workforce pressures and suggest solutions to improve recruitment, retention and health and wellbeing concerns.
- Trusts have local, national and international recruitment campaigns in place.
- Providers have adopted fast-track recruitment processes and have worked together to determine priorities to support supply and retention and reviewed approaches to pay enhancements, bank/agency, and reward systems.
- We appointed a Lead Nurse to focus on nursing supply across south west London, including Return to Practice, Internationally Educated Nurses and Trainee Nurse Associates.
- Discussions are regularly held 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.

- We introduced a South West London ICB Workforce Transformation Board made up of ICB workforce leads and Chief People Officers from each provider organisation to drive workforce transformation.

Read more about how we're supporting and developing our workforce in **section 1.26 Workforce**.

1.32.5 System quality oversight

Maintaining and improving the quality and safety of healthcare services in South West London is of the highest importance to us. We are working to make our quality monitoring processes as robust as possible so that we can address any potential issues in this area.

The progress we have made over these 12 months has strengthened our quality governance at both at system and Place level. We will continue to work to further strengthen our governance, and further develop our relationships with our providers to foster an open culture of sharing and learning.

We are working hard to ensure that we recruit to vacancies in the ICB quality directorate to make sure we can capture and understand quality risks across provider services and continuing healthcare. A key focus for us has been to ensure the quality of key pathways across South West London including children and young people, mental health, maternity services and urgent and emergency care.

Actions we have taken to help manage this risk in 2023/24

- Our Quality Directorate routinely identifies, assesses and monitors risks across the system and makes sure plans are in place to mitigate any adverse impacts on the quality and impact of services.
- Last year, we reviewed the ICB's quality governance and assurance processes. This has enabled us to identify and escalate system risks and ensure action plans are in place to address them.
- Most of our providers have successfully transitioned to the Patient Safety Incident Response Framework, PSIRF, and independent providers are also working towards this.
- Regular Suth West London chief nurses meetings are held bi-weekly with our chief nursing officer, where escalations and mitigations are discussed at organisational and system levels.
- We coordinate 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, NHS England, and other regulators regarding provider concerns.

You can read more about our approach to quality oversight in **section 1.24 Improving quality and safety**.

1.32.6 Interruption to clinical and operational systems as a result of a cyber-attack

We know the risk of cyber-attacks on NHS and public sector services is increasing. A cyber-attack is an unauthorised attempt to gain access to our computer systems or networks, this could be those belonging to our provider trusts or any of our shared services. Cyber-attacks can mean data breaches, disruption to local services and impacts on patient care. There are often financial consequences and potential reductions in public trust in health and care services.

Over the last year we have made good progress last year with our partners to increase the number of cyber defences and response tools we have at our disposal. However, we know we need to remain

vigilant and to continually evolve our defences. We will continue to work hard to ensure that services and patients are better protected against cyber threats.

NHS South West London co-ordinates the cyber security assurance across our ICS, with cyber security accountability remaining with each individual organisation.

Actions we have taken to help manage this risk in 2023/24

- Our digital team has completed an ICS-wide cyber assessment to understand the overall security position of our providers and primary care IT systems. This assessment has given us an informed baseline position for this risk.
- We have developed governance structures alongside our providers so that we make sure we are continually working together to identify and mitigate against cyber risks. We have developed a draft cyber roadmap of activities to further build our resilience.
- Our NHS providers continue to own and manage their local risks and each trust has worked hard to implement some cyber risk reduction measures. Our providers have also undertaken their own assurance measures including annual IT Health Checks and completing the NHS Data Security Protection Toolkit. We help support these local measures whilst promoting a joined-up approach to reducing these risks across the system to help share best practice and ensure value for money.
- NHS England and the National Cyber Security Centre have also provided support for local trusts. This has included some cyber monitoring and incident response capabilities, particularly on devices in the shared NHS tenant, the Health and Social Care Network. The centre continues to support trusts with security assessments and audits, and technical support services, as well as providing funding to support key local security risks.

You can read more about our approach to cyber security in section 1.25 **Data, digital and population health management.**

You can read more about our approach to risk management in our **annual governance statement** in section 1.36.6

Accountability report

The accountability report describes how we meet key accountability requirements and embody best practice to comply with corporate governance norms and regulations.

It comprises three sections:

- The **Corporate Governance Report** sets out how we have governed the organisation during the period 1 April 2023 to 31 March 2024 including membership and organisation of our governance structures and how they supported the achievement of our objectives.
- The **Remuneration and Staff Report** describes our remuneration policies for executive and non-executive directors, including salary and pension liability information. It also provides further information on our workforce, remuneration and staff policies.
- The **Parliamentary Accountability and Audit Report** brings together key information to support accountability, including a summary of fees and charges, remote contingent liabilities, and an audit report and certificate.

Sarah Blow

Chief Executive Officer

NHS South West London Integrated Care Board

South West London Integrated Care System

19 June 2024

1.33 Corporate Governance Report

1.33.1 Members Report

South West London Integrated Care System (ICS), works to:

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

The ICS works in partnership to deliver its four aims and is made up of The Integrated Care Partnership (ICP), The Integrated Care Board (ICB) and our six Places.

The Integrated Care Partnership (ICP), has been established by NHS South West London Integrated Care Board and the six South West London Local Authorities as a statutory committee that brings together a broad alliance of organisations and representatives concerned with reducing health inequalities, improving the quality of services and care, health and wellbeing of the population.

This means that key partners responsible for managing health outcomes in South West London, i.e. Provider Trusts, Local Authorities, Voluntary, Community and Social Enterprise organisations, and other local partners across primary and secondary care, come together to make decisions about local health services by using their local knowledge to improve services and focus resources where there is greatest need.

NHS South West London Integrated Care Board is the statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services. We are overseen by a Board, which is the senior decision-making forum and is collectively accountable for the delivery of our responsibilities. Key decisions and functions reserved for NHS South West London Integrated Care Board include agreeing our vision, values, and strategic direction and determining actions that will improve health and health services for local people.

The Board includes members from key NHS providers, Local Authorities, as well as Non-Executive Members, NHS South West London Integrated Care Board Executives and observers from voluntary sector organisations.

Sarah Blow, as the Chief Executive, is the Accountable Officer for the Integrated Care Board. Non-Executive Members have specific areas of responsibility and Chair committees of the Integrated Care Board. Further details on the composition of the Board can be found on page 112.

1.34 Our board

1.34.1 The role of our Board

The Integrated Care Board operates as a unitary board, which means that all Board Members are collectively and corporately accountable for organisational performance. The purpose of the Board is to govern effectively and in doing so, build patient, public and stakeholder confidence that their healthcare is in safe hands.

The Board is responsible for:

- Formulating a plan for the organisation;
- Holding the organisation to account for the delivery of the plan; by being accountable for ensuring the organisation operates effectively and with openness, transparency, and candour and by seeking assurance that systems of control are robust and reliable; and
- Shaping a healthy culture for the organisation and the system through its interaction with system partners.

Our Board met in public seven times between 1 April 2023 and 31 March 2024, and we encourage our community to join us to find out about the work we're doing. Details of public Board meetings, and meeting papers are published on our website at https://www.southwestlondon.icb.nhs.uk/events

As part of the establishment of NHS South West London Integrated Care Board, the Health and Care Act 2022 introduced a new duty for NHS organisations to have regard to the effects of their decisions on the 'Triple Aim' of better health and wellbeing (including its effects in relation to inequalities), improved quality of services (including the effects of inequalities in relation to the benefits that people can obtain from those services) and the sustainable use of resources. Our governance and structures ensure we meet the "Triple Aim' and are described throughout this annual report.

Effective working with people and communities is essential to deliver the 'triple aim'. During the year, the principles of the 'triple aim' have been embedded across NHS South West London, including at 'Place' (within boroughs) and through the Integrated Care Partnership as demonstrated in some of the following areas:

- Development of the Integrated Care Strategy and related priorities at system level.
- Engagement on NHS South West London Integrated Care Board's Five-Year Joint Forward Plan.
- Engagement with an Investment Fund, comprised of two funding streams:
- The Innovation Fund
- The Health Inequalities Fund

1.34.2 Member profiles

The ICB's Board was established on the 1 July 2022 by 'The Integrated Care Boards (Establishment) Order 2022'. Under the NHS South West London Integrated Care Board Constitution and Standing Orders. Profiles of our Board members can be found at : Board members - NHS South West London Integrated Care Board (icb.nhs.uk)

1.34.3 Member practices

Primary Care Networks (PCNs) bring GP practices together with community, mental health, social care, pharmacy, hospital services in their local areas. A list of our networks can be found on the South West London ICS website.

1.34.4 Composition of the Board

Members	Designation & Organisation
Mike Bell	Chair, Non-Executive Member, SWL Integrated Care Board from 01/05/23
Sarah Blow	Chief Executive Officer, SWL Integrated Care Board
Karen Broughton	Deputy CEO / Director of People & Transformation, SWL Integrated Care Board
Ruth Bailey	Non-Executive Member, SWL Integrated Care Board
James Blythe	Place Member, Sutton (Managing Director Epsom & St Helier NHS Trust)
Dr John Byrne	Chief Medical Officer, SWL Integrated Care Board
Elaine Clancy	Chief Nursing Officer, SWL Integrated Care Board
Mark Creelman	Place Member, Wandsworth (Executive Locality Lead, Merton, and Wandsworth)
Ian Dodds	Place Member, Richmond (Director of Children Services Royal Borough of Kingston upon Thames & London Borough of Richmond upon Thames)
Cllr Ruth Dombey	Partner Member, Local Authorities (Leader of the Council, London Borough of Sutton).
Jo Farrar	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)
Vanessa Ford	Partner Member, Mental Health Services (Chief Executive Officer, South West London & St. George's Mental Health NHS Trust)
Helen Jameson	Chief Finance Officer, SWL Integrated Care Board
Mercy Jeyasingham	Non-Executive Member, SWL Integrated Care Board
Dr Nicola Jones	Partner Member, Primary Medical Services (Wandsworth GP)
Matthew Kershaw	Place Member, Croydon (Chief Executive Officer and Place Based Leader for Health Croydon Healthcare Services NHS Trust)
Dame Cally Palmer	Partner Member, Specialised Services (Chief Executive Officer, The Royal Marsden NHS Foundation Trust)
Dr Annette Pautz	Place Member, Kingston (Kingston GP)

Dr Gloria Rowland	Chief Nursing and Allied Health Professional/Director for Patient Outcomes, SWL Integrated Care Board (to 30/04/2023)
Dick Sorabji	Non-Executive Member, SWL Integrated Care Board
Martin Spencer	Non-Executive Member, SWL Integrated Care Board
Jacqueline Totterdell	Partner Member, Acute Services (Group Chief Executive Officer St George's, Epsom and St Helier University Hospitals and Health Group)
Dr Dagmar Zeuner	Place Member, Merton (Director of Public Health, London Borough of Merton) to 14/06/2023
Jonathan Bates	Participant, Chief Operating Officer, SWL Integrated Care Board
Charlotte Gawne	Participant, Executive Director of Stakeholder and Partnership Engagement and Communications, SWL Integrated Care Board
Mike Jackson	Participant, Local Authorities (Joint Chief Executive Richmond upon Thames & Wandsworth Council)
Alyssa Chase-Vilchez	Observer, SWL HealthWatch Representative, (Executive Director of the six South West London Healthwatch organisations)
Sara Milocco	Observer, SWL Voluntary Sector Representative, (Director of Integrated Care System Voluntary, Community and Social Enterprise Alliance)

1.35 Committee(s), including Audit Committee

NHS South West London Integrated Care Board has established four committees which are accountable to the Board. The delegated powers and responsibilities of the committees are as set out in the Scheme of Reservation and Delegation (SoRD).

The committees supported our Board to carry out its statutory duties. The SoRD sets out:

- Decisions and functions that are reserved to the Board as a whole.
- Decisions delegated by the Board to our committees.
- Decisions delegated to individual members and employees.

The Integrated Care Board has remained accountable for all of its functions including those that it had delegated.

In discharging their delegated responsibilities, the Board and its committees were required to:

- Comply with the principles of good governance
- Operate in accordance with the Integrated Care Board's SoRD
- Comply with the Integrated Care Board's Standing Orders
- Comply with the Integrated Care Board's arrangements for discharging its statutory duties.

Where appropriate, ensured that members have had the opportunity to contribute to the Integrated Care Board's decision-making process through the membership group.

When discharging their delegated functions, the Board and committees operated in accordance with their approved terms of reference.

1.35.1 Audit and Risk Committee

The Audit and Risk Committee was responsible for providing oversight and assurance to the Integrated Care Board on the effectiveness of governance, risk management and internal control processes across the whole of the Integrated Care Board's activities that supported the achievement of the Integrated Care Board's objectives.

A key purpose of the committee was to monitor the integrity of the financial statements of the Integrated Care Board and assure itself that relevant risks, particularly financial, are appropriately identified and managed within a robust system of internal control. The Committee was also responsible for seeking appropriate assurance on functions relating to arrangements for counter-fraud and audit work programmes.

1.35.2 Remuneration and Nominations Committee

The Remuneration and Nominations Committee's main purpose is to exercise the functions of the Integrated Care Board relating to paragraphs 17 to 19 of Schedule 1B to the NHS Act 2006.

The Committee was responsible for advising the Board on the implementation of the Integrated Care Board Pay Policy including adoption of any pay frameworks, and in meeting their responsibilities to ensure appropriate remuneration for all employees including very senior managers/directors (including Board Members) and Non-Executive Members, excluding the Chair.

The Committee provides oversight of the nominations and appointments to Integrated Board member roles.

1.35.3 Finance and Planning Committee

The Finance and Planning Committee was responsible for ensuring that there is both a robust financial strategy and planning framework in place and to oversee the system planning and broader financial management, including the review of financial plans and the current and forecast financial position of the Integrated Care Board and Place budgets.

The Committee also aimed to understand the drivers behind any variances against the plans, ensure any risks have been identified, and mitigating actions had been taken to address these whilst providing assurance to the Board about delivery and sustained performance.

1.35.4 Quality and Oversight Committee

The Quality and Oversight Committee was responsible for ensuring the Integrated Care Board secured 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 Bill 2021. This includes reducing inequalities in the quality of care.

The Committee provided assurance to the Integrated Care Board, that there was an effective system of scrutiny, quality governance and internal control underpinning the effective delivery of its strategic objectives, and provision of sustainable, high-quality care. The Committee reviewed and escalated key

performance risks to the Board, ensuring that there was system oversight of Performance including at Place and Collaborative level.

With the engagement of respective Committee Chairs, members and attendees, the Terms of Reference for the Audit and Risk Committee, Quality and Oversight Committee, and the Finance and Planning Committee have been reviewed and updated where appropriate to ensure they are fit for purpose and meet the needs of the Integrated Care Board.

1.35.5 Membership and attendance at the Board and committees

Membership and attendance at the Board and respective committees is shown in the table below. All meetings were quorate.

The Board

Name	Role	Meetings attended
Mike Bell	Chair, Non-Executive Member, SWL Integrated Care Board	7/7
Sarah Blow	Chief Executive Officer, SWL Integrated Care Board	7/7
Jo Farrar	Partner Member, Community Services	6/7
Vanessa Ford	Partner Member, Mental Health Services	5/7
Dame Cally Palmer	Partner Member, Specialised Services	2/7
*Jacqueline Totterdell	Partner Member, Acute Services	6/7
Dr Nicola Jones	Partner Member, Primary Medical Services	7/7
Cllr Ruth Dombey	Partner Member, Local Authorities	6/7
Ruth Bailey	Non-Executive Member, SWL Integrated Care Board	7/7
Mercy Jeyasingham	Non-Executive Member, SWL Integrated Care Board	6/7
Dick Sorabji	Non-Executive Member, SWL Integrated Care Board	7/7
Martin Spencer	Non-Executive Member, SWL Integrated Care Board	6/7
Helen Jameson	Chief Finance Officer, SWL Integrated Care Board	7/7
Dr John Byrne	Executive Medical Director, SWL Integrated Care Board	6/7
~Elaine Clancy	Chief Nursing Officer, SWL Integrated Care Board	5/7
***Dr Gloria Rowland	Chief Nursing and Allied Health Professional/Director for Patient Outcomes, SWL Integrated Care Board	0/7
Matthew Kershaw	Place Member, Croydon	6/7
Dr Annette Pautz	Place Member, Kingston	7/7
**Dr Dagmar Zeuner	Place Member, Merton	0/7
Ian Dodds	Place Member, Richmond	5/7

James Blythe	Place Member, Sutton	6/7
Mark Creelman	Place Member, Wandsworth	6/7
Karen Broughton	Deputy CEO/Director of People & Transformation, SWL Integrated Care Board	5/7
*Jacqueline Totterdell represented by James Marsh at January Board Meeting 1/7		
**Dr Dagmar Zeuner left the Integrated Care Board on 14/06/2023		
***Dr Gloria Rowland left the Integrated Care Board on 30/04/2023 ~Elaine Clancy joined 01/07/2024		

The South West London Integrated Care Board held seven meetings in public between 1 April 2023 and 31 March 2024

Audit and Risk Committee

Name	Role	Meetings attended
Martin Spencer	Chair, Non-Executive Member, SWL Integrated Care Board	5/5
Ruth Bailey	Non-Executive Member, SWL Integrated Care Board	2/5
Dick Sorabji	Non-Executive Member, SWL Integrated Care Board	5/5

Finance and Planning Committee

Name	Role	Meetings attended
Dick Sorabji	Chair, Non-Executive Member, SWL Integrated Care Board	7/7
Helen Jameson	Chief Finance Officer, SWL Integrated Care Board	7/7
Jonathan Bates~	Chief Operating Officer, SWL Integrated Care Board	7/7
**Elaine Clancy^	Chief Nursing Officer, SWL Integrated Care Board	1/7
Dr John Byrne^	Executive Medical Director, SWL Integrated Care Board.	3/7
*Dr Gloria Rowland^	Chief Nursing and Allied Health Professional/Director for Patient Outcomes, SWL Integrated Care Board	0/7
*Gloria Rowland left the Integrated Care Board on 30/04/2023		
**Elaine Clancy joined the Integrated Care Board on 01/07/2023		
~ required for planning and relevant items only		
^required for planning and relevant clinical-related items only		

Quality and Oversight Committee

Name	Role	Meetings attended
Mercy Jeyasingham	Chair, Non-Executive Member, SWL Integrated Care Board	6/6
Jonathan Bates	Chief Operating Officer, SWL Integrated Care Board	6/6
Dr John Byrne	Executive Medical Director, SWL Integrated Care Board	5/6
*Elaine Clancy	Chief Nursing Officer, SWL Integrated Care Board	4/6
**Dr Gloria Rowland	Chief Nursing and Allied Health Professional/Director for Patient Outcomes, SWL Integrated Care Board	1/6
^Alexandra Ankrah	Quality & Patient Safety Representative	3/6
Marion Endicott	Quality & Patient Safety Representative	6/6
*Elaine Clancy joined the Integrated Care Board on 01/07/2023 **Gloria Rowland left the Integrated Care Board on 30/04/2023		
^Alexandra Ankrah joined on 04/07/2023		

Remuneration and Nominations Committee

Name	Role	Meetings attended
Ruth Bailey	Chair, Non-Executive Member, SWL Integrated Care Board	4/4
Mercy Jeyasingham	Non-Executive Member, SWL Integrated Care Board	4/4
Mike Bell	Chair, SWL Integrated Care Board	1/4

1.35.6 Register of Interests

The ICB operates a robust policy for the management of Conflicts of Interest and maintains and publishes a register of interests online in accordance with NHS England statutory guidance.

