

To: Mike Bell, Chair, South West London
Integrated Care Board

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

24 July 2024

BY EMAIL

Dear Mike

Annual assessment of South West London Integrated Care Board's performance in 2023-24

I am writing to you pursuant to Section 14Z59 of the NHS Act 2006 (hereafter referred to as "the Act"), as amended by the Health and Care Act 2022. Under the Act NHS England is required to conduct a performance assessment of each Integrated Care Board (ICB) with respect to each financial year. In making the assessment we have considered evidence from your annual report and accounts; available data; feedback from stakeholders and the discussions that my team and I have had with you and your colleagues throughout the year.

This letter sets out the assessment of your organisation's performance against those specific objectives set for it by NHS England and the Secretary of State for Health and Social Care, its statutory duties as defined in the Act and its wider role within your Integrated Care System across the 2023/24 financial year (Annex A).

We have structured the assessment to consider your role in providing leadership and good governance within your Integrated Care System as well as how you have contributed to each of the four fundamental purposes of an ICS. For each section of the assessment we have summarised those areas in which we believe your ICB is displaying good or outstanding practice. We have also included any areas in which we feel further progress is required and any support or assistance being supplied by NHS England to facilitate improvement.

In making the assessment we have also sought to take into account how you have delivered against your local strategic ambitions as detailed in your Joint Forward Plan. A key element of the success of Integrated Care Systems will be the ability to balance

national and local priorities together and we have aimed to highlight where we feel you have achieved this.

In line with the approach for last year, this year's assessment takes the form of a narrative letter. As you will be aware NHS England has consulted on proposals to update the current NHS Oversight Framework, including the approach to the Annual Performance Assessment of ICBs, from 2024-25. These proposals would provide for the assessment to include an annualised delivery score for the ICB; along with an annual capability assessment of the ICB, based on 6 functional areas, which would result in a descriptive capability rating. Final decisions on the approach for 2024-25 have not yet been made, following the consultation. Subject to these decisions we will engage with the ICB on how we will implement and deliver the confirmed approach.

This has been a challenging year in many respects and in making the assessment of your performance we have sought to fairly balance the evaluation of how successfully you have delivered against the complex operating landscape in which we are working. This is the first full year in which you have been operating as well as the first year of your Joint Forward Plan and I am keen to continue to see progress towards a maturing system of integrated care structured around placing health and care decisions as close as possible to those people impacted by them.

I would like to thank you and your team for all of your work over the 2023-24 financial year in what remain challenging times for the health and care sector, and I look forward to continuing to work with you in the year ahead to support improvement throughout your system.

I ask that you share the assessment with your leadership team and consider publishing this alongside your annual report at a public meeting. NHS England will publish a summary of the outcomes of all ICB performance assessments in line with our statutory obligations.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Caroline Clarke', written in a cursive style.

Caroline Clarke
Regional Director – NHS England, London Region

Sarah Blow, Chief Executive Officer, South West London ICB

Annex A

System Leadership and management

We note that throughout the year the ICB has worked collaboratively with a range of partners, at system and more local levels as appropriate, and led and supported the development of key system plans and strategies. We welcome that the ICB supported the wide engagement activity on the development of both the Integrated Care Partnership (ICP) strategy and the development of the Joint Forward Plan (JFP), which was based on extensive engagement with partners, including from the Voluntary, Community and Social Enterprise (VCSE) sector and communities. We note that the ICB is making progress in the delivery of the priorities set out in the JFP and the plan has now been updated for its second year of delivery.

The ICB has a clear rationale on the importance of engaging with under-represented communities and those whose voices may not have previously been heard. It has put in place sound programmes, supported by strong governance, to deliver this and it is good to see wide engagement remains a key focus for the ICB as it reviews progress against the system and local strategies and plans, and uses this to update existing plans. It will be important to clearly articulate how engagement with communities has impacted on service redesign and service transformation.

We have received positive feedback from Health and Wellbeing Boards about the collaborative and supportive working arrangements with the ICB in the development and implementation of Joint Local Health and Wellbeing strategies, and the work to secure appropriate alignment between these and ICB plans and initiatives. The HWBs indicate that they are looking to the ICB to continue investment to support their delivery of key initiatives, whilst recognising the financial challenges in the ICB. They would also welcome facilitative support where possible, including in areas such as the development and sharing of key data and analytics capability.

We note that the ICB governance arrangements make provision for securing the principles of the Triple Aim, and this extends to the work of the place partnerships as well as at ICB level. We welcome the embedding of clinical input to ICB decision-making, including through the use of a range of clinical networks, and note that the ICB is implementing a new clinical leadership model, based on the outcome of consultation with clinical leads.

The commissioned review of quality and clinical governance has reframed the quality and performance oversight committee and strengthened governance, ensuring the CNO has oversight of statutory functions. This has improved oversight of quality and the quality risks under the Board Assurance Framework. Moving forward we would welcome the opportunity to review with the ICB how Quality and Safety Governance structures and processes are enabling a comprehensive overview of quality and safety across the system.