All attendees were required to declare their interests as a standing agenda item for every ICB Board, Committee or meeting before the item was discussed.

To protect the integrity of decision-making, arrangements for managing conflicts of interest and potential conflicts of interest were established. These include recusing potentially conflicted members from deliberations where appropriate, and / or ensuring material (papers) were not circulated to potentially conflicted members. South West London ICBs (mydeclarations.co.uk)

1.35.7 Personal data related incidents

During the period, the ICB identified no Serious Untoward Incidents relating to data security breaches, which were reportable to the Information Commissioner. All reported incidents are recorded and investigated, and process changes implemented where required.

1.35.8 Modern Slavery Act

NHS South West London Integrated Care Board fully supports the Government's objectives to eradicate modern slavery and human trafficking. Our Slavery and Human Trafficking Statement for the period ending 31 March 2024 is published on our website at [Safeguarding - NHS South West London Integrated Care Board Safeguarding (icb.nhs.uk).

1.35.9 Statement of Accountable Officer's Responsibilities

Under the National Health Service Act 2006 (as amended), NHS England has directed each Integrated Care Board to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of NHS South West London Integrated Care Board and of its income and expenditure, Statement of Financial Position and cash flows for the financial year.

In preparing the accounts, the Accountable Officer is required to comply with the requirements of the Government Financial Reporting Manual and in particular to:

- Observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in the Government Financial Reporting Manual have been followed, and disclose and explain any material departures in the accounts; and,
- Prepare the accounts on a going concern basis; and
- Confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced and understandable.

The National Health Service Act 2006 (as amended) states that each Integrated Care Board shall have an Accountable Officer and that Officer shall be appointed by NHS England.

NHS England has appointed the Chief Executive Officer to be the Accountable Officer of NHS South West London Integrated Care Board. The responsibilities of an Accountable Officer, including responsibility for the propriety and regularity of the public finances for which the Accountable Officer is answerable, for keeping proper accounting records (which disclose with reasonable accuracy at any time the financial position of the Integrated Care Board and enable them to ensure that the accounts comply with the requirements of the Accounts Direction), and for safeguarding the NHS South West London Integrated Care Board's assets (and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities), are set out in the Accountable Officer Appointment Letter, the National Health Service Act 2006 (as amended), and Managing Public Money published by the Treasury.

As the Accountable Officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that NHS South West London Integrated Care Board's auditors are aware of that information. So far as I am aware, there is no relevant audit information of which the auditors are unaware.

Sarah Blow

Chief Executive Officer

NHS South West London Integrated Care Board

South West London Integrated Care System

19 June 2024

1.36 Governance Statement

1.36.1 Introduction and context

NHS South West London Integrated Care Board is a body corporate established by NHS England on 1 July 2022 under the National Health Service Act 2006 (as amended).

The NHS South West London Integrated Care Board's statutory functions are set out under the National Health Service Act 2006 (as amended).

The Integrated Care Board's general function is arranging the provision of services for persons for the purposes of the health service in England. The Integrated Care Board is, in particular, required to arrange for the provision of certain health services to such extent as it considers necessary to meet the reasonable requirements of its population.

Between 1 April 2023 and 31 March 2024 the Integrated Care Board was not subject to any directions from NHS England issued under Section 14Z61 of the of the National Health Service Act 2006 (as amended).

1.36.2 Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the Integrated Care Board's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am personally responsible, in accordance with the responsibilities assigned to me in Managing Public Money. I also acknowledge my responsibilities as set out under the National Health Service Act 2006 (as amended) and in the Integrated Care Board's Accountable Officer Appointment Letter.

I am responsible for ensuring that NHS South West London Integrated Care Board is administered prudently and economically and that resources are applied efficiently and effectively, safeguarding

financial propriety and regularity. I also have responsibility for reviewing the effectiveness of the system of internal control within the Integrated Care Board as set out in this governance statement.

1.36.3 Governance arrangements and effectiveness

The main function of the Board is to ensure that the Integrated Care Board has made appropriate arrangements for ensuring that it exercises its functions effectively, efficiently and economically, and complies with such generally accepted principles of good governance as are relevant to it.

The Integrated Care Board's constitution sets out how it shall fulfil its statutory duties and the primary governance rules for the Integrated Care Board. It includes information on Board membership and governance arrangements in line with relevant guidance issued by NHS England and complies with the Health and Care Act 2022. Following extensive engagement with local stakeholders, and approval by NHS England, the constitution came into effect following the establishment of the Integrated Care Board on 1 July 2022.

1.36.4 UK Corporate Governance Code

We are not required to comply with the UK Corporate Governance Code. However, we have reported on our Corporate Governance arrangements by drawing upon best practice available, including those aspects of the UK Corporate Governance Code and the Corporate Governance in Central Government Departments: Code of Good Practice 2011 (HM Treasury and Cabinet Office) that we consider to be relevant to the Integrated Care Board.

1.36.5 Discharge of Statutory Functions

The arrangements put in place by the Integrated Care Board and explained within the corporate governance framework were developed to ensure compliance with all relevant legislation.

The Integrated Care Board has reviewed all of the statutory duties and powers conferred on it by the National Health Service Act 2006 (as amended) and other associated legislation and regulations. As a result, I can confirm that the Integrated Care Board is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions.

Responsibility for each duty and power has been clearly allocated to a lead Director. Directorates have confirmed that their structures provide the necessary capability and capacity to undertake all of the Integrated Care Board's statutory duties.

1.36.6 Risk management arrangements and effectiveness

The Integrated Care Board has a robust internal control mechanism to allow it to prevent, manage and mitigate risks. The risk assessment section describes our approach to risk management and appetite for risk, explaining the key components of the internal control structure. Alongside the Integrated Care Board's governance framework, these arrangements underpin the ICB's ability to control risk through a combination of:

Prevention – the Integrated Care Board's structures, governance arrangements, policies, procedures, and training minimise the likelihood of risks materialising;

Deterrence – staff are made aware that failure to comply with key policies and procedures, such as the Standards of Business Conduct Policy or the Fraud, Bribery and Corruption Policy, will be taken seriously by the Integrated Care Board and could lead to disciplinary action, or dismissal;

Management of risk – once risks are identified, the arrangements for ongoing monitoring and reporting of progress through the Committee structure to the Integrated Care Board ensures appropriate action is taken to manage risks.

We are actively working on fostering a culture where the consideration of risk appetite is a key aspect of our risk management discussions.; we aim to ensure that the concept of risk appetite is consistently on the minds of all executives and risk owners. This approach helps to inform their decision-making and risk assessment processes, ensuring that risk appetite is considered in our overall risk management framework.

Regular Committee Meetings: Risk management is a standing agenda item at our committee meetings, both at the place and corporate levels. These meetings, which involve the Head of Risk, place leads, and executive directors, ensure that risk management is an integral part of our strategic discussions and decision-making processes.

Dynamic Risk Process: The involvement of senior leadership in regular risk discussions leads to a dynamic and responsive risk management process. This allows us to adapt quickly to new challenges and ensures that our risk management strategies are continuously updated and effective.

Additionally, our most recent internal audit included a small survey of 15 staff members. The survey results were positive, indicating a strong awareness of risk within the ICB and leadership's commitment to risk management. Furthermore, half of the respondents agreed that risk management is well embedded within the ICB.

We hold two public meetings a year, where our Board discusses key issues, including risk management. During these meetings, the Board Assurance Framework (BAF) risks are published and made available for public review. While we do not actively seek input from the public during these meetings, we ensure that all reporting is transparent and available for comment. This approach allows us to maintain openness and accountability, providing the public with the opportunity to understand and provide feedback on our risk management practices.

1.36.7 Capacity to Handle Risk

The Senior Management Team is responsible for oversight of the risk management process, its members review both risk registers and the Board Assurance Framework (BAF) as part of their business cycle, and the management of all Integrated Care Board corporate risks are overseen by an executive director. It evaluates the status of risks, identifies new risks, and monitors effectiveness of the Integrated Care Board’s board assurance and risk management control systems

The responsibilities of Directors and Committees are set out in sections 2 and 4.6 of the Constitution and sections 1.4 and 1.5 of the accompanying Scheme of Delegation, as well as the governance reporting lines. Timely and accurate information to assess risk and ensure compliance with the Integrated Care Board’s statutory obligations, is supported by the annual plan of committee work. The Board has rigorous oversight of the performance of the Integrated Care Board, via formal Board meetings, seminars and through assurances received from committees and audits.

The overall responsibility for the management of risk lies with the Accountable Officer. The Board collectively ensures that robust systems of internal control and management are in place. These arrangements, and the enhancements that have been made to them, are described in the Risk Assessment section of this report.

Risk management capacity continues to be developed across the Integrated Care Board. The statutory and mandatory training programme includes numerous elements relevant to risk management, including information governance, health and safety, fire safety, safeguarding adults and children and counter fraud. Staff have been invited, and attended a Risk Awareness workshop, conducted by the Head of Risk.

Board and Committee reporting arrangements prompt authors to consider that key aspects of risk have been reviewed.

1.36.8 Risk Assessment

The Senior Management Team is responsible for oversight of the risk management process. It evaluates the status of risks, identifies new risks, and monitors effectiveness of the Integrated Care Board's board assurance and risk management control systems.

The Audit Committee provides scrutiny and independent assurance to the ICB Board on the effectiveness of the Integrated Care Board's board assurance and risk management processes.

The Board reviews the content of the BAF twice a year as a means of assessing the current level of risk.

All other sub-commitments of the Board review those risks specific to their area and are made aware of significant changes to the risk register at each meeting.

Operational management of the BAF is provided by the Integrated Care Board's governance and corporate services team. Regular meetings are held with manager leads to review progress and performance of each of the priority areas and associated risks.

The BAF forms the basis for the Board to assess its position regarding achieving its corporate objectives. It uses principal risks to achieve those objectives as the foundation for assessment. It considers the current level of control alongside the level of assurance that can be placed against those controls.

The BAF has been created from two core areas of the Integrated Care Board's more detailed Corporate Risk Register:

- Risks with a significant residual score, for example, those that score 15 and above; and
- Those risks that we believe are either likely to be growing in significance or that we wish to flag to the Board as posing a risk to delivering essential areas of work.
- The Integrated Care Board views risk management as key to the successful delivery of its business and remains committed to ensuring staff are equipped to assess, manage, escalate and report risks. This ensures a comprehensive overview of all the risks affecting the organisation and facilitates decision making about those risks that need immediate treatment and those that the organisation can tolerate for a specified amount of time.
- The Integrated Care Board uses an NHS standard risk scoring matrix (CASU 2002) to determine the scales of impact and likelihood of adverse events. The scale is scored from 1-25 (with 1 being the least severe and 25 being the most). The risk will continue to be managed at director level with oversight by the committee relevant to the risk as well as oversight from the Audit and Risk Committee. This allows:
- The appropriate level of investigation and causal analysis to be conducted.

- Identification of the level at which the risk will be managed, the assigning of priorities for remedial action and determination of whether the risk will be accepted.

Using the residual risk rating (i.e., after controls are considered), in the most recent iteration of the BAF, there are seven risks of significant nature (significant risks are those on the risk register scored at 15 and above or deemed to be of a significant in nature to be included on the BAF):

RSK-001 Delivering access to care (NHS Constitution Standards.

RSK-011 Failure to modernise and fully utilise our estates.

RSK-014 Financial Sustainability.

RSK-025 Workforce capacity wellbeing and availability.

RSK-037 Urgent and Emergency Care.

RSK-087 System Quality Oversight.

RSK-149 Interruption to clinical and operational systems as a result of a cyber-attack.

All executives and relevant risk owners regularly access and review risks, including reviewing commentary, scoring, and the status of mitigations. Both BAF (Board Assurance Framework) risks and standard risks are discussed regularly to ensure they are managed effectively.

Risk changes are systematically tracked in our online risk system. Additionally, a quarterly report is presented to the Audit and Risk Committee, summarising any changes made to the BAF (Board Assurance Framework) risks. This report includes details of any significant activity and pertinent changes, ensuring that the committee is fully informed of the evolving risk landscape.

Significant changes and how they have been managed are highlighted and explained in these quarterly summaries.

Twice a year, prior to the Board meetings, all executives come together to review and discuss all BAF risks. This collective review provides a wider viewpoint and allows for comprehensive discussions on the management of these risks. This process ensures that there is a robust and dynamic approach to risk management, with input and oversight from multiple levels within the organisation.

By regularly reviewing and discussing these risks, we ensure that appropriate actions are taken to manage them and that outcomes are assessed based on the effectiveness of the mitigations implemented. This continuous review process helps to maintain an up-to-date and thorough understanding of the risk landscape within the ICB.

1.36.9 Other sources of assurance

Internal Control Framework

A system of internal control is the set of processes and procedures in place in the Integrated Care Board, to ensure it delivers its policies, aims and objectives. It is designed to identify and prioritise the risks, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control allows risk to be managed to a reasonable level rather than eliminating all risk; it can therefore only provide reasonable and not absolute assurance of effectiveness.

The Health and Care Act 2022 mandates that we oversee the management of conflicts of interest and publish our own Conflict of Interest (CoI) policy. This policy is a part of our governance handbook.

Feedback from local stakeholders, gathered by NHS England, indicated that nationally commissioned basic training could be beneficial in preventing unnecessary duplication across systems. In response to this, we have adopted the national e-learning modules that focus on managing conflicts of interest within the mandatory and statutory training framework of the ICB.

We are committed to engaging in the further development of additional guidance on conflicts of interest which will be done in consultation with the Chairs of ICBs, This approach ensures that the specific needs and context of the SWL ICB are taken into account.

Our governance structures are used to ensure effective oversight of operational and strategic decisions and compliance with the NHS regulatory environment. Details of the Board responsibilities and those of its committees are outlined above and described in further detail within the Constitution.

Ensuring effective risk management, financial management and compliance with statutory duties is high on the list of our priorities. We have implemented policies, systems and processes to reduce exposure in these areas and to ensure that we are legally compliant. Each committee and group oversees risks and policies relating to their area of responsibility. Clinicians and management work in partnership through the commissioning cycle, adding value and delivering outcomes, to ensure the procurement of quality services that are tailored to local needs and deliver sustainable outcomes and value for money.

The Integrated Care Board has established an effective organisational structure with clear lines of authority and accountability which guards against inappropriate decision making and delegation of authorities enabling the Integrated Care Board to meet its statutory duties and follow best practice guidelines. Work to ensure that we promote and demonstrate the principles and values of good governance and the review of governance related risks takes place at Senior Management Team meetings and assurance is provided by the Audit and Risk Committee to the Board with insight from Internal Audit. The Committee also ensures that, in non-financial and non-clinical areas that fall within the remit of its terms of reference, appropriate standards are set and compliance with them is monitored.

To ensure effectiveness of our governance framework and internal controls, the Chair and CEO attend our statutory committees to provide an independent assessment of their efficiency and compliance with their terms of reference. Where areas for improvement were noted, these were relayed to the committee Chairs and implemented. All committee terms of reference have been reviewed and updated to ensure their relevance.

Regular Board seminars are held to allow for deep dives into areas that cannot be fully developed during Board meetings. This ensures that Board members have a deeper understanding of issues and projects in SW London and can be more effective in their check and challenge of the ICB.

We have considered the effectiveness of our governance framework and processes and raised no significant concerns on governance related matters this year.

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of the Integrated Care Board, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively, and economically.

Internal audits conducted by RSMUK over the past few years have provided valuable insights into our risk processes and procedures. The two most recent audits resulted in the following assurances:

2024 – Reasonable Assurance

2023 – Substantial Assurance

The Board takes assurance from these audits, which indicate that the controls upon which the organisation relies to manage risk are suitably designed, consistently applied, and effective.

The system of internal control has been in place in the Integrated Care Board for the year ended 31 March 2024 and up to the date of approval of the annual report and accounts.

1.36.10 Data Quality

The Board regularly receives reports that cover financial, governance, compliance, performance and quality matters for the Integrated Care Board.

The Integrated Care Board has a business intelligence and performance function which monitors how local providers are performing against key performance indicators. This information is reported to the Board on a regular basis.

The data contained in the reports is subject to significant scrutiny and review, both by management and by Integrated Care Board committees. The quality of information received to direct decision making is also assured through South West London Business Intelligence and Analytics function. The Board is confident that the information it is presented with has been through appropriate review and scrutiny, and that it continues to develop with organisational needs.

1.36.11 Information Governance

The NHS Information Governance Framework sets the processes and procedures by which the NHS handles information about patients and employees, in particular personal identifiable information. The NHS Information Governance Framework is supported by an information governance toolkit and the annual submission process provides assurances to the Integrated Care Board, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively.

The NHS Information Governance Framework sets the processes and procedures by which NHS organisations handle data and information on patients and employees, in particular personal identifiable and sensitive personal information. The NHS Information Governance Framework is supported by a Data Security and Protection Toolkit (DSPT) and the annual submission process provides assurances to the Integrated Care Board, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively.

The Integrated Care Board is due to submit its DSPT in June 2024. South West London ICB previously published its DSPT in June 2023 to 'Standards Met'.

We place high importance on ensuring there are robust information governance systems and processes in place to help protect both patient and corporate information. We have established an information governance management framework and have developed robust information governance processes and procedures in line with the Data Security and Protection Toolkit. We ensure all staff and interim contractors undertake mandatory annual information governance training to ensure staff are aware of their information governance roles and responsibilities in line with the implementation of our information governance framework.

There are processes in place for the reporting and investigation of information governance breaches or suspected breaches. We have a developed and implemented information risk assessment and management procedures which is regularly reviewed via our information governance steering group chaired by our SIRO.

1.36.12 Business Critical Models

In line with best practice recommendations of the 2013 MacPherson review into the quality assurance of analytical models, we confirm that an appropriate framework and environment is in place to provide quality assurance of business critical models.

1.36.13 Third party assurances

The Integrated Care Board relies on a number of third-party providers (such as NHS SBS and NHS BSA) to provide a range of transactional processing services ranging from finance to data processing. Our requirements for the assurance provided by these organisations are reviewed every year. Appropriate formal assurances are obtained to supplement routine customer/supplier performance oversight arrangements.

Service Auditor Reports (SARs) are procured to provide assurance to organisations that depend on their systems and processes. These reports are typically received at the conclusion of the fiscal year.

However, it should be noted that many of these arrangements are facilitated through a third party, such as NHS England, thus the Integrated Care Board (ICB) does not possess the authority to exert influence.

We conduct thorough checks to identify if there are any control weaknesses and assess whether the ICB has been directly affected by these weaknesses. To date, we have not identified any such impact on the ICB from all the SARs received.

All SARs are presented to the Audit Committee, with the following actions undertaken:

- Acknowledgement of the reports, including any direct impact on the ICB due to control failures,
- Identification of weaknesses as per the report,
- Establishment of mitigations and/or actions being implemented to address these issues.

1.36.14 Control Issues

NHS South West London Integrated Care Board received services from a number of external providers and at the end of the year received a service auditor report from each of these:

- NHS Business Services Authority (BSA) - Electronic Staff Record (ESR) -Type II ISAE 3000 Controls Report
- Transformation Directorate within NHS England (previously NHS Digital) - Extraction and Processing of General Practitioner Data Services in England -Type II ISAE 3000
- NHS Business Services Authority (BSA) - Prescription Payments Process -Type II ISAE 3402
- Capita Business Services Limited - Primary Care Support England - Type II ISAE 3402
- NHS England South, Central and West Commissioning Support Unit - Calculating Quality Reporting Service (CQRS) National - Type II ISAE 3402
- NHS North of England Commissioning Support Unit – Payroll Services - Type II ISAE 3402

- NHS Shared Business Services Limited (SBS) – Finance and Accounting Services - Type II ISAE 3402

Where exceptions have been raised in these, we consider the impact on the Integrated Care Board and if appropriate add local controls to mitigate the impact of any weaknesses identified. We have shared these Service Auditor Reports with Internal Audit who do not consider there are any issues sufficiently significant to alter their view of the controls as designed and operating at the Integrated Care Board.

1.36.15 Review of economy, efficiency & effectiveness of the use of resources

The Integrated Care Board, through its meetings, retains primary oversight of the appropriateness of arrangements in place within the organisation to exercise its functions in an effective, economic and efficient manner. The Accountable Officer for the Integrated Care Board retains overall executive responsibility for the use of our resources.

The organisation has a number of key processes and internal mechanisms that provide assurance that we are operating within our statutory authority:

- Within our constitution there are clearly defined standards for conducting business, Standing Orders, Scheme of Reservation and Delegation along with Prime Financial Policies that ensure the effective management and protection of assets and public funds.
- Key policies are in operation in respect of contract management and procurement that ensure effective operational and financial performance whilst ensuring we operate within regulatory frameworks and reduce the likelihood and impact of risk.
- There is a clearly defined process for the consideration of business cases and saving opportunities to ensure transparency and value for money is upheld. A “No Purchase Order No Pay” policy has been introduced to tighten controls on expenditure and improve the efficiency of our procurement processes.
- The Contracts and Procurement Group evaluates the robustness of proposed business cases before these are then considered by the Finance and Planning Committee.
- The Quality and Oversight Committee is accountable for overseeing a robust, organisation-wide system of quality and performance.
- The Finance and Planning Committee ensures that the finances of the Integrated Care Board are scrutinised to ensure budgets are managed in an appropriate and timely manner. It receives regular finance reports and provides scrutiny and oversight of financial planning, management costs, and financial performance and will ensure that the Board is fully aware of any financial risks which may materialise throughout the year. It works alongside the Audit and Risk Committee to ensure financial probity in the organisation.
- These committees have on behalf of the Integrated Care Board, an overview of all aspects of finances (including capital spend and cash management).

1.36.16 Delegation of functions

To enable effective decision making, the Integrated Care Board operated under its Scheme of Reservation and Delegation (SoRD), as agreed by the Board, which sets out how and where decisions are taken. The SoRD specified which functions are reserved to the Board, and which functions have been delegated to an individual, committee or other group. The Integrated Care Board has an effective Governance Framework which supports and enables the Board to comply with its statutory functions and duties.

As noted in the Member Profiles, (Board members - NHS South West London Integrated Care Board (icb.nhs.uk), the Board is constituted from a broad range of organisations from within South West London, either as full members, participants or observers of the Board. The Board was appointed in line with NHS England guidance and ensures we have a broad range of experience and expertise helping us to deliver an effective decision-making process.

In South West London, we have six ICS Places: Croydon, Kingston, Merton, Richmond, Sutton, and Wandsworth which are co-terminus with the respective six Local Authorities. Our 'Places', allow the Integrated Care Board to join up and co-ordinate the development and delivery of services according to the needs of their local populations. The Senior Management Team (SMT) has oversight and assurance on the productivity of all Delivery, Programme and Transformation Boards, including deployment of funding initiatives.

Regular engagement is undertaken at place level and a quarterly report is received by SMT to demonstrate the difference made for local people and communities in areas such as:

- Demand management and pressures
- Infrastructure and relationships
- Health inequalities and community outreach
- Primary care and Primary Care Networks (PCNs)
- Prevention and early intervention
- Horizon scanning and issues management
- Service improvement and change.

Each Place discharges its duties in accordance with the Integrated Care Board's SoRD, and as such a robust model of governance has been developed to ensure clear and transparent decision-making at Place level which support the overall delivery of the Integrated Care Board's statutory responsibilities.

1.36.17 Counter fraud arrangements

Counter fraud arrangements are in place in the Integrated Care Board to ensure compliance with standards set by the NHS Counter Fraud Authority Standards for Commissioners: Fraud, Bribery and Corruption.

- An accredited Local Counter Fraud Specialist (LCFS) is contracted to undertake counter fraud work proportionate to identified risks.
- The Integrated Care Board's Audit and Risk Committee receives progress reports throughout the year and an annual report against each of the standards for commissioners.
- There is executive support and direction for a proportionate proactive work plan to address identified risks.
- Regular fraud related communications are shared with Integrated Care Board staff and training is delivered to all staff.
- The LCFS meets with the Director of Finance and Internal Audit to agree tasks to be undertaken as part of the workplan.
- The LCFS also has regular liaison with the Director of Finance to discuss any concerns that come to light throughout the year.

- A member of the Executive Team (the Chief Finance Officer) is proactively and demonstrably responsible for tackling fraud, bribery and corruption.

There have been no assessments from the NHS Counter Fraud Authority, but should one occur an action plan would be taken forward following any recommendation made.

1.37 Head of Internal Audit Opinion

Following completion of the planned audit work for the period 1 April 2023 to 31 March 2024 for the ICB, the Head of Internal Audit issued an independent and objective opinion on the adequacy and effectiveness of the ICB's system of risk management, governance and internal control. The Head of Internal Audit conclusions follow.

1.37.1 Head of Internal Audit Opinion

The organisation has an adequate and effective framework for risk management, governance and internal control.

However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective.

1.37.2 Scope and limitations of our work

The formation of our draft opinion is achieved through a risk-based plan of work, agreed with management and approved by the audit committee. Our draft opinion is subject to inherent limitations, as detailed below:

- internal audit has not reviewed all risks and assurances relating to the organisation;
- the opinion is substantially derived from the conduct of risk-based plans generated from a robust and organisation-led assurance framework. The assurance framework is one component that the board takes into account in making its annual governance statement (AGS);
- the opinion is based on the findings and conclusions from the work undertaken, the scope of which has been agreed with management
- where strong levels of control have been identified, there are still instances where these may not always be effective. This may be due to human error, incorrect management judgement, management override, controls being by-passed or a reduction in compliance;
- due to the limited scope of our audits, there may be weaknesses in the control system which we are not aware of, or which were not brought to our attention; and
- it remains management's responsibility to develop and maintain a sound system of risk management, internal control and governance, and for the prevention and detection of material errors, loss or fraud. The work of internal audit should not be seen as a substitute for management's responsibilities around the design and effective operation of these systems

1.37.3 Factors and findings which have informed our draft opinion

Based on the work undertaken in 2023/24 there is a generally sound system of internal control, designed to meet the

ICB's objectives, and controls are generally being applied consistently. We have provided either reasonable or substantial level of assurance in the areas detailed below:

Assignment	Opinion issued
Individual Funding Requests	Substantial Assurance
Cyber Incident Response & Risk Management	Substantial Assurance
Virtual Wards	Reasonable Assurance
Primary Care Transformation – Additional Roles & Responsibilities	Reasonable Assurance
Financial Sustainability – Detailed follow up on HFMA checklist	Reasonable Assurance
Risk Management – Place – Draft Report	Reasonable Assurance
Continuing Healthcare	Partial Assurance

In the audits shown as providing Substantial and Reasonable assurance we have identified some areas where enhancements are required and in each of these cases management actions have been agreed, the implementation of which will improve the control environment.

In addition, we have issued one 'partial' assurance opinion report in 2023/24 relating to Continuing Healthcare. This means the board can take partial assurance that the controls upon which the organisation relies to manage this area are suitably designed, consistently applied or effective. Action is needed to strengthen the control framework to manage the identified risks.

Further details are provided below.

Continuing Healthcare

Whilst the review found many areas of a well-designed and compliant control framework, we identified that there is absent or delayed completion of Decision Support Tools, Individual Service User Placement Agreements and overarching contracts. It was noted for the three month and annual reviews that whilst a system performance was close to the required standard in Q4, particularly in Kingston and Richmond, there is a need for sustained focus and action to be addressed to ensure the ICB remain compliant with NHSE standards. The ICB SMT have recognised this issue and have progressed a series of discussions with the two community providers in Kingston and Richmond regarding the future model of service delivery for Continuing Healthcare services. The ICB senior management team have approved a proposal to serve notice on this aspect of the contract between SWL ICB and Hounslow and Richmond Community Trust for both the Kingston and Richmond CHC service.

Furthermore, following the structural changes, the ICB has gone through, it is required that updates be made to the Operational Policy so that it reflects current practices. We found the All Age Continuing Health Care Transformation Programme Risk Register has not been fully populated with risk owners. Some actions were missing as well as due dates which can increase the likelihood of the risks not being managed or escalated effectively. Furthermore, the Recovery Plan for Kingston and Richmond had not been updated with revised due dates and therefore the timeline for implementation of the actions is unclear. The risk priority of some of these actions is 'critical' and therefore there is a risk that not having a clear date of implementation will cause further delays.

From a financial performance perspective South West London ICB was the best performing ICB in London in 2023/24, being the only ICB to achieve a surplus. In addition, the ICB performance across the year on CHC 28 day KPI has steadily improved from a QTR 2 position of 59% to QTR 4 position of 74%, but this is still short of the required standard of 80%. However, there still remain a number of challenges around control , identified throughout the report which will need to be remedied.

1.37.4 Topics judged relevant for consideration as part of the annual governance statement

Based on the work we have undertaken on the South West London ICB's internal control environment, management should consider whether the issues raised in our Continuing Healthcare audit should be included within its Annual Governance Statement, given the Partial Assurance opinion. No other issues have been identified for inclusion.

1.37.5 Service Auditor reports

In forming our opinion we have placed direct reliance on following assurance providers.

NHS Shared Business Service ISAE 3402

In forming our opinion, we reviewed the Service Auditor Report from the internal auditors of NHS Shared Business Services who provide financial transactional services to the Trust. An unqualified opinion from PwC was assigned that "the control objectives stated were achieved and operated effectively throughout the period 1 April 2023 to 31 March 2024". Although there were two exceptions noted around documenting of client requests to remove invoice holds and maintenance of email communication sent to the client with the results of reconciliations.

NHS Business Services Authority: Prescription Payments Process - Type II ISAE 3402

We reviewed the Service Auditor Report from the internal auditors for the NHS Business Services Authority for Prescriptions Payments Process for the period 1 April 2023 to 31 March 2024. No exceptions were noted.

NHS Business Service Authority: Dental Payment Process – Type II ISAE 3402

We reviewed the Service Auditor Report from the internal auditors for the NHS Business Services Authority for Dental Payments Process for the period 1 April 2023 to 31 March 2024. No exceptions were noted.

Primary Care Support England - Capita Type II ISAE 3402

Capita provide a range of payment and pensions administration services under the PCSE contract. Within the scope of our work, a qualified opinion was issued in relation to one control objectives during the period 1 April 2023 to 31 March 2024. This was in relation to the objective 'Controls provide reasonable assurance that logical access by internal Capita staff and GPs to NHAIS and PCSE Online is restricted to authorised individuals.'

ESR –Type II ISAE 300

In forming our opinion, we also reviewed the Service Auditor Report from the internal auditors of the Electronic Staff Record Programme for the period 1 April 2023 to 31 March 2024. No exceptions were noted.

1.37.6 Review of the effectiveness of governance, risk management and internal control

My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, executive managers and clinical leads within the Integrated Care Board who have responsibility for the development and maintenance of the internal control framework. I have drawn on

performance information available to me. My review is also informed by comments made by the external auditors in their annual audit letter and other reports.

Our assurance framework provides me with evidence that the effectiveness of controls that manage risks to the Integrated Care Board achieving its principles objectives have been reviewed.

I have been advised on the implications of the result of this review by:

- The Board
- The Audit and Risk committee
- Finance and Planning committee,
- Quality and Oversight committee
- Internal audit

The role and conclusions of each were captured within the reports of the assurance committees to the Board.

1.37.7 Conclusion

No significant control issues have been identified at NHS South West London Integrated Care Board during 2023/2024.

Sarah Blow

Chief Executive Officer

NHS South West London Integrated Care Board

South West London Integrated Care System

19 June 2024

1.38 Remuneration report

1.38.1 Remuneration Committee

A summary of the duties and the membership of the remuneration committee is included within the governance section of the Annual Report.

1.38.2 Policy on the remuneration of senior managers

Remuneration for members, including the Accountable Officer and Chief Finance Officer, is determined on the basis of reports to the Remuneration Committee, taking into account national guidance on pay rates, any independent evaluation of each post and national and market rates.

1.38.3 Remuneration of Very Senior Managers – Audited

The ICB has six directors on a VSM grade who is paid more than £150,000 per annum. Their remuneration takes into account national guidance on pay rates, an independent evaluation of their post and national and market rates.

1.38.4 Senior manager remuneration (including salary and pension entitlements) 2023/24

The table below discloses salaries and allowances paid by the ICB to Directors of significant influence.

Percentage change in remuneration of highest paid director

	Salary and allowances	**Performance pay and bonuses**
The percentage change from the previous financial year in respect of the highest paid director	4.0%	N/A
The average percentage change from the previous financial year in respect of employees of South West London ICB, taken as a whole	-0.9%	N/A

The calculation above in respect of employees of South West London ICB includes both permanent and interim staff, with their salary calculated on an annualised basis as a full time equivalent employee.

1.38.5 Fair pay disclosure – Audited

Reporting bodies are required to disclose the relationship between the total remuneration of the highest-paid director / member in their organisation against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce. Total remuneration of the employee at the 25th percentile, median and 75th percentile is further broken down to disclose the salary component.