The ICB has been undertaking its duties to improve the safety, effectiveness and experience of care. We welcome the early transition to the patient safety incidents response framework (PSIRF) and the establishment of robust policy and protocols, including effective working alongside provider colleagues in the implementation of the patient safety strategy. We have noted other examples of good practice, including

development of the SWL Patient Safety Specialists Network and acting on patients' experiences using various methodologies to improve services.

We appreciate the ongoing input of the ICB, in collaboration with relevant trusts and the South East London system, firstly to the work to identify the optimal location for the Principal Treatment Centre (PTC) for children with cancer in South London; and now to the work to develop and progress the implementation plans for the relocation, and for the related reconfiguration of services, to secure the delivery of the best possible cancer services for children and their families. We welcome the constructive contribution the ICB has made – and continues to make – supporting the work to identify and assess the potential benefits and risks of the proposal to merge Kingston Hospital NHS FT and Hounslow and Richmond Community Healthcare NHS Trust.

Improving population health and healthcare

We welcome work across the system reducing unwarranted variation in outcomes and access to services, with a focus on providing quality of care regardless of where patients are accessing services. We note the focus on targeting accessibility, continuity of care, and digital integration, with strategies including implementing risk stratification tools for proactive care; and streamlining access, with the implementation of self-referral pathways and improved telephony systems to alleviate appointment congestion and enhance patient experience.

We welcome the successful implementation of the “Pharmacy First” initiative and the investment in digital infrastructure. The NHS app and online consultation platforms have been promoted to empower patients and provide convenient access to healthcare services. The ICB has recruited Digital Care-Coordinators to support improved access and the reduction of digital exclusion.

We recognise that the ICB faced challenges with utilising the full System Development Programme Funding in 2023-24, aimed at supporting practices and PCNs with a focus on initiatives to support recovering Access to Primary Care. The ICB should ensure there is a deliverable plan in place to ensure funding is fully utilised in 2024-25.

In terms of the operational performance of services during 2023-24, the ICB has had to address, in common with all ICBs, the lasting impact of the pandemic, the increase in waiting lists, and the challenges associated with Industrial Action.

For Urgent and Emergency Care (UEC), we welcome the ICB's performance in meeting the 4-hour target of 76%, with SWL performance reaching 76.9% in March 2024, an improvement of 1.6 percentage points from March 2023. However, 12-hour breaches have increased during the year, with the March 2024 position showing 2,261 breaches, a 48.2% increase from March 2023.

The Referral to Treatment (RTT) waitlist has increased by 7.3% from the start of last year, with growth seen across the 78ww, 65ww and 52ww cohorts, although in absolute terms numbers remain low compared to other systems.

For cancer, there has been improvement in 62-day performance, with the March 2024 position being 80.8% compared to 72.4% in March 2023. In March 2024 Faster Diagnosis stood at 84%, an in-year improvement of 5.8 percentage points compared to March 2023.

The ICB has demonstrated its focus on maternity care through strong commitment to maternity leadership within the Local Maternity and Neonatal System (LMNS) and wider maternity services across the ICB – it will be important to retain and strengthen this leadership. The LMNs has a strong foundation with numerous workstreams aligned with national maternity and neonatal delivery objectives. We welcome the appointment of core connectors to amplify service users' voices in maternity care.

We welcome that the ICB has consistently exceeded the 2023-24 targets for six-week and 18-week Mental Health (MH) waiting times, as well as the recovery rates, although there have been challenges meeting the access rates. We note various examples of good practice including commitment to the Ethnicity Mental Health Improvement Programme with a major external evaluation and development of a new online directory of Children and Young People (C&YP) MH services. We also note the improved governance arrangements to support the delivery of statutory responsibilities for SEND.

We note that the ICB is meeting its statutory duties in relation to safeguarding and the ICB is committed to promoting compliance with the Safeguarding Case Review Tracker. We believe that the approach, whereby notifications about Unaccompanied Asylum-Seeking Children who are placed in SWL are currently received from originating Local Authorities, may be creating risks relating to notification of placements and welcome ongoing work to strengthen the process and ensure communication is adequate.

Tackling unequal outcomes, access and experience

We note that the ICB has sought to enhance its governance and leadership of activity to help address health and healthcare inequalities, through the establishment of a new Health Equity Partnership Group which reports into a number of key forums as well as to the ICB Board. We welcome the plan to develop in-house metrics over the next year to pinpoint the drivers of inequality at a granular level, enabling profiling down to the neighbourhood level. We note that a new health equity dashboard has been developed and is being used to better understand the population and monitor the changes in it. We note the ongoing work to encourage local Trusts to enhance data quality, completeness, transparency, and monitoring of improvements in reducing inequalities.