The midpoint of the banded remuneration of the highest paid director (annualised) in SWL ICB in the reporting period 1st April to 31st March 2024 (prior year is for 9 months only (1 July 2022 to 31 March 2023)) is shown below:

	2023/24	2022/23
Midpoint of band of highest paid director	£237,500	£227,500

The following table shows the 25th percentile, median and 75th percentile of total remuneration (excluding pension benefits), expressed as amounts, for the reporting entity's staff (based on annualised full-time equivalent remuneration of all staff (including temporary and agency staff) as at the reporting date.

2023/24	**25th percentile**	**Median pay ratio**	**75th percentile pay ratio**
Total remuneration (£)	£44,847	£60,615	£86,538
Salary component of total remuneration (£)	£44,847	£60,615	£86,538

2022/23	**25th percentile**	**Median pay ratio**	**75th percentile pay ratio**
Total remuneration (£)	£46,355	£60,333	£87,266
Salary component of total remuneration (£)	£46,355	£60,333	£87,266

The relationship to the remuneration of the organisation's workforce is disclosed in the table below, which shows the ratios of staff remuneration against the remuneration of the highest paid director.

Year	**25th percentile pay ratio**	**Median pay ratio**	**75th percentile pay ratio**
2023/24	5.30	3.92	2.74
2022/23	4.91	3.77	2.61

The following table shows the average salary per full time equivalent employee

	2023/24	2022/23
	£000s	£000s
Total salary and allowances for all employees on an annualised basis, excluding the highest paid director	76,330	77,557
FTE number of employees (also excluding the highest paid director)	711	719
Average salary per FTE	107	108

The 2022/23 comparator has been restated to be based on annualised 12 month basis rather than the 9 month period July 2022 to March 2023 previously disclosed.

During the reporting period 2023/24, no employees received remuneration in excess of the highest-paid director/member (Annualised remuneration ranged from £4k to £208k)

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

1.38.6 Senior manager remuneration (including salary and pension entitlements) - Audited

1 April 2023 to 31 March 2024

Senior manager	(a) Salary (bands of £5,000) £000'	(b) Expense payments (taxable) to nearest £100**	(c) Performance pay and bonuses (bands of £5,000) £000'	(d) Long term performance pay and bonuses (bands of £5,000) £000'	(e) All pension-related benefits (bands of £2,500) £000'	(f) TOTAL (bands of £5,000) £000'
Dr Nicola Jones - Partner Member, Primary Medical Services (Wandsworth GP)	135 to 140	N/A	N/A	N/A	N/A	135 to 140
Matthew Kershaw - Place Member, Croydon (Chief Executive Officer and Place Based Leader for Health Croydon Healthcare Services NHS Trust)	120 to 125	N/A	10 to 15	N/A	N/A	130 to 135

Dr Annette Pautz - Place Member, Kingston (Kingston GP)	80 to 85	N/A	N/A	N/A	N/A	80 to 85
Mark Creelman - Place Member, Wandsworth (Executive Locality Lead, Merton, and Wandsworth)	140 to 145	N/A	N/A	N/A	37.5 to 40	185 to 190
Sarah Blow - Chief Executive Officer, SWL ICB	235 to 240	N/A	N/A	N/A	N/A	235 to 240
Karen Broughton - Deputy CEO / Director of People & Transformation, SWL ICB	170 to 175	N/A	N/A	N/A	0	170 to 175
Helen Jameson - Chief Finance Officer, SWL ICB	175 to 180	N/A	N/A	N/A	N/A	175 to 180
Dr Gloria Rowland - Chief Nursing and Allied Health Professional / Director for Patient Outcomes, SWL ICB, April 23 only	10 to 15	N/A	N/A	N/A	0	10 to 15
Elaine Clancy - Chief Nursing Officer, SWL ICB, from July 23	115 to 120	N/A	N/A	N/A	0	115 to 120
Dr John Byrne - Executive Medical Director, SWL ICB	205 to 210	N/A	N/A	N/A	N/A	205 to 210
Jonathan Bates - Chief Operating Officer, SWL ICB	150 to 155	N/A	N/A	N/A	0	150 to 155
Charlotte Gawne - Executive Director of Stakeholder and Partnership Engagement and Communications, SWL ICB	150 to 155	N/A	N/A	N/A	0	150 to 155
Mike Bell - Chair, Non-Executive Member, SWL ICB, from 1st May 2023	55 to 60	N/A	N/A	N/A	N/A	55 to 60
Ruth Bailey - Non-Executive Member, SWL ICB	20 to 25	N/A	N/A	N/A	N/A	20 to 25
Mercy Jeyasingham - Non-Executive Member, SWL ICB	15 to 20	N/A	N/A	N/A	N/A	15 to 20
Dick Sorabji - Non-Executive Member, SWL ICB	15 to 20	N/A	N/A	N/A	N/A	15 to 20
James Blythe - Place Member, Sutton (Managing Director Epsom & St Helier NHS Trust) (Note 3)	N/A	N/A	N/A	N/A	N/A	N/A
Ian Dodds - Place Member, Richmond (Director of Children Services Royal Borough of Kingston upon Thames & London Borough of Richmond upon Thames) (Note 3)	N/A	N/A	N/A	N/A	N/A	N/A
Cllr Ruth Dombey - Partner Member, Local Authorities (Leader of the Council, London Borough of Sutton) (Note 3)	N/A	N/A	N/A	N/A	N/A	N/A
Jo Farrar - 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) (Note 3)	N/A	N/A	N/A	N/A	N/A	N/A

Vanessa Ford - Partner Member, Mental Health Services (Chief Executive Officer, South West London & St. George's Mental Health NHS Trust) (Note 3)	N/A	N/A	N/A	N/A	N/A	N/A
Dame Cally Palmer - Partner Member, Specialised Services (Chief Executive Officer, The Royal Marsden NHS Foundation Trust) (Note 3)	N/A	N/A	N/A	N/A	N/A	N/A
Jacqueline Totterdell - Partner Member, Acute Services (Group Chief Executive Officer St George's, Epsom and St Helier University Hospitals and Health Group) (Note 3)	N/A	N/A	N/A	N/A	N/A	N/A
Dr Dagmar Zeuner - Place Member, Merton (Director of Public Health, London Borough of Merton) to 14/06/2023 (Note 3)	N/A	N/A	N/A	N/A	N/A	N/A
Mike Jackson - Participant, Local Authorities (Joint Chief Executive Richmond upon Thames & Wandsworth Council) (Note 3)	N/A	N/A	N/A	N/A	N/A	N/A
Martin Spencer - Non-Executive Member, SWL ICB	15 to 20	N/A	N/A	N/A	N/A	15 to 20

Notes

1. Matthew Kershaw is the Place Based Leader for Health Croydon and is on the payroll of Croydon Health Services NHS Trust, his total annual salary is in the range of £235k-£240k. NHS South West London is responsible for 50% of his costs.
2. Senior managers who received nil pension-related benefits either have opted out or are not eligible for the pension scheme.
3. These board members were seconded into the ICB at no cost to the organisation.

1 July 2022 to 31 March 2023

Senior manager	(a) Salary (bands of £5,000) £000'	(b) Expense payments (taxable) to nearest £100**	(c) Performance pay and bonuses (bands of £5,000) £000'	(d) Long term performance pay and bonuses (bands of £5,000) £000'	(e) All pension-related benefits (bands of £2,500) £000'	(f) TOTAL (bands of £5,000) £000'
Dr Nicola Jones - Partner Member, Primary Medical Services (Wandsworth GP)	100 to 105	N/A	N/A	N/A	N/A	100 to 105
Matthew Kershaw - Place Member, Croydon (Chief Executive Officer and Place Base Leader for Health Croydon Healthcare Services NHS Trust)	85 to 90	N/A	5 to 10	N/A	N/A	95 to 100
Dr Annette Pautz - Place Member, Kingston (Kingston GP)	70 to 75	N/A	N/A	N/A	N/A	70 to 75
Mark Creelman - Place Member, Wandsworth (Executive Locality Lead, Merton, and Wandsworth)	105 to 110	900	N/A	N/A	40 to 42.5	145 to 150

Sarah Blow - Chief Executive Officer, SWL ICB	170 to 175	N/A	N/A	N/A	N/A	170 to 175
Karen Broughton - Deputy CEO / Director of People & Transformation, SWL ICB	120 to 125	N/A	N/A	N/A	105 to 107.5	225 to 230
Helen Jameson - Chief Finance Officer, SWL ICB	115 to 120	N/A	N/A	N/A	107.5 to 110	225 to 230
Dr Gloria Rowland - Chief Nursing and Allied Health Professional / Director for Patient Outcomes, SWL ICB	110 to 115	N/A	N/A	N/A	105 to 107.5	215 to 220
Dr John Byrne - Executive Medical Director, SWL ICB	145 to 150	N/A	N/A	N/A	25 to 27.5	170 to 175
Jonathan Bates - Chief Operating Officer, SWL ICB	110 to 115	N/A	N/A	N/A	122.5 to 125	235 to 240
Charlotte Gawne - Executive Director of Stakeholder and Partnership Engagement and Communications, SWL ICB	110 to 115	N/A	N/A	N/A	112.5 to 115	220 to 225
Millie Banerjee - Chair, Non-Executive Member, SWL ICB (from 01/07/22 to 18/08/22)	5 to 10	N/A	N/A	N/A	N/A	5 to 10

Notes

1. Matthew Kershaw is the Place Based Leader for Health Croydon and is on the payroll of Croydon Health Services NHS Trust, his total annual salary is in the range of £230k-£235k. NHS South West London is responsible for 50% of his costs.

1.38.7 Pension benefits – audited

Where the ICB contributed to pension schemes for senior managers, the benefits are shown in the tables below:

Name and Title	(a) Real increase in pension at pension age (bands of £2,500) £000	(b) Real increase in pension lump sum at pension age (bands of £2,500) £000	(c) Total accrued pension at pension age at 31 March 2024 (bands of £5,000) £000	(d) Lump sum at pension age related to accrued pension at 31 March 2024 (bands of £5,000) £000	(e) Cash Equivalent Transfer Value at 31 March 2023 £000	(f) Real Increase in Cash Equivalent Transfer Value £000	(g) Cash Equivalent Transfer Value at 31 March 2024 £000	(h) Employers Contribution to partnership pension £000
Gloria Rowland - Chief Nursing and Allied Health Professional / Director for Patient Outcomes, SWL ICB	0	30 to 32.5	35 to 40	105 to 110	633	140	839	2

Sarah Blow - Chief Executive Officer, SWL ICB	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Dr John Byrne - Executive Medical Director, SWL ICB	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Helen Jameson - Chief Finance Officer, SWL ICB	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Karen Broughton - Deputy CEO / Director of People & Transformation, SWL ICB	0	37.5 to 40	55 to 60	150 to 155	1,049	160	1,339	24
Jonathan Bates - Chief Operating Officer, SWL ICB	0	32.5 to 35	55 to 60	160 to 165	1,031	178	1,334	22
Charlotte Gawne - Executive Director of Stakeholder and Partnership Engagement and Communications, SWL ICB	0	35 to 37.5	50 to 55	135 to 140	872	173	1,154	22
Elaine Clancy - Chief Nursing Officer, SWL ICB	0	15 to 17.5	50 to 55	150 to 155	1,034	95	1,280	17
Mark Creelman - Locality Executive Director Merton and Wandsworth	2.5 to 5	0	30 to 35	0	356	77	489	21

Notes

1. The Chief Executive Officer, Executive Medical Director and Chief Finance Officer were not members of the pension scheme during this period and as the ICB has not made any contributions into it, there are no figures to disclose.

1.38.8 Cash equivalent transfer values – Audited

A cash equivalent transfer value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme.

A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

The benefits and related CETVs do not allow for a potential adjustment arising from the McCloud judgement (a legal case concerning age discrimination over the manner in which UK public service pension schemes introduced a CARE benefit design in 2015 for all but the oldest members who retained a final salary design).

1.38.9 Real increase in CETV

This reflects the increase in CETV that is funded by the employer. It does not include the increase in accrued pension due to inflation or contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement).

1.38.10 Compensation on early retirement of for loss of office

There were no payments for early retirement or loss of office.

1.38.11 Payments to past directors – Audited

There were no payments to past directors.

1.39 Staff report

1.39.1 Number of senior managers

Pay Band	Employee Headcount	FTE	Basic Annual Pay
Band 9	21	20.7	£2,274,038
VSM	13	12.8	£2,023,373
Grand Total	34	33.5	£4,297,411

1.39.2 Staff numbers and costs – Audited

	Permanently employed staff		Other staff (agency)		Total	
Category	**Cost, £000**	**Average WTE**	**Cost, £000**	**Average WTE**	**Cost, £000**	**Average WTE**
Add Prof Scientific and Technic	4,351	50.2	58	0.6	4,409	51.1
Administrative and Clerical	44,365	517.4	8,609	72.8	52,974	590.2
Allied Health Professionals	69	1.0	133	0.9	202	1.9

Medical and Dental	1,481	7.2	0	0	1,481	7.2
Nursing and Midwifery Registered	3,325	37.7	2,889	26.1	6,214	63.8
Total	**53,591**	**613.5**	**11,688**	**100.7**	**65,279**	**714.1**

The above table does not include any termination benefits included in the employee benefits and staff numbers note in the annual accounts.

1.39.3 Staff composition

Disability

Disability flag	Headcount	%	FTE
No	591	81.7	520.46
Not declared	69	9.5	44.49
Prefer not to answer	14	1.9	12.87
Unspecified	3	0.4	0.4
Yes	46	6.4	42.46
Grand Total	**723**	**100.0**	**620.67**

Gender

Gender	Headcount	%	FTE
Female	498	68.9	430.86
Male	225	31.1	189.82
Grand Total	**723**	**100.0**	**620.67**

Sexual Orientation

Sexual Orientation	Headcount	%	FTE
Bisexual	6	0.83	6
Gay or lesbian	22	3.04	21.60
Heterosexual or straight	558	77.18	501.35
Not disclosed	125	17.29	85.76
Other sexual orientation not listed	2	0.28	2.00
Undecided	4	0.55	3.00
Unspecified	6	0.83	0.97
Grand Total	**723**	**100.00**	**620.67**

Employee Category (full or part time)

Employee Category	Headcount	%	FTE
Full Time	529	73.17	529.00
Part Time	194	26.83	91.67
Grand Total	**723**	**100.00**	**620.67**

Ethnicity

Ethnic Group	Headcount	%	FTE
A White - British	297	41.08%	256.10
B White - Irish	24	3.32%	19.60
C White - Any other White background	59	8.16%	52.39
C2 White Northern Irish	1	0.14%	0.10
CA White English	4	0.55%	3.00
CB White Scottish	1	0.14%	1.00
CP White Polish	1	0.14%	1.00
CY White Other European	4	0.55%	3.30
D Mixed - White & Black Caribbean	5	0.69%	4.05
E Mixed - White & Black African	4	0.55%	3.80
F Mixed - White & Asian	2	0.28%	2.00
G Mixed - Any other mixed background	13	1.80%	11.70
GF Mixed - Other/Unspecified	2	0.28%	0.70
H Asian or Asian British - Indian	74	10.24%	64.60
J Asian or Asian British - Pakistani	15	2.07%	13.10
K Asian or Asian British - Bangladeshi	7	0.97%	7.00
L Asian or Asian British - Any other Asian background	19	2.63%	14.70
LE Asian Sri Lankan	4	0.55%	1.70
LF Asian Tamil	1	0.14%	0.40
LH Asian British	2	0.28%	2.00
LJ Asian Caribbean	1	0.14%	1.00
LK Asian Unspecified	2	0.28%	1.30
M Black or Black British - Caribbean	24	3.32%	23.50
N Black or Black British - African	54	7.47%	53.80
P Black or Black British - Any other Black background	2	0.28%	2.00
PB Black Mixed	1	0.14%	1.00
PC Black Nigerian	1	0.14%	1.00
PD Black British	4	0.55%	3.60
PE Black Unspecified	1	0.14%	0.90
R Chinese	15	2.07%	13.60
S Any Other Ethnic Group	17	2.35%	16.50
SC Filipino	1	0.14%	1.00
SD Malaysian	1	0.14%	1.00
Unspecified	1	0.14%	0.07
Z Not Stated	59	8.16%	38.17
Grand Total	**723**	**100.00%**	**620.67**

Religion

Religious Belief	Headcount	%	FTE
Atheism	109	15.08	101.65
Buddhism	3	0.41	2.91
Christianity	250	34.58	225.69
Hinduism	46	6.36	38.92
Islam	44	6.09	39.33
Jainism	1	0.14	0.6
Judaism	2	0.28	1.10
Not Disclosed	204	28.22	157.37
Other	39	5.39	35.60
Sikhism	19	2.63	16.54
Unspecified	6	0.83	0.97
Grand Total	**723**	**100.00**	**620.67**

Age Band

Age Band	Headcount	%	FTE
<=20 Years	2	0.28	2.00
21-25	5	0.69	5.00
26-30	43	5.95	43.20
31-35	64	8.85	59.71
36-40	89	12.31	79.13
41-45	108	14.94	91.63
46-50	121	16.74	100.61
51-55	101	13.97	89.08
56-60	112	15.49	95.83
61-65	54	7.47	41.47
66-70	18	2.49	11.18
71 and above	6	0.83	1.82
Grand Total	**723**	**100.00**	**620.67**

Marital Status

Marital Status	Headcount	%	FTE
Civil partnership	10	1.38	9.80
Divorced	29	4.01	26.14
Legally separated	6	0.83	5.93
Married	345	47.72	282.21
Single	202	27.94	192.98
Unknown	114	15.77	94.78
Unspecified	14	1.94	6.72
Widowed	3	0.41	2.10
Grand Total	**723**	**100.00**	**620.67**

1.39.4 Sickness absence data

Our sickness absence percentage rate is presented regularly to the ICB in the form of workforce reports. Individual sickness absence cases are managed by the line manager with advice and support from HR.

An occupational health service is available to provide professional clinical advice to line managers within the ICB.

We also have access to an employee assistance programme which offers confidential access to emotional and practical support, including legal and financial advice.

Number of days lost in year	6,319
Total staff years	633
Average working days lost in year	6.2

Note that total staff years represents the number of potential worked days across whole of permanent workforce.

1.39.5 Staff turnover percentages

The annual average full time equivalent staff turnover rate for 2023/24 was 15.2%. The equivalent figure for the 9 months from 1 July 2022 to 31 March 2023 was 16.57% .

1.39.6 Staff communications and engagement

Staff communications and engagement remains a top priority as we support our staff through the Management Costs Savings programme while continuing to deliver services to support local people.

We do this by providing clear and effective communications, including:

- online all staff briefings led by our Chief Executive Officer, who shares and discusses the latest NHS and South West London priorities.
- monthly Team Talk meetings led by executive directors who discuss organisational news and updates and celebrate our achievements.
- support to line managers to ensure they are equipped to support their staff during the management cost savings process.
- a daily email bulletin which provides operational, news, events and wellbeing updates.
- an intranet where staff can find all the latest news and updates, policies and procedures, learning and development opportunities, and health and wellbeing support.
- Community Office Days that bring staff together in person once a month to connect, collaborate, and make the most of the office environment.

- staff networks that bring staff together to talk and share ideas and suggestions about what matters most to us at work such as health and wellbeing, the green agenda, and our ways of working.
- staff stories that celebrate our diverse workforce and an opportunity to learn about our cultures and traditions that are important to us.

1.39.7 NHS Staff Survey

NHS South West London commissioned Picker Institute Europe to run a National Staff Survey for us locally during September and October 2023. The ICB had a score of 6.5 for staff engagement, which was slightly lower than our 2022 score of 6.8. For comparison, the average ICB score across the country was 6.6.

A total of 407 took part in the survey, giving a response rate of 56%. We are grateful to everyone who completed the survey as this provides us with rich data to inform further improvements to staff experience.

The results of the survey were published in March 2024. We are pleased to see some improvements, however, there are several areas where we need to act.

Where we're doing well

Most improved scores	2023	2022
q4c. Satisfied with level of pay	46%	38%
q10c. Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	27%	20%
q7a. Team members have a set of shared objectives	68%	63%
q23a. Received appraisal in the past 12 months	69%	65%
q12c. Never/rarely frustrated by work	17%	14%

Where we're doing less well

Most declined scores	2023	2022
q25c. Would recommend organisation as place to work	48%	59%
q31b. Disability: organisation made reasonable adjustment(s) to enable me to carry out work	68%	77%
q25f. Feel organisation would address any concerns I raised	39%	48%
q4b. Satisfied with extent organisation values my work	39%	47%
q8a. Teams within the organisation work well together to achieve objectives	40%	48%

During May and June 2024, we will be holding interactive sessions with each of our teams to review the findings together and develop directorate and organisational action plans to address the improvement areas identified. We will launch the action plan and areas of focus at our staff conference in June.

You can read more about the NHS staff survey on the NHS staff survey website.

1.39.8 Staff policies

We promote a working environment in which we aim to ensure all policies and procedures relating to recruitment, selection, training, promotion and employment are free from discrimination, ensuring that no employee or prospective employee is discriminated against, whether directly or indirectly on the grounds of age; disability; gender reassignment; pregnancy and maternity; race including ethnic or nationality; religious belief; sex (gender); sexual orientation; disability; marriage and civil partnership status; trade union membership; responsibility for dependents or any other characteristic identified legally as protected in the Equality Act 2010 or through any other relevant legislation.

Where staff who have a disability we endeavour to make sure that the requirements and reasonable adjustments necessary for employees with a disability are considered both during each stage of the recruitment process and during employment.

Our Sickness Absence Policy confirms that where an employee becomes disabled during their employment, we will support them with occupational health advice and to see if any reasonable adjustments will enable the employee to return and remain at work in accordance with the Equality Act.

The types of adjustments may include adjustments to work base, working hours, redeploying the employee to another suitable position, and providing any necessary equipment to assist the employee to perform their role.

1.39.9 People and Organisational Development Strategy

Our People and Organisational Development Strategy sets out our approach to shaping our organisational culture and supporting our staff. The strategy was developed with insight gathered from staff and our aim is to make NHS South West London a great place to work. To achieve this we work in partnership with our trade union colleagues and focus on:

- Caring for our staff
- Supporting our staff to develop
- Recognising the work and commitment of our staff
- Having the very best employment practices in place
- Working to make sure our staff is representative and inclusive of the populations we serve
- Involving our staff to help us transform and improve the way we work
- Developing compassionate and inclusive leaders

1.39.10 Compassionate and inclusive leaders

We have commissioned a learning partner to support our compassionate and inclusive leadership programme, the aim of which is to explore and build an inclusive and compassionate culture through our most senior leaders. The programme has been developed to inform, challenge, and extend thinking and apply that thinking to the practical ways in which leaders act as cultural influencers in the organisation.

1.39.11 Inclusive culture

Over the year we have provided many opportunities for staff to talk and learn about diversity, equality and inclusion. We have:

- Worked with our leaders through the leadership forum and delivered bespoke development sessions for our leaders and managers.
- Trained over 40 members of staff to sit on recruitment panels and be an inclusive recruitment champion.
- Held a number of drop-in sessions.
- We celebrate key events such as LGBT+ History Month; Disability History Month and International Women's Day as well as acknowledging important days for all the main faiths in our internal communications.

All our people policies have gone through the Equality Impact process to ensure there are fair outcomes for our workforce.

1.39.12 Management Cost Savings Programme Update

In March 2023, NHS England confirmed in an open letter to all Integrated Care Boards that the running cost allocation for all NHS Integrated Care Boards would be subject to reductions over the next two years with a requirement to reduce this by 30% by April 2026.

In response to this, we set up a four-phase change programme to deliver the required reduction in our running costs:

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

We are currently in phase 4 of the programme which means that we are in the process of transitioning to our new structures.

We recognised this has been 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.

1.39.13 Caring for our staff

In 2023/24, our staff health and wellbeing network continued to develop organised activities to support staff to maintain their mental and physical health and wellbeing. In addition, we continued to promote free health and wellbeing resources for NHS staff through our staff newsletters and intranet.

Staff can access an Employee Assistance Programme (EAP) which provides personal support, including counselling, and life management and is available 24 hours a day, any day of the year.

We have also supported several staff to complete either the Mental Health First Aider or Mental Health Champion training programmes. These individuals are available to provide support to staff, signposting them to professional help and to challenge mental health stigma in the workplace.

Wellbeing services available to all our staff include:

- Employee assistance programme – free and confidential life management and personal support service
- Working from home – technical, practical, equipment and wellbeing support
- Mental health reps – trained mental health first aiders who can listen, support and signpost people to expert advice and help
- South West London Mental health and wellbeing hubs - provide health and social care colleagues with rapid access to local, evidence-based mental health and wellbeing services and support offering staff a clinical assessment, quick access to counselling and supported onward referrals to more specialist services.
- #Our NHS People – access to the national NHS staff wellbeing support service
- Mindfulness sessions – free daily online mindfulness sessions for all staff
- Drop-in open sessions – informal drop-in sessions where staff can meet other people from across the ICB

- On Yer Feet! – free dance sessions for all staff
- Book club – including free subscription to Borrow Box
- Active 10 Walking Club – fresh air exercise and wellbeing sessions
- Futitalks sessions - a weekly sport/talk therapy group

1.39.14 Diversity and Workforce Race Equality

The Workforce Race Equality Standard (WRES) was developed to narrow the gap between the treatment of black and minority ethnic and white staff through collection, analyses and acting on specific workforce data. In addition, the WRES aims to improve diversity of leadership and the experience of staff from ethnic minorities within an organisation. The WRES was introduced in 2015 to ensure employees from Black and minority ethnic backgrounds have equal access to career opportunities and receive fair treatment in the workplace. We have made significant progress in several areas and are committed to continued innovation and progress for the WRES.

Nationally there has been a significant increase in the number of Black and ethnic minority staff. An increase of over 27,500 was seen in the last year, with Black and ethnic minority representation in the workforce increasing from 22.4% to 24.2%. In London, Black and ethnic minority staff make up 49.9% of the workforce.

In South West London, Black and ethnic minority staff make up 51% of the workforce, this is the largest percentage of out of the five ICBs in London and has significantly increased from 39.7% over the last two years.

1.39.15 Anti-Racism Framework

In South West London, we oppose all forms of racism and will work to dismantle racist and discriminatory policies and practices across all of health and care. We want to make anti-racism everyone's business. We want to be an anti-racist system by developing an anti-racism framework, focusing on the strategic commitments:

Leadership commitment: to being anti-racist health and care systems and organisations, with Board representation, strategy development and anti-racist approach to all policies.
Commitment to our ethnic minority workforce: to support our ethnic minority staff and create enabling workplaces.
Commitment to target health equity: to prioritise and deliver evidence informed, culturally competent interventions to narrow the gap, by reducing inequities people from ethnic minorities face in access, uptake, experiences and outcomes of our health and care services.
Commitment to becoming an anchor institution: anchor institutions are large organisations like local NHS trusts who have a strong connection with the wellbeing of the populations we serve, we will work to leverage our position to tackle the wider determinants of inequality.
Commitment to our local communities: to work with our communities to amplify their voices, in the decision, design and delivery of services, to rebuild trust and confidence.

We have set up a South West London anti-racism strategy and implementation group represented by health inequalities and/or EDI partners from the NHS, local authorities and VCSEs. The group will provide strategic direction and inform the development of the anti-racism framework.

1.39.16 Trade Union Facility Time Reporting Requirements

Table 1	
Relevant union officials	
Number of employees (FTE) who were relevant union officials during the relevant period	3

Table 2	
Percentage of time spent on facility time	
Percentage of time	Number of employees
0%	0
1-50%	3
51%-99%	0
100%	0

Table 3	
Percentage of pay bill spent on facility time	
Total cost of facility time	£13,456
Total pay bill	£58.823,415
Percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	2.29%

Table 4	
Paid trade union activities	
Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100	100%

1.39.17 Other employee matters

To be added

1.39.18 Expenditure on consultancy

The reported expenditure on consultancy in 2023/24 was £750k (£639k in 2022/23 (Q2 to Q4)).

1.39.19 Off-payroll engagements

Table 1: Off payroll engagements longer than six months

For all off-payroll engagements as at 31 March 2024 for more than £245* per day and that lasted longer than six months:

	Number
Number of existing engagements as of 31 March 2024	125
Of which, the number that have existed:	
for less than one year at the time of reporting	72
for between one and two years at the time of reporting	46
for between 2 and 3 years at the time of reporting	7
for between 3 and 4 years at the time of reporting	0
for 4 or more years at the time of reporting	0

*The £245 threshold is set to approximate the minimum point of the pay scale for a Senior Civil Servant.

All existing off-payroll engagements have at some point been subject to a risk-based assessment as to whether assurance is required that the individual is paying the right amount of tax and, where necessary, that assurance has been sought.

Table 2: Off-payroll workers engaged at any point during the financial year

For all off-payroll engagements between 1 April 2023 and 31 March 2024, for more than £245[(1)] per day:

	Number
No. of temporary off-payroll workers engaged between 1 April 2023 and 31 March 2024	256
Of which:	
No. not subject to off-payroll legislation[(2)]	0
No. subject to off-payroll legislation and determined as in-scope of IR35[(2)]	247
No. subject to off-payroll legislation and determined as out of scope of IR35[(2)]	9
the number of engagements reassessed for compliance or assurance purposes during the year	0
Of which: no. of engagements that saw a change to IR35 status following review	0

[(1)] The £245 threshold is set to approximate the minimum point of the pay scale for a Senior Civil Servant.

[2] A worker that provides their services through their own limited company or another type of intermediary to the client will be subject to off-payroll legislation and the Department must undertake an assessment to determine whether that worker is in-scope of Intermediaries legislation (IR35) or out-of-scope for tax purposes.

Table 3: Off-payroll engagements / senior official engagements

For any off-payroll engagements of Board members and / or senior officials with significant financial responsibility, between 1 April 2023 and 31 March 2024:

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during reporting period[1]	17
Total no. of individuals on payroll and off-payroll that have been deemed “board members, and/or, senior officials with significant financial responsibility”, during the reporting period. This figure should include both on payroll and off-payroll engagements. [2]	0

1.39.20 Exit packages, including special (non-contractual) payments – Audited

Exit package cost band (including any special payment element)	Number of compulsory redundancies (WHOLE NUMBERS ONLY)	Cost of compulsory redundancies (£s)	Number of other departures agreed (WHOLE NUMBERS ONLY)	Cost of other departure agreed (£s)	Total number of exit packages (WHOLE NUMBERS ONLY)	Total costs of exit packages (£s)	Number of departures where special payments have been made (WHOLE NUMBERS ONLY)	Cost of special payment element included in exit packages (£s)
Less than £10,000	1	8,196	0	0	0	0	0	0
£10,000 - £25,000	1	13,333	0	0	0	0	0	0
£25,001 - £50,000	1	43,987	0	0	0	0	0	0
£50,001 - £100,000	1	65,816	0	0	0	0	0	0
£100,001 - £150,000	0	0	0	0	0	0	0	0
£150,001 - £200,000	0	0	0	0	0	0	0	0
>£200,000	0	0	0	0	0	0	0	0
Totals	4	131,333	0	0	0	0	0	0

These tables report the number and value of exit packages agreed in the financial year.

Annual accounts

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Statement of Comprehensive Net Expenditure for the year ended 31 March 2024

	Note	31 March 2024 £'000	9 Months 31 March 2023 £'000
Income from sale of goods and services	2	(55,676)	(26,762)
Other operating income	2	(6,931)	(14,693)
Total operating income		**(62,607)**	**(41,455)**
Staff costs	4	70,511	47,798
Purchase of goods and services	5	3,508,857	2,346,373
Depreciation and impairment charges	5	1,217	2,174
Provision expense	5	1,043	5,005
Other operating expenditure	5	687	(305)
Total operating expenditure		**3,582,316**	**2,401,045**
Net Operating Expenditure		**3,519,708**	**2,359,590**
Finance expense	7	8	14
Net expenditure for the Year		**3,519,716**	**2,359,604**

Note: The prior year figures for 2023 are for the first 9 months of the ICB and therefore not directly comparable with the 2024 figures.

Statement of Financial Position as at 31 March 2024

	Note	31 March 2024 £'000	31 March 2023 £'000
Non-current assets:			
Right-of-use assets	11	285	1,502
Total non-current assets		**285**	1,502
Current assets:			
Trade and other receivables	12	20,431	17,414
Total current assets		**20,431**	**17,414**
Total assets		**20,716**	18,916
Current liabilities			
Trade and other payables	13	(223,662)	(194,975)
Lease liabilities	11.2	(288)	(1,219)
Borrowings	14	(3,305)	(10,998)
Provisions	15	(11,272)	(4,695)
Total current liabilities		**(238,527)**	(211,887)
Non-Current Assets plus/less Net Current Assets/Liabilities		**(217,811)**	(192,971)
Non-current liabilities			
Lease liabilities	11.2	-	(289)
Provisions	15	(25)	(575)
Total non-current liabilities		**(25)**	**(864)**
Assets less Liabilities		**(217,836)**	(193,835)
Financed by Taxpayers' Equity			
General fund		(217,836)	(193,835)
Total taxpayers' equity:		**(217,836)**	(193,835)

The notes on pages 6 to 33 form part of this statement

The financial statements on pages 1 to 33 were approved by the ICB Board on 19 June 2024 and signed on its behalf by:

Chief Accountable Officer
Sarah Blow

19 June 2024

Statement of Changes In Taxpayers' Equity for the year ended 31 March 2024

	General fund £'000	Total reserves £'000
Changes in taxpayers' equity for 2023-24		
Balance at 01 April 2023	(193,835)	(193,835)
Changes in NHS Integrated Care Board taxpayers' equity for 2023-24		
Net operating expenditure for the financial year	(3,519,716)	**(3,519,716)**
Net funding	3,495,714	**3,495,714**
Balance at 31 March 2024	**(217,836)**	**(217,836)**

	General fund £'000	Total reserves £'000
Changes in taxpayers' equity for 2022-23		
Balance 01 July 2022	-	-
Transfers by absorption to (from) other bodies	(180,507)	(180,507)
Adjusted NHS Integrated Care Board balance at 1 July 2022	**(180,507)**	**(180,507)**
Changes in NHS Integrated Care Board taxpayers' equity for 2022-23		
Net operating costs for the financial year	(2,359,603)	(2,359,603)
Net funding	2,346,275	2,346,275
Balance at 31 March 2023	**(193,835)**	**(193,835)**

The notes on pages 6 to 33 form part of this statement

Note: The prior year figures for 2023 are for the first 9 months of the ICB and therefore not directly comparable with the 2024 figures.