We welcome the use of the Health Inequalities Investment Fund to support a range of projects aimed at different instances of inequalities, using different approaches to address them. We note a good balance in the approach, combining investment across nearly 40 local projects together with the identification of a small number of existing projects where it is felt they can be scaled up to a system level. We look forward to reviewing the progress of these projects and note that again they cover a range of different aspects of inequalities and different models to address them.

We welcome the engagement with in the South London Partnership, representing a sub-regional collective of local authorities, to spearhead a digital project to address digital exclusion and to enhance digital connectivity and infrastructure in SWL. We note that through digital engagement with borough public health teams and the South London Partnership, the aim is to develop predictive prevention methods, employing infodemiology and the NHS England community pharmacy initiative. We note the particular focus on better targeting and early identification of long-term conditions and cardiovascular diseases at the Place level.

We note that recovery plans concentrate on clinically prioritised demographics and are supported by strategic initiatives such as surgical hubs, to seek to address waiting list disparities. We welcome the continued focus on collaborative approaches, guided by comprehensive data analysis and stakeholder engagement, to shaping future healthcare delivery models. We note the work underway to make flu and COVID vaccinations more accessible, targeting groups least likely to have had MMR vaccinations. We also welcome the support to secure implementation of the NHS Tobacco Dependency Programme across all Trusts and to enable access to smoking cessation services through community pharmacies alongside local authority commissioned services. A key aim of this is to address the higher levels of smoking identified in the system's Core20Plus5 population.

Enhancing productivity and value for money

The SWL system is financially challenged and reported a surplus of £5.7m for 2023/24 (including £81.6m of deficit cash support). The SWL ICB reported a surplus of £2.5m, with a total allocation of £3.5bn.

Although the system's deficit was funded in 2023-24, there remains a significant underlying financial challenge which deteriorated in 2023-24 and recovery will be required through development of a medium-term financial plan that delivers long-term financial sustainability.

The system reported a £7.5m underspend on its £127.3m provider capital allocation, and a £0.04m underspend against its £2.5m ICB capital allocation.

The ICB delivered £33.8m of efficiencies in 2023/24, and the providers delivered £175.5m. However, we recognise that the system relied on significant non-recurrent benefits to achieve the financial position, with 45% of total system efficiencies achieved non-recurrently.

The SWL ICB met the requirements of the Mental Health Investment Standard, reporting £299.3m spend for 2023-24 (an increase in spend of 9% from 2022-23).

The providers overspent their £76.7m agency spend threshold by £8.0m (10.5%).

The ICB has taken a number of initiatives to develop its capability and access to research, and its use of the outcomes of research. The holding of the first SWL Quality Improvement conference was a positive and important signposting event, bringing together partners to share, and learn from, improvement and innovation projects across the health and care system. This has been complemented by the establishment of the SWL Health Research Collaborative which includes a wide range of partners, including local academic institutions, health research and innovation networks, the VCSE, local authorities and trusts.

We welcome the development of the SWL Research Development Plan, to shape a wide portfolio of research, innovation and improvement activity, including developing capacity and capability in the robust evaluation of results. We note the significant focus on the development of diversity in research and the engagement of local communities and populations in the identification and delivery of improvement and research activity. We note also the work to enhance the system's research potential in the area of public health, which will be significantly bolstered by the appointment of a public health

researcher, funded by the National Institute of Health Research to work across the public health resources in the system.

Helping the NHS to support broader social and economic development

The ICB has used its role as an anchor institute in South West London to strengthen employment prospects and opportunities for local communities and under-represented groups. This has looked to address challenges both in respect of the existing, and the potential, workforce for the health sector across the system.

We welcome the activity that has taken place via a skills audit to better understand colleagues' skills, qualifications and aspirations and to identify opportunities for them to develop their careers. The SWL Apprenticeship hub is a positive initiative to maximise the benefits of the apprenticeship levy, as is the launch of the future systems leaders programme, which we note has been particularly accessed by staff from Black, Asian and Ethnic minorities. We welcome the continued focus on the WRES and note the increase in the proportion of the workforce from BAME backgrounds. We welcome the establishment of the South West London anti-racism strategy and implementation group, which has representation from relevant partners across the health and care sector plan, including VCSE, and note its role in the planned development of an anti-racism framework.

It is also positive to see the role of the ICB in supporting activity across local communities to create awareness of the range and nature of jobs in healthcare, in order to encourage applications and to support people to maximise their chances of securing roles.

We note progress in the implementation of the London Living wage, with an increase in the number of accredited organisations across the system paying the wage.

Supporting the green agenda is a cross-cutting theme in the ICP Strategy and we welcome the initiatives the ICB is supporting, in collaboration with system partners, to advance this work through the South West London NHS Green Plan which sets out the system's approach to improving sustainability and delivering the net zero pledge. We note a number of specific actions that are being taken forward, including estates heat decarbonisation plans, to support the net zero strategy across all SWL NHS Trusts.