Statement of Cash Flows for the year ended 31 March 2024

	Note	31 March 2024 £'000	9 Months 31 March 2023 £'000
Cash Flows from Operating Activities			
Net operating expenditure for the financial year		(3,519,716)	(2,359,618)
Depreciation and amortisation	5	1,217	2,174
Movement due to transfer by Modified Absorption		-	(171,868)
Movement due to transfer of CHC PUPOC provision		-	(280)
Movement due to transfer of borrowings (Cash)		-	(9,224)
Interest paid / received	7	8	14
(Increase)/decrease in trade & other receivables	12	(3,018)	(17,414)
Increase/(decrease) in trade & other payables	13	28,688	194,975
Provisions utilised	15	(117)	-
Increase/(decrease) in provisions	15	6,145	5,005
Net Cash Inflow (Outflow) from Operating Activities		**(3,486,793)**	(2,356,235)
Cash Flows from Financing Activities			
Grant in Aid Funding Received		3,495,714	2,346,275
Repayment of lease liabilities	11.2	(1,228)	(1,038)
Net Cash Inflow (Outflow) from Financing Activities		**3,494,486**	2,345,237
Net Increase (Decrease) in Cash & Cash Equivalents	14	**7,693**	(10,998)
Cash & Cash Equivalents at the Beginning of the Financial Year		**(10,998)**	-
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Year		**(3,305)**	(10,998)

The notes on pages 6 to 32 form part of this statement

Notes to the financial statements

1 Accounting Policies

NHS England has directed that the financial statements of Integrated Care Boards (ICBs) shall meet the accounting requirements of the Group Accounting Manual issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 2023-24 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to Integrated Care Boards, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the ICB for the purpose of giving a true and fair view has been selected. The particular policies adopted by the ICB are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Going Concern

These accounts have been prepared on a going concern basis.
Public sector bodies are assumed to be a going concern where the continuation of the provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

The financial statements for ICBs are prepared on a Going Concern basis as they will continue to provide the services in the future.

1.2 Accounting Convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

1.3 Movement of Assets within the Department of Health and Social Care Group

NHS South West London ICB was approved by NHS England to operate from 1st July 2022 and was created from the transfer of the closing balances from NHS South West London CCG on that date. The transfer of balances which occurred in 2022-23 is detailed as a comparator disclosure in Note 8 of these accounts.

As Public Sector Bodies are deemed to operate under common control, business reconfigurations within the Department of Health and Social Care Group are outside the scope of IFRS 3 Business Combinations. Where functions transfer between two public sector bodies, the Department of Health and Social Care GAM requires the application of absorption accounting. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Changes in Taxpayers' Equity, and is disclosed separately from operating costs.
Other transfers of assets and liabilities within the Department of Health and Social Care Group are accounted for in line with IAS 20 and similarly give rise to income and expenditure entries.

1.4 Pooled Budgets

South West London ICB has entered into pooled budget arrangements under Section 75 of the National Health Service Act 2006 with 6 of the Local London Boroughs (Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth), relating to the commissioning of health and social care services within the Better Care Fund. The ICB accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget arrangement. The Section 75 agreements clearly sets out the accounting, risk share and governance arrangements.

The accountable bodies for the Better Care Fund are the Local Authorities who hold the funds apart from Croydon where the ICB holds the fund. They are managed through a joint management committee.

Section 75 of the NHS Act 2006 allows partners (NHS Bodies and Councils) to contribute to a common fund which can be used to commission health or social care related services. This power allows a local authority to commission health services and NHS Commissioners to commission social care.

1.5 Critical Accounting Judgements & Key Sources of Estimation Uncertainty

In the application of the ICB's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. No critical accounting judgements were made in the year and where estimates were made, they had no material impact on the financial results of the ICB.

1.6 Operating Segments

Income and expenditure are analysed in the Operating Segments note and are reported in line with management information used within the ICB.

1.7 Revenue

In the application of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows:
• As per paragraph 121 of the Standard, the ICB will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less,

• The ICB is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.

• The FReM has mandated the exercise of the practical expedient offered in C7(a) of the Standard that requires the ICB to reflect the aggregate effect of all contracts modified before the date of initial application.

The main source of funding for the ICBs is from NHS England. This is drawn down and credited to the general fund. Funding is recognised in the period in which it is received.

Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation.

Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred.

Payment terms are standard reflecting cross government principles. Significant terms require that 95% of undisputed, valid invoices should be paid within 30 days.

Notes to the financial statements

1.8 Employee Benefits

1.8.1 **Short-term Employee Benefits**

Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees, including bonuses earned but not yet taken.

The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

1.8.2 **Retirement Benefit Costs**

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the ICB commits itself to the retirement, regardless of the method of payment.

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

1.9 Other Expenses

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

1.10 Grants Payable

Where grant funding is not intended to be directly related to activity undertaken by a grant recipient in a specific period, the ICB recognises the expenditure in the period in which the grant is paid. All other grants are accounted for on an accruals basis.

1.11 Property, Plant & Equipment

1.11.1 **Recognition**

Property, plant and equipment is capitalised if:

- It is held for use in delivering services or for administrative purposes;
- It is probable that future economic benefits will flow to, or service potential will be supplied to the ICB;
- It is expected to be used for more than one financial year;
- The cost of the item can be measured reliably; and,
- The item has a cost of at least £5,000; or,
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or,
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

1.11.2 **Measurement**

All property, plant and equipment is measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus are measured at fair value where there are no restrictions preventing access to the market at the reporting date

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful economic lives or low values or both, as this is not considered to be materially different from current value in existing use.

NHS South West London ICB does not own any land or buildings.

1.11.3 **Subsequent Expenditure**

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

Notes to the financial statements

1.11.4 **Depreciation, Amortisation & Impairments**

Freehold land, properties under construction, and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the ICB expects to obtain economic benefits or service potential from the asset. This is specific to the ICB and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and the estimated useful life.

At each reporting period end, the ICB checks whether there is any indication that any of its property, plant and equipment assets or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

1.12 Leases

A lease is a contract, or part of a contract, that conveys the right to control the use of an asset for a period of time in exchange for consideration.
The ICB assesses whether a contract is or contains a lease, at inception of the contract.

1.12.1 **The ICB as Lessee**

A right-of-use asset and a corresponding lease liability are recognised at commencement of the lease.
The lease liability is initially measured at the present value of the future lease payments, discounted by using the rate implicit in the lease. If this rate cannot be readily determined, the prescribed HM Treasury discount rates are used as the incremental borrowing rate to discount future lease payments.

The HM Treasury incremental borrowing rate of 3.51% is applied for leases commencing, transitioning or being remeasured in the 2023 calendar year; and 4.72% to new leases commencing in 2024 under IFRS 16.
Lease payments included in the measurement of the lease liability comprise
-Fixed payments;
-Variable lease payments dependent on an index or rate, initially measured using the index or rate at commencement;
-The amount expected to be payable under residual value guarantees;
-The exercise price of purchase options, if it is reasonably certain the option will be exercised; and
-Payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease.

Variable rents that do not depend on an index or rate are not included in the measurement the lease liability and are recognised as an expense in the period in which the event or condition that triggers those payments occurs.

The lease liability is subsequently measured by increasing the carrying amount for interest incurred using the effective interest method and decreasing the carrying amount to reflect the lease payments made. The lease liability is remeasured, with a corresponding adjustment to the right-of-use asset, to reflect any reassessment of or modification made to the lease.

The right-of-use asset is initially measured at an amount equal to the initial lease liability adjusted for any lease prepayments or incentives, initial direct costs or an estimate of any dismantling, removal or restoring costs relating to either restoring the location of the asset or restoring the underlying asset itself, unless costs are incurred to produce inventories.

The subsequent measurement of the right-of-use asset is consistent with the principles for subsequent measurement of property, plant and equipment. Accordingly, right-of-use assets that are held for their service potential and are in use are subsequently measured at their current value in existing use.

Right-of-use assets for leases that are low value or short term and for which current value in use is not expected to fluctuate significantly due to changes in market prices and conditions are valued at depreciated historical cost as a proxy for current value in existing use.

Other than leases for assets under construction and investment property, the right-of-use asset is subsequently depreciated on a straight-line basis over the shorter of the lease term or the useful life of the underlying asset. The right-of-use asset is tested for impairment if there are any indicators of impairment and impairment losses are accounted for as described in the ‘Depreciation, amortisation and impairments’ policy.

Leases of low value assets (value when new less than £5,000) and short-term leases of 12 months or less are recognised as an expense on a straight-line basis over the term of the lease.

Notes to the financial statements

1.13 Cash & Cash Equivalents

South West London ICB has no formal bank overdraft facilities or outstanding loans and is expected to maintain a positive cash balance at the bank at all times. However, due to timing differences, it is possible for the bank account to be technically overdrawn on the last day of the month and this is reported as borrowings in note 14. This situation arises when supplier payments are made by BACS in the last 2 working days of the month and the actual bank balance at the time is lower than the value of the payment run. These circumstances arose in March 2024 and March 2023. Funding for the month is received from NHSE on the first working day of the following month (April), so funds are available when the BACS payments are cleared through the bank account on the same day.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the ICB's cash management.

1.14 Provisions

Provisions are recognised when the ICB has a present legal or constructive obligation as a result of a past event, it is probable that the ICB will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rate as follows:

All general provisions are subject to four separate discount rates according to the expected timing of cashflows from the Statement of Financial Position date:

• A nominal short-term rate of 4.26% (2022-23: 3.27%) for inflation adjusted expected cash flows up to and including 5 years from Statement of Financial Position date.

• A nominal medium-term rate of 4.03% (2022-23: 3.20%) for inflation adjusted expected cash flows over 5 years up to and including 10 years from the Statement of Financial Position date.

• A nominal long-term rate of 4.72% (2022-23: 3.51%) for inflation adjusted expected cash flows over 10 years and up to and including 40 years from the Statement of Financial Position date.

• A nominal very long-term rate of 4.40% (2022: 3.00%) for inflation adjusted expected cash flows exceeding 40 years from the Statement of Financial Position date.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

A restructuring provision is recognised when the ICB has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with on-going activities of the entity.

1.15 Clinical Negligence Costs

NHS Resolution operates a risk pooling scheme under which the ICB pays an annual contribution to NHS Resolution, which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with ICB.

1.16 Non-clinical Risk Pooling

The ICB participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the ICB pays an annual contribution to the NHS Resolution and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses as and when they become due.

1.17 Contingent liabilities and contingent assets

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the ICB, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the ICB. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

Notes to the financial statements

1.18 Financial Assets

Financial assets are recognised when the ICB becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

Financial assets are classified into the following categories:

- Financial assets at amortised cost;
- Financial assets at fair value through other comprehensive income and ;
- Financial assets at fair value through profit and loss.

The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

1.18.1 **Financial Assets at Amortised cost**

Financial assets measured at amortised cost are those held within a business model whose objective is achieved by collecting contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables and other simple debt instruments. After initial recognition these financial assets are measured at amortised cost using the effective interest method less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

1.18.2 **Impairment of financial assets**

For all financial assets measured at amortised cost or at fair value through other comprehensive income (except equity instruments designated at fair value through other comprehensive income), lease receivables and contract assets or assets measured at fair value through other comprehensive income, the ICB recognises a loss allowance representing the expected credit losses on the financial asset.

The ICB adopts the simplified approach to impairment in accordance with IFRS 9, and measures the loss allowance for trade receivables, lease receivables and contract assets at an amount equal to lifetime expected credit losses. For other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 2) and otherwise at an amount equal to 12 month expected credit losses (stage 1).

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds and Exchequer Funds assets where repayment is ensured by primary legislation. The ICB therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's lengths bodies and NHS bodies and the ICB does not recognise allowances for stage 1 or stage 2 impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

1.19 Financial Liabilities

Financial liabilities are recognised on the statement of financial position when the ICB becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

1.20 Value Added Tax

Most of the activities of the ICB are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.21 Foreign Currencies

The ICB's functional currency and presentational currency is pounds sterling and amounts are presented in thousands of pounds unless expressly stated otherwise. Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. At the end of the reporting period, monetary items denominated in foreign currencies are retranslated at the spot exchange rate on 31 March. Resulting exchange gains and losses for either of these are recognised in the ICB's surplus/deficit in the period in which they arise.

1.22 Losses & Special Payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the ICB not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

1.23 Adoption of new standards

No new standards were adopted in the year.

1.24 New and revised IFRS Standards in issue but not yet effective

● IFRS 14 Regulatory Deferral Accounts – Not UK-endorsed. Applies to first time adopters of IFRS after 1 January 2016. Therefore, not applicable to DHSC group bodies.
● IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021. Standard is not yet adopted by the FReM which is expected to be April 2025: early adoption is not therefore permitted. It is not anticipated this standard will have any material impact on the ICB accounts.

2 Other Operating Revenue

	31 March 2024 Total	9 Months 31 March 2023 Total
	£'000	£'000
Income from sale of goods and services (contracts)		
Non-patient care services to other bodies	**20,104**	16,062
Prescription fees and charges	**14,925**	-
Dental fees and charges	**16,698**	-
Other Contract income	**3,949**	10,700
Total Income from sale of goods and services	**55,676**	**26,762**
Other operating income		
Other non contract revenue	**6,931**	14,693
Total Other operating income	**6,931**	**14,693**
Total Operating Income	**62,607**	**41,455**

Note: The prior year figures for 2023 are for the first 9 months of the ICB and therefore not directly comparable with the 2024 figures.

3.1 Disaggregation of Income - Income from sale of good and services (contracts)

	Non-patient care services to other bodies	Prescription fees and charges	Dental fees and charges	Other Contract income	31-Mar-24 Total
	£'000	£'000	£'000	£'000	£'000
Source of Revenue					
NHS	960	-	-	311	1,271
Non NHS	19,144	14,925	16,698	3,638	54,405
Total	**20,104**	**14,925**	**16,698**	**3,949**	**55,676**

	Non-patient care services to other bodies	Prescription fees and charges	Dental fees and charges	Other Contract income	31 March 2024 Total
	£'000	£'000	£'000	£'000	£'000
Timing of Revenue					
Point in time	20,104	14,925	16,698	3,949	55,676
Total	**20,104**	**14,925**	**16,698**	**3,949**	**55,676**

	Non-patient care services to other bodies	Prescription fees and charges	Dental fees and charges	Other Contract income	9 Months 31 March 2023 Total
	£'000	£'000	£'000	£'000	£'000
Source of Revenue					
NHS	566	-	-	-	566
Non NHS	15,496	-	-	10,700	26,196
Total	**16,062**	**-**	**-**	**10,700**	**26,762**

	Non-patient care services to other bodies	Prescription fees and charges	Dental fees and charges	Other Contract income	9 Months 31 March 2023 Total
	£'000	£'000	£'000	£'000	£'000
Timing of Revenue					
Point in time	16,062	-	-	10,700	26,762
Over time	-	-	-	-	-
Total	**16,062**	**-**	**-**	**10,700**	**26,762**

Note: The prior year figures for 2023 are for the first 9 months of the ICB and therefore not directly comparable with the 2024 figures.

3.2 Cost allocation and setting of Dental and Prescription charges

			31-Mar-24
	Income £000s	Full cost £000s	Deficit £000s
Dental	16,698	(112,799)	(96,100)
Prescription	14,925	(44,637)	(29,712)
Total fees & charges	**31,623**	**(157,435)**	**(125,812)**

The fees and charges information in this note is provided in accordance with section 3.2.1 of the Government Financial Reporting Manual. It is provided for fees and charges purposes and not for IFRS 8 purposes. The financial objective of prescription and dental charges is to collect charges only from those patients that are eligible to pay. Comparative figures are not available, with Dental and Pharmacy Services being delegated from NHS England to the ICB from 1st April 2023.

Prescription charges are a contribution to the cost of pharmaceutical services including the supply of drugs. In 2023/24, the NHS prescription charge for each medicine or appliance dispensed was £9.65. However, around 95% of prescription items are dispensed free each year where patients are exempt from charges. In addition, patients who were eligible to pay charges could purchase pre-payment certificates at £31.25 for three months or £111.60 for a year. A number of other charges were payable for wigs and fabric supports.

NHS Dental charges are payable for those who are not eligible for exemption, which fall into three bands depending on the level and complexity of care provided. In 2023/24, the charge for Band 1 treatments was £25.80, for Band 2 was £70.70 and for Band 3 was £306.80.

4. Employee benefits and staff numbers

4.1.1 Employee benefits	Total Permanent Employees £'000	Other £'000	31 March 2024 Total £'000
Employee Benefits			
Salaries and wages	41,577	11,688	**53,265**
Social security costs	4,595	-	**4,595**
Employer Contributions to NHS Pension scheme	7,225	-	**7,225**
Apprenticeship Levy	194	-	**194**
Termination benefits	5,233	-	**5,233**
Gross employee benefits expenditure	**58,823**	**11,688**	**70,511**
Less recoveries in respect of employee benefits	-	-	**-**
Total - Net admin employee benefits including capitalised costs	**58,823**	**11,688**	**70,511**
Less: Employee costs capitalised	-	-	**-**
Net employee benefits excluding capitalised costs	**58,823**	**11,688**	**70,511**

4.1.1 Employee benefits	Total Permanent Employees £'000	Other £'000	9 Months 31 March 2023 Total £'000
Employee Benefits			
Salaries and wages	28,394	10,817	**39,211**
Social security costs	3,502	-	**3,502**
Employer Contributions to NHS Pension scheme	4,940	-	**4,940**
Apprenticeship Levy	145	-	**145**
Gross employee benefits expenditure	36,981	10,817	**47,798**
Less recoveries in respect of employee benefits	-	-	**-**
Total - Net admin employee benefits including capitalised costs	36,981	10,817	**47,798**
Less: Employee costs capitalised	-	-	**-**
Net employee benefits excluding capitalised costs	**36,981**	**10,817**	**47,798**

Note: The prior year figures for 2023 are for the first 9 months of the ICB and therefore not directly comparable with the 2024 figures.

4.2 Average number of people employed

	31 March 2024			9 Months 31-Mar-23		
	Permanently employed Number	Other* Number	Total Number	Permanently employed Number	Other* Number	Total Number
Total	**611**	**101**	**712**	**591**	**129**	**720**

*Other staff mainly comprises people employed under agency contracts.

4.3 Exit packages agreed in the financial year

	2023-24 Compulsory redundancies		2023-24 Other agreed departures		2023-24 Total	
	Number	£	Number	£	Number	£
Less than £10,000	1	8,196	-	-	1	8,196
£10,001 to £25,000	1	13,333	-	-	1	13,333
£25,001 to £50,000	1	43,987	-	-	1	43,987
£50,001 to £100,000	1	65,816	-	-	1	65,816
Total	**4**	**131,333**	**-**	**-**	**4**	**131,333**

These tables report the number and value of exit packages agreed in the financial year.

The ICB commenced an organisation wide restructure in the September 2023 and incurred the exit costs reported in the table above. The reorganisation is ongoing and will be concluded in 2024-25. A provision has been made for further redundancy costs to be incurred post 31 March 2024 and is disclosed in note 15. Redundancies agreed as part of the restructure will take effect in 2024-25 and therefore do not directly impact staff numbers reported at end of March 2024.

Exit costs are accounted for in accordance with relevant accounting standards and at the latest in full in the year of departure.

The Remuneration Report includes the disclosure of exit payments payable to individuals named in that Report.

There were no exit packages reported in the 9 months ended 31 March 2023.

4.4 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

4.5 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2024, is based on valuation data as at 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

4.5.1 Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from April 2024. The Department of Health and Social Care has recently laid Scheme Regulations confirming the employer contribution rate will increase to 23.7% from 1 April 2024 (previously 20.6%). The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

5. Operating expenses

	31 March 2024 Total £'000	9 Months 31 March 2023 Total £'000
Purchase of goods and services		
Services from other ICBs and NHS England	871	1,240
Services from foundation trusts	1,255,986	851,800
Services from other NHS trusts	1,176,114	799,569
Services from Other WGA bodies	17	11
Purchase of healthcare from non-NHS bodies	335,262	252,770
Purchase of social care	9,600	4,996
General Dental services and personal dental services	78,218	-
Prescribing costs	211,474	155,161
Pharmaceutical services	44,299	-
General Ophthalmic services	12,429	17
GP Primary Care Services	318,917	222,689
Supplies and services – clinical	2,402	1,969
Supplies and services – general	38,386	35,572
Consultancy services	750	639
Establishment	5,812	9,269
Transport	634	369
Premises	10,076	4,319
Audit fees	270	252
Other non statutory audit expenditure		
· Internal audit services	139	104
· Other services	42	36
Other professional fees	5,700	3,928
Legal fees	569	305
Education, training and conferences	891	1,358
Total Purchase of goods and services	**3,508,857**	**2,346,373**
Depreciation and impairment charges		
Depreciation	1,217	2,174
Total Depreciation and impairment charges	**1,217**	**2,174**
Provision expense		
Provisions	1,043	5,005
Total Provision expense	**1,043**	**5,005**
Other Operating Expenditure		
Chair and Non Executive Members	132	62
Expected credit loss on receivables	158	(468)
Other expenditure	396	101
Total Other Operating Expenditure	**687**	**(305)**
Total operating expenditure	**3,511,804**	**2,353,247**

Limitation on auditor's liability - In accordance with the terms of engagement with the trust's external auditors, Grant Thornton UK LLP, its members, partners and staff (whether contract, negligence or otherwise) in respect of services provided in connection with or arising out of the audit shall in no circumstances exceed £2million in the aggregate in respect of all such services.

To note that Grant Thornton UK LLP do not provide Internal audit services for the ICB.

Audit Fees are £225k exclusive of VAT
Other services are in respect of the Mental Health Investment Standard Returns and were £35k exclusive of VAT

Note: The prior year figures for 2023 are for the first 9 months of the ICB and therefore not directly comparable with the 2024 figures.

6 Payment Compliance Reporting

6.1 Better Payment Practice Code

Measure of compliance	31 March 2024 Number	31 March 2024 £'000	9 Months 31 March 2023 Number	9 Months 31 March 2023 £'000
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	70,682	754,130	56,628	551,553
Total Non-NHS Trade Invoices paid within target	69,948	738,163	55,797	533,766
Percentage of Non-NHS Trade invoices paid within target	**98.96%**	**97.88%**	**98.53%**	**96.78%**
NHS Payables				
Total NHS Trade Invoices Paid in the Year	2,475	2,724,772	1,193	1,653,311
Total NHS Trade Invoices Paid within target	2,442	2,724,084	1,162	1,650,580
Percentage of NHS Trade Invoices paid within target	**98.67%**	**99.97%**	**97.40%**	**99.83%**

The payment compliance target for the ICB is to pay more than 95% of supplier invoices in terms of value and volume within 30 days.

6.2 The Late Payment of Commercial Debts (Interest) Act 1998	31 March 2024 £'000	9 Months 31 March 2023 £'000
Amounts included in finance costs from claims made under this legislation	-	1
Compensation paid to cover debt recovery costs under this legislation	-	-
Total	**-**	**1**

Note: The prior year figures for 2023 are for the first 9 months of the ICB and therefore not directly comparable with the 2024 figures.

7. Finance costs

	31 March 2024 £'000	9 Months 31 March 2023 Total £'000
Interest		
Interest on lease liabilities	8	13
Interest on late payment of commercial debt	-	1
Total finance costs	**8**	**14**

8. Net gain/(loss) on transfer by absorption

The comparator values in the table below identifies the Statement of Financial Position for the former NHS South West London CCG and the share of the assets acquired from NHS NEL CSU on 1st July 2022. The corresponding net debit reflecting the loss is recognised within the income and expenses as disclosed within the 2023 Statement of Changes in Taxpayers' Equity, but outside operating activities.

The Health and Social Care Bill received Royal Assent and became an Act of Parliament on 28 April 2022. The Bill allowed for the establishment of Integrated Care Boards (ICB) across England and abolished Clinical Commissioning Groups (CCG). As a result, NHS South West London CCG ceased operating on the 30th June 2022 and its assets and liabilities were transferred to NHS South West London ICB which commenced business on 1st July 2022. On the same date, NHS NEL CSU (CSU) which provided support services to the former CCG ceased its operations and NHS South West London ICB agreed to host the ICT service previously managed by the CSU. As part of this arrangement, the ICB acquired the assets related to the service.

Transfers as part of a reorganisation fall to be accounted for by use of absorption accounting in line with the Government Financial Reporting Manual, issued by HM Treasury. The Government Financial Reporting Manual does not require retrospective adoption, so prior year transactions (which have been accounted for under merger accounting) have not been restated. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Changes in Taxpayers' Equity and is disclosed separately from operating costs.

	31 March 2024			9 Months 31 March 2023		
	Total	NHS England Parent Entities	NHS England Group Entities (non parent)	**Total**	NHS England Parent Entities	NHS England Group Entities (non parent)
	£'000	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**
Transfers from NHS South West London CCG						
Transfer of Right of Use assets	-	-	-	2,530	-	2,530
Transfer of receivables	-	-	-	22,498	-	22,498
Transfer of payables	-	-	-	(196,828)	-	(196,828)
Transfer of Right Of Use liabilities	-	-	-	(2,534)	-	(2,534)
Transfer of borrowings	-	-	-	(9,224)	-	(9,224)
Transfer from NHS England						
Transfer of PUPOC provision	-	-	-	(280)	(280)	-
	-	-	-			
Transfers from NHS LSS						
Transfer of borrowings	-	-	-	1,145	1,145	-
Transfer of PUPOC provision	-	-	-	2,283	2,283	-
Transfer of PUPOC liability	-	-	-	(97)	(97)	-
Net loss on transfers by absorption	**-**	**-**	**-**	**(180,507)**	**3,051**	**(183,558)**

9. Property, plant and equipment

2023-24	Information technology £'000	Furniture & fittings £'000	Total £'000
Cost or valuation at 01 April 2023	17,911	1,140	19,051
Disposals other than by sale	(17,911)	(1,140)	(19,051)
Cost/Valuation at 31 March 2024	**-**	**-**	**-**
Depreciation 01 April 2023	17,911	1,140	19,051
Disposals other than by sale	(17,911)	(1,140)	(19,051)
Depreciation at 31 March 2024	**-**	**-**	**-**
Net Book Value at 31 March 2024	**-**	**-**	**-**
Purchased	-	-	-
Total at 31 March 2024	**-**	**-**	**-**

2022-23	Information technology £'000	Furniture & fittings £'000	Total £'000
Cost or valuation at 01 July 2022	17,911	1,140	19,051
Cost/Valuation at 31 March 2023	**17,911**	**1,140**	**19,051**
Depreciation 01 July 2022	-	-	-
Charged during the year	1,146	-	1,146
Transfer (to)/from other public sector body	16,765	1,140	17,906
Cumulative depreciation adjustment following revaluation	-	-	-
Depreciation at 31 March 2023	**17,911**	**1,140**	**19,051**
Net Book Value at 31 March 2023	**-**	**-**	**-**
Purchased	-	-	-
Total at 31 March 2023	**-**	**-**	**-**

On the 1st July 2022, as a result of the demise of NHS LSS and the formation of the new integrated care boards, NHS South West London ICB agreed to take on certain elements of the LSS business and this included the IT assets that it held on its books at that time.

The ICB was tasked with decommissioning the assets. This process to decommission and dispose of the IT assets was concluded in the year to 31st March 2024.

10. Economic lives

	31 March 2024 Minimum Life (Years)	31 March 2023 Maximum Life (Years)
Information technology	3	3
Furniture & fittings	3	3

11. Leases

11.1 Right-of-use assets

2023-24	Buildings excluding dwellings £'000	Total £'000	Of which: leased from DHSC group bodies £000
Cost or valuation at 01 April 2023	2,873	2,873	2757
Disposals on expiry of lease term	(467)	(467)	(467)
Cost/Valuation at 31 March 2024	**2,406**	**2,406**	**2,290**
Depreciation 01 April 2023	1,371	1,371	1329
Charged during the year	1,217	1,217	1175
Disposals on expiry of lease term	(467)	(467)	(467)
Depreciation at 31 March 2024	**2,121**	**2,121**	**2,037**
Net Book Value at 31 March 2024	**285**	**285**	**253**

NBV by counterparty	
Leased from DHSC	253
Leased from Non-Departmental Public Bodies	32
Net Book Value at 31 March 2024	**285**

2022-23	Buildings excluding dwellings £'000	Total £'000	Of which: leased from DHSC group bodies £000
Cost or valuation at 01 July 2022	-	-	-
Transfer from other public sector body	2,873	2,873	2,757
Cost/Valuation at 31 March 2023	**2,873**	**2,873**	**2,757**
Depreciation 01 July 2022		-	
Charged during the year	1,028	1,028	997
Transfer from other public sector body	343	343	332
Depreciation at 31 March 2023	**1,371**	**1,371**	**1,329**
Net Book Value at 31 March 2023	**1,502**	**1,502**	**1,428**

NBV by counterparty	
Leased from the NHS England Group	1428
Leased from Non-Departmental Public Bodies	74
Net Book Value at 31 March 2023	**1,502**

11 Leases cont'd

11.2 Lease liabilities

2023-24	31 March 2024 £'000	31 March 2023 £'000
Lease liabilities at 01 April 2023	(1,508)	-
Interest expense relating to lease liabilities	(8)	(13)
Repayment of lease liabilities (including interest)	1,228	1,038
Transfer (to) from other public sector body	-	(2,533)
Lease liabilities at 31 March 2024	**(288)**	**(1,508)**

11.3 Lease liabilities - Maturity analysis of undiscounted future lease payments

	31 March 2024 £'000	Of which: leased from DHSC group bodies £000	31 March 2023 £'000	Of which: leased from DHSC group bodies £000
Within one year	(288)	(257)	(1,219)	(1,178)
Between one and five years	-	-	(289)	(257)
After five years	-	-	-	-
Balance at 31 March 2024	**(288)**	**(257)**	**(1,508)**	**(1,435)**

Balance by counterparty	**31 March 2024 £'000**	**31-Mar-23 £'000**
Leased from DHSC		
Leased from the NHS England Group	(257)	(1,435)
Leased from Non-Departmental Public Bodies	(31)	(73)
Balance as at 31 March 2024	**(288)**	**(1,508)**

11 Leases cont'd

11.4 Amounts recognised in Statement of Comprehensive Net Expenditure

2023-24	31 March 2024 £'000	31 March 2023 £'000
Depreciation expense on right-of-use assets	1,217	1,028
Interest expense on lease liabilities	8	13

11.5 Amounts recognised in Statement of Cash Flows

	2023-24 £'000	31 March 2023 £'000
Total cash outflow on leases under IFRS 16	1,228	1,038
Total cash outflow for lease payments not included within the measurement of lease liabilities	-	-
Total cash inflows from sale and leaseback transactions	-	-

12. Trade and other receivables

	Current 31 March 2024 £'000	Current 31 March 2023 £'000
NHS receivables: Revenue	3,586	7,538
NHS accrued income	319	10
Non-NHS and Other WGA receivables: Revenue	5,043	4,652
Non-NHS and Other WGA prepayments	3,328	3,304
Non-NHS and Other WGA accrued income	2,876	1,260
Non-NHS and Other WGA Contract Receivable not yet invoiced/non-invoice	5,349	-
Expected credit loss allowance-receivables	(496)	(338)
VAT	423	985
Other receivables and accruals	3	3
Total Trade & other receivables	**20,431**	**17,414**
Total current and non current	**20,431**	**17,414**
Included above:		
Prepaid pensions contributions	-	-

12.1 Receivables past their due date but not impaired

	31 March 2024 DHSC Group Bodies £'000	31 March 2024 Non DHSC Group Bodies £'000	31 March 2023 DHSC Group Bodies £'000	31 March 2023 Non DHSC Group Bodies £'000
By up to three months	784	3,466	4,316	810
By three to six months	-	-	458	797
By more than six months	449	432	2,613	1,394
Total	**1,232**	**3,898**	**7,387**	**3,002**

12.2 Loss allowance on asset classes

Trade and other receivables Non DHSC Group Bodies	31 March 2024 £'000	31 March 2023 £'000
Balance at 01 April 2023	**(338)**	**(1,045)**
Lifetime expected credit losses on trade and other receivables-Stage 2	(158)	**707**
Total	**(496)**	**(338)**

13. Trade and other payables	Current 31 March 2024 £'000	Current 31 March 2023 £'000
NHS payables: Revenue	8,825	23,524
NHS accruals	30,814	4,044
Non-NHS and Other WGA payables: Revenue	27,694	26,567
Non-NHS and Other WGA accruals	109,023	97,837
Non-NHS and Other WGA deferred income	3,457	190
Social security costs	606	624
Tax	624	607
Other payables and accruals*	42,619	41,582
Total Trade & Other Payables	**223,662**	**194,975**
Total current and non-current	**223,662**	**194,975**

Other payables include £2,556,992 outstanding pension contributions at 31 March 2024 (£2,887,680 - 31 March 2023).

*Other payables and accruals	Current 31 March 2024 £'000	Current 31 March 2023 £'000
Payroll and Pension Accruals	2,540	2,824
Approved & unapproved general invoices	1,430	1,391
Service Development Accruals	3,965	2,524
Acute Accruals	3,646	2,447
Mental Health Accruals	8,921	3,775
Community Accruals Including Continuing Healthcare	12,726	18,064
Primary Care Accruals Including IT	1,639	2,344
Running Cost Accruals	241	2,029
Other Accruals	7,511	6,185
	42,619	**41,582**

14. Borrowings	Current 31 March 2024 £'000	Current 31 March 2023 £'000
Bank overdrafts:		
· Government banking service	3,305	10,998
Total overdrafts	**3,305**	**10,998**
Total Borrowings	**3,305**	**10,998**
Total current and non-current	**3,305**	**10,998**

14.1 Repayment of principal falling due	Department of Health	Other	Total	Department of Health	Other	Total
	31 March 2024 £'000	31 March 2024 £'000	31 March 2024 £'000	31 March 2023 £'000	31 March 2023 £'000	31 March 2023 £'000
Within one year	-	3,305	3,305	-	10,998	10,998
Total	**-**	**3,305**	**3,305**	-	10,998	10,998

Note

The £3,305k overdrawn figure must be viewed together with items that had not cleared from the ICB's bank account by 31st March 2024
The table below reconciles the general ledger balance to the ICB's bank account.
Once uncleared items are accounted for, it shows that the ICB bank account was in credit by £1,541k at 31 March 2024. (2023 £997k)

Description	31 March 2024 £'000	31 March 2023 £'000
General Ledger Balance	(3,305)	(10,998)
Uncleared BACS	4,844	11,995
Uncleared Cheques	2	-
Actual Bank Balance	**1,541**	**997**

15. Provisions

	Current 31 March 2024 £'000	Non-current 31 March 2024 £'000	Current 31 March 2023 £'000	Non Current 31 March 2023 £'000
Redundancy	5,101	-	-	-
Legal claims	2,718	-	2,718	-
Continuing care	3,133	25	1,977	575
Other	320	-	-	-
Total	**11,272**	**25**	**4,695**	**575**
Total current and non-current	**11,297**		**5,270**	

	Redundancy £'000	Legal Claims £'000	Continuing Care £'000	Other £'000	Total £'000
Balance at 01 April 2023	**-**	**2,718**	**2,552**	**-**	**5,270**
Arising during the year	5,101	-	2,981	320	**8,403**
Utilised during the year	-	-	(117)	-	**(117)**
Reversed unused	-	-	(2,258)	-	**(2,258)**
Balance at 31 March 2024	**5,101**	**2,718**	**3,158**	**320**	**11,297**
Expected timing of cash flows:					
Within one year	5,101	2,718	3,133	320	**11,272**
Between one and five years	-	-	25	-	**25**
Balance at 31 March 2024	**5,101**	**2,718**	**3,158**	**320**	**11,297**

The ICB has recognised a redundancy provision in line with IAS 37 for an organisation wide restructure that commenced in the year and will be completed in 2024-2025.

The legal claims provision relates to potential costs for 453 patients under Deprivation of Liberty Safeguards (DoLS).

The CHC Provision above is made up of 54 restitution claim cases expected to be settled within one year and 20 further cases to be settled after one year.

Legal claims are calculated from the number of claims currently lodged with NHS Resolution and probabilities provided by them. £0 is included in the provisions of NHS Resolution as at 31st March 2024 in respect of employer liabilities of NHS South West London ICB (2023 - £0)

16. Contingencies

Contingent liabilities

The ICB had no outstanding claims at 31 March 2024 that are considered to have a likelihood that deems them reportable as a contingent liability in 2023/24.(2022/23 - Nil)

17. Commitments

NHS South West London ICB has no reportable capital or financial commitments at 31st March 2024 (31st March 2023 - Nil).

17. Financial instruments

17.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities.

Because NHS South West London ICB is financed through parliamentary funding, it is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The ICB has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the ICB in undertaking its activities.

Treasury management operations are carried out by the finance department, within parameters defined formally within the ICB standing financial instructions and policies agreed by the Board. Treasury activity is subject to review by the ICB and internal auditors.

17.1.1 Currency risk

The ICB is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The ICB has no overseas operations. The ICB therefore has low exposure to currency rate fluctuations.

17.1.2 Interest rate risk

The ICB borrows from government for capital expenditure, subject to affordability as confirmed by NHS England. The borrowings are for 1 to 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The ICB therefore has low exposure to interest rate fluctuations.

17.1.3 Credit risk

Because the majority of the ICB funding comes parliamentary funding, the ICB has low exposure to credit risk. The maximum exposures as at the end of the financial year are in receivables from customers, as disclosed in the trade and other receivables note.

17.1.4 Liquidity risk

The ICB is required to operate within revenue and capital resource limits, which are financed from resources voted annually by Parliament. The ICB draws down cash to cover expenditure, as the need arises. The ICB is not, therefore, exposed to significant liquidity risks.

17.1.5 Financial Instruments

As the cash requirements of NHS England are met through the Estimate process, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with NHS England's expected purchase and usage requirements and NHS England is therefore exposed to little credit, liquidity or market risk.

17. Financial instruments cont'd

17.2 Financial assets

	Financial Assets measured at amortised cost 31 March 2024 £'000	Total 31 March 2024 £'000	31 March 2023 £'000
Trade and other receivables with NHSE bodies	3,044	3,044	3,987
Trade and other receivables with other DHSC group bodies	3,732	3,732	4,891
Trade and other receivables with external bodies	9,905	9,905	4,247
Total at 31 March 2024	**16,681**	**16,681**	**13,125**

Financial assets reconciliation

Per IFRS 7 not all trade and other receivables are categorised as financial assets. The reconciliation below shows the receivables not meeting the definition and therefore excluded from the values reported above.

	31 March 2024 £'000	31 March 2023 £'000
Trade and other receivables per note 12	20,431	17,414
Adjustments for items not categorised as financial assets		
VAT	(423)	(985)
Non-NHS and Other WGA prepayments	(3,327)	(3,304)
Total Financial Assets 31 March 2024	**16,681**	**13,125**

17.3 Financial liabilities

	Financial Liabilities measured at amortised cost 31 March 2024 £'000	Total 31 March 2024 £'000	31 March 2023 £'000
Loans with external bodies	3,305	3,305	10,998
Trade and other payables with NHSE bodies	992	992	868
Trade and other payables with other DHSC group bodies	39,988	39,988	27,555
Trade and other payables with external bodies	177,996	177,996	165,131
Lease Liabilities	288	288	1,508
Total at 31 March 2024	**222,569**	**222,569**	**206,060**

Financial liabilities reconciliation

Per IFRS 7 not all trade and other payables are categorised as financial liabilities. The reconciliation below shows the payables not meeting the definition and therefore excluded from the values reported above.

	31 March 2024 £'000	31 March 2023 £'000
Trade and other payables per note 13	223,662	194,975
Adjustments for items not included in trade and other payables		
Social security costs	(606)	(624)
Tax	(624)	(607)
Non-NHS and Other WGA deferred income	(3,456)	(190)
	218,976	**193,554**
Broken down as:		
Trade and other payables with NHSE bodies	992	868
Trade and other payables with other DHSC group bodies	39,988	27,555
Trade and other payables with external bodies	177,996	165,131
Total Financial Liabilities 31 March 2024	**218,976**	**193,554**

18. Operating segments

The ICB has just one operating segment which is the commissioning of Healthcare.

19 Pooled budgets

South West London ICB hosts a Better Care Fund pooled budget with the London Borough of Croydon. Under these arrangements funds are pooled under section 75 of the NHS Act 2006. NHS South West London ICB contributes to the pool for the services delivered as a provider of healthcare. Members to the BCF pool account for transactions and balances directly with providers. Subject to the requirements of National Guidance and the Better Care Fund plan the agreed return of underspends is in the following proportions: ICB 70%; Council 30%.

Royal Borough of Kingston hosts a Better Care Fund pooled budget for the Borough. Under these arrangements funds are pooled under section 75 of the NHS Act 2006. NHS South West London ICB contributes to the pool for the services delivered as a provider of healthcare. Members to the BCF pool account for transactions and balances directly with providers. Partners are solely liable for any overspends to services commissioned exercise of their statutory functions.

London Borough of Merton hosts a Better Care Fund (including community equipment) pooled budget for the Borough. Under these arrangements funds are pooled under section 75 of the NHS Act 2006. NHS South West London ICB contributes to the pool for the services delivered as a provider of healthcare. Members to the BCF pool account for transactions and balances directly with providers. Partners are solely liable for any overspends to services commissioned exercise of their statutory functions.

London Borough of Richmond hosts a Better Care Fund pooled budget for the Borough. Under these arrangements funds are pooled under section 75 of the NHS Act 2006. NHS South West London ICB contributes to the pool for the services delivered as a provider of healthcare. Members to the BCF pool account for transactions and balances directly with providers. Partners are solely liable for any overspends to services commissioned exercise of their statutory functions.

London Borough of Sutton hosts a Better Care Fund pooled budget for the Borough. Under these arrangements funds are pooled under section 75 of the NHS Act 2006. NHS South West London ICB contributes to the pool for the services delivered as a provider of healthcare. Members to the BCF pool account for transactions and balances directly with providers. Under the section 75 financial risk is shared on the basis of the financial contribution to the BCF total fund.

London Borough of Wandsworth hosts a Better Care Fund pooled budget for the Borough. Under these arrangements funds are pooled under section 75 of the NHS Act 2006. NHS South West London ICB contributes to the pool for the services delivered as a provider of healthcare. Members to the BCF pool account for transactions and balances directly with providers. Partners are solely liable for any overspends to services commissioned exercise of their statutory functions.

NHS South West London ICB's shares of assets/liabilities and income and expenditure handled by the pooled budgets in the financial year were:

			31st March 2024				9 Months - 31 March 2023			
Name of arrangement	**Parties to the arrangement**	**Description of principal activities**	**Assets**	**Liabilities**	**Income**	**Expenditure**	Assets	Liabilities	Income	Expenditure
			£'000	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**
Better Care Fund	South West London ICB & London Borough of Croydon	Provision of Health & Social Care	-	-	-	32,519	-	-	-	24,020
Better Care Fund	South West London ICB & Royal Borough of Kingston	Provision of Health & Social Care	-	-	-	14,428	-	-	-	10,423
Better Care Fund	South West London ICB & London Borough of Merton	Community Health and Social Care services	-	-	-96	16,857	-	-	-96	12,943
Better Care Fund	South West London ICB & London Borough of Richmond upon Thames	Community Health and Social Care services	-	-	-	15,370	-	-	-258	11,379
Better Care Fund	South West London ICB & London Borough of Sutton	Community Health and Social Care services	-	-	-	16,524	-	-	-	11,400
Better Care Fund	South West London ICB & London Borough of Wandsworth	Community Health and Social Care services	-	-	-307	29,603	-	-	-230	19,684

Note: The prior year figures for 2023 are for the first 9 months of the ICB

20. Related party transactions

Details of related party transactions with individuals are as follows:

St George's University Hospitals NHS Foundation Trust
Croydon Health Services NHS Trust
Epsom & St Helier University Hospitals NHS Trust
Kingston Hospital NHS Foundation Trust
South West London & St George's Mental Health NHS Trust
Chelsea & Westminster NHS Hospitals Foundation Trust
London Ambulance Services NHS Trust
South London and Maudsley NHS Foundation Trust
The Royal Marsden NHS Foundation Trust
Guys & St Thomas NHS Foundation Trust
Houslow and Richmond Community Healthcare NHS Trust
King's College Hospital NHS Foundation Trust
Moorfields Eye Hospital NHS Foundation Trust
London Borough of Wandsworth
London Borough of Croydon
London Borough Of Sutton
London Borough of Merton
Royal Borough of Kingston upon Thames
London Borough of Richmond upon Thames
MBARC Ltd.

The Department of Health and Social Care is regarded as a related party. During the period, NHS South West London ICB has had a significant number of material transactions with NHS entities for which the Department is regarded as the parent Department.
The materiality level set for these transactions is £35m which is 1% of the ICB total operating expenses for the year.

In addition, NHS South West London ICB has had a number of transactions with local government bodies.

A payment of £21,666 was made to MBARC Ltd during the year. This is being disclosed as it meets the definition of a related party under IAS 24 and the amount is considered material to the company based on Companies House filings.

21. Events after the end of the reporting period

There were no events to report after the end of the reporting period.

22. Losses and special payments	**31 March 2024 £'000**	**9 Months 31 March 2023 £'000**
Compensation Payment	16	10
	16	10

The 2024 compensation payments relate to settlement of 2 employee claims against NHS South West London ICB.
The 2023 compensation payment relates to settlement of a claim against NHS South West London ICB for alleged discrimination.

23. Financial performance targets

NHS Integrated Care Board have a number of financial duties under the NHS Act 2006 (as amended).
NHS Integrated Care Board performance against those duties was as follows:

	31 March 2024 Target	**31 March 2024 Performance**	**Pass/Fail**	**9 Months 31 March 2023 Target**	**9 Months 2022-23 Performance**	**Pass/Fail**
Expenditure not to exceed income	3,584,853	3,582,323	Pass	2,401,286	2,401,058	Pass
Capital resource use does not exceed the amount specified in Directions	-	-		-	-	
Revenue resource use does not exceed the amount specified in Directions	3,522,246	3,519,716	Pass	2,359,831	2,359,603	Pass
Revenue administration resource use does not exceed the amount specified in Directions	33,616	33,616	Pass	25,175	25,175	Pass

Independent auditor's report

Independent auditor's report to the members of the Governing Body of South West London Integrated Care Board

Report on the audit of the financial statements

Opinion on financial statements

We have audited the financal statements of South West London Integrated Care Board (the 'ICB') for the period ended 31 March 2024, which comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Statement of Changes in Taxpayers Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards in conformity with the requirements of Schedule 1B of the National Health Service Act 2006, as amended by the Health and Care Act 2022 and interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2023-24.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the ICB as at 31 March 2024 and of its expenditure and income for the period then ended;
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2023-24; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006, as amended by the Health and Care Act 2022.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law, as required by the Code of Audit Practice (2020) ("the Code of Audit Practice") approved by the Comptroller and Auditor General. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the ICB in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We are responsible for concluding on the appropriateness of the Accountable Officer's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the ICB's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify the auditor's opinion. Our conclusions are based on the audit evidence obtained up to the date of our report. However, future events or conditions may cause the ICB to cease to continue as a going concern.

In our evaluation of the Accountable Officer's conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group Accounting Manual 2023-24 that the ICB's financial statements shall be prepared on a going concern basis, we considered the inherent risks associated with the continuation of services currently provided by the ICB. In doing so we have had regard to the guidance provided in Practice Note 10 Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2022) on the application of ISA (UK) 570 Going Concern to public sector entities. We assessed the reasonableness of the basis of preparation used by the ICB and the ICB's disclosures over the going concern period.

In auditing the financial statements, we have concluded that the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the ICB's ability to

continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Accountable Officer with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The Accountable Officer is responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Governance Statement does not comply with the requirements of the Department of Health and Social Care Group Accounting Manual 2023-24 or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration and Staff Report to be audited have been properly prepared in accordance with the requirements of the Department of Health and Social Care Group Accounting Manual 2023-24; and
- based on the work undertaken in the course of the audit of the financial statements, the other information published together with the financial statements in the annual report for the period for which the financial statements are prepared is consistent with the financial statements.

Opinion on regularity of income and expenditure required by the Code of Audit Practice

In our opinion, in all material respects the expenditure and income recorded in the financial statements have been applied to the purposes intended by Parliament and the financial transactions in the financial statements conform to the authorities which govern them.

Matters on which we are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit; or
- we refer a matter to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the ICB, or an officer of the ICB, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or

- we make a written recommendation to the ICB under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit.

We have nothing to report in respect of the above matters.

Responsibilities of the Accountable Officer

As explained more fully in the Statement of Accountable Officer's responsibilities, the Accountable Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions, for being satisfied that they give a true and fair view, and for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accountable Officer is responsible for assessing the ICB's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the ICB without the transfer of its services to another public sector entity.

The Accountable Officer is responsible for ensuring the regularity of expenditure and income in the financial statements.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

We are also responsible for giving an opinion on the regularity of expenditure and income in the financial statements in accordance with the Code of Audit Practice.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the ICB and determined that the most significant which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks (international accounting standards and the National Health Service Act 2006, as amended by the Health and Care Act 2022 and interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2023-24).
- We enquired of management and the Audit and Risk Committee, concerning the ICB's policies and procedures relating to:
  - the identification, evaluation and compliance with laws and regulations;
  - the detection and response to the risks of fraud; and
  - the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.
- We enquired of management, internal audit and the Audit and Risk Committee, whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.
- We assessed the susceptibility of the ICB's financial statements to material misstatement, including how fraud might occur, evaluating management's incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of management override of controls and any other fraud risks identified for the audit. We determined that the principal risks were in relation to high-risk journals, fraudulent expenditure recognition (and associated payables) . In particular:

- High risk journals which were identified based on consideration of closing entries, entries posted after year end, manual journals and journals that have a material impact on reported outturn along with several other risk factors. We considered whether there was any potential management bias in accounting estimates or any significant transactions with related parties which could give rise to an indication of management override; and
- expenditure recognition, and associated payables, given the continued financial challenges of the sector and requirement to meet financial targets

Our audit procedures involved:

- evaluation of the design effectiveness of controls that management has in place to prevent and detect fraud;
- journal entry testing; with a focus on unusual journal entries using criteria based on our knowledge of the entity and the risk factors identified.
- challenging assumptions and judgements made by management in its significant accounting estimates in respect of prescribing accruals;
- assessing the extent of compliance with the relevant laws and regulations as part of our procedures on the related financial statement item

- These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error and detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from events and transactions reflected in the financial statements, the less likely we would become aware of it.
- We communicated relevant laws and regulations and potential fraud risks to all engagement team members, including the potential for fraud in expenditure recognition and associated payables, and related to management override of controls through processing journal entries. We remained alert to any indications of non-compliance with laws and regulations, including fraud, throughout the audit.
- Our assessment of the appropriateness of the collective competence and capabilities of the engagement team included consideration of the engagement team's:
  - understanding of, and practical experience with audit engagements of a similar nature and complexity through appropriate training and participation
  - knowledge of the health sector and economy in which the ICB operates
  - understanding of the legal and regulatory requirements specific to the ICB including:
    - the provisions of the applicable legislation
    - NHS England's rules and related guidance
    - the applicable statutory provisions.
- In assessing the potential risks of material misstatement, we obtained an understanding of:
  - The ICB's operations, including the nature of its other operating revenue and expenditure and its services and of its objectives and strategies to understand the classes of transactions, account balances, expected financial statement disclosures and business risks that may result in risks of material misstatement.
  - The ICB's control environment, including the policies and procedures implemented by the ICB to ensure compliance with the requirements of the financial reporting framework.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities . This description forms part of our auditor's report.

Report on other legal and regulatory requirements – the ICB's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception – the ICB's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the ICB has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the period ended 31 March 2024.

We have nothing to report in respect of the above matter.

Responsibilities of the Accountable Officer

As explained in the Governance Statement, the Accountable Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the ICB's resources.

Auditor's responsibilities for the review of the ICB's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under Section 21(1)(c) of the Local Audit and Accountability Act 2014 to be satisfied that the ICB has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the ICB's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in January 2023. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the ICB plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the ICB ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the ICB uses information about its costs and performance to improve the way it manages and delivers its services.

We have documented our understanding of the arrangements the ICB has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we have considered whether there is evidence to suggest that there are significant weaknesses in arrangements.

Report on other legal and regulatory requirements – Certificate

We certify that we have completed the audit of South West London ICB in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Use of our report

This report is made solely to the members of the Governing Body of the ICB, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the members of the Governing Body of the ICB those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the ICB and the members of the Governing Body of the ICB as a body, for our audit work, for this report, or for the opinions we have formed.

Signature: Joanne Brown

Joanne E Brown, Key Audit Partner

for and on behalf of Grant Thornton UK LLP, Local Auditor

London

20 June 2